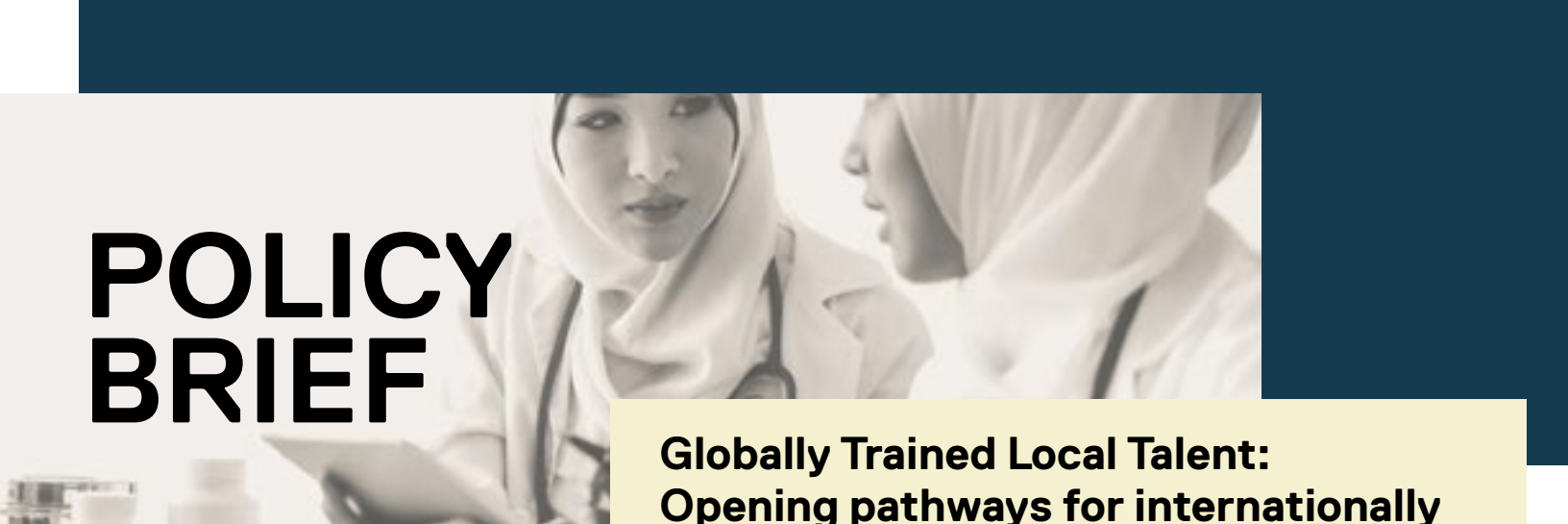




POLICY BRIEF

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Globally Trained Local Talent: Opening pathways for internationally educated professionals to strengthen Ontario's health care system

INTRODUCTION

ONTARIO'S HEALTH CARE SYSTEM NEEDS INTERNATIONALLY EDUCATED PROFESSIONALS

The idea of employing the untapped talent of internationally educated professionals to bolster Ontario's health care system is not new, but it has gained a new urgency.

We have long known that labour shortages and the health demands of an ageing population have increased the strain on a system that is stretched to capacity. The COVID-19 pandemic has shone a light on the problem while also aggravating it. In many professions – such as medicine, nursing, pharmacy, respiratory therapy, and medical laboratory technology – the pandemic has added unprecedented pressure, often resulting in burnout and departures on top of anticipated retirements.

The public is worried, and rightly so, about whether the health care system will be there to help them when they need it. Low staffing levels, cancelled surgeries, long wait times, and onerous demands on hospitals due to COVID-19 contribute to public calls to address the situation. Interest in making internationally educated professionals part of the solution is growing, as reflected by the significant rise in media attention to this issue since the start of the pandemic.

THE CHALLENGE: INTEGRATING UNTAPPED TALENT

Ontario has long relied on internationally educated health professionals, benefitting from their expertise and the added value of helping to serve an increasingly diverse population. For example, the [Canadian Institute for Health Information](#) reports that in 2020, 11% of Registered Nurses licensed to practise in Ontario were internationally educated.

However, according to [Statistics Canada](#), nearly half (47%) of immigrants who received their health care education in other countries are underutilized. The actual underutilization rate is likely higher, because immigrants in health occupations often work far below the skill levels for which they have been trained. Examples include various health professionals working as assistants, personal support workers or orderlies. Such work is valuable but it does not allow them to use – or Ontario to benefit from – the full scope of their

skills, knowledge and experience.

Internationally educated individuals in Ontario are committed to their professions and eager to serve. Ontario must move quickly to find ways to better integrate this globally trained, locally available talent.

THE SOLUTION: BARRIER REMOVAL AND A HEALTH HUMAN RESOURCES STRATEGY

This paper recommends ways to unlock the talent of internationally educated health professionals by addressing barriers related to three areas: immigration status, the registration (licensure) process, and employment opportunities. Implementation of the recommendations will help to achieve:

- Targeted pathways to permanent residence;
- Fair, accessible, coherent systems of assessment and training leading to registration of qualified professionals; and
- Equitable recruitment, employment, and workplace practices.

The paper also recommends the development of an Ontario health human resources strategy that recognizes internationally educated health professionals as an integral component of the health care system. This would be a data-informed, multi-stakeholder strategy enabling Ontario to benefit from the talent of all health professionals.

MAKING IMPROVEMENTS IN THREE AREAS

1. REMOVING BARRIERS RELATED TO IMMIGRATION STATUS

The immigration status of internationally educated health professionals can affect their access to registration, employment, and ongoing practice.

Some health professionals arrive in Canada as permanent residents, typically as economic immigrants, refugees or as accompanying or sponsored family members. Significant barriers arise, however, for health professionals who enter Canada on a temporary basis through work permits that tie them to a single employer for specified work.

Nurses from the Philippines who arrive on temporary permits to work as personal support workers or in-home caregivers, for example, can only work in those occupations. They cannot meet the requirements of health regulators, who typically limit registration to Canadian citizens, permanent residents, or to holders of “open” permits that allow work in any type of employment.

In addition, temporary foreign workers are not eligible to enrol in provincially funded [bridge training programs](#), which are often key to success in meeting requirements for registration and employment. Refugee claimants with valid work permits, however, are eligible for these programs.

The [nursing](#) and [respiratory therapy](#) colleges allow some applications for registration to proceed even if the required immigration documentation is not yet available. The College of Nurses of Ontario is willing to offer conditional registration in some cases, but professional practice cannot begin until the documentation has been provided.

Rapid access to open work permits would be a short-term solution in many cases. It would not be helpful in the case of physicians, however, because registration for [independent practice](#) requires Canadian citizenship or permanent resident status. In any event, open work permits are time-limited and cannot enable practise on a long-term basis.

The best solution would be for more health professionals to arrive in Canada as permanent residents or to quickly make the transition once they are here, on the understanding that Canada does not attempt to attract health professionals away from other countries that desperately need them.

Permanent residence is essential to provide stability for successful, ongoing practice and integration in the community.

Eligible temporary entrants can apply for permanent residence under certain economic immigration programs, but there are limited spaces available. Examples include the [Express Entry/Canadian Experience Class](#) and the [Ontario Immigrant Nominee Program](#).

Some health care workers were able to apply for permanent residence under two short-term pandemic-related programs, now closed. The “[Guardian Angel](#)” program was for refugee claimants who provided direct patient care. And the [Temporary Resident to Permanent Resident Pathway](#) included a stream for essential health workers. Though promising, these two programs were [criticized](#) for restrictive eligibility, time-limited access and onerous application processes. [Saskatchewan](#) has started using its provincial nominee program to achieve permanent residence for health care workers, but it is too early to tell how well the program is working and what barriers may exist.

Some internationally educated health professionals have achieved permanent residence through existing streams of the [Ontario Immigrant Nominee Program](#). Ontario has used the [Express Entry Human Capital Priorities](#) and [Employer Job Offer In-Demand Skills](#) streams of that program to target the health care sector. For example, registered nurses and registered psychiatric nurses, medical laboratory technologists, and licensed practical nurses were recently targeted for Express Entry. More could be done along these lines if the federal government increased Ontario’s allocation of spaces in the Ontario Immigrant Nominee Program. The federal government could also incorporate health workers in existing programs such as the [Rural and Northern Immigration Pilot](#) or the [Economic Mobility Pathways Pilot](#).

These suggested improvements to immigration status would address one set of barriers facing internationally educated health professionals. However, unless they also have clear pathways to registration and employment, many qualified individuals will not reach their full potential to contribute to Ontario health care needs.

Removing barriers related to immigration status

Goal

Pathways exist for internationally educated health professionals to enter Canada as permanent residents, and access to registration is facilitated for both permanent and temporary entrants.

Recommendations

1. Enable internationally educated health professionals to arrive in Canada as permanent residents, or to transition to permanent residence, by:
 - Allocating more spaces to Ontario’s provincially nominee program
 - Targeting health professions in federal economic immigration programs
2. For internationally educated health professionals who have not yet achieved permanent residence status, facilitate access to:
 - Open work permits
 - Provincially funded bridging programs
 - Conditional registration while waiting for an open work permit or permanent residence to be approved.

2. FACILITATING REGISTRATION

Registration is the process of getting a certificate allowing practice in a profession. In the health care system, registration decisions are made by Ontario's [26 regulatory bodies](#) that govern professions covered by the [Regulated Health Professions Act](#). Ontario's [Fairness Commissioner](#) has a statutory mandate to ensure registration practices in designated health and non-health professions are transparent, objective, impartial and fair.

There are opportunities to build on current approaches that help to pave the way to registration for qualified internationally educated health professionals, and to remove barriers that get in the way.

Bridging programs

[Bridging programs](#) have been effective in providing knowledge and clinical experience that help bridge gaps to registration. These programs run in parallel, rather than being integrated into the post-secondary health care education system, and often receive only time-limited project funding. Some financial assistance is available for participants through the [Ontario Bridging Participant Assistance Program](#), [Ontario Student Assistance Program](#), and [Windmill Microlending](#). Nonetheless, many programs remain financially out of reach. Another challenge is that bridging programs tend to have minimal seats and are not available to applicants in all health professions or in multiple locations.

Bridging gaps to registration – Sample programs

- [Academic Pathway for Internationally Educated Nurses Graduate Certificate](#) (George Brown College)
- [Medical Laboratory Science Bridging Program](#) (The Michener Institute)
- [International Pharmacy Graduate Program](#) (University of Toronto)

Bridging models should be scaled up and applied to other professions, based on workforce demand and supply of eligible internationally educated health professionals. Such investment should also be based on reliable evaluation data. Programs should include support for clinical supervisors and participants.

Bridging programs that include opportunities for domestic and internationally educated individuals to interact would enrich the experience for both groups. This could involve joint participation in selected clinical practice opportunities and in courses such as medical ethics, jurisprudence, and privacy.

The recently announced [Supervised Practice Experience Partnership](#) of the College of Nurses of Ontario is a promising development. The program will assist nursing applicants who have met all registration requirements except language proficiency and evidence of practice within the past three years. In addition to recency of practice, this program will help applicants to meet occupation-specific language requirements.

Alternatives to Canadian experience

Requiring Canadian experience for registration in a regulated profession can be unnecessary and discriminatory. As a result, Ontario has recently passed [legislation](#) to prohibit Canadian experience as a requirement in non-health occupations (such as engineering, accounting, and architecture) unless the government grants an exemption for public health and safety reasons.

Most regulated health professions (such as nursing, pharmacy, respiratory therapy, and medical laboratory technology) do not specify Canadian experience as a requirement. Instead, they offer alternative ways to demonstrate competency and readiness to practice. One example is the Practice Assessment of Competence at Entry ([PACE](#)) for registration as a pharmacist. Another is the use of [structured interviews and clinical skills assessments](#) for respiratory therapy.

Medicine is a health profession that continues to require Canadian experience. In order to obtain an [independent practice certificate of registration](#) as a physician, applicants require “*Completion in Canada of one year of postgraduate training or active medical practice, or completion of a full clinical clerkship at an accredited Canadian medical school.*” There are limited opportunities available to gain such experience, which prevents many internationally educated physicians from having the chance to practise medicine in Ontario.

[Practice-ready assessment](#) programs, as an alternative path to registration, are available for experienced internationally educated physicians in seven provinces but not in Ontario. During the

assessment period, physicians can demonstrate clinical skills and knowledge necessary to provide patient care in Canada. The introduction of practice-ready assessment in Ontario is long overdue.

Emergency registration

In the midst of a pandemic, it is worth noting the possibility of registering internationally educated health professionals on an emergency basis to deal with a crisis. Manitoba has created a [temporary pandemic registration process](#) for qualified internationally educated nurses. It would be well worth seeing what can be learned from that approach.

[Pharmacy](#) and [nursing](#) are examples of Ontario health professions that have established an emergency assignment class. During the COVID-19 pandemic, these provisions have been used to register nurses and pharmacists on a temporary basis to supplement patient care, testing and vaccination. Completion of the University of Toronto's pharmacy bridging program within the past two years is one way for pharmacy applicants to meet the education requirements for emergency assignment registration. In any registration category, including emergency certificates, it is important to remove barriers that may prevent internationally educated professionals from participating.

Facilitating registration

Goal

Internationally educated health professionals are able to navigate a fair, coherent, accessible, timely, affordable, sustainable system of assessment and training leading to registration for qualified applicants.

Recommendations

3. Ensure that programs bridging gaps to registration for internationally educated professionals:
 - Are widely available and integrated within health care education faculties
 - Are funded through ongoing operating grants
 - Are scaled up and adapted for other professions based on workforce demand, supply, and evaluation data
 - Include support for clinical supervisors and participants
 - Involve opportunities for joint interaction with domestic learners.
4. Ensure that practice-ready assessments and other alternatives to Canadian experience:
 - Assess competencies required for practice
 - Are available across health professions, including medicine.
5. Make emergency assignment certificates of registration available across health professions and include a focus on utilizing the talent of internationally educated health professionals.

3. ENHANCING EMPLOYMENT OPPORTUNITIES

Registered professionals

Once registered, many internationally educated health professionals can be expected to find work in their field, especially in light of staff shortages. Others may face barriers that Canadian educated individuals are less likely to encounter, such as a potential employer's lack of familiarity with one's credentials, or not having a strong network of contacts in Ontario.

Some bridging programs help recently registered professionals to find employment in Ontario. For example, Hamilton Health Sciences has a [program](#) that helps internationally educated nurses who are registered and seeking their first nursing job in Ontario, as well as nurses who are close to completion of the registration process.

Most registered internationally educated physicians are limited in where they can seek employment. This is due to "return of service" obligations that require them to work in underserved areas for a number of years. Such obligations are controversial because they are imposed on residency positions and practice-

ready assessments designated for international medical graduates, but are rarely required of domestic graduates. [Current research](#) indicates that return of service generally does not lead to the retention of health providers in small and rural communities.

Unregistered professionals

Many internationally educated professionals do not apply for registration, were unsuccessful in an application, or are still trying to meet registration requirements. Though unregistered, they can still gain meaningful and vitally important employment in the health care sector. Some employment opportunities have become available during the pandemic through efforts to engage workers to assist with vaccinations, testing, tracing, combatting vaccine hesitancy, and assisting in long-term care. Some bridge training programs help unregistered professionals to embark on alternative health careers that allow them to apply some of their valuable skills, knowledge and experience.

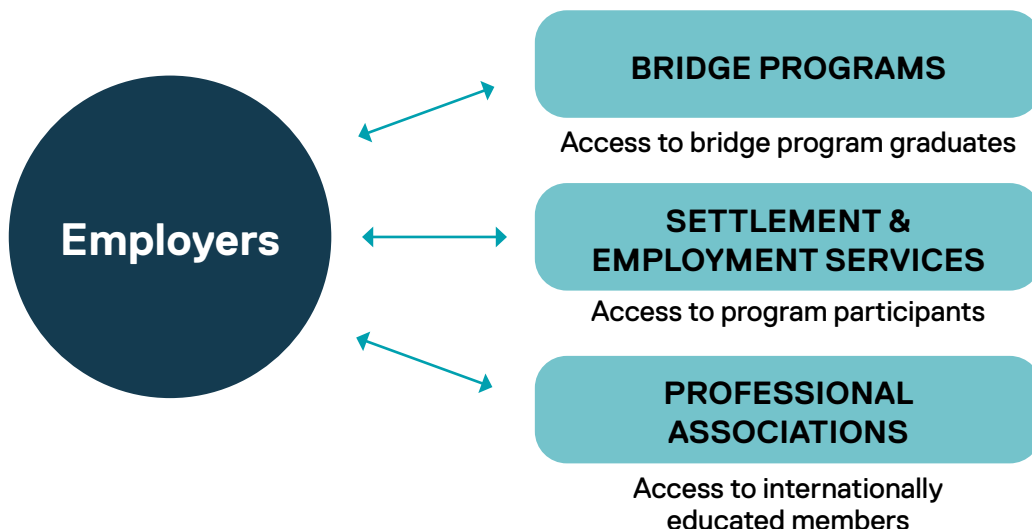
Bridging to alternative health professions – Sample programs

- [Bridge to Healthcare Alternatives \(Job Skills\)](#)
- [Health Informatics Bridging Program \(Skills for Change\)](#)
- [Community Healthcare Connections \(ACCES Employment\)](#)

Employers

More can be done to connect employers with internationally educated local talent when recruiting for health care positions. Portals designed for this purpose have had [limited success](#). Some organizations – such as bridging, settlement, and employment service providers – liaise with employers to connect them to internationally educated talent and to promote equitable recruitment. Associations of internationally educated professionals can also be excellent sources of such information and referrals. Although talent pools are available, employers are often unaware of organizations they can contact to tap into them.

Connecting employers to internationally educated health professionals



Equitable Treatment

All health care workers should have equitable opportunities to employment that fully recognize their skills and experience. They must also be respected and appreciated for the work they do through fair compensation and working conditions, gender and racial equality, and non-discriminatory work environments. [Statistics Canada](#) indicates

that immigrants, racialized women and men, refugee claimants, and temporary work permit holders are over-represented in lower paid health occupations such as nurse aides, orderlies, and personal support workers. An Ontario strategy for health human resources will need to address these inequities in order to retain a committed and engaged workforce.

Enhancing employment opportunities

Goal

Health care workers have equitable access to employment in inclusive work environments at levels consistent with their skills and experience.

Recommendations

6. Strengthen links between employers and community organizations to:
 - Assist employers to gain access to internationally educated professionals when filling health care positions
 - Share best practices on equitable and inclusive recruitment and workplace practices.
7. Provide employment opportunities and compensation consistent with skills and experience.

BRINGING IT ALL TOGETHER

DEVELOPING A STRATEGY FOR HEALTH HUMAN RESOURCES

Implementing the above recommendations regarding immigration, registration and employment will result in positive and concrete change. For maximum impact, Ontario also needs a comprehensive, forward-looking health human resources strategy that includes these and other elements.

Health human resources strategies aim to ensure an ongoing supply of qualified people to meet health care needs. This objective is expressed as a statutory requirement under section 2.1 of [Schedule 2](#) of the

Regulated Health Professions Act, which states that it is the duty of health professional colleges:

“to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”.

Ontario would benefit from a strategy that includes both domestically and internationally educated individuals. The strategy would be premised on a shared understanding that qualified internationally educated professionals are an integral part of our health care system. Not only do they possess the professional skills we need – including knowledge of health conditions prevalent in other countries – many bring added value by enhancing cultural and linguistic diversity in the provision of patient care.

The strategy should foster system-wide programs, policies, and investments aimed at internationally educated professionals rather than the current reliance on piecemeal, time-limited approaches. It should also include a focus on immigration, registration and employment. These three prongs are interconnected, and success cannot be achieved unless all three are addressed. The goal for each prong, articulated earlier in this paper, should be incorporated in the strategy along with other priorities identified during its development.

Principles of equity, diversity and inclusion must guide the development of the strategy. Data disaggregated by race, gender, and immigrant status will be critically important to inform the strategy and ensure its success.

In light of shortages worldwide, the strategy should not promote the active recruitment of internationally educated individuals from countries where they are desperately needed. But those who choose to come to Canada must have the opportunity to put their skills and education to best use.

An Ontario strategy is well worth pursuing since health, post-secondary education and training, provincial immigration programs, and the regulation of health professions all fall within provincial jurisdiction.

Developing a strategy for health human resources

Goal

Health human resources planning enables the Ontario health care system to integrate and retain the talents of domestically and internationally educated health professionals.

Recommendations

8. Create a comprehensive health human resources strategy that:
 - Includes internationally educated health professionals as an integral component of the health care system
 - Is informed by equity principles and disaggregated data to ensure inclusive approaches to human resources and patient care
 - Includes considerations related to immigration status, registration, and equitable employment opportunities.
9. Develop the strategy through multi-stakeholder engagement with leadership from the Ontario Ministry of Health and Ontario Health.

LEADERSHIP AND ENGAGEMENT TO IMPLEMENT SOLUTIONS

This paper has made recommendations for action in three interconnected areas (immigration, registration, and employment) and for the creation of a health human resources strategy. To make meaningful progress, lead organizations would need to spearhead implementation in consultation with a range of interested and affected parties. For example, the Ministry of Health and the [Ontario Health](#)

agency would be the natural leaders in developing the health human resources strategy. This would require the engagement of all levels of government, regulatory bodies, employers, educational and training institutions, agencies supporting newcomers, the Office of the Fairness Commissioner, unions, and associations of internationally educated professionals.

Opening pathways for internationally educated professionals to strengthen Ontario's health care system

Immigration

- Permanent residence through targeted economic immigration
- Access by temporary residents to open work permits, bridging programs, and conditional registration

Registration

- Bridging gaps to registration through sustainable programs
- Alternatives to requirements for Canadian experience
- Inclusive emergency assignment registration

Employment

- Employer/community links for inclusive recruitment and workplaces
- Employment consistent with skills and experience

Health Human Resources Strategy

- Comprehensive strategy informed by equity principles and data
- Stakeholder engagement in developing the strategy, led by the Ministry of Health and Ontario Health

CONCLUSION

Concrete action grounded in a health human resources strategy will go a long way to bolster health care in Ontario and provide more equitable access to health professions by internationally educated individuals. The talent is here, the need is evident, and the time for systematic change is long overdue.

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