

Communications Toolkit: Solving the Underutilization of Canada's Internationally Educated Health Professionals

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About this Toolkit

This communications toolkit is designed to help internationally educated health professionals (IEHPs) and their advocates prepare for media interviews, write letters to the editor, or opinion pieces, or post on social media. You can use this kit yourself or share sections of it with journalists to help them prepare stories. Users are encouraged to adapt these messages to reflect specific professions or regional priorities by adding local statistics, voices, and experiences.

The toolkit includes:

- Three key messages focusing on a long-standing and ongoing issue of underutilization of the skills and experience of IEHPs
- Key facts and figures that support messaging
- Proposed systems-wide remedies that can help strengthen Canada's health care sector by better integrating IEHPs

Key Message

We need to provide timely and equitable access to health care careers in Canada for IEHPs.

- The needs of our health care system are growing, and we are facing shortages of health professionals.
- IEHPs are a critical piece of our health care system and their contributions are key to addressing Canada's health care needs.
- The skills and experience IEHPs bring to Canada are extremely underutilized. This underutilization perpetuates race, gender, and human rights inequities.

Key Message	Details
<p>We need to create timely and equitable access to health care careers in Canada for internationally educated health professionals (IEHPs).</p>	
<p>The needs of our health care system are growing, and we are facing shortages of health professionals.</p>	<ul style="list-style-type: none"> • Canada’s population is aging, and the national birthrate is declining. This demographic shift means the health care needs are increasing, while the labour force is shrinking. • Recent evidence suggests that large numbers of health professionals (especially nurses) will leave the health care sector after the pandemic, exacerbating existing shortages. • Canada needs to attract and retain health professionals as the country recovers from COVID-19. • We must address long-term staffing shortages to support a growing and aging population.
<p>IEHPs are a critical piece of our health care system and their contributions are key to addressing Canada’s health care needs.</p>	<ul style="list-style-type: none"> • The pandemic exposed severe staff shortages in health care and highlighted how vital IEHPs are on the front lines. • There are thousands of IEHPs who can work in Canada’s health care system but who struggle to continue their careers after moving to Canada. • IEHPs can contribute to our health care system alongside the domestically trained workforce; they also bring culturally sensitive care and in-demand language skills to Canada’s increasingly diverse population. • There is rising global demand for health care talent. Canada will face increasing competition with other countries to attract that talent. We have an obligation to put that talent to good use, or IEHPs will migrate to countries that better enable them to advance their careers.
<p>The skills and experience IEHPs bring to Canada are extremely underutilized. This underutilization perpetuates race, gender, and human rights inequities.</p>	<ul style="list-style-type: none"> • Nearly half (47 percent) of immigrants with health care education and training are either unemployed or underemployed and unable to use their education and experience in Canada (Statistics Canada). • The licensing and career pathways for many IEHPs are fraught with barriers; many never return to their professions in Canada. • We need to reduce the barriers and provide IEHPs with affordable, timely, and fair access to assessment and bridging processes, so that they can demonstrate they meet Canada’s rigorous health care licensing requirements and contribute to our health care system. • Sidelining IEHPs: <ul style="list-style-type: none"> ○ Hurts Canada’s health care system ○ Undermines our skilled immigration policies, leaving internationally educated immigrants unable to contribute to their full potential ○ Perpetuates racial, gender, and immigration status inequities

Proposed Solutions

Addressing complex and long-standing problems like the underutilization of IEHPs requires a comprehensive set of systems-wide remedies.

As Canada emerges from the devastating impacts of the pandemic, now is the time for policymakers, regulatory bodies, employers, training institutions, and parliamentarians at all levels of government to commit to a big-picture strengthening of the health care sector that will include IEHPs.

Systems-wide changes would include policy commitments in three areas:

1. Necessary integration supports for IEHPs, including:
 - A full assessment of their credentials, training, and experience within a reasonable time frame
 - Appropriate and timely access to necessary bridging or gap-filling education or training supports that will help IEHPs meet Canadian regulatory standards
 - A portable professional integration benefit that supports IEHPs to meet licensure requirements (for example, paying exam fees or tuition for bridging education programs)
2. Government commitment and action, including:
 - Convening relevant ministries, regulatory bodies, Fairness Commissioners, education and training institutions, service providers, and IEHPs who can help put in place the necessary systemic policies, programs, and practices to augment our human health care resource base with IEHPs
 - Investing at the appropriate scale in:
 - Pre- and post-arrival occupation navigation services for IEHPs
 - Timely and streamlined assessment protocols
 - Bridging, training, gap-filling, and orientation programs
3. Improvements to professional registration processes, including:
 - Ensuring that all registration requirements are necessary for quality patient care
 - Ensuring that alternative and reasonable means are available for IEHPs to fill specific gaps and to demonstrate their capacity to meet regulatory requirements, including requirements for recent practice or Canadian experience
 - Providing regulatory bodies with the necessary resources to guarantee assessment within a reasonable timeframe that allows IEHPs to meet recent practice requirements

Key Facts

Aging population and health care needs

- By 2040, a quarter of the population will be 65 years of age or older, compared with 17 percent in 2019 (**Conference Board of Canada**, May 2019).
- The Canadian Chronic Disease Surveillance System estimates the overall number of adults age 65 years or older who will be living with chronic conditions will be about 6.3 million this year (**Public Health Agency of Canada**, December 2020).

Canada's health care shortages

- At least 13 percent of nurses age 26 to 35 are considering leaving the profession after the pandemic ([RNAO](#), March 2021).
- Some long-term care (LTC) homes were short 20 to 50 personal support workers (PSWs) in a 24-hour period before the COVID-19 pandemic ([Ontario Ministry of Long-Term Care](#), July 2020).
- A record high of 100,300 job vacancies in the health sector was set in the fourth quarter of 2020; this was a 56.9 percent increase compared with vacancies the previous year ([Statistics Canada](#), March 2021).

Underutilization of IEHP skills in the Canadian health care system

- Immigrants currently comprise a quarter (25.5 percent) of the health care and social assistance sector in Canada ([Statistics Canada](#), December 2018).
- Forty-seven percent (47%) of immigrants with internationally obtained post-secondary health education credentials are underutilized: They are either unemployed or work in non-health occupations that require only a high school diploma ([Statistics Canada](#), April 2020).
- Forty-one percent (41%) of nurses' aides, orderlies, and patient services associates in Ontario are immigrants ([Statistics Canada](#), June 2020).
- Across Canada, 25 percent of recent immigrants in these jobs hold at least a bachelor's degree; of those, nearly 70 percent hold a nursing degree.
- In 2019, more than 14,000 internationally educated nurses were pursuing their registration to practice as nurses, yet just over 2,200 were deemed eligible that year ([College of Nurses of Ontario](#), 2019).

Global competition for health care talent

- The World Health Organization projects a worldwide shortfall of about 18 million health care workers by 2030, with certain consequences for patients, economies, and communities. This shortage may fuel global competition for skilled health workers ([Human Resources for Health](#), February 2017).

IEHPs and equity

- Fully a third of nurse aides, orderlies, and patient service workers are immigrants, and 86 percent are women ([Statistics Canada](#), June 2020).
- Frontline long-term care workers are disproportionately immigrant racialized women:
 - In nursing homes, 86 percent of staff are women.
 - In the home care sector, 89 percent are women workers ([Statistics Canada](#), 2016 Census).
- Racialized women account for nearly 35 percent of nurse aides, orderlies, and patient service workers ([Statistics Canada](#), June 2020).
- Internationally educated and licensed doctors face differential access to opportunities to meet the requirements to practice medicine compared with those trained in Canada. While

most immigrant doctors are required to do additional residency training here, there are very limited spaces available.

- In 2020, only 418 international medical graduates (IMGs) obtained a residency position, while 2,895 medical graduates trained in Canada were matched to residency programs. Furthermore, of the spaces reserved for IMGs, a majority were filled by Canadians who went abroad to study medicine ([Canadian Residency Matching Service](#), April 2020).

Public opinion and IEHPs

- A survey conducted by the Institute for Canadian Citizenship and Leger found:
 - Eighty percent (80%) of Canadians are comfortable receiving care from a personal support worker or doctor who has received most of their training abroad
 - Eighty-three percent (83%) of Canadians agree that we should do more to ensure that doctors trained internationally have a fair and reasonable opportunity to practice medicine in Canada ([Institute for Canadian Citizenship-Leger](#), May 2021)