



**School of
Public Policy**



**MASTER OF PUBLIC POLICY
CAPSTONE PROJECT**

Mismatch Between Canada's Economic Immigration Policies and Professional Regulatory Organizations: Case Study of Foreign Trained Physicians in Alberta.

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Approved by Supervisor:

Submitted in fulfillment of the requirements of PPOL 623 and completion of the requirements for the Master of Public Policy degree



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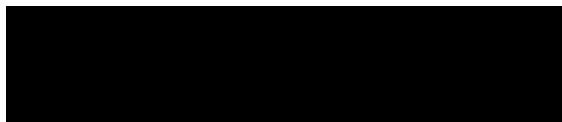
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Land Acknowledgement

In the spirit of respect and truth, I want to acknowledge the land I stand on today, and the land that this Capstone Project was researched and written on, is the traditional territories of the people of the Treaty 7 region in Southern Alberta, which includes the Blackfoot Confederacy, the Tsuut'ina First Nation, and the Stoney Nakoda. The City of Calgary is also homeland to Nose Hill Métis District 5 and Elbow Métis District 6.

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Abstract

Alberta Health Services (AHS) is currently grappling with significant challenges, including the impact of the Covid-19 pandemic, a growing and aging population, the mental health and opioid crises, healthcare professionals leaving the province, increasing wait times for tests and surgeries, and widespread staff burnout. One solution to addressing these challenges is by employing foreign trained physicians that have immigrated to Alberta, through the federal immigration system. However, self-governing regulatory bodies pose as barriers to having education from outside of Canada accredited. Thus, the goal of this thematic review is to synthesize literature from 2008 to 2023, on the barriers that exist within the credential recognition process and the extent to which these barriers may prevent highly skilled immigrants from entering the labour market, specifically for foreign trained physicians in Alberta. Key word searches in Science Direct, jstor, UCalgary Library, Google Scholar, Stats Canada and social sciences abstracts, identified many peer-reviewed journal articles. However, after a thematic review of the literature, 10 articles emerged which characterized six different themes including jurisdictional challenges, lack of prior knowledge on processes, training entry barriers, discrimination, a small number of residency spots, and ethics of recruiting. The result of this review benefits the future study on the accreditation process for foreign trained physicians and can provide direction on future policy decisions or solutions to the on-going challenges that exist within AHS, and self-governing regulatory bodies.

List of Acronyms

| | |
|--------------|---|
| AHS | Alberta Health Services |
| AIMGA | Alberta International Medical Graduate Association |
| AIMG | Alberta Residency for International Medical Graduates |
| AMA | Alberta Medical Association |
| CPSA | College of Physicians and Surgeons of Alberta |
| CRS | Comprehensive Ranking System |
| IRCC | Immigration, Refugees, and Citizenship Canada |
| IMG | International Medical Graduates |
| IEHP | Internationally Educated Health Professionals |
| ITP | Internationally Trained Physician |
| LMCC | Licentiate of the Medical Council of Canada |
| MCC | Medical Council of Canada |
| PRA | Practice Readiness Assessment |
| PRO | Professional Regulatory Organizations |
| TDM | Therapeutics Decision Making |

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Table 1: Thematization of Articles

Introduction

In recent years, Alberta's health care system has faced escalating pressures and strains resulting in policymakers, health care providers, and the public seeking innovative and strategic opportunities to increase its skilled medical workforce. At the same time, a significant number of highly skilled and qualified immigrants are selected every day based on their internationally attained qualifications and expertise to immigrate to Canada, however, upon arrival, their education and professional experience is often not recognized leading to unemployment or underemployment. Currently, it is estimated that immigrants are almost three times more likely than non-immigrants in Canada to have been persistently overqualified in their job (Stats Canada, 2020). This can result in economic inefficiency, lower job satisfaction, wage disparities, and dependence on social programs.

The existing literature attributes the underemployment of immigrants to an array of contributing factors such as the devaluation of foreign credentials, a lack of communication skills, implicit discrimination, and a lack of work experience in Canada (Weiner 2008, 38). In particular, the devaluation of foreign credentials is a contributing factor that may be efficiently addressed through government intervention; however, little research exists on this. The growing mismatch between demands on Alberta's health care system and barriers to foreign credential recognition for immigrants continues to be a pressing concern for policymakers and stakeholders alike. Thus, the following capstone aims to identify potential barriers within the credential recognition process for foreign trained physicians in Alberta and the extent to which these barriers may prevent highly skilled immigrants from entering the labour market.

Background

Alberta's Health Care System

Section 91 and 92 of the *Constitution Act, 1867* assigns exclusive legislative authority over certain matters to provincial legislatures (*Constitution Act, 1867*). In relation to healthcare, provinces generally have jurisdiction over health care services, the practice of medicine, the training of health professionals and the regulation of the medical profession, hospital and health insurance, and occupational health (*Canada Health Act, 1985*). In Alberta, medicine and other health professions are regulated through the *Health Professions Act RSA 2000*, which ensures all health practitioners consistently provide safe and competent care. Specifically, section 2 of the *Health Professions Act RSA 2000* provides professional-led regulation through granting governance abilities to professional associations called Colleges (*Health Professions Act RSA, 2000*). In the context of family physicians, this is known as the College of Physicians and Surgeons of Alberta (CPSA), which regulates the practice of medicine in the province.

The accreditation process for foreign trained physicians is implemented through the CPSA, which is granted authority under part 10, schedule 21 of the *Health Professions Act RSA 2000*. Specifically, in section 8.7, the CPSA, also called the council, can make bylaws pertaining to accreditation standards, including the contents, adoption, and amendment of accreditation standards (*Health Professions Act RSA, 2000*). To have education from outside of Canada accredited in Alberta, foreign trained physicians must abide to the regulations and standards set out by the CPSA, as they are the governing body that grants licenses to practice medicine.

Historically, Alberta Health Services (AHS) was introduced in 2008 after regional health authorities and boards were disbanded by the provincial government, in an effort to move

towards a single provincial health care governance and service delivery model (Noseworthy, T, 2024). AHS became Canada's first single provincial health delivery system and one of the largest healthcare systems in the world, serving 4.8 million people to date (Alberta, 2024). However, AHS is currently facing significant cracks in the system due to the Covid-19 pandemic, an increasing and aging population, the mental health and opioid crisis, health care professionals leaving the province, surging wait times for tests and surgeries, and staff burnout. For example, of the 5789 active family physicians in the province, only 812 or 14% are accepting new patients, meanwhile 1 in 5 adult Albertans do not have a family doctor (McBrien, Montestanti, and Leslie, 2024). Furthermore, emergency department wait times have hit six-year highs (Canadian Institute for Health Information, 2023), while intensive care units in provincial hospitals are at 95 per cent capacity and are in general running at 150 per cent capacity (Alberta Health Services Data, 2023). The current state of Alberta's Health Services is quite frightening with Dr. Paul Parks, president of the Alberta Medical Association (AMA) recently stating that primary care in Alberta is in "critical condition" (Derworiz, 2024). Thus, AHS's collapsing system runs parallel to challenges in leveraging skilled immigrants specifically selected for their medical expertise and knowledge, that instead are facing potential barriers to entering the health care system.

Immigration

The current immigration landscape in Canada falls under both federal and provincial or territorial jurisdiction, under section 95 of the *Constitution Act*. In addition, Immigration, Refugees, and Citizenship Canada (IRCC) has agreements with provinces and territories on how they share responsibility for immigration, which is negotiated separately to address unique needs and priorities of each province or territory (Canada, 2024a). Historically, Canada's immigration

policies have favoured those from the United States, the United Kingdom and other European countries. However, in the 1960's there was a significant shift to immigration policies that emphasized educational and occupational skills as selecting criteria for immigrants, especially economic immigrants. Currently, 60-70% of immigrants to Canada are admitted through the economic immigration class based on an ambitious point system requiring specific language levels, education, and skilled work experience (Canada, 2023a). The federal economic immigration programs include the Canadian Experience Class, Federal Skilled Worker Program and the Federal Skilled Trades program, which are all managed through the Express Entry system, and represent the largest economic immigration category. Since 2001, immigrants continue to outpace the Canadian-born population with having a higher level of educational attainment, which further upholds the notion that most immigrants to Canada are selected for their high degree of qualifications and expertise (Canada, 2024b).

Notably, immigration has always been one of the key driving sources of Canada's labour supply and population growth. Specifically, prior to the Covid-19 pandemic, "immigration accounted for more than three-quarters of the total population growth since 2016 and reaching close to 86% in 2019" (Canada, 2022a). Furthermore, as Canada's population ages, while fertility rates continue to decline, the Canadian labour force and population growth will depend even more on immigration in the long term (Canada, 2022a). The current 2023–2025 Immigration Levels Plan proposes to increase the number of permanent residents to Canada to 465,000 in 2023, 485,000 in 2024, and 500,000 in 2025 (Canada, 2023a). These numbers are specifically reflected in Alberta, as the provinces population surged in the past year. In the year 2023, Alberta's population saw its largest increase in history of 202,324 individuals with approximately 65% of this increase from immigration (Fletcher, 2024).

Accreditation/Licensing

The pathway to obtain accreditation for foreign trained professionals is often complex, rigorous and expensive. Specifically, immigrant credentialing spans multiple regulatory domains that encompasses varying immigration policies, educational equivalency assessments and oversight by Professional Regulatory Organizations (PROs). The process for becoming a licensed physician in Alberta begins with first immigrating to Canada. For foreign trained physicians there are two pathways to do so, Express Entry via the Federal Skilled Worker Program or the Alberta Advantage Immigration Program via the Provincial Nominee Program for skilled workers based on the demand of specific skill sets. Both pathways select highly skilled immigrants based on their education, work experience, age, and language skills, aiming to bolster the Canadian economy and enrich society, through the sectors they intend to join. This selection process is through the Comprehensive Ranking system (CRS), which is a point system that is used to assess and score an immigrant's profile and rank them in an express entry pool. The current targets for 2024 for the Federal Skilled Worker Program are 110,770 while for the Provincial Nominee Program it is 110,000 new immigrants (Canada, 2023b). It is difficult to estimate the number of physicians who will be accepted into Canada in the year 2024, however, data from 2022 states that Immigration, Refugees, and Citizenship Canada (IRCC) accepted 8,600 individuals intending to work in the health sector (Canada, 2022b). Additionally, between 2017 and 2022, 4,449 doctors arrived in Canada to practice their profession, suggesting the supply of internationally trained physicians to Canada is substantial (Canada, 2023b).

Once the internationally trained doctor is accepted through either the Express Entry via the Federal Skilled Worker Program or the Alberta Advantage Immigration Program via the Provincial Nominee Program, they must then have their foreign credentials assessed. The first

step to becoming a licensed physician in Alberta, is to receive a Licentiate of the Medical Council of Canada (LMCC). The LMCC is a qualification issued by the Medical Council of Canada (MCC) to those who meet the eligibility criteria, however, this is not a license to practice medicine. To be eligible for the LMCC, International Medical Graduates (IMG) must meet the following requirements (Medical Council of Canada (MCC), 2024):

Medical Education:

Must have graduated from a medical school listed as acceptable in the World Directory of Medical Schools, for which the individual will need to gather their medical credentials and have them successfully source verified through MCC to prove they are valid and equivalent to a Canadian medical credential.

Qualifying Exam:

Successfully pass the MCCQE Part 1 examination, which is a one-day exam that assess medical knowledge and ability to make clinical decisions.

Eligible Work Experience:

Have completed 12 months of acceptable postgraduate medical training in your home country.

Pay the LMCC Application Fees:

- One-time set up fee through physiciansapply.ca (\$328.00)
- Source Verification Request per a medical credential (\$228.00)
- MCCQE Part 1 Application (\$1,470.00)

- LMCC Application Fee (\$260.00)
- Additional Fees May Apply based on individual circumstances.

Once the above tasks have been completed/submitted by the IMG, it takes anywhere from 3 to 4 weeks for MCC to review your information and confirm your eligibility for LMCC. If approved, it will take an additional 6 to 8 weeks for LMCC documentation and Certificate of Registration to be mailed. The LMCC process serves to validate the qualification at the national level but does not guarantee acceptance of that credential to practice in their field provincially. A “Route to Licensure” diagram can be found in Appendix A.

The next step in this process is to then prepare to apply to the provincial regulator for a license to practice, which varies across provinces and territories. For Alberta specifically, the medical regulatory body is the College of Physicians and Surgeons of Alberta (CPSA). The IMG will need to prepare to apply to the CPSA by ensuring they meet the qualifications needed for direct entry into practice, including a medical degree from a school listed in the World Directory of Medical Schools, proof of English language proficiency, completed MCCQE Part 1, currency of practice, post graduate training requirements, Therapeutics Decision Making (TDM) exam, a criminal record check and patient relations education (College of Physicians and Surgeons Alberta, 2024). If the IMG does not meet these qualifications, they will need to complete the appropriate steps. Depending on the status of the IMG, (whether they have not yet completed residency, completed residency but not practiced independently, or have practiced independently), they may need to complete a residency program in Alberta through the Alberta Residency for International Medical Graduates (AIMG). This process includes being assessed for eligibility and readiness to enter residency through various exams. A Route to Licensure diagram

can be found in appendix A to understand this often-complex process within Alberta. According to the CPSA, the registration process, depending on the unique circumstances of the IMG, can cost up to \$18,000 or more (2024). The fee schedule for CPSA registration can be found in appendix B. The timeframe for this process is difficult to estimate, as all IMGs circumstances are different.

Alberta Specific Initiatives

In January 2023, CPSA launched a 5-year pilot project for an accelerated registration route for eligible internationally trained physicians (ITP) (College of Physicians and Surgeons of Alberta, 2023). This accelerated registration route will condense the Practice Readiness Assessment (PRA) for ITPs that have training comparable to that obtained in Canadian Universities; being approved jurisdictions of Australia, Ireland, United Kingdom and the United States of America. The PRA is for ITPs who meet the CPSA's requirements for direct entry into practice, for which the ITP will apply to CPSA for independent license to practise which includes the PRA. The traditional PRA consists of 2 parts: a three-month Preliminary Clinical Assessment where the candidate works under direct observation in the medical practice of a CPSA-approved assessor, and a three-month Supervised Practice Assessment where the candidate practises independently in their identified community, providing medical services to Albertans (CPSA, 2023). The 5-year pilot program instead waives certain requirements such as the clinical review exam, and the first three-month assessment for ITPs. Those who qualify will now go directly to their identified communities and begin practising independently while completing their Supervised Practice Assessment (CPSA, 2023). This process expedites the registration route for eligible internationally trained medical graduates from approved jurisdictions.

Methods and Data

The primary objective and scope of this study is to compile and summarily present a thematical analysis of key indicators, data, and information on the accreditation process for foreign trained physicians within Alberta to identify and understand potential gaps in this process. To identify relevant data and information, I searched key databases (e.g., science direct, jstor, UCalgary Library, Google Scholar, Stats Canada and social sciences abstracts) for applicable journal publications in English language, focusing primarily on the following areas and applying relevant key words: economic immigrants arriving in Canada; physician accreditation process in Alberta; regulations for foreign trained physicians; immigration policies in Canada; and healthcare challenges in Alberta. In addition, grey literature (e.g., provincial and federal data, legislative documents, surveys, and policy reports) sources were scanned and reviewed, and essential data/information was extracted. The data was selected between 2008 to 2023 to encompass a 15-year period, capturing a wide range of literature that emerged while different political parties were in power in Alberta and at the federal level. After reviewing the abstracts of many articles in relation to the relevant key words used initially in the search, 22 articles were selected within this timeframe. Of these 22 articles, 10 articles were then selected based on their data and information identified and then organized into thematic information, selected on my own interpretation of key indicators and development in the literature that were consistently repeated throughout. Notably, given the broad and heterogeneous scope of this review as well as the selective data/ information under study, this review does not constitute a 'systematic' but rather a comprehensive thematic review of data/information on key developments in the topic areas defined. In addition, the review presents an essentially descriptive compilation of relevant indicators/data accepting these at face-value, i.e. without

further extensive comments on or inquiry into the methods, quality, validity, etc. of the data/ indicators – as maybe appropriate for other (e.g., systematic) types of reviews – presented as the main empirical part of the study.

Findings

After conducting an extensive review of data between 2008 and 2023, ten pieces of literature were selected based on the repetition of themes that consistently identified any potential barriers within the credential recognition process for foreign trained physicians in Alberta. As a result, six themes emerged from extraction, synthesis, and comparison of the data in the literature matrix and thematic tables, which do suggest barriers for foreign trained physicians in Alberta. The relationship amongst these six themes is unique in the sense that they all relate to one another but uphold elements of nuance that exist in the accreditation process for foreign trained physicians that do pose as challenges. The six themes identified are (1) jurisdictional challenges, (2) lack of prior knowledge on processes, (3) training entry barriers, (4) discrimination, (5) a small number of residency spots, and (6) ethics of recruiting.

Table 1: Thematization of Articles

| Theme | Articles discussing the Theme |
|--|---|
| Jurisdictional Challenges | Sweetman et al; 2015, p. 153, 59 Boyd, 2013, p.186 Weiner, 2008, p. 8 Neiterman and Bourgeault, 2013, p. 200 Guo, 2009, p.41 Bartman et al, 2022, p.18 |
| Lack of Prior Knowledge on the Process | Neiterman and Bourgeault, 2013, p.207 Guo, 2009, p.40 Encalada Grez et al, 2023, p. 15 Kaushik and Drolet, 2018, p. 4 |
| Training Entry Barriers (Cost/Time) | Neiterman and Bourgeault, 2013, p. 208 Guo, 2009, p.41 Covell et al, 2016, p. 6 Sweetman et al; 2015, p. 58 Foster, 2008, p. 2 |
| Discrimination | Boyd, 2013, p.181 Weiner, 2008, p. 10 Kaushik and Drolet, 2018, p. 5 Encalada Grez et al, 2023, p. 9 Foster, 2008, p. 12 |
| Limited Number of Residency Spots | Boyd, 2013, p.184 Encalada Grez et al, 2023, p. 19 |
| Ethics of Recruiting | Neiterman and Bourgeault, 2013, p. 205 Covell et al, 2016, p. 6 |

Jurisdictional Challenges

One of the major themes found throughout this literature review is the jurisdictional challenges that exist within the accreditation process for foreign trained physicians in Alberta. Specifically, of the ten pieces of literature reviewed, more than half referenced jurisdictional challenges as a main barrier for foreign trained physicians. As previously noted, immigration falls under federal jurisdiction while healthcare including labor standards are of provincial jurisdiction. The legislation and regulations that fall under both jurisdictions are intended to balance the benefits and the potential deleterious effects of restricting access within regulated professions like healthcare (Sweetman et al 2015, 153). The reviewed literature deconstructs the legislation and regulations that exist and does suggest jurisdictional differences amongst the accreditation process for foreign trained physicians as a major barrier.

Boyd (2013) suggests that the intersection of immigration policies with professional accreditation requirements presents a paradox, despite being recruited based on their potential professional contributions, immigrants frequently encounter re-accreditation demands that hinder their ability to fully utilize their skills (186). In relation to foreign trained physicians, Boyd's suggestion fairs well, in the sense that foreign trained physicians migrate to Canada through the economic immigration class, which upholds extremely high standards of skill sets, however, are not recognized within professional regulations, creating a contradiction. Similarly, Weiner also brings forth the contradictions that exist within federal and provincial legislation regarding foreign trained physicians. Specifically, he suggests that skilled immigrants are unlikely to realize that the positive assessment of their credentials made at the federal level for immigration purposes is not matched by a similar assessment for work purposes at the provincial level (Weiner 2008, 8). The publication dates for Boyd and Weiner's articles differ by 5 years,

however, jurisdictional contradictions continue to be quite apparent within the accreditation process for foreign trained physicians.

Jurisdictional challenges within the accreditation process for foreign trained physicians seem to be in part due to the lack of a centralized office that evaluates foreign credentials. For example, Neiterman and Bourgeault (2013) reference complex institutional processes that are interdependent on jurisdictions with unaligned accountabilities for which governments do one thing, educational institutions do another, and regulatory authorities do a third (200).

Comparably, Guo (2009) references the same jurisdictional concerns, stating that the lack of centralized office for evaluating foreign credentials can result in immigrants, such as foreign trained physicians, approaching provincial and territorial credential assessment services, regulatory or professional bodies, educational institutions, and even employers (41). Both Neiterman and Bourgeault and Guo, draw on the lack of a centralized process for evaluating foreign credentials as a key piece contributing to the overarching theme of jurisdictional challenges which poses as a barrier for foreign trained physicians in Alberta pursuing education accreditation.

The last two pieces of literature that contribute to jurisdictional challenges as a major barrier for accreditation for foreign trained physicians in Alberta, relates to the burden on the internationally trained physicians (ITP), and the possible need for jurisdictional processes for domestic and internationally trained graduates. Bartman et al (2022) directly connects provincial and territorial requirements for licensure as a significant burden on international medical graduates, especially those looking to apply in different jurisdictions as local variations and redundancies become quite taxing (18). Notably, Sweetman et al, takes the burden of the jurisdictional process one step further, and calls on the pathways to licensing for foreign trained

physicians as arbitrarily focused on domestic prerequisites without considering alternative approaches to evaluating competencies for ITPs (59). Bartman et al and Sweetman et al approach the jurisdictional challenges that exist within the accreditation process for foreign trained physician's differently, with one emphasizing the burden from the system, while the latter focuses on the pathways to licensing that tend to exist in relation to domestic dominant processes. However, both contributions from these authors, similarly to the other authors, arrive at the conclusion that one of the major barriers to the accreditation process for foreign trained physicians, are the many complex jurisdictional processes.

Lack of Prior Knowledge on the Process

As mentioned, the accreditation process for foreign trained physicians in Alberta is riddled with complex processes within different jurisdictions. Comparably, the next theme from the data, speaks to the lack of knowledge of these complex processes prior to ITPs arriving in Canada. Neiterman and Bourgeault (2013) noted poor information is available overseas for immigrants prior to their arrival, especially amongst the details pertaining to the processes to practice their profession in Canada (207). This lack of information may contribute to false expectations for immigrants, or rather in this context, international medical graduates which could pose negative consequences. Guo (2009) further dives into Neiterman's and Bourgeault's argument, suggesting that the lack of reliable information on the process of foreign credential recognition, results in immigrants arriving to Canada, and then having to navigate through a complex and possibly lengthy, costly, and frustrating process on their own (40). This article by Guo takes the concerns of lack of information prior to arrival for immigrants to new lengths by demonstrating potential consequences once arriving, compared to Neiterman and Bourgeault,

who more so noted the lack of information prior to arriving in Canada, without expanding on the consequences.

Encalada Grez et al (2023) gathered data specifically on international medical graduates' experiences on information prior to arriving to Canada, for which they noted that extensive research was completed from the IMG, though the information available from official websites (e.g. Medical Council of Canada) did not accurately represent the process towards licensing (15). Encalada Grez et al research, unlike the other articles, adds additional and updated data to the literature that currently exists, including a new finding that the official websites that provide information on the accreditation process for ITPs, is not accurate and/or is misleading. The lack of information available, or rather the lack of accurate information available contributes to gaps in the system, which results in barriers for foreign trained physicians pursuing licensing.

Keeping to the theme of lack of information on the accreditation process for ITPs prior to arriving to Canada, is an article by Kaushik and Drolet titled Settlement and Integration Needs of Skilled Immigrants in Canada. Kaushik and Drolet (2018), diverge from the other literature in this study, suggesting that there is information available for international medical graduates prior to arriving in Canada, however, the problem lies in the accessibility, usability, and cultural meaning to the prospective immigrants (4). Notably, these problems may arise due to language barriers, bureaucratic complexities, or even technical/legalistic nature of the content. Again, this literature diverts significantly from the other articles in this study, suggesting instead that information is available, but isn't necessarily accessible.

Training Entry Barriers (Cost/Time)

Another theme that has emerged from the reviewed articles, is that of the financial cost and length of time to having education and experience from outside of Canada, be accredited. Specifically, for foreign trained physicians in Alberta looking to be licensed, the associated costs include evaluation and application fees, and administrative fees (see appendix b for full breakdown of fees). In terms of the length of time that is required to be licensed as a physician in Alberta, this includes a detailed review process, often document translation and verification, and even cultural and system differences that contribute to the lengthy timeframe to complete this process. For example, Neiterman and Bourgeault (2013) suggest the evaluating exams, which ITPs are required to take in addition to passing two other written exams, was extremely expensive and most times the material was redundant (208). Similarly, Guo also emphasizes the redundancy of these exams, which are costly and not time efficient. Specifically, Guo (2009) states that on top of the requirements to immigrate to Canada under the economic class, the medical profession of physicians requires foreign-trained professionals to take a certification examination in combination with language testing, and/or to undertake a period of internship or practicum in Canada (41). Both Neiterman and Bourgeault and Guo bring forth the same concern regarding training entry barriers in relation to the cost and time it takes for foreign trained physicians to become licensed, which is argued to be a redundant process in most cases and acts as a barrier for foreign trained physicians.

Unlike Neiterman and Bourgeault and Guo emphasis on redundancy throughout the training entry barrier theme, some of the other literature within this review instead focused on the lack of financial resources for immigrants. Specifically, the financial costs associated with the accreditation process poses as a significant barrier for foreign trained physicians in Alberta, who

are often forced into low earning jobs in order to pursue licensing in their profession. For example, Covell et al (2016) states that “the tension between the resettlement costs and the fees required to have their credentials assessed and verified can be significant. Many IEHPs (Internationally Educated Health Professionals) are forced into non-professional jobs to meet their immediate needs, which can have negative consequences for professional integration” (6). The up taking of non-professional jobs for foreign trained physicians is due to the high cost of the accreditation process, which results in this population being pushed into survival jobs, to meet their basic needs. Sweetman et al (2015) expands on Covell et al findings, by suggesting that financial capital for foreign trained physicians is a key determinate of success in completing the licensure process (58). Foster (2008) also supports Sweetman et al findings, as he also argues that “for foreign doctors who have had their credentials devaluated or discounted, and often lack financial resources of Canadian born residents, the certification process in the medical specializations is often long and costly” (2). Thus, all three articles in one way or another, suggest that the costs associated with the accreditation process for foreign trained physicians is extremely costly, and is a barrier, especially for those with low financial capital.

Discrimination

The accreditation process for foreign trained physicians in Alberta is complex, financially challenging and often lengthy to complete. Additionally, this process often includes elements that are inadvertently discriminatory or biased towards those with education outside of Canada. For example, Boyd 2013 suggests that “Canadian certification requirements are often described as a form of systemic discrimination, in that criteria are created which are universally applied to the Canadian born and foreign born alike but have disproportionate effects in restricting access to trades or professions among the foreign born” (181). This approach from Boyd suggests that

discrimination exists within the accreditation process for foreign trained physicians due to the same processes being applied to both the Canadian born and foreign born.

Although there is validity in Boyds argument, several of the other pieces of literature in this review suggested instead that discriminatory practices do not just exist within the framework of the accreditation process, but through blatant racism towards those of visible minorities. Nan Weiner (2008) suggests that “all newcomers may face discrimination due to prejudice against immigrants. Those who are members of a visible minority may face additional discrimination in the form of racism” (10). The racism that exists towards visible minority immigrants, may also contribute to the devaluation of their foreign credentials. Both Weiner and Vibha Kaushik and Julie Drolet, convey that discrimination through the basis of racism towards visible minorities, contributes to the devaluation of the foreign-acquired qualifications. For example, Kaushik and Drolet (2018) concluded in their research that the racial biases against visible minorities may result in the devaluation of immigrant's foreign credentials (5). Additionally, Encalada Grez et al (2023) further adds to Kaushik and Drolet research, in that most ITPs are coming from beyond the primarily “white” Commonwealth-approved jurisdictions, despite their accomplishments, training, and experience in medicine, they must still contend with the racism that exists within the licensure process (9). The discrimination within the licensing framework and the racism that exists continues to be a major barrier for foreign trained physicians, suggesting that Canada’s doctor shortage is not only a regulatory and assessment problem, but also an equity problem as well. Thus, most international physicians do not believe they lack the qualifications or competence. Instead, they feel that they are unfairly perceived and treated during the application and assessment process due to culturally biased or arbitrary rules and procedures (Foster 2008, 12).

Limited Number of Residency Spots

The limited availability of residency spots for foreign trained physicians in Canada presents a significant barrier to their integration into the healthcare profession. Despite the high level of education and training that ITPs bring, they often face intense competition for a relatively small number of residency positions. Several articles in this review attributed the lack of residency spots as a major barrier for foreign trained physicians pursuing licensing. Boyd (2013) states that “a prevalent concern is that the internationally educated who have studied medicine face barriers in becoming licensed, in part because of the small number of residencies available to them” (184). This in turn also contributes to the lengthy timeframe of the licensing process. Congruently, Encalada Grez et al (2023) also suggests that a major barrier in medical licensure is due to numerical caps imposed on residency spots available to ITPs as opposed to Canadian medical graduates (19). Notably, ITPs are prohibited from applying to 90% of the residency positions available, which in turn may be seen as a discriminatory practice as residency is a requirement for licensure (Encalada Grez et al 2023, 19). Thus, both Boyd and Encalada Grez et al conclude that a major barrier to the accreditation process for ITPs is the small number of residency spots available, that is required in the licensing process.

Ethics of Recruiting

The final theme that arose from this literature review is that of the ethics of promoting immigration based on a human capital model, which Canada’s present policies do, while failing to provide flexible and accessible licensure processes. The ethical dilemma lies in balancing not depleting the physician workforce of a source country, while ensuring that the skills of an ITP are utilized effectively, and not wasted in Alberta. Neiterman and Bourgeault (2013) conclude in their research that the poor utilization of the skills of international trained physicians results in a

loss to both the health systems of the countries of origin, and Canada as their country of destination (205). This is an example of the ethics of immigration, and the ethical dilemma that exists, especially within licensure processes that present many barriers to practice one's profession in Alberta. Covell et al (2016) backs Neiterman and Bourgeault research by suggesting a similar conclusion in their research. Specifically, Covell et al are concerned with the impact on the “sending” countries, and whether IMPs are gainfully re-employed within the Canadian health care system, which upholds the ethical dilemma that exists within this context (6). To avoid unethical practices, it's important to not deplete the healthcare workforce of sources countries while also ensuring that the skills of immigrant physicians are utilized effectively.

Policy Recommendations (3)

Alberta's strict and inflexible standards for physicians entering the healthcare workforce are important to maintain, however, the barriers imposed on internationally trained physicians pursuing accreditation are excessive, create significant financial obstacles, and may discourage qualified physicians from coming to practice in Alberta. In addition, issues of discrimination, accessibility and the length of time to complete the licensure process, continue to hinder the integration of ITPs from entering the health care system. This section provides three policy recommendations for improving the accreditation process for ITPs based on the above thematic literature review. These three recommendations range from centralizing the system, increasing the number of residency seats for IMPs, and expediting the licensure process.

Centralize Information

One barrier for ITPs within the licensure process is discrepancies amongst different jurisdictional levels. Specifically, ITPs must abide and complete the complex processes at the

federal, provincial and professional regulatory level, to obtain licensure, which is often confusing, lacks information, and is fragmented. Furthermore, no provincial or federal websites provide a detailed route to licensing, expected costs, or timelines associated with this process. Centralizing this information to an authoritative source such as a government of Canada website would support ITPs in making informed decisions and creating efficiency in the licensure process. Centralizing information would need to include a high-level view of the routes available to ITPs in each province and would also need to include different scenarios that may apply and provide a step-by-step guide that is clear and transparent with expectations on costs and time frames. Centralizing this information will enable ITPs to have access to all the steps necessary, budget appropriately, and possibly begin their accreditation journey prior to even arriving in Canada. Having an authority source that provides this information at the national level also provides an opportunity for stakeholders to convene and stay on top of the ever-changing landscape of licensing for physicians.

Increase Number of Residency Seats for IMPs

Another barrier that ITPs face within the licensing process is that of the limited number of residency spots, specifically for them, which contributes to the lengthy process of accreditation. Thus, one way to reduce this barrier is through expanding the spots available to ITPs. Notably, provincial ministries of health are responsible for designating an appropriate number of residency spots for ITPs and IMGs within a given province, and in collaboration with the Association of Faculties of Medicine Canada (AFMC) (Ewen et al, 2023). Additionally, provincial ministries of health are the primary funder of medical residency positions in each province. Thus, it is recommended that in order to expand an appropriate number of residency seats for ITPs, collaborative decision making amongst provincial health ministries, AFMC, and

the federal ministry of Immigration, Refugee and Citizenship Canada, would be of utmost importance. It would be imperative for these stakeholders to understand the cost of residency spots, the number of ITPs entering Canada and into which provinces, and the perspective of the AFMC standards, in order to implement more residency seats for ITPs.

Expedited Processes

The last policy recommendation specifically focuses on the jurisdiction of Alberta and expanding an initiative that is already taking place in this province. Currently, Alberta has a 5-year pilot project for an accelerated registration route for ITPs, from approved (have comparable Canadian University standards) jurisdictions of Australia, Ireland, United Kingdom and the United States of America. This policy recommendation is to expand the current approved jurisdictions to include other countries, especially those that are part of Canada's top ten source countries for physicians. According to the Canadian Institute for Health Information (2023), the following countries are where ITPs are immigrating from: South Africa, India, United Kingdom, Ireland, Egypt, United States, Pakistan, Nigeria, Iran and Australia (21). Notably, South Africa, India, Egypt, Pakistan, Nigeria, and Iran are not approved in Alberta to participate in an accelerated registration route. This policy recommendation may need to start with first investigating South Africa's, India's, Egypt's, Pakistan's, Nigeria's, and Iran's medical graduate standards, to ensure they meet the Canadian standard. Expediting accreditation processes for all of Canada's top sourced countries of ITPs, will waive certain requirements such as clinical review exams, and the first three-month assessment that are both costly and timely.

Limitations and Future Considerations

A limitation of this project is that the data selected is limited to the researcher's interpretation. Specifically, the researcher decides which themes to include and how to code the data, which in turn can lead to biases and inaccurate results. Additionally, the articles selected for review were limited to English, which results in a spectrum of publications being left out for review. Beyond the data identifying barriers that exist within the accreditation process for ITPs, future research should include these barriers in relation to the gender and age of ITPs. Additionally, a comprehensive review of policies and regulations in other provinces and territories, that go beyond the jurisdiction of Alberta, would be important for future research.

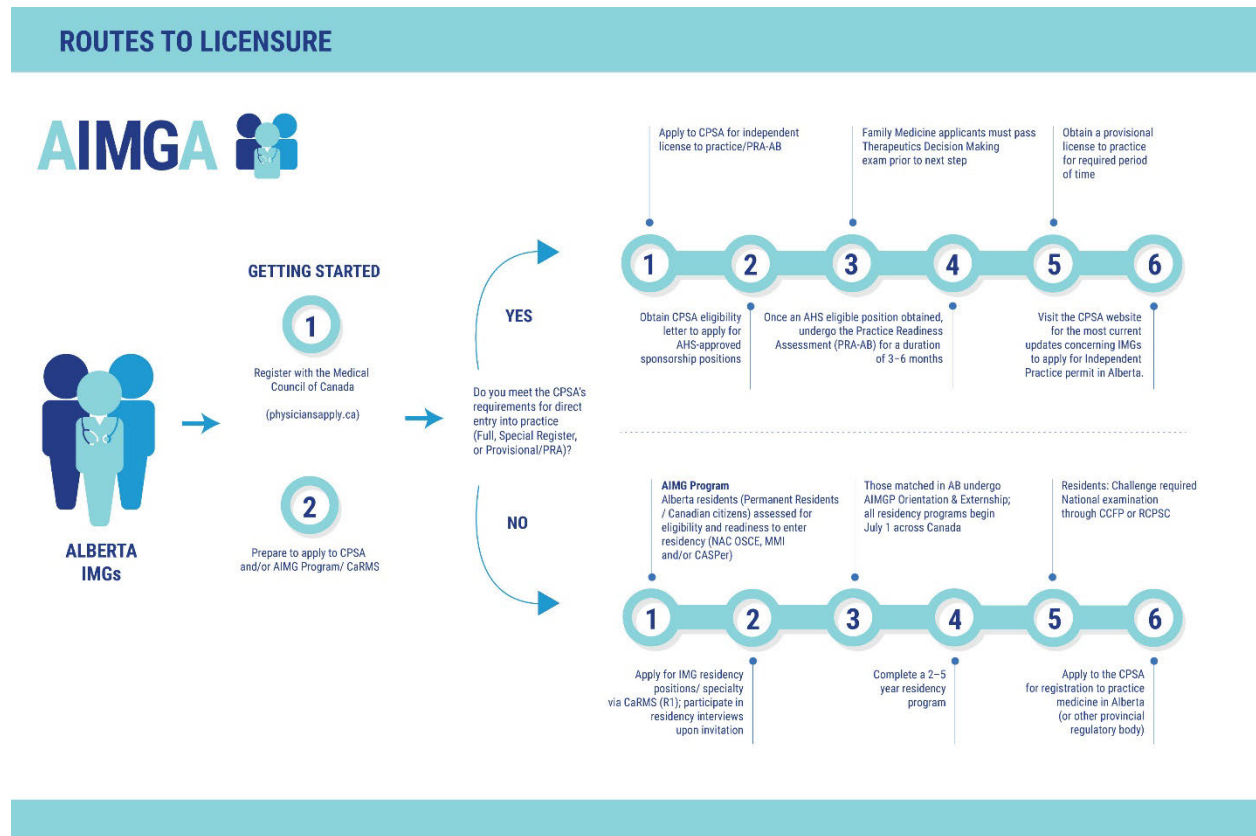
Conclusion

With AHSs currently experiencing major issues within its system, driven by the Covid-19 pandemic, a growing and aging population, the mental health and opioid crises, a rising number of healthcare professionals leaving the province, increasing wait times for tests and surgeries, and widespread staff burnout, the need for physicians is critical. One way to improve these conditions is through the integration of highly skilled ITPs into Alberta's health care system. However, the current collision of migration policies with domestic requirements for professional accreditation creates a paradox: while recruited on the basis of professional contributions, ITPs often face re-accreditation requirements that act as barriers to the full utilization of their skills. The barriers identified in the above research that contribute to this paradox include jurisdictional challenges, lack of prior knowledge on the processes, training entry barriers, discrimination, limited number of residency spots, and unethical recruitment. Thus, reducing these barriers in the accreditation process through innovative and strategic policies will allow for more ITPs to

efficiently enter the healthcare system to alleviate the escalating pressures and strains within Alberta Health Services.

Appendices

Appendix A: Route to Licensure diagram for ITPs in Alberta prepared by the Alberta International Medical Graduate Association (AIMGA)



Appendix B: Fee Schedule for CPSA

| Registration Process | Fee |
|--|-------------|
| Physicianapply.ca account (set up fee) | \$328.00 |
| Review of registration eligibility through physicianapply.ca | \$416.00 |
| English Language Proficiency Exam | \$550.00 |
| MCCQE Part 1 Exam | \$1420.00 |
| Therapeutics Decision Making Exam (if entering Family Medicine only) | \$2,604.00 |
| PCA/SPA Assessment Permit Fee | \$100.00 |
| Practice Readiness Assessment Orientation (IMGs only) | \$625.00 |
| CPSA Registration fee upon successful application | \$800.00 |
| CPSA Practice Permit Fee | \$2,200.00 |
| Competency Assessment Fee (eligible IMGs only) | \$10,000.00 |
| Non-Canadian credentials for MCC to verify (per document) | \$185.00 |

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