PEGASUS INSTITUTE

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REPORT TO THE CANADIAN MEDICAL FOUNDATION ON PHASE ONE DELIVERABLES

Identifying Systemic & Socio-Cultural Barriers towards Pathways to Licensure for Internationally Educated Healthcare Professionals:
Interviews with Stakeholders

Acknowledgements & Contributions

A very special thank you to those who volunteered their time to inform phase 1 of this project. These included internationally educated health professionals; academics; deans of medical schools and schools of allied health professions; presidents, former presidents, or representatives from national or provincial regulatory licensing bodies; and representatives from not-for-profit organizations supporting internationally trained medical professionals in finding their pathway to licensing in Canada.

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THE CANADIAN MEDICAL FOUNDATION
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Table of contents

Executive Summary

In 2022, PEGASUS Institute established a memorandum of understanding with the Canadian Medical Foundation (CMF) to conduct a needs assessment of International Medical Graduates (IMGs), Internationally Educated Nurses, and Refugee Health Professionals - hereafter termed Internationally Educated Healthcare Professionals (IEHPs)[1] - with regards to the barriers that exist when exploring and accessing opportunities to utilize their many skills and assets in Canada.

Through consultations, interviews, and informal focus groups with various stakeholders, we were able to conclude that several barriers faced by IEHPs when seeking matched (or similar) licensure to that of their home country were related to the current lack of access to comprehensive, centralized information. Our interviewees also stressed the importance of collegiality among others who are in a similar boat - the necessity to connect with the community in which they are living to gain exposure to the healthcare system within the Canadian context.

Resources to pathways for licensure exist online, but they are often incomplete and scattered across different websites, leaving the user at a dead end in their search and further confused about how to navigate the system to move towards licensure. There are also questions of "Where do I look?", given that each jurisdiction's licensing process differs from another and some pathways may be viable for some and not for others. These pathways are also different depending on the user's country of origin, credentials, experience, and whether or not they have the documentation to show for their eligibility (e.g., RHPs often leave their homeland or interim homeland with limited belongings, forced to leave their livelihoods, culture, and familiarities due to war, violence, political strife, and loss of human security supports). Such pathways are also long, costly, and taxing on the individual and the family.

The pull-factor that is a life that is safe is not made true upon arrival for many immigrants and refugees, as they are not able to provide economic safety for themselves and for their families if they are not able to continue in the field in which they are trained. This represents an ethical issue on Canada's part as this population is left with limited options to pursue their goals and achieve a certain level of normalcy in their new life. Many of our informants expressed a frustration with regards to the lack of transparency expressed by the government and regulatory bodies when pursuing such pathways as well (e.g., timelines, costs, requirements at each step). The longer IEHPs are out of practice, the more difficult it gets for them to maintain their skills. The lack of flexible options for immigrant and refugee IEHPs arriving from low-income countries that

[1] **Terminology** *For many of our informants the term "International Medical Graduate", or "IMG" was considered marginalizing implying that the individual has recently graduated and does not hold any experience outside of the course and clinical work they may have performed throughout their educational journey. Additionally, in some jurisdictions, it refers solely to physicians, which does not include graduates from other professions such as nursing, another professional focus of this project (CPSBC, 2023). Henceforth, we will instead use the term "Internationally Educated Health Professionals", or "IEHP", which is the term now used by Health Force Ontario and many other jurisdictions (e.g., University of Manitoba's IEHP Access Hub, Immigration and Settlement in New Brunswick), and which appropriately delineates the knowledge and experience that IEHPs hold upon arrival to Canada (HFO, 2020; UofM, 2023; Gov. of N-B, 2023). Immigrants and refugees who are healthcare professionals do not simply hold degrees but carry a wealth of knowledge and expertise that many Canadian providers may not have due to being exposed to a variety of situations (e.g., variability in the availability of resources, different injuries and illnesses, experience with varying system functionality that may or may not optimize a healthcare system but can nevertheless provide various perspectives on care).*

are often not-approved jurisdictions (referring to the Jurisdiction Approved Pathway - the easiest pathway to licensure in Canada for physicians specifically) leaves this population with few options. The lack of further educational and professional training options is also an issue.

Some may also find it challenging to complete the exams due to a lack of material, resources, and support; many IEHPs do not know of the healthcare practice in the Canadian context, and as such, find it difficult to complete the necessary examinations without opportunities to study and connect with others alike. The financial constraints that exist while they navigate these time-consuming pathways make it challenging for many to pursue them, rather than settling for a healthcare-adjacent position they are qualified for. Some IEHPs may also need to return to school (e.g., third year of their undergraduate medical degree to enter the Canadian residency program), adding to the cost of the process. For those seeking lesser tread pathways (e.g. towards career laddering to complete the licensure process - RPN to RN, for example), pathways and opportunities are even trickier to find. It is noted that many don't know of the option of career laddering, in fact, resulting in IEHPs fitting themselves into an inflexible category. For people who are required to take the career laddering route due to various circumstances, community support is evermore crucial to ensure the person is motivated and has all the knowledge and understanding to complete their journey.

Prejudice experienced by these populations further alienates them from the healthcare system. Many foreign-trained healthcare professionals admit it is difficult to integrate into the system when their skills are not seen as valuable by other healthcare professionals, even if they have passed all the necessary requirements. Many immigrants and refugees experience marginalization in the workplace while trying to gain Canadian work experience, subsequently being pushed out of their profession due to their skin colour, accent, or difference in methods used in practice. The lack of options for IEHPs and RHPs as well as the prejudice they experience in work place culture can be noted as a symptom of historical systemic racism.

Many note that some pathways, such as International Medical Graduate Bridging Programs, are designed to help foreign-trained healthcare professionals find an alternative career in healthcare, rather than find their own pathway to licensure. IEHPs note this as providing misguided information, allowing them to believe that there are pathways that exist that look good on paper, but are not what they want in reality.

A socio-cultural knowledge barrier that exists when arriving in Canada without having any true preparation exacerbates the culture shock many immigrants and refugees experience upon arrival. Notably, IEHPs have very little knowledge with regards to how the Canadian healthcare system works; how the culture within the system differs from what they're used to in their home country. Refugees are especially prone to demoralization given prior trauma beyond the unwanted removal from their home territory exacerbating any culture shock.

As such, our interviewed stakeholders noted that they could benefit from having access to networks and opportunities where they can gain some exposure to healthcare practice in Canada and get to know members of their new community. These opportunities also help IEHPs build their "Canadian Resume" which is necessary when trying to gain employment or to return to school. Many stakeholders stress the importance of making room for IEHPs and the valuable skills they bring to Canadian society by building programming that facilitates supervision opportunities. Supervision can also be an opportunity for the creation of a new, flexible pathway whereby practitioners are encouraged to supervise IEHPs to evaluate their eligibility for examination, allowing IEHPs to bypass many of the barriers that exist with traditional pathways. There are challenges with traditional placement approaches for the acquirement of practical skills - Academic informants noted that educational programs can and should be flexible with inclusive programming for placements; however, this would require elevated person-power and disbursement of funds from the government.

It is clear that IEHPs face many systemic and socio-cultural barriers when arriving in Canada and seeking a suitable pathway for their healthcare career. Given licensing limitations, how do foreign-licensed healthcare professionals contribute to Canada's health human resources and begin to build a life that is socially, culturally, and economically satisfactory for themselves and for their families? The first step to answering this question is understanding the possibilities for where to begin in this search. Each and every IEHP bears different circumstances and experiences, and as a result, may need different opportunities for pathways to licensure and practice in Canada, whether they want to practice as a family physician, specialist or nurse. In a new country, culture, and system, it is inevitable that IEHPs lose hope and feel lost when navigating such pathways. The information provided to them upon arrival, through regulatory bodies, or via settlement services are often incomplete, leading them and their families to a dead end in their search for normalcy. Bridging community and building capacity for immigrant and refugee populations is key to improving their access to information and resilience when building a new life in Canada.

The goal for this report is to provide an account of the project activities, research and evidence PEGASUS Institute has gathered in phase 1 of the project, as well as an analysis of these findings. The report will also detail the approach chosen and the deliverables for phase 2 of the project.

Summary of Project Activities

With the funds received from the CMF, PEGASUS Institute was able to gather information from key informants: IEHPs/RHPs, Academic Directors of Bridging Programs and representatives of other healthcare professional educational and networking programs, Academics studying migrant health and social integration into the Canadian context, healthcare professionals working with immigrant and refugee populations, representatives from national professional organizations, Deans of Medicine and allied health professions, and Medical Associations.

14 IEHPs/RHPs

from Syria, Afghanistan, Iran, Mexico, Sudan, Nigeria, Macedonia, Ecuador, Kosovo, the Democratic Republic of Congo, Jordan, Pakistan, and Egypt

6 Academics studying migrant health and social integration into the Canadian context

many who have also held position in government or regulatory bodies

1 Representative from a national professional organization

3 Deans of Medicine and allied health professions

many who have also held position in government or regulatory bodies

3 Healthcare professionals working with immigrant and refugee populations

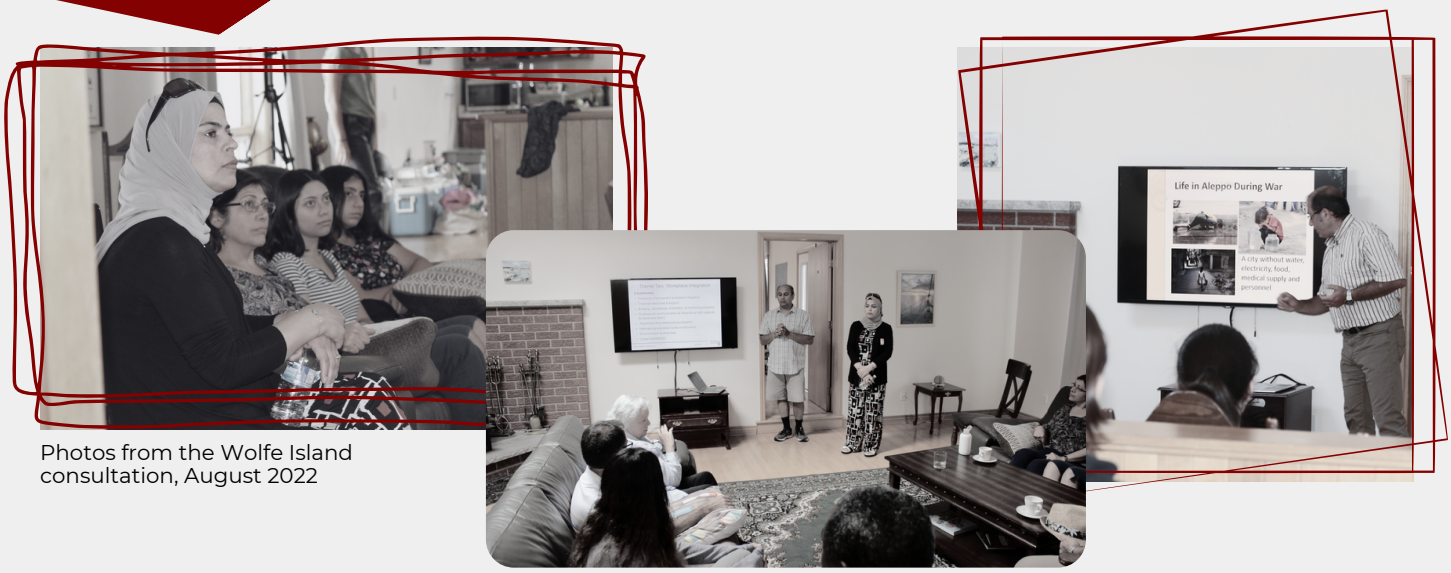
two are Canadian licensed social workers from Pakistan

2 Directors of Bridging Programs and reps of other healthcare professional educational and networking programs

including the National Newcomer Navigation Network

2 Medical Association leads

Consulted IEHPs were at various stages in their journeys to integrating into the Canadian healthcare system, whether they were keeping to their path as healthcare professionals, or venturing on a new one. Each and every IEHP shared their individual experiences and challenges, as well as resources that helped them in finding their way upon arriving in Canada. Consulted healthcare professionals and academics in the field were able to share knowledge and expertise on behalf of their research and experiences researching pathways to IEHP integration as general physicians, nurses, public health professionals, and rehabilitation scientists among other professions.



Photos from the Wolfe Island consultation, August 2022

Consultations and knowledge sharing circles were accomplished both in person at our Wolfe Island Retreat (Ontario) and online via Zoom. At our Wolfe Island consultation, we had IEHP healthcare professionals share lessons learned in mindfulness and refugee health experiences, academics share their research in comparing the pathways to integration of Internationally Trained Nurses in Canada and Australia, and finally we had all stakeholders come together for an informal focus group discussion on the challenges faced by IEHPs and barriers that exist. This experience provided our team with invaluable first-hand knowledge and experience from various system perspectives. We also completed virtual one-on-one and small group consultations/interviews with various stakeholders: Academics or experts in the field (i.e., researchers and/or Deans of University programs in healthcare professions), regulatory & licensing bodies, academic directors for bridging programs, and leaders (or former leaders) of Medical Associations (national or provincial).

Each and every one of these conversations provided us with varying perspectives and principles that beg the question: “Given socio-cultural and licensing limitations, how do foreign-licensed healthcare professionals not only contribute to Canada’s health human resources, but begin to build a life that is socially and economically satisfactory for themselves and for their families?” This is not only a healthcare question, but primarily one that is of public health relevance. The ultimate answer to this question was one that is not surprising: IEHPs, need information and collegiality to effectively contribute to and thrive in Canadian society. Knowledge translation, mobilization, and exchange is severely lacking amongst stakeholders in this field, leaving IEHPs confused about their possibilities for success as foreign-trained healthcare professionals.

Thematic Analysis

This section will provide an analysis of repeated themes and barriers to accessing employment for IEHPs and RHPs that were taken from our key informant interviews with IEHPs and RHPs and representatives of Educational Institutions & Academics, and Regulatory Bodies/Medical Associations.

> The wide diversity of people this country welcomes into its society, shapes its society.

Canada has a long history of immigration. Immigrants and refugees are invited and often welcomed to Canada with open arms - they contributed to building a Canadian profile that encompasses a multicultural, ethnically, linguistically, and experientially diverse identity.

In 2021, 23% of the population were, or had been, an immigrant or permanent resident in Canada Government of Canada, 2022); 218,430 refugees were admitted as permanent residents from 2016 to 2021 and 85,000 immigrants were recognized as protected persons following an asylum claim in Canada (Government of Canada, 2022). These people and their families require everything any other Canadian would need to thrive: an income, access to healthcare and food, and community belonging, to name the basics for maintaining quality of life. However, the essentials a person and families need to thrive in society - and especially one that is foreign to them - are not limited to individual advocacy and efforts made for socio-economic and cultural integration. A wide array of systems and structures are responsible for the challenges immigrants and refugees face when attempting to integrate into Canadian society.

Canadian multiculturalism can be interpreted as a sociological fact,[2] as an ideology,[3] and politically[4] (Parliament of Canada, 2009). Considering both multiculturalism as a sociological fact and as an element considered at the policy level, Canadian society is expected to be well-equipped to welcome immigrants and refugees with open arms (i.e., in consideration of socio-economic and cultural barriers they may face upon arrival, with the implementation of policies, tools, and practices that can support the safe and sustainable integration of newcomers into Canadian society so that they can live and thrive in their new home country, equitably).

Newcomers need to be able to maximize their ability to juxtapose the lives they lived in their home country, both professionally and personally,

2 "The presence of people from diverse racial and ethnic backgrounds"
3 "Consists of a relatively coherent set of ideas and ideals pertaining to the celebration of Canada's cultural diversity."
4 "Refers to the management of diversity through formal initiatives in the federal, provincial, territorial and municipal domains."

to the new one they have either been forced to live, or the one they have chosen to live in accordance with Canada's promise for a prosperous life. IEHPs and RHPs just want to be able to practice in the field they were trained to practice in, and contribute to society in the way they promised they would. However, complex deep-seeded institutional systemic barriers and cultural biases still present within Canadian society and our communities place a supplementary burden on immigrants and refugees trying to find a job and rebuild a life.

Coming from diverse backgrounds, with a wealth of knowledge and experience often having faced difficult situations and acquiring unique interpersonal and professional skills, immigrants and refugees still face obstacles when attempting to integrate into the Canadian workforce.

- They are often faced with difficulty in obtaining Canadian work experience subsequently making it more difficult to find work;
- They have insufficient information about employment opportunities and requirements;
- They lack professional networks; and
- Employers are often not able to recognize international education, training, and experience (TRIEC, 2017).

As members of heavily regulated profession, Internationally Educated Healthcare Professionals (IEHPs), in particular Refugee Health Professionals (RHPs) are faced with challenges premised on multiculturalism, both sociologically and politically, when attempting to follow the steps to receive their Canadian license to practice.

> *Credential recognition is a complex process, managed by professional regulatory associations, subject to provincial oversight, and of interest to the Federal government.*
>
> (Walton-Roberts, 2022)

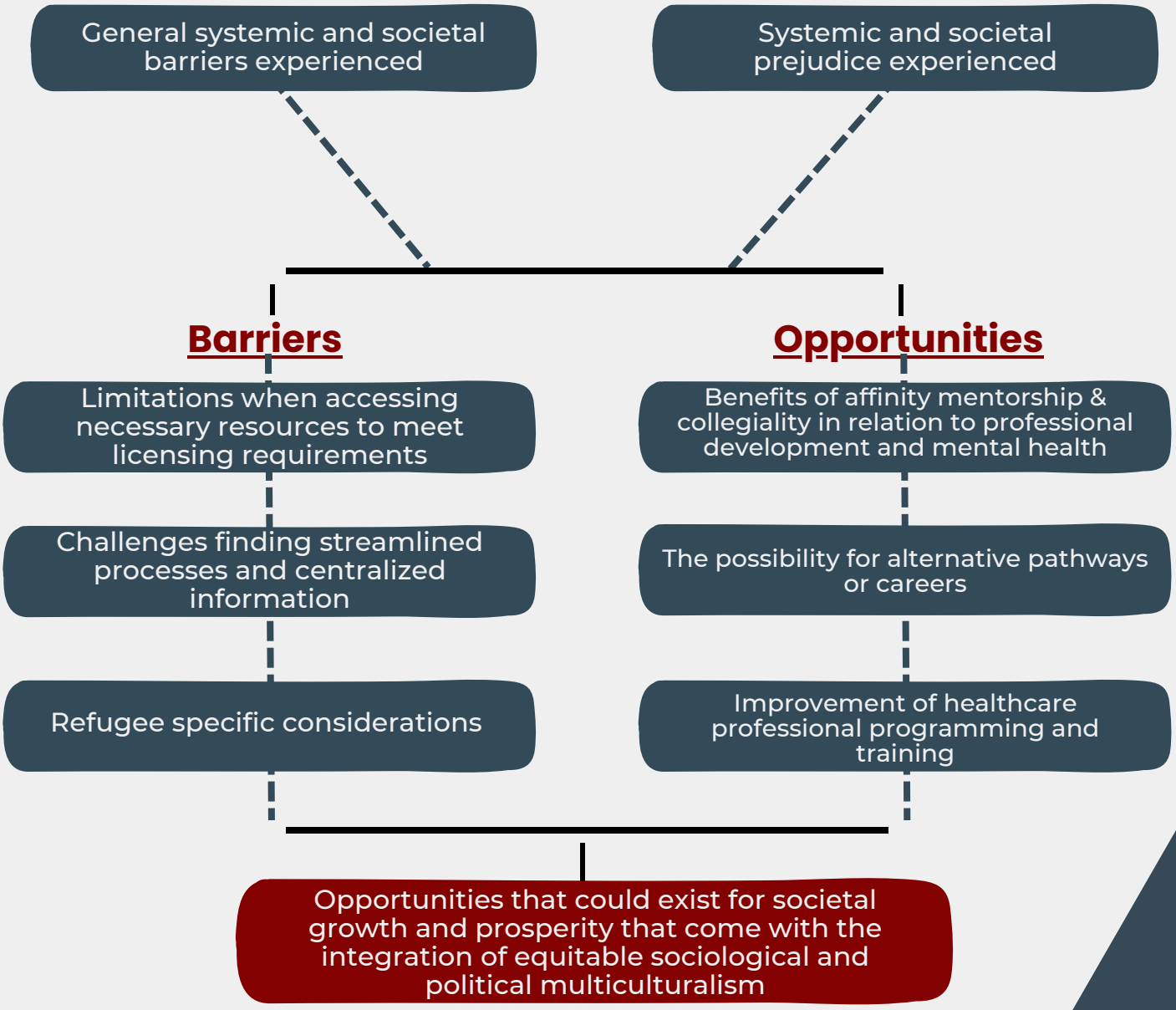
Access to reasonable (e.g., within reach) and affordable pathways to licensing for IEHPs (referring to doctors and nurses for the purposes of this report) and RHPs is overseen by both provincial and federal government agencies, and governed by various regulatory bodies across the country. There are 14 different regulatory bodies (10 provinces, 3 territories, and counting federal) that hold similar yet different licensing processes for medical doctors and nurses across Canada. As newly arrived immigrants or refugees with limited information as to how Canadian society functions, IEHPs and RHPs need transparency on behalf of such institutions to find their pathway forward.

RHPs are required to jump through even more hoops as their home country is likely to be experiencing political instability, and the institutions that would hold their medical licensing certificates or records of education may have been impacted by political or economic strife.

Despite having access to a few resources upon arrival, such as bridging programs, government licensing websites (like the Medical Council of Canada), welcoming centres, and examination preparatory courses, such pathways to licensing are not so comprehensive and introduce further socio-economic challenges (financial challenges, for example, as these resources are often costly). Such resources do not meet the needs of IEHPs and RHPs who would like to clearly identify their pathways to success within the Canadian context, whether they be traditional, non-traditional, or alternative.

Various portals and programs exist to aid in the education and support of IEHPs and RHPs, but many are fragmented and leave the target audience confused with regards to next steps or possibilities that exist for them professionally. Other sociological barriers, for example, are not addressed in such programs and resources. This report organizes the consultations' findings - few of the challenges and opportunities repeatedly brought out by our key informants - in the following sections and sub-sections:

Overarching Themes



General systemic and societal barriers experienced

It is a fact that foreign-educated immigrants and refugees have a more difficult time accessing employment than Canadian-educated immigrants; they are less likely to find work in their field of study and in their trained professions (TRIEC, 2017). Various factors and determinants contribute to the immigrant unemployment, many relating to the simple fact that foreign-educated immigrants and refugees are first introduced to Canadian society and its systemic and societal functions upon arrival. They are faced with career-determining challenges such as the inability to determine pathways to employment due to lack of information, lack of experience in the Canadian context, the system's inability to recognize their international credentials, small or inexistent professional networks, and limited capacity to practice in their profession using terminologies in either official languages (TRIEC, 2017).

By 2031, one in three workers across the country will be born outside of Canada (TRIEC, 2017)

Keep in mind: Having been born outside of Canada does not necessarily mean immigrants will face the same barriers as those who were educated outside of Canada. Specific systemic and societal barriers exist in bigger ways for foreign-trained professionals as they are faced with even more work place barriers related to the societal and systemic context, interpersonal development, and network growth.

In tandem with the few aforementioned barriers, newly arrived immigrants and refugees are asked to pursue a lengthy, complicated, and expensive process to acquire Canadian credentials or to have their foreign credentials recognized by their province's licensing body. Many of our informants noted to challenges they faced when trying to access information relating the pathways that exist for them to acquire their credentials. These challenges include:

- Sparse availability of information application and exam processing timelines and fees associated with every step;
- Distribution of information across different platforms;
- Lack of clarity relating to the acceptance of experiential learning in other contexts;
- The system's non-acceptance of credentials obtained in non-approved jurisdictions (approved jurisdiction include Westernized or "Global North" societies: Australia, New Zealand, Hong Kong, Singapore, South Africa, Switzerland, United Kingdom, and Ireland);
- The system's inability to be flexible in its evaluation of foreign credentials, (especially relating to circumstance; for example, if a refugee is not able to access documents from their home country);
- The lack of alternative educational, experience gaining, and skills evaluation options available to acquire Canadian licensing; and
- The variety in evaluation measures taken across different provinces.

One example is that of the availability of the Practice Ready Assessment (PRA) for licensure as a physician across different provinces. One of our informants talked about a promising and second most accessible pathway to licensing that is the National Assessment Collaboration's (NAC) Practice Ready Assessment (PRA). The NAC, a group of national and provincial healthcare organizations, created the PRA that evaluates IEHPs on a set of common standards (MCC, 2023). The PRA allows IEHPs to participate in a 12-week practical assessment under the supervision of a licensed practitioner (MCC, 2023). To the detriment of IEHPs wanting to practice in Ontario, Prince Edward Island, New Brunswick, Yukon, Nunavut, or the Northwest Territories, the PRA is only available in the other seven Canadian provinces (MCC, 2023). The lack of a PRA with no implementation of an alternative in these six regions leaves IEHPs with few options for licensure. As an unconventional work around, this informant saw the only viable option for IEHPs who cannot follow the first and simplest pathway to licensure (the Jurisdiction Approved Pathway, or the JAP) and who live in one of these six regions as completing a PRA in another province and returning to their desired region to practice. The limited options that exist for pathways towards licensure for IEHPs and RHPs (physicians) in these six regions places a significant barrier Canada's potential to grow a diverse and sustainable healthcare workforce, and ability to provide viable solutions to skilled immigrants and refugees who want to contribute to the healthcare workforce.

Another example of a systemic and societal barrier placed on foreign-trained immigrant and refugee health professionals is that of the true fact that although educational credentials or opportunities are leveraged in pathways that do exist, experience in their field of work are not. In Canadian society, however, work, volunteer, and interpersonal experiences are valued in, and as education; educational programs in healthcare professions (e.g., medicine and nursing) offer studentships and practicums to offer the trainee the opportunity to apply knowledge to practice. Many foreign-trained immigrants, and certainly refugees, come to Canada with a wealth of experience in their field and often having acquired rich practical skills while working under unique and difficult circumstances in low-resource settings. The Canadian system's inability to recognize and translate these experiences into qualifications further places the immigrant or refugee at a disadvantage when trying to acquire their Canadian credentials or license to practice in Canada.

One key informant noted that their pathway to gaining licensure was easier than most as they held a Master's and Doctoral degree from their home country. It is evident that higher education, and thus experience that meets Western standards of education, is valued higher in the Canadian labor market than is hands-on experience gained throughout the foreign-trained professional's training and career in their home country.

> *"...evidence reveals that foreign human capital, most notably foreign work experience, is discounted in the Canadian labor market."*
>
> (Dean, 2018)

Systemic and Societal Prejudice Experienced: *"Price & Prejudice"*

Canadian society prides itself on being multicultural; on welcoming immigrants and refugees with open arms. Canada's immigration policy includes the influx of thousands of internationally trained medical professionals a year (Walton-Roberts, 2022). Immigration contributed to 60% of the country's employment gains in healthcare in 2017, yet in 2022 there were still approximately 7,000 IEHPs (physicians) who were unable to practice in Canada (Walton-Roberts, 2022). This not only represents a global loss in health human resources but also a ethical issue relevant to the WHO's Global Code of Practice on the International Recruitment of Health Personnel and an economic concern for Canada with regards to how the country's systems are able to welcome and support these populations (Walton-Roberts, 2022).

In 2006, the "Fair Access to Regulated Professions" Act included the creation of the Ontario Fairness Commissioner (OFC) (Walton-Roberts, 2022). The OFC was founded on four principles: fairness, transparency, objectivity, and impartiality (OFC, 2022). The OFC is to ensure that testing and evaluation of credentials remain fair and that costs associated with taking examinations are solely cost recovery (Walton-Roberts, 2022).

> *"The 2018-2019 OFC annual report indicated that although improvements have been made over time, 40% of the professional regulatory bodies were still not meeting their legislated requirements, with 30% requiring some form of prior Canadian work experience for registration without explaining why this experience is necessary."*
>
> (Walton-Roberts, 2022)

One of our informants was a representative from a national professional organization functioning as an accredited college (i.e., they are able to evaluate the credentials of IEHPs [physicians] as well as provide them with testing to acquire their Canadian credentials). The college's commitment to finding a solution to expedite IEHPs' ability to acquire their Canadian license and practice in Canadian communities is clear. However, it is also made clear that such solutions will not be found at the expense of reducing practice standards and putting patient safety at risk, our informant noting: "The college is willing to look at different pathways and supporting folks [...] so long as we can demonstrate initial competence, or Canadian experience."

One of our academic informants pointed out the following, noting that Canada's procedures to measure competency should be trusted if it was created to be trusted:

> *"When you hear the rhetoric from every professional discipline, it's about keeping the public safe, and ensuring people meet the expected standards. What has happened is I think that's got corrupted into if you haven't been educated In Canada, you just might not be safe, which in my mind implies that the exam itself and the credential, what we use to measure competency in our system seems to have, if we're honest, become suspect. And if we believe it's rigorous, we should trust it. So when you've passed that test, that should be enough."*
>
> *– Key Academic Informant, Wolfe Island Informal Focus Group*

Another issue here, as pointed out by many of our IEHP, RHP, and academic informants is the lack of flexible options that allow internationally trained medical professionals to get to the stage that allows them to demonstrate their initial competence or gain Canadian experience. Some of our informants (notably academics and Deans of Medical Schools and schools of affiliated health professions) noted some options they would like to see explored by systems that seem feasible to balance the need to effectively evaluate the IEHPs' knowledge and skills to ensure they meet Canadian patient care standards while also opening doors to IEHPs who are in particular circumstances and don't fit the traditional pathways to Canadian licensing (see pages 26-28 to find recommendations from some of our key informants as to how the education and regulatory systems can adapt to remove barriers for IEHPs in their journey to acquiring their Canadian license).

With such systemic barriers in place relating to the evaluation of competencies and Canada's hesitancy to provide a wider array of accessible pathways to licensure, some begin to question the country's true commitment to allowing IEHPs to practice in Canada. Many of our informants pointed out the discrepancy between the system's pride in welcoming such populations while operating with prejudicial barriers relating to the IEHPs' ability to perform at Canadian standards.

> *" I think we often talk about, you know, cultural barriers, language barriers and whatnot, but the root cause of this is the systemic issue of how whiteness is privileged, in, across the board in every system. And yes, there is, there has been opportunity given to, to a few non-white people, but the vast majority of us like non white people, we are suffering because these systems are created, the purpose is to keep us away. The purpose of these systems are not to include us, it's to exclude us. So until and unless these systems are restructured with our needs, you know, keeping in mind, I, I don't think much can change."*
>
> *– Key Academic Informant and IEN, Wolfe Island Informal Focus Group*

A consensus among our IEHP and RHP informants was that of the marginalization they have experienced in Canadian society and the "whiteness" factor that plays into the immigrant or refugee's potential to overcoming the aforementioned barriers related to the systems that govern licensing requirements and academic experiences, gaining practical experience in the Canadian context, and building local networks. The prejudice this population experiences in the academic and practice environment further inhibits their ability to move forward; many of our informants described feeling helpless when facing such barriers, noting that financial and socio-cultural handicaps can have a large impact on their mental health and spirit to continue to pursue their goals.

One example noted by our IEHP and RHP informants relates to their experience while trying to complete testing requirements and, if necessary, completing a few years of school to scaffold their education, training, and career path. Foreign-trained healthcare professionals have challenges when trying to translate the writing style they have learnt in their home country to writing that is expected in North America. Despite their ability to communicate clearly and effectively in English and having passed the necessary English competency tests (e.g., Test of English as a Foreign Language - TOEFL), the accessibility of certain pathways is made more difficult for immigrants and refugees due to the lack of inclusivity that exists when considering variety in English writing styles. Many of our informants noted there is even a difference in styles used by other English-speaking countries compared to North America. This places the IEHPs and RHPs at a significant disadvantage when trying to take examination preparation courses or complete exams as well as when they are trying to complete or continue in higher education. Our informants noted that this may be a systemic issue in the acceptance of diverse writing styles and styles of communication, but it is reasonable to believe this type of barrier is also placed by societal prejudice on an individual and group basis.

Fitting into their new environment is a challenge for immigrants and refugees, regardless of their career goals. The first exposure this population has with Canadian culture and the systems our country uses is (normally - and only in the immigrant's case) a Canadian immigration preparatory meeting in their home country. Below was a comment made by one of our Academic informants, noting the first experience immigrants are exposed to when being onboarded as newcomers.

> *"The generic Canadian immigration preparation came from inviting people in, to this building in downtown Amman [Jordan]. And it began with a typical Canadian meal. And then a description of weather and life in Canada. So I'd like to ask [...], what do you think the typical Canadian meal consisted of? Anybody want to hazard a guess? Pizza and Coca Cola."*
>
> *– Key Academic Informant, Wolfe Island Informal Focus Group Consultation*

Openness and accountability are key when addressing communication strategies and knowledge translation with newcomer populations - many if not all are unaware of Canada's systems and culture, and so it is critical to present an honest and truthful picture when presenting opportunities and information on Canada's commitment to the immigrant's integration. Transparency is about respect. Many of our informants noted that many of the barriers discussed in our conversations were not made clear pre-arrival, or even upon arrival. Barriers such as the requirements and cost of examinations and timelines for accomplishing each step towards licensure were not made clear to many of our informants - these were barriers they had to individually discover on their own. This impacts their ability to plan for their future as well as their family's future and often leads to the immigrant taking a different career pathway out of desperation to find financial stability for their families, representing a loss of health human resources and skilled workers.

Per the Immigration and Refugee Board of Canada, the Government of Canada has a commitment to enhance transparency and accountability of information provided to immigrants and refugees (IRBC, 2023). It was made clear through our informants, however, that these efforts are not enough when it comes to helping IEHPs and RHPs understand what their livelihood might look like when arriving to Canada and even 10 years after having arrived in the country. One of our informants noticed a knowledge gap and lack of coordination of information amongst his affinity group, and decided to offer his own services to help navigate people in a similar boat. This informant quickly realized that the need was much larger than their small organization, as they began to receive an overwhelming number of communications from pre-arrival immigrants requesting more information as to how they could safely and effectively integrate into Canadian society both economically and socially. This demonstrates a clear lack of transparency and accessible knowledge translation produced on the governments behalf during pre-arrival meetings.

Another example applies to the discussion around the challenges pertaining to the identification and confirmation of the credentials of Refugee Health Professionals. What do RHPs do when they can't have access to certificates, support letters from their supervisors, and other essential documents that they would need to pursue a pathway to licensure? This is a large challenge for those who immigrate from war-torn countries, where access to records and resources are limited. Although there are other ways to demonstrate qualifications (e.g., proof of employment), Canada does not accept such evidence of status. Some note this as an issue pertaining to the government and healthcare understanding and adherence to concepts of Equity, Diversity, and Inclusion (EDI).

Akin to the acceptability of alternative avenues for the identification of credentials and to the aforementioned "whiteness" barrier, foreign-trained health professionals are not made aware of the treatment they may experience in the workplace, prejudice exists in the practice environment, whereby Canadian healthcare staff are reluctant to trust IEHPs despite being eligible to practice in Canada or on their way to licensure. In interpersonal spaces, implicit bias and microaggressions are easily reproduced by those who hold a difference in socio-cultural practices; the idea that those who don't fit into the "Canadian context" (i.e., understand the modes of practice) should not be practicing within Canada.
One of our academic informants, though, stresses that this is a symptom of historic systems of inequality, such as Canada's unwillingness to accept alternative means of recognizing credentials. This informant argues that such microaggressions (e.g., preceptors failing students due to accents or a difference in culture) are rooted in larger barriers that exist systemically.

Many of our informants noted the difficulties they have working with Canadian-trained healthcare professionals. Often immigrants and refugees are not trusted with communicating and caring for patients due to their skin color, accent, or practical methods. One example of this was discussed with one of our IEHP informants who decided to take on a role as a Personal Support Worker in a Long-Term Care Home at the height of the COVID-19 Pandemic. This informant was taken aback by the treatment he received from his colleagues, leaving him and his refugee colleagues to perform the least desired duties such as cleaning fecal matter and managing clean up when a patient passed away. Despite their other colleagues being present and able to perform such duties, our informant confessed that they and other refugee colleagues were almost always called to perform undesired duties - duties that their white colleagues would describe as beneath them. This performance does not show much for equality in the workplace, and leaves immigrant and refugee workers feeling detested and hopeless in their new country.

Another example similar to the previous, IENs that decide to continue down the lengthy and costly pathway to licensure are often met with socio-cultural challenges throughout the process when working within the system. One of our informants told us a story of an IEN who pursued the educational route to becoming a licensed Registered Nurse. When completing their final clinical practice (i.e., final weeks of the semester), the IEN was dismissed from the program with no advance warning and no opportunity to appeal the decision. It is noted that the student's tutor was very unwelcoming and hostile, and with other experiences our informants have with similar situations, it is likely that the relationship between the two was strained due to cultural differences. In our conversation, we noted that there is limited training provided to domestic nurses and physicians with regards to helping IEHPs integrate into the system and into Canadian healthcare practice. Many domestic healthcare practitioners red flag IEHPs and fail to provide them with the mentorship or opportunity to adjust to their new reality. As articulated by one of our informants, "there's a thin line between integrating and marginalizing them." Our system must train IENs on how to integrate into the Canadian context, but also train domestic healthcare professionals on how to work with IEHPs and become allies of skilled workers, educating them on the situation IEHPs find themselves in and how this influences the path they can take, their practice, and their experience.

Inclusivity and transparency are essential to successfully integrate IEHPs and RHPs to allow them to have a fulfilled career and personal life - both intrinsic elements to support an individual's economic and social health, which inevitably translates to societal wellbeing. It was made clear throughout our consultations with various stakeholders that both systemic and cultural barriers that still exist within Canadian government and regulatory structures and society, at the educational, credential, and practical levels, are responsible for keeping IEHPs and RHPs out of practice and excluded from Canadian society.

Barriers & Opportunities

This section will break down the barriers expressed by our key informants into three categories, each one exposing how one barrier can lead to another, and how such barriers are influenced by the overarching themes discussed in this report.

Subsequently, the opportunities that could bloom from the evaluation of such barriers will be illustrated; opportunities that could exist for societal growth and prosperity that come with the integration of equitable sociological and political multiculturalism.

Each barrier or opportunity will also refer to relevant key informant stories annexed on pages 33-43.

1 ***Barrier :*** *Limitations When Accessing Necessary Resources to Meet Licensing Requirements*

What are some necessary resources?

- Accessibility, truth, trust, and transparency as a resource
- Community as a resource

Accessibility as a Resource

Lack of accessibility to pathways in terms of necessary resources needed like

- Money
- Time
- Knowledge about, and patience with the system

IEHPs and RHPs needing to meet requirements but also needing access to resources to be able to successfully meet those requirements

- Many are not able to work a stable job whilst completing courses to be eligible for the exam for licensure ***(Refer to Dr. A)***
- IEHPs and RHPs lose patience and hope and give up on pathways to find a paying, stable job outside of their field of work ***(Refer to Drs. M & O, Ms. N)***
- Limited accessible resources for studying for exams, leading to IEHPs and RHPs needing to retake exams ***(Refer to Dr. I)***

Truth as a Resource

Presentation of accurate information, including requirements, options that exist and lack of options exist

Being pushed into dead ends, where the IEHP or RHP was not made aware of the full implications of the pathway ahead of time (e.g., cost, future requirements, necessity to find a preceptor)

- ***Excerpt from Dr. E:***
  "It was difficult to find a sure direction as to the pathways she could take towards licensure, and how she would fit into the system throughout this process."

Difficulties finding educational opportunities and practical skills due to limited spots in programs, lack of flexibility and availability of positions (e.g., hospitalist positions) that could allow for foreign-trained professionals to gain experience in the Canadian context and/or prove their knowledge and practical skills are up to Canadian standards (other than through an examination); lack of physicians willing or able to shadow other physicians (i.e., preceptors).

- ***Excerpt from Dr. P:***
  "There is a benefit to using a type of Hospitalist or Clinical Associate Physician position (i.e., supervised in institutional positions) to our advantage for IEHPs who don't meet the criteria for independent licensure but have a strong enough record that we feel they could take on a supervised position with some assessment."
- ***Also refer to Drs. S&J***

Sensitivity counseling to prepare for certain barriers they may experience

- Career laddering as an option many IENs don't know about
  - ***Excerpt from Drs. M & O, Ms. N:***
    "Research on Internationally Educated Nurses (IENs) suggests that supports during recruitment, transition and integration are 'at best inconsistent and at worse non-existent.' (Walton-Roberts, 2022)"

Sensitivity counseling to prepare for certain barriers they may experience, and alternative or interim options that are available

- Career laddering as an option many IENs don't know about
  - ***Excerpt from Drs. M & O, Ms. N:***
    "Research on Internationally Educated Nurses (IENs) suggests that supports during recruitment, transition and integration are 'at best inconsistent and at worse non-existent.' (Walton-Roberts, 2022)"

Knowledge about how to build a "Canadian Resume"[5], and how important this will be to successfully gain licensure and employment

- Obligation to build a "Canadian Resume", and limitations with regards to knowing how to do so, systemic and socioeconomic & cultural barriers
- ***Excerpt from Dr. A:***
  "Dr. A spent seven years volunteering in various roles and working on research projects with limited funding to build her "Canadian resume". Dr. A admits she felt the financial constraints many other immigrants and refugees face upon arrival, and especially when trying to start a life in a different socio-cultural context…"

5 A resume that demonstrates employment and volunteer experiences that took place within the Canadian context thereby reflecting that the individual has the minimum socio-cultural skills and knowledge to match another candidate alike.

Trust and Transparency as a Resource

to allow for IEHPs and RHPs to understand that there will be latency in practice while waiting, and that they may need to find alternative opportunities while waiting.

"It is disingenuous to pretend that it's a welcome mat and everything will be wonderful."
Quote from Dr. O (Drs. M & N, Ms. N)

Transparency in every aspect: financial, social, workplace reality, opportunities, pathways (including steps *and* potential roadblocks)

- Clear information, nothing misguided, equity and inclusivity in fair and unbiased evaluation of skills
  - E.g., many of our informants expressed their sentiment that Bridging Programs are meant to guide IEHPs and RHPs towards alternative careers if they do not meet the credentials to successfully take a traditional pathway that is approved by the Medical Council of Canada (e.g., the JAP or the PRA). (Refer to Annex B for more information on the International Trained Medical Professionals [IMTD] Bridging Program at Toronto Metropolitan University [TMU])
- Canada being irresponsible in terms of creating pathways for IEHPs to be able to use their credentials. This is unfair to the individual who left their home country with false expectations, but also to the country where they came from, noting the loss in global health worker resources (Walton-Roberts, 2022) - ***(Refer to Drs. S & J)***

Without transparency, we risk losing skilled workers as they divert their efforts

- Income is one of most influential social determinants of health and wellbeing for individuals and families (Gov. of C., 2022). For many newcomers and refugees, the need and the pressure to generate an income that is livable drives everything.

Community as a Resource

Knowing people and creating networks for societal integration socioculturally and professionally (will be discussed more in Opportunities as we discuss the benefits of mentorship and collegiality in relation to professional development and mental health)

Knowing people who have been through the experience and know the various avenues for adaptation and resilience as they integrate into society - its challenges and its differences.

The need for guidance from people who work within the healthcare system

- IEHPs and RHPs are often first connected with immigration settlement organizations, allowing them to connect with people who have been through similar migration experiences, but not with people who have experience with integrating into the healthcare system and into their field of practice within Canada.

2 ***Barrier :*** *Refugee Specific Considerations*

Differences in Circumstance: Refugee Health Professionals

Timelines and access to documentation and information before arrival

- Refugee populations have a much shorter time frame to leave their home country and face additional challenges in gathering all necessary resources, while immigrants have time and resources to weigh their options and collect information and documents.
- What do RHPs do when they can't have access to certificates, support letters from their supervisors, and other essential documents that they would need to pursue a pathway to licensure? This is a large challenge for those who immigrate from war-torn countries, where access to records and resources are limited. Although there are other ways to declare the status of qualifications (e.g., proof of employment), Canada does not accept such avenues of identification.
  - Needing access to universities for records: often inaccessible due to political climate in homeland.
- Refugee populations often arrive without knowledge of English or French.
- Refugee populations are often not seriously considered from the start - there is an inflexibility from the government's end in finding a way to help those that are in vulnerable and difficult situations despite meeting all other necessary requirements.
  - Demonstrated experience (i.e., proof of experience) working with Doctors Without Borders or the UN in Refugee Camps, including proof of qualifications. Despite this, if they don't have their degree certificates, they cannot practice (certificates being the major requirement for Canadian licensing boards).
  - Without flexible options (i.e., outside traditional pathways to licensure) that can support the specific challenges experienced by Refugee populations, such populations cannot practice in the field they are trained in, representing a loss in skilled health human resources and an inequitable distribution of opportunities amongst the Canadian population.
- Demoralization with other struggles & trauma.

3 ***Barrier :*** *Challenges Finding Streamlined Processes and Centralized Information*

Centralizing all Information

Ensuring all aspects of the aforementioned resources (accessibility, truth, trust, and transparency) taken into account when creating this centralized bank of resources

Many of our informants noted the following difficulties when seeking information:

- Inability to decipher information they have access to due to linguistic or sociocultural differences, or lack of awareness as to how the healthcare system in Canada - the culture or practice - works;
- Lack of clearly stated pathway options (especially ones that are non-traditional or are indirect pathways to licensure - for e.g., entering into 3rd year of medical school to acquire eligibility for residency matching within Canada, or Career Laddering for IENs who cannot begin as an RN [i.e., PSW to RPN to RN]);
- Lack of access to all required resources in one spot (e.g., having to navigate to various websites to find further information on examination costs and such);
- Being left confused and feeling hopeless when reaching a point in their pathway and discovering new information or requirements that were not clearly stated or made available in the beginning - the lack of access to comprehensive and transparent information; and
- Being unaware of alternative options unless they speak with someone who knows the system well and knows of options that exist for IEHPs and RHPs.

4 **Opportunity :** *Benefits of affinity mentorship & collegiality in relation to professional development and mental health*

Building community capacity & resilience

First point of contact: Having someone (or a group of people) who has been through a similar journey to talk to, can help guide the IEHP or RHP to finding the information they need and reassuring them of their options

- If this is a known service, other health and community services can point to it when trying to help newly arrived IEHP and RHP populations to find their pathway to licensure.

Making and having connections with other IEHPs, RHPs, or local staff that are knowledgeable and willing to help greatly impacts the IEHP's' or RHP's chances for accessing the information they require and helps them adapt to Canadian practice as they can receive direct advice from a mentor.

- Many of our informants noted that knowing Dr. Arya (Family physician at a Refugee Health Clinic in Kitchener, ON) and volunteering at his medical clinic greatly improved their knowledge of the system and provided them with more opportunities through networking.
- ***Refer to Dr. C***

Gaining work experience within a space that can offer networking opportunities (i.e., within a space that hosts or treats an affinity group to the IEHP or RHPs, greatly improves their chances of meeting individuals and groups who can further help them in their journey to licensure and social integration.

- ***Excerpt from Dr. E's***: "Dr. E accredits Dr. Arya to being an anchor in helping her find her pathway into the Canadian system. Needless to say, having such networking opportunities and time for collegiality offers IEHPs a space of comfort and knowledge exchange that can help them maneuver and support their pathway forward."
- ***Excerpt from Dr. I:*** "During the time she was writing the exams, Dr. I was introduced to Dr. Arya through a friend. She worked at Dr. Arya's Refugee Health Clinic in Kitchener-Waterloo, ON, as well as shadowed her own family doctor to gain more exposure to the medical practice in Canada. She was able to gain the experience she needed to reach her goals and become licensed for practice because she knew people…"

Creating a community can allow the IEHP and RHP the opportunity to share their experiences, frustrations, challenges, and questions, resulting in the creation of a support system for their own mental health and that of their community's

- Incorporating supports (e.g., collegiality & community) to acknowledge that the person who was before they were an immigrant, is still there: identifying as Canadian vs. who you were before arriving to Canada
- ***Dr. F states (Annex A):*** "I do not know myself as a Canadian, and no one here knows me as a Canadian at all."

Career counseling and sensitization can not only serve as a means of sharing information and building awareness as to the options available within the IEHP or RHP's field of practice, but this can also build community as they are encouraged to meet others facing similar challenges. Refer to Drs. M & O, Ms. N

- Career counseling to address IENs' sensitization to other potential roles and pathways is of utmost importance to maintain the moral of this population and retain skilled healthcare workers.
- Enable mentorship amongst peers and teach newly arrived IENs their potential for professional mobility and their potential to open more educational doors (e.g., leadership, graduate studies, research) if they keep to the path of reaching their credentials in nursing.
- Per our interviewees, many IENs note that having opportunities to talk to other IENs would benefit them greatly as a means to gain more insight into the process and have a shoulder to lean on when they are struggling to integrate into Canadian society.

5 ***Opportunity*** **:** *The possibility for alternative pathways or careers*

Opening Doors for Everyone and Providing Flexibility in the Interim

Providing clear, flexible, alternative options to healthcare careers (whether the IEHP or RHP would like to begin in a different career or they would like to pursue other options while they are waiting for licensure) can ensure retention in valuable skilled labour and ensure the IEHP or RHP is content in their journey.

- ***Refer to Participant B*** to read about an IEHP who chose an alternative healthcare career when arriving in Canada.
- ***Excerpt from Dr. F :*** "As she could not practice medicine, she worked as a family support worker at the IWK Health Centre, delivered the clinical skills review program at Immigrant Services Association of Nova Scotia (ISANS), worked as a coordinator for the International Medical Graduate (IMG) Bridging Program offered through ISANS, and has sat on the ISANS IMG multi stakeholder working group which focuses on tackling the challenges of International qualifications recognition (ISANS, 2021; ISANS, 2020). ISANS is the only settlement services organization that exists in Nova-Scotia. This allowed her to gain as much relevant experience in her field within the Canadian context as she possibly could while pursuing her licensure."

6 ***Opportunity :*** *Improvement of healthcare professional programming and training*

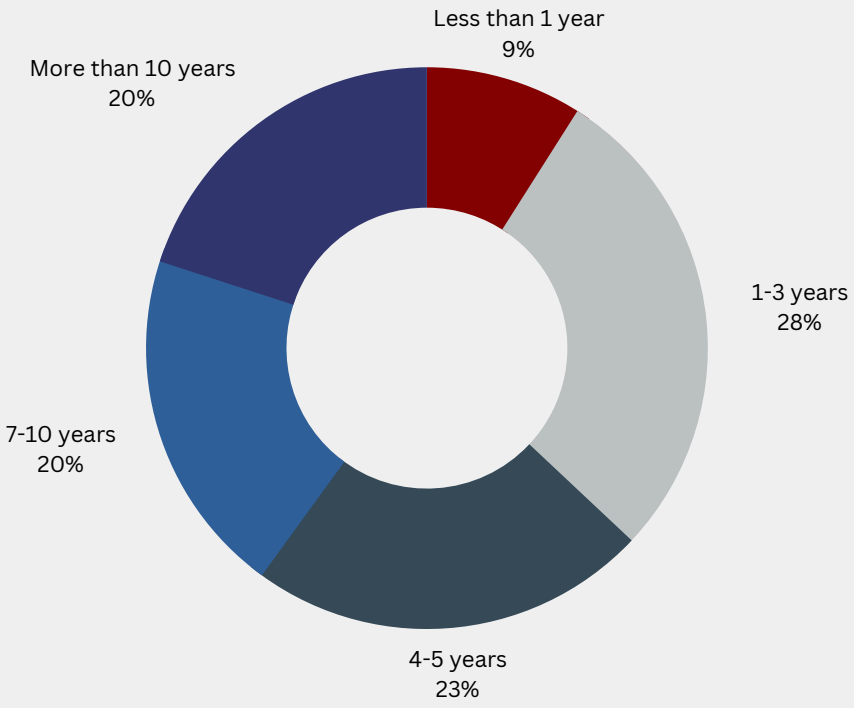
Improving Systems and the Provision of Healthcare Services in Canada

IEHPs bring great experience to the culture of practice within Canada. This gives us an opportunity to improve our systems and practice.

- Opportunity to treat our population more inclusively as people from diverse cultural & experiential backgrounds can treat those alike.
- An opportunity to diversify boards of directors - modifications of board appointment process and other aspects of governance to diversify and create metrics for inclusivity and awareness of such barriers and opportunities within decision-making groups.
- In a report surveying IEHPs in Ontario, 37% noted they spoke more than 2 languages and 34% that they spoke more than 3. (ITPO, 2022).
- Ewen et al. (2023) states that foreign-trained healthcare professionals (and notably RHPs) bring "...an innovative spirit of overcoming hardship and difficulties in practice, which can also be tapped into in times of crisis and is significantly underutilized."

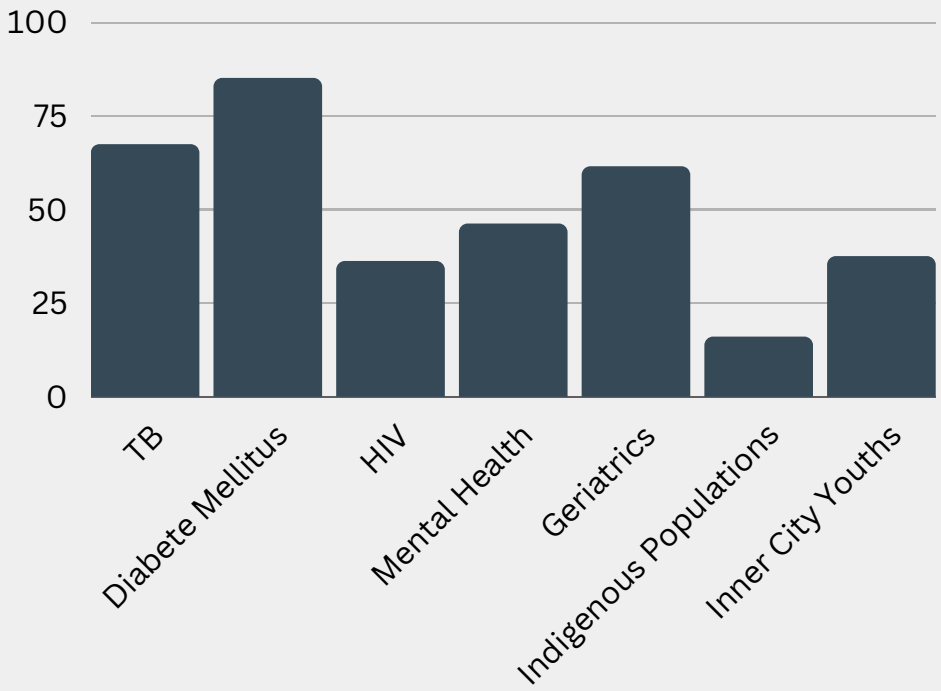
Figure 1: Number of Years of Clinical Experience of IEHP Survey Respondents (source: Ewen et al., 2023 from ITPO, 2022)

"According to a survey of internationally trained physicians in Ontario (ITPO, 2022): 63% had 3+ years of clinical experience abroad; 20% had 10+years; 56% had experience working in family medicine."
(Ewen et al., 2023)



In a 2022 survey of Internationally Trained Healthcare Professionals, 87% of respondents were willing to work in underserved communities (ITPO, 2022)

Figure 2: Experience of survey respondents with health issues in marginalized population (source: ITPO, 2022)



An opportunity to innovate educational and training aspects of healthcare profession programming

- Moving away from traditional ways of providing training with the goal of decreasing and eventually ridding the system of consequences and symptoms rooted in historic systemic racism. Thinking of innovative ways to redesign programming and training tools with marginalized populations in mind, both at the provider and the user end. ***(Refer to Dr. P & Dr. S & J)***
- Expanding programs to include more training opportunities within academic programs, possibly even placements that promote the training and inclusion of traditionally marginalized populations, or populations that have limited access to care.
  - ***Excerpt from Drs. S & J:*** "Some programs are thinking about re-launching Long Term Care Homes (LTC) as sites for training so as to alleviate the healthcare shortage in LTC whilst making educational opportunities available to students who otherwise would not have them. The availability of medical and nursing programs is already limited for Canadians; easing the process for IEHPs to integrate into the academic and subsequently into the healthcare system is crucial to improving access to quality healthcare in Canada and to improving the livelihoods of newcomers and refugees…"

- Expanding opportunities for preceptorship and supervision:
  - **Excerpt from Dr. P: "***Dr. P estimates that with three years of supervision by a licensed physician within an institution and yearly appraisals, the supervising physician can be at liberty to judge whether or not the IEHP is ready to take a shot at licensure and be eligible for examination. If the IEHP does not substantiate readiness after three years of supervision, they can either choose to be (1) a practicing physician permanently under supervision, (2) become a junior physician, or (3) become a staff physician, which is common in many jurisdictions already. This approach would of course require the infrastructure for the supervision and professional learning and development programs. Dr. P notes that, although it is another commitment to include in the design of our medical training and health human resources structures, it is not rocket science - it is simply a matter of how we are going to put this in place. This new pathway to licensure can not only mitigate financial challenges IEHPs face when looking for opportunities, but it also lifts barriers for pathways to licensure while ensuring the practicing physician is meeting Canadian standards for practice and care. A secondary way Dr. P believes Medical Schools could integrate these learners is through allowing them to complete a Challenge Examination, whereby if the IEHP qualifies, they can enter into year 3 out of 4 in the undergraduate medical school program and enter into clerkship from there. This would allow them to be eligible for residency matching within Canada, thereby giving them a pathway to licensure in any jurisdiction. However, this is an option that pushes the IEHP towards the traditional licensure route and therefore could take time. It is also a costly route for the IEHP to take. What these two new proposed pathways do allow for is the IEHP to continue working in a practice environment while they are waiting for licensure. As Dr. P notes, this is how we lose people from the system (i.e., the way the system is designed) - when people stop practicing for long enough, their "ability to get back in the groove is foreshortened and limited." In conclusion, Dr. P hints that there are avenues to ensure that Canadian practice standards are met while ensuring we don't lose skilled people - whether it be by lack of accessibility to pathways, financial constraints, impatience with the system, latency in practice while waiting, or other barriers. Introducing pathways that are centered around the system user's needs and capacity can only strengthen the healthcare system we work within."*

References

1. Alliance for Healthier Communities. (2020). Digital Equity Call to Action: Bridging the Digital Divide. Toronto: Alliance for Healthier Communities. Retrieved April 3, 2023, from https://www.allianceon.org/sites/default/files/14.6%20Digital%20Equity%20Strategy%20Call%20to%20Action%20Bridging%20the%20Digital%20Divide.pdf
2. College of Physicians and Surgeons of BC (CPSBC). (2023). International Medical Graduates. Retrieved March 31, 2023, from https://www.cpsbc.ca/registrants/current-registrants/registration-and-licensing/international-medical-graduates
3. Dean, J. (2018). Does it matter if immigrants work in jobs related to their education?. IZA J Develop Migration 8: 7. https://doi.org/10.1186/s40176-017-0114-2
4. Ewen, C., McGuire-Brown, M., Walters, J., Richards, R., Atlin, J. and Flecker, K. (2023). Expanding Pathways to Licensure for Internationally Trained Physicians in Ontario: How to Get There and Why It Matters. Toronto: World Education Services. Retrieved from www.wes.org/ca
5. Health Force Ontario (HFO). (2020). Access Centre for internationally educated health professionals. Retrieved March 31, 2023, from https://www.healthforceontario.ca/en/Home/All_Programs/Access_Centre
6. Immigration and Refugee Board of Canada (IRBC). (2023). Transparency. Retrieved March 31, 2023, from https://irb.gc.ca/en/transparency/Pages/index.aspx
7. Immigrant Services Association of Nova Scotia (ISANS). (2020). Leading the way: Multi-stakeholder work groups. Retrieved April 1, 2023, from https://isans.ca/leading-the-way-multi-stakeholder-work-groups/
8. Immigrant Services Association of Nova Scotia (ISANS). (2021). International Medical Graduates Bridging Program. Retrieved April 1, 2023, from https://isans.ca/program/international-medical-graduates-bridging-program-imgs/
9. Internationally Trained Physicians of Ontario (ITPO). (2022). ITPs- a diverse, underutilized, skilled health human resource: A Report on the Findings of the ITPO ITPs Backgrounder Survey. Retrieved April 1, 2023, from https://www.itpo.ca/post/itps-a-diverse-underutilised-skilled-health-human-resource
10. Medical Council of Canada (MCC). (2023). Practice-ready assessment. Retrieved March 31, 2023, from https://mcc.ca/assessments/practice-ready-assessment/
11. Mooney, E. (2021). Research and knowledge mobilization in the GTA's immigrant and refugee-serving sector: A needs assessment. Toronto: The Wellesley Institute. Retrieved April 3, 2023, from https://www.wellesleyinstitute.com/wp-content/uploads/2022/01/Needs-Assessment-CKP.pdf
12. National Newcomer Navigation Network (N4). (2023). Removing Barriers for IEHPs. Retrieved April 2, 2023, from https://www.newcomernavigation.ca/en/iehps/removing-barriers-for-iehps.aspx
13. Office of the fairness Commissioner - Bureau du commissaire à l'équité (OFC). (2022). Our Four Principles. Retrieved March 31, 2023, from https://www.fairnesscommissioner.ca/en/About/Pages/Our-Four-Principles.aspx
14. Parliament of Canada. (2009, September 15; Revised 2018, January 3). Canadian Multiculturalism. Retrieved March 30, 2023, from https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/BackgroundPapers/PDF/2009-20-e.pdf

References

15. The Chang School of Continuing Education - Toronto Metropolitan University (TMU). (2023). CE0166 Internationally trained health professionals (ITHP) bridging program (formerly ITMD - internationally trained medical doctors program). Retrieved April 2, 2023, from https://continuing.torontomu.ca/public/category/courseCategoryCertificateProfile.do?method=load&certificateId=13237510
16. The Government of Canada (Gov. of C.) (2022). Social determinants of health and health inequalities - Canada.ca. Retrieved April 2, 2023, from https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html
17. The Government of Canada, Canadian Institutes of Health Research (Gov. of C-CIHR) (2023). Best brains exchanges 2023. Retrieved April 2, 2023, from https://cihr-irsc.gc.ca/e/50918.html
18. The Government of Canada, SSHRC (Gov. of C-SSHRC) (2019). Guidelines for Effective Knowledge Mobilization. Retrieved April 2, 2023, from https://www.sshrc-crsh.gc.ca/funding-financement/policies-politiques/knowledge_mobilisation-mobilisation_des_connaissances-eng.aspx
19. The Government of Canada, StatsCan (Gov. of C-StatsCan). (2022). Immigrants make up the largest share of the population in over 150 years and continue to shape who we are as Canadians. Retrieved April 2, 2023, from https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026a-eng.htm
20. The Government of New Brunswick (Gov. of N-B). (2023). Internationally educated healthcare professionals (iehps). Government of New Brunswick, Canada. Retrieved March 31, 2023, from https://welcomenb.ca/content/wel-bien/en/international_nurses.html
21. The Royal College of Physicians and Surgeons of Canada (RCPSC). (2023). International Medical Graduates. Retrieved April 2, 2023, from https://www.royalcollege.ca/rcsite/credentials-exams/assessment-international-medical-graduates-e#jur
22. Toronto Region Immigrant Employment Council (TRIEC) (2017, October 30). Immigrant employment: Facts and figures. Retrieved March 30, 2023, from https://triec.ca/about-us/focus-on-immigrant-employment/
23. University of Manitoba (UofM). (2023). Internationally educated health professional access hub. Retrieved March 31, 2023, from https://umanitoba.ca/internationally-educated-health-professionals/
24. Walton-Roberts, M. (2022). The ethics of recruiting foreign-trained healthcare workers. Healthcare Management Forum. 35(4):248-251. doi:10.1177/08404704221095129