

A healthcare worker in a white protective suit and purple cap is seen from behind, working in a clinical setting. The worker is wearing a white gown, purple cap, and blue shoe covers. They are holding a green cloth or bag. The background shows a white wall and a dark doorway.

The Myth of Canada:

The Exclusion of Internationally Trained Physicians

A Community-Engaged Research Report by
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**A COMMUNITY-ENGAGED
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ACRONYMS

ITPs	Internationally Trained Physicians
IMGs	International Medical Graduates
CaRMS	Canadian Resident Matching Service
CPSBC	College of Physicians and Surgeons of British Columbia
MCC	Medical Council of Canada
MCCQE Part 1	Medical Council of Canada Qualifying Examination Part 1
NAC OSCE	National Assessment Collaboration Objective Structured Clinical Examination
CMGs	Canadian University Medical Graduates





EXECUTIVE SUMMARY

This report is based on a community-engaged research project that explores the experiences of Internationally Trained Physicians (ITPs). For the purpose of this report we have defined ITPs as qualified physicians from non-Western regions (i.e., Latin America, the Caribbean, Africa, and Asia) seeking to practice medicine in British Columbia. When migrating to Canada, ITPs and their families invest their hopes for a better life and future in Canada; however, they report that inclusion and equal opportunity is a Canadian myth. ITPs face systemic barriers* and exclusion within the medical licensure process despite being ready to provide medical care during a time of chronic physician shortages, a public health crisis induced by the COVID-19 pandemic, and mental health and substance use epidemic in the province of British Columbia. ITPs are qualified practitioners with vast expertise and experience, yet are treated unequally by national and provincial medical authorities that systemically limit their mobility, range

of practice and access to residency. Although media stories of physician shortages abound, missing from public conversations are the voices and stories of qualified ITPs and how their occupational exclusion harms their personal lives and that of their families. A key recommendation emerging from this report outlines the need to center the voices of the ITPs so we can learn from their experiences and expertise in how to best address this problem.

Systemic barriers: policies, procedures, or practices that unfairly discriminate against certain individuals and limit their ability to participate.

KEY REPORT FINDINGS INCLUDE THE FOLLOWING:

- Systemic discrimination is infused throughout the entirety of the licensure process for racialized* ITPs; such as disproportionately limited caps for ITPs on residency positions, return of service obligations, lack of opportunity to pursue specializations, impositions of expensive exams that are not imposed on medical graduates in Canada nor physicians from mostly ‘White’ Western countries
- There is a disconnect between Canada’s immigration policy favouring highly skilled immigrants versus the occupational exclusion and systemic discrimination faced by the qualified physicians in this study
- There is a mismatch of information and lack of transparency about the licensure process at all stages, including the pre-arrival and arrival stages that are difficult to navigate
- ITPs are subject to underemployment* in work that does not fully utilize and remunerate their skills and knowledge with many struggling to provide for their families as they settle in Canada
- Systemic discrimination in the licensure process produces adverse psychosocial* effects among ITPs and their families
- Occupational exclusion harms not only ITPs and their families, but also the public and the existing overburdened healthcare system in British Columbia during an unparalleled public health crisis

Racialized: a broad term referring to non-white individuals. Racialization is the “process in which societies construct races as real, different, and unequal in ways that matter to economic, political, and social life.” (University of Toronto, n.d.)

Underemployment: occurs when there is a mismatch between an individual skills, education, and knowledge and the employment they can access.

Psychosocial: the influences of social factors (e.g., working conditions, living conditions) on an individual’s mental health and behaviour.

“You see the flaws in the system, you see the wait times and the shortage of doctors, and you are a doctor, and you cannot do anything about it. And we see doctors driving taxis. And that’s a confusing thing to see. And then this pandemic was also a test, because there was this chaos, lots of stress and anxiety in the society and then you don’t know what to expect. And doctors and nurses were in demand. The system was not ready for this pandemic. And then (ITPs) are not invited to help someone.”

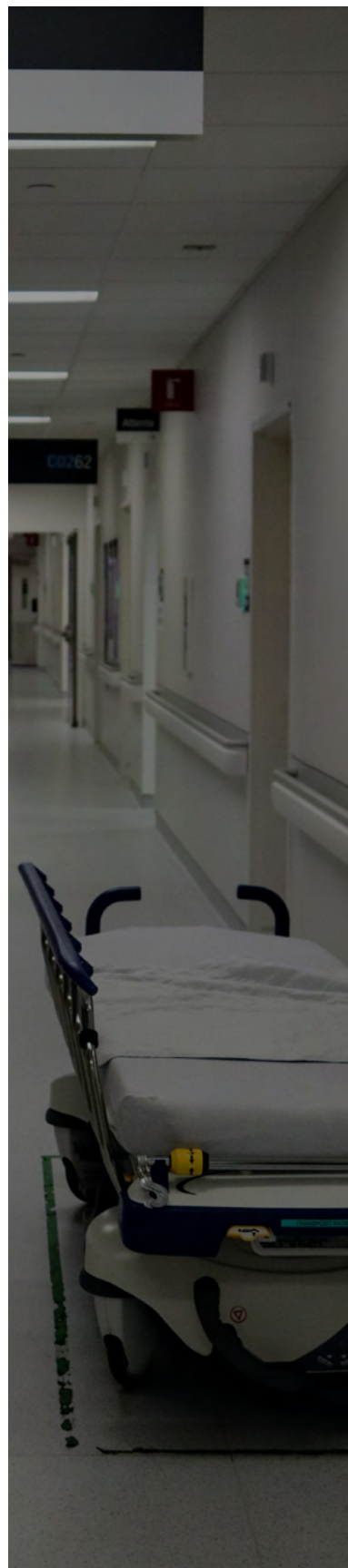
ZA - Cardiology, Internationally Trained Physician

“I have heard that many nurses or many physicians are quitting, or many residents are quitting or not continuing their job or career anymore because of all of the frustrations or the hard times they had. I know it’s hard when you see a patient is not able to breathe easily under your hands and they lose their lives. Of course, it’s a challenging situation. But I have experience with intubating people. Take advantage of that! Why I’m sitting here without helping somebody else in the emergency and they can take respite, instead of working long hour shifts and being frustrated, being exhausted, and the performance and the efficiency of system comes down. And I’m sitting here, I know intubation, I know airway management, and nobody is taking advantage of that.”

Jay - Ear, Nose, Throat Surgeon
Internationally Trained Physician

“And [Canada] bring[s] in people with dreams, with hopes, with families, many of them, they live their life, beautiful life because they were dreaming in coming here in being physician and continue their life. But it never happened. And there is a lot of us like hopelessness. And it’s worse than frustration because when you don’t have hope you have pain and you have pain when you breathe. When you remember who you were in your country or what were your dreams or what you were doing in your former country and how happy you were helping people, so these are my feelings.”

Simonetta - Epidemiologist and Hospital Manager
Internationally Trained Physician





INTRODUCTION

Since the early 2000s, there has been a notable shortage of primary healthcare physicians and specialists in British Columbia as in much of Canada. Statistics Canada (2019) approximates that 17% of the population in British Columbia does not have a primary care physician or family doctor to address their general health concerns and source of referral for specialists. This amounts to 700,000 to 900,000 people in BC without family doctors (CBC, 2022). Shortages are exacerbated by physician exhaustion, administrative overload, retirement, and insufficient government funding. As the COVID-19 pandemic took hold, the healthcare system in Canada was stretched beyond capacity bringing widespread public and media attention to physician shortages and crises in the healthcare system. News stories and personal accounts on social media constantly report on communities and families losing continuity in primary care and dangerous wait times to see specialists for preventative screening, testing, and treatment.

In April 2020, a group of Internationally Trained Physicians (ITPs), community-based scholars, and advocates residing in British Columbia responded to this healthcare crisis by developing a social media campaign called “Trained to Save Lives”. The goal of the campaign was to garner community support and government action to address the barriers in the licensing process that prevent these physicians from utilizing their medical knowledge, expertise and training to serve the general public.

Following this social media campaign, Refugee Livelihood Lab - RADIUS SFU convened a research and advisory team to further investigate the experiences of the medical licensing process for ITPs living in British Columbia to raise public awareness to inform equitable policy development.

BACKGROUND: INTERNATIONALLY TRAINED PHYSICIANS IN CANADA AND BRITISH COLUMBIA

WHO ARE ITPS?

Internationally trained physicians (ITPs), sometimes referred to as International Medical Graduates (IMGs), are a diverse group of medical professionals with various specializations and experiences in all aspects of medical practice. They are Canadian citizens, immigrants, and refugees who obtained their medical training and experience abroad.

Many ITPs, such as those who participated in this study, graduated from internationally accredited medical schools in the Global South* (i.e., Latin America, the Caribbean, Africa, and Asia). However, these accredited medical schools fall outside of the Canadian medical authorities approved jurisdictions* (i.e., the United States, New Zealand, Switzerland, Ireland, etc.) to practice in Canada (see Appendix A for a full list). Despite their accomplishments, training, and experience in medicine, because these ITPs are coming from beyond the primarily 'White' Commonwealth-approved jurisdictions, they must contend with systemic barriers that render licensure nearly impossible to achieve.

Though drivers of migration vary widely, ITPs are primarily drawn to Canada for its international image of equality, inclusion, multiculturalism and the promise for a better quality of life, clinical practice opportunities, stronger education, healthcare systems, as well as political and economic stability for themselves and their families (Klein et al., 2009; Mc-

Donald & Worswick, 2010). Some ITPs are also refugees who were forced to flee their countries escaping violence and persecution, many of whom studied medicine in English. Many ITPs migrate to Canada through the Federal government's Skilled Worker Express Entry Program that assigns them generous points for their credentials, experience, expertise, and language skills. After years of navigating their new lives in Canada and struggling to practice their profession, some also become Canadian citizens. There are an estimated 13,000 ITPs in Canada who are not practising medicine (Khan, 2021). This is at a time when these medical professionals are gravely needed due to the impact of the COVID-19 pandemic.

Although many studies have outlined the problems of medical licensing for racialized ITPs (Foster, 2008; Islam, 2014; Monavvari, 2015; MacFarlane, 2021), this report explicitly frames the problem within an unprecedented healthcare crisis and from the perspective of those with lived experience - the ITPs themselves. ITPs in this study are all racialized physicians in BC who are qualified and yet are systemically excluded from their profession. Instead, they are underemployed in occupations that do not fully utilize their expertise, which is a tremendous loss to their lives, that of their families and the communities that desperately need physicians to provide care.

Global South: refers broadly to the regions of Latin America, Asia, Africa, and Oceania.

Approved jurisdictions: regions that are recognized by the College of Family Physicians of Canada and/or the Royal College of Physicians and Surgeons of Canada "for the award of certification without examination" (RCPSC, n.d.).

WHAT ARE THE STEPS TO LICENSURE IN BRITISH COLUMBIA FOR ITPS?

ITPs must meet a series of criteria at the national and provincial levels to obtain medical licensing in Canada (see Appendix B). In British Columbia, the medical licensing process involves 8 primary steps:

ITPs must possess a medical degree from an internationally accredited medical school listed in the World Directory of Medical Schools.

ITPs must provide language proficiency certification in the case where the language of the people of the country in which the medical degree was obtained is not English, and provision of care is not undertaken in this language, irrespective of whether medical training was learned through English.
(Must be renewed and paid for every 2 years).

ITPs have to pass rigorous examinations, namely:

- Medical Council of Canada Qualifying Examination Part 1 (MCCQE1)
- National Assessment Collaboration Objective Structural Clinical Examination (NAC OSCE)

In British Columbia only, ITPs must apply for a CAP assessment which is an interview. The number of CAP assessments is limited which prevents the majority of qualified ITPs from applying for residency positions in British Columbia.

ITPs must complete a Medical Residency or Practice Ready Assessment in Canada.

When applying to a residency position, ITPs must sign a Return of Service Agreement where they will be obligated to work in a community designated by British Columbia Health Authorities for 2 years.

ITPs must obtain full provincial licensure granted by the College of Physicians and Surgeons of British Columbia Organization's Directory.

ITPs must go through the certification process which includes but is not limited to passing the national certification exams administered by the CFPC for family physicians and RCPSC for specialists.

RESEARCH QUESTION AND METHODOLOGY

PRINCIPAL QUESTIONS INFORMING THIS STUDY:

What are the systemic barriers for qualified ITPs to practise medicine in British Columbia?

How do these barriers impact the lives of ITPs?

The following research methods were employed to answer the above principal questions:

A literature review was conducted between October to December 2021, to review grey literature and peer-reviewed articles with keywords such as “International Medical Graduates”, “IMGs”, “ITPs”, “physician short-ages”, “British Columbia”, “Canada”, “accreditation”, “Canadian medical licensing”, “licensure”, “skilled immigrants” among others to better understand related policies, processes, and context;

Research ethics protocols were developed and accepted by Simon Fraser University to commence qualitative research for the study;

Semi-structured interviews with 11 ITPs were conducted in February, 2022.

RESEARCH PARTICIPANTS

ITPs were recruited via email through advocacy organizations and referrals among existing contacts known in social science research as the “snowball method*¹”. The participants’ countries of origin were the Middle East (=4), Latin America (=6), and the Caribbean (=1). Among the eleven ITPs interviewees, 8 identified as women and 3 as men. The participants’ ages ranged from their 30s into their late 50s, and only 1 person is currently practicing medicine in BC. All had received extensive medical training ranging from 6 to 8 years of study and had experience in various specialties (see Fig.1). In addition to these 11 participants, 3 experts were also interviewed, including settlement workers, medical education specialists, and community legal advocates with extensive knowledge about the medical licensure process. Some participants wanted to speak publicly and have their names included in the report, while others feared backlash from governing bodies for speaking up against systemic barriers. For the latter group, strict confidentiality was observed to lessen any concerns about possible repercussions.

Snowball method: a sampling method that uses referrals made by people who share a particular characteristic of research interest.

FIGURE 1: PARTICIPANTS AND THEIR SPECIALIZATIONS

<u>Pseudo-name</u>	<u>Specialty/Training</u>
ZA	Internal medicine - cardiology
Simonetta Fraser	Epidemiology and hospital management
MSJ	Internal medicine
Mike	Anesthesia
Jay	Ear, nose, throat surgeon
Sara	Internal medicine and infectious diseases
Mo	Pediatrics
Nova	Internal medicine
Navid	Practicing as a family physician in BC
Saida	From the interview transcript: “For six years, I work[ed] as a general practitioner, gynecologist, whatever you name it, because I lived in a warzone, a really heavy warzone. And so, they need a doctor no matter what. They didn’t ask you for any specialization.”



SEMI-STRUCTURED INTERVIEWS

Semi-structured interview questions (see Appendix C and D) were developed in collaboration with advocates and ITPs to ascertain and assess the following main themes:

Myths and misconceptions: What are the preconceptions that ITPs hold about Canada and their understanding of the medical licensing process in British Columbia? How do their experiences relate to the reality or myth of Canada being a welcoming country for highly skilled immigrants?

Barriers and experiences: What are the obstacles and system-level barriers to obtaining medical licensure in British Columbia for ITPs?

Impacts: What are the psychosocial impacts of the licensing process on the lives and well-being of ITPs?

DATA ANALYSIS

Data collected from the interviews were analyzed thematically using Microsoft Excel and qualitative analysis software, NVivo. Participants' answers were coded in accordance with the interview schedules, preconceptions about Canada and the medical licensure process within the phases of pre-migration, arrival, and settlement were assessed to determine their overall experiences and the impacts of the process on participants' lives and well-being.





RESEARCH FINDINGS AND DISCUSSION

PRE-MIGRATION PHASE: PERCEPTIONS OF CANADA

Researchers asked 11 ITPs a series of questions about their perceptions of Canada prior to arriving in the country (see Appendix C). Most ITPs in this study had a overall positive view of Canada prior to arrival, notably discussing notions of freedom and fundamental rights:

“This country is kind of considered to be a country that is a defender of human rights.” (ZA)

“[Canada is] a free country who considers and observes human rights, women’s rights, people are free... they have the freedom to express their opinion without any fear of repercussion.” (Jay)

Some interviewees also discussed Canada’s image as a welcoming nation:

“Canada is portrayed as a mix of cultures and a welcoming place. A place that is very open to different cultures and actively wants people from abroad...[a] socially accepted, really open place with a lot of diversity and where...I will be respected. And my suspicion was [that I would] integrate into the community...[with] the same level of comfort and respect and chances that I had before.” (MSJ)

DOCUMENTATION FOR IMMIGRATION

Migrating to Canada as a sought-after skilled worker is a difficult and time-consuming process. ITPs must provide a series of documentation to the Canadian government, including costly English language proficiency exams—even if their first-spoken language is English—as was the case for EI, an ITP from Jamaica:

“[English] is my first language; what else do you expect me to speak? It doesn’t seem a challenge because I got 9,9,9,9 on my IELTS. But, because that’s my first language, I think it’s unnecessary and frankly disrespectful that you need me to prove my English when I’ve been speaking in English my whole life. You can see all my degrees [are] in English.”

Although ITPs routes to Canada ranged from refugee claimants, spousal sponsorship and Skilled Worker Express Entry, they share commonalities in that their qualifications and experience as physicians were favoured well by Canadian immigration authorities. Yet, they still had to spend significant money on paperwork and examination fees, contend with long wait times (particularly to secure Permanent Residency), and navigate a highly complex medical licensure process. This limits the number of ITPs who can become licensed, leaving many unlicensed.

MEDICAL LICENSURE INFORMATION

ITPs reported problems with obtaining information about the medical licensing process before arriving in Canada. Although they completed extensive research and were aware that re-licensing would be challenging, the information available from official websites (e.g. Medical Council of Canada, CaRMS) did not accurately represent the complete process toward licensure. For instance, some ITPs noted the timeline for licensure displayed on the CaRMS website is misleading and represents the process as timely and straightforward. One ITP also refrained from using crucial information sources, including courses and online forums, when studying for a key examination (MCCQE Part 1) because they feared legal repercussions. They stated that the language used on the Medical Council of Canada’s website is “threatening” and unclear about what constitutes a security violation.

ITPs also uncovered the importance of informal information sources, including immigrant physicians that had settled in Canada, online forums and group chats, and IMG support networks. As of 2021, there are 15 networks and associations established by ITPs across Canada, with just 2 in British Columbia (WES, 2021). While these groups play a crucial role in supporting ITPs, information about requirements for licensure is disjointed and can be difficult to understand, since online sources may have contradictory information (Johnson & Baumal, 2016). This seems to have contributed to the spread of misinformation about licensure among immigrant doctors, which one respondent highlighted as a “gap in the system”:

“I did a lot, a lot of research before coming here. I read all the web pages. I talked to people, some other Argentinian doctors that were in other places in Canada, and I knew what they went through and what I was going to encounter when I came here... It was not very straightforward, and sometimes a little contradictory... So, kind of frustrating...It’s not very easy to find the information...You have to search in multiple places to get the information that you need.” (MO)



“That [information] was very hard to find... It took me many, many months of research. And honestly, even my partner helped me a lot, and he’s Canadian, he’s from Vancouver, he’s English, and even for him, it was very confusing.” (MSJ)

“On the Medical Council of Canada (MCC) website, they said that sharing information about the exam would probably have repercussions and like legal penalties for sharing that information. So I thought I would stay away from forums, and like courses, so that backfired.” (Mike)

EXPECTATIONS ABOUT THE MEDICAL LICENSING PROCESS

Expectations about the medical licensing process were varied; however, most respondents expected that medical licensing would be challenging:

“I knew that getting the license to practice as a physician here, especially [as] a surgeon or EMT surgeon, is nearly impossible. But I was very hopeful that, after passing the exams, I would be able to practice as a general practitioner.” (Jay)

“I definitely knew it was going to be hard. I knew...it was going to be a few months, or it will take a few years...I was expecting that it’s going to be challenging for me to continue pursuing that here, so I kind of try to be prepared for that. But of course, we [are] never fully prepared.” (MSJ)

“There’s a shortage of doctors and immigration says that we need doctors, so all the doctors should get approved.” (ZA)

ARRIVAL AND SETTLEMENT PHASE

Once in Canada, ITPs experienced a significant shift in their views about the country due to the barriers they confronted throughout the medical licensure process. One interviewee explained this shift as:

“I was like welcome to Canada, the real Canada...Because I could understand that, okay, this is the country where people speak English. I had to study English. This is fine, I totally understand. But the other part I couldn’t understand because I think [Canada] has this idea that because you come from these kinds of countries, your knowledge is not valid. And because you have to follow the process to start for the very, very low job. And you have to fight for your future, and it doesn’t matter who you are or what is your knowledge...There’s big chaos in credential recognition. Canada is a country of immigrants and no one can deny that the Canadian economy depends on immigration. So skilled workers come to Canada; they bring their skills, their knowledge, their experience, their cultural views, [and] they may even have better practices than what we do in Canada.” (ZA)

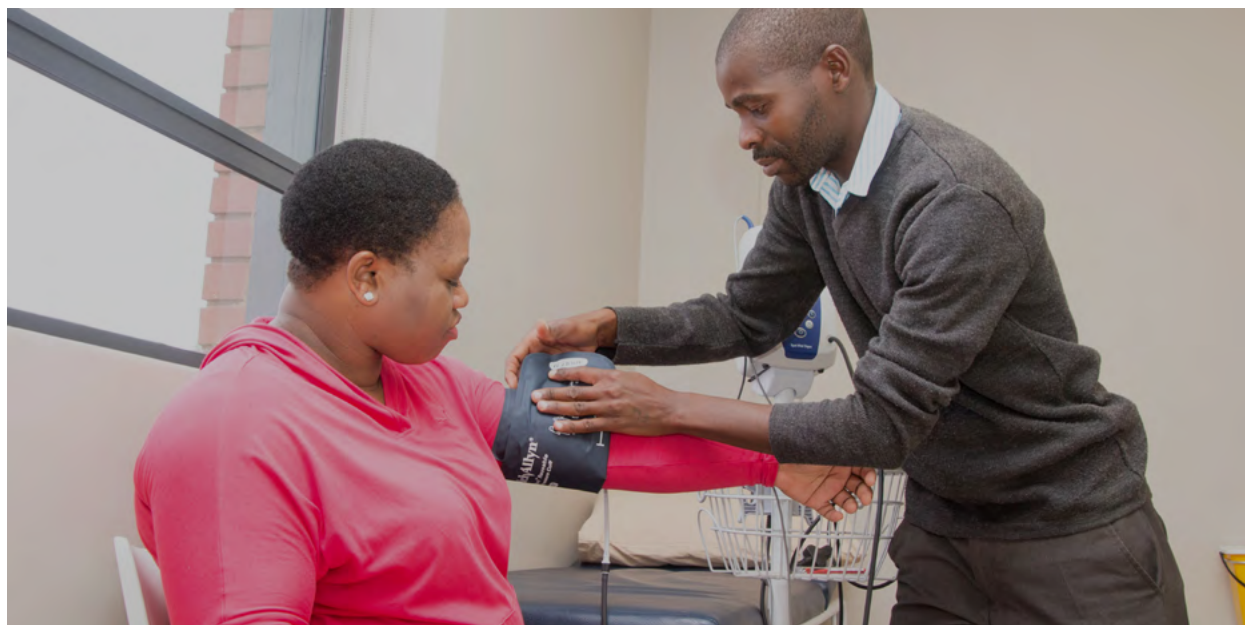
Some ITPs also experienced challenges with settlement workers regarding their career opportunities in Canada:

“So I kind of put all these educational-related publications down, and the first comment [the settlement worker] made was “you can throw it away because it means nothing”...I studied hard for eight years, and then [they] tell you that your degree means nothing.” (ZA)

All participants noted barriers in the medical licensing process, including:

“There’s this federal lack of transparency. So, I wish I knew the mistakes that I made [on the qualifying exams], especially if you’re limiting my attempts.” (Mike)

“You present your years of experience...they don’t see it as anything.” (Jay)





One participant, MO, expands on the challenges that exist even with undertaking the licensure exams themselves:

“I think it’s fine that you have to go through a process where they are looking at your records and look into your medical degree, they check that that’s valid, they have to do that. But then the exams, you don’t have a lot of dates to do them, especially NAC [NAC OSCE - National Assessment Collaboration Objective Structured Clinical Examination]; you have like two days in a year. If you miss one, you just have to reapply next year and you’re losing years and years of your time. And then the QE1 [MCCQE Part 1 - Medical Council of Canada Qualifying Examination Part 1]...It was an eight-hour exam, so I don’t get why. I sat [for a similar] exam in Australia, and it was two and a half hours long, and they tested the exact same things. So I don’t know what’s happening here, that it’s eight hours long...Since I sat the exam online, I had a lot of problems with the connection, so it was like ten and a half hours sitting at the computer. That was just inhumane. Like, at the end, I didn’t know what I was reading. I was like seeing double. And I sat for a lot of exams in my days, so it’s not like something that was new to me. I am used to sitting for exams, for long exams, but 10 hours, it shouldn’t be that way. And maybe, you know the things that they’re asking, you’re just too tired or dehydrated or exhausted to answer the questions correctly.”

A notable difference for graduates of Canadian and American medical schools (CMGs) is that their condition for licensure only requires them to take the MCCQE Part 1, they do not require the NAC OSCE at all. Moreover, CMGs do not have to sit for a MCCQE Part 1 exam before applying or entering a residency position, but this exam is required for ITPs to enter a residency program. Therefore, examinations for licensure are unequally imposed on CMGs versus ITPs.



BARRIERS TO ACCESSING RESIDENCY POSITIONS

A major barrier in medical licensure is due to numerical caps imposed on residency spots available to ITPs as opposed to CMGs. ITPs are segregated into a separate stream when applying for residency positions and are prohibited from applying to 90% of the total available residency positions in Canada. In 2021, there were more positions available for CMGs than there were applicants. In contrast, the International Medical Graduate (IMG) stream had 1831 qualified applicants, but only 325 residency positions were available. In BC, only 58 residency positions are available to IMGs. Since residency is a requirement for licensure, this discriminatory practice effectively excludes qualified internationally trained doctors from becoming licensed in Canada.

One ITP participant explained:

"[There is] no opportunity to practice clinically and gain that Canadian clinical experience. And it's a major barrier because it is heavily weighted by the selection committees of these programs. So [barriers such as] you do not have that Canadian experience or familiarity, plus you haven't practiced as a doctor for like three years because of immigration, and you don't just have the money to keep flying back home [to practice] and coming back. So, you basically have to be a PR [permanent resident in Canada], which [is] a whole process in itself, then you have to submit all sorts of documents for the CaRMS process itself and then if those documents expire, or you don't match this cycle, now you have to do the whole thing again. I knew it was a whole lot of stuff, but I just thought that, okay, I do all these things, this is what they say will happen. And to me, it's not like I didn't know it was competitive. But it's not just competitive, it is improbable, like the mathematics does not work out. How are you going to review 300 applications for 4 positions like, that's not proper, that makes no sense. I thought it was competitive, but when I came here, I knew it was just bad math. Like, that's not going to happen." (EI)

In addition to the barriers described, there is a time limit for residency application; clinical experience must be demonstrated within the 3 years of residency application otherwise, ITPs are ineligible to apply.

“The thing is, they asked for a particular amount of hours of clinical work, and that has to be in the last three years. So of course, if time keeps going forward and more years go by, then I wouldn’t be able to apply to that, because I’m not doing clinical work here, so that’s the only thing that I find very frustrating, because for now, I’m eligible to do it, and I can do it right now. But then, if more time goes by, then I won’t be able to do it.” (MO)

Some ITPs fly back and forth to the country where they received medical training in order to maintain a currency of practice (ongoing and active practice to qualify to apply for residency spots) which costs them substantial amounts of time and money, consequently forcing them to leave their families behind in Canada. Resultantly, the process of settlement and integration for the entire family is derailed by the impossible hoops of licensure.

Several participants also raised issues with the recently developed Associate Physician program in British Columbia brought forward by the College of Physicians and Surgeons of BC (CPSBC) in April, 2020 (CPS-BC, n.d.). The program was developed to address BC’s physician shortage and allow internationally trained doctors to work under the supervision of a physician in British Columbia (Charlebois, 2022). In this program, health authorities across the province are responsible for hiring internationally trained associate physicians. However, the Government of British Columbia on recently announced its full plan to implement this class of registration, despite its introduction more than two years ago.

“For that particular license [Associate Physician], I have everything that they asked for. I was told I was eligible. I did a lot of paperwork. I sent everything to Health Match BC...There’s just no jobs available.” (MO)

Another participant, Sara, elaborated on the process:

“Last year, I registered in this Health Match BC program and suddenly I thought that there was a new possibility for me. When I registered, they contacted me and they said, “Oh, you could be eligible for these positions”...So I talked to one of the people from Health Match BC,...I requested the letters back home, and I submitted everything to them. But it’s kind of weird because I think the government created [the program] but there’s actually no money, no funding for the position yet...This happened in June [2021] and I got a message from them in December that there was still no progress.”

In addition to the extremely limited residency positions available to ITPs, there are also limits on the types of medicine they can practice. The disciplines that are available to ITPs are under-serviced, lower paid and primarily include family medicine, psychiatry, internal medicine, and pediatrics.

RETURN OF SERVICE CONTRACTS

Another reported inequitable policy between ITPs and CMGs is that in BC, as in most of Canada, ITPs who match a residency position must sign a “return of service” contract. This contract obligates them to work in under-serviced communities and clinics for a certain number of years; 2 to 3 years in BC and up to 5 years in Ontario. Failure to sign this contract results in a loss of their residency offer. In addition, if a physician

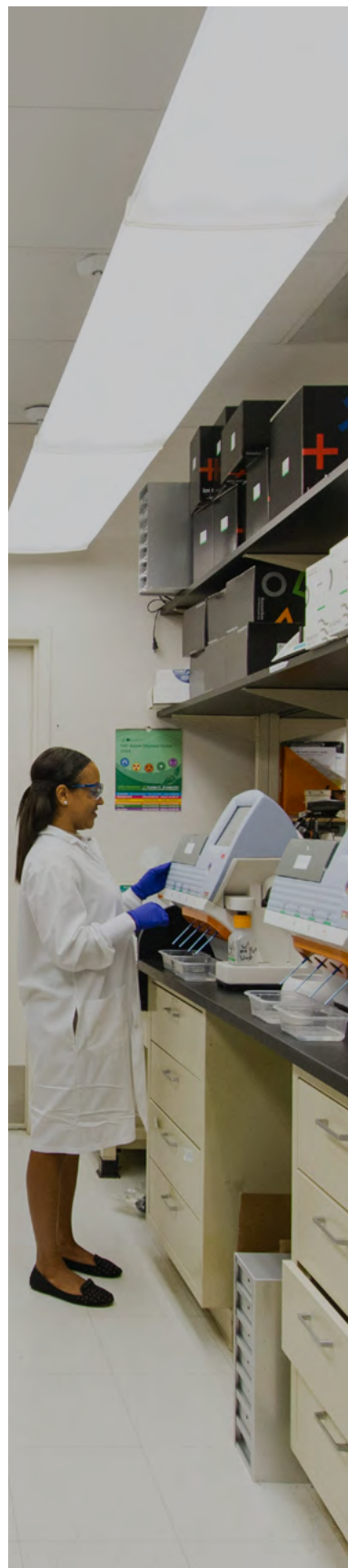
breaches this contract, they are subject to significant penalties. For instance, the BC Ministry of Health charges \$503,184 for those who worked as resident physicians in family medicine and \$955,460 for those who worked in psychiatry plus interest depending on the time of the contract breach (Government of BC, n.d.).

Study respondents emphasized this return-of-service contracts as a key barrier, noting it is too long and unrealistic given the high price they have already had to pay (financial costs and personal/familial disruptions) due to the Canadian immigration process.

“This is actually like a free degree that we’re bringing to Canada. The Government of Canada hasn’t paid anything [for it]. The public funds and taxpayers [have] paid \$0 for undergrad. We come here. We do the residency, after jumping so many hoops and... if [we] were lucky enough to get [a] residency then we do the residency, just like the Canadians. The Canadians are not subject to any return of service. But we are subject to return service, and we have to work under the conditions that the health minister wants and the place they want. So, we don’t even have [a] say [of] which clinic we want to work [in, or] where we want to work. But that’s not the case for Canadians.” (Navid)

“If you are a foreign trained doctor, even though if you get top marks, you’re not, after you pass the exam, you’re not treated as equal with the Canadian residents. You’re not given all the options of residency. And even when you’re graduating, you have to go [to certain locations], Canadian graduates don’t have to do that. But because we are foreign trained doctors, we will have to go and serve two years of service back in a remote area. And that was something that was really discouraging. And I was like, “Why should I be treated as a second-class doctor all my life?” (SW)

The obligation to return service is not placed on CMGs and is a form of “indentured servitude” (Bramham, 2020). Furthermore, this mobility restriction contravenes the right to free mobility as protected by the Charter of Rights and Freedoms (Sec 6 Mobility Rights).



OCCUPATION EXCLUSION AND LABOUR MARKET OUTCOMES

ITPs in this study reported a series of employment difficulties owed to their exclusion from Canada's medical profession. ITPs often undertake any work to survive, known as "survival employment*" that do not utilize their medical training, skills and knowledge (Creese & Wiebe, 2012). Participants reported that they were overqualified for many of the jobs they needed to apply for to make ends meet for themselves and their families. In order to be considered, some participants even removed their medical education from their resumes when applying for jobs that only required completion of secondary school. Canada's high rates of underemployment for highly skilled immigrants, particularly internationally educated health professionals, do not align with Immigration's demand for doctors (Atlin, 2020). Only one interviewee in the sample is a practicing physician in British Columbia. Some ITPs are currently unemployed, while others are completing observer-ships to gain experience in the Canadian healthcare system. Other interviewees pursued further education (e.g., Master of Public Health, Ph.D., technician courses) and are working in health research, or caregiving:

"So, in my first year, I think the worst part about being an IMG is that we either do very entry-level jobs, or we get recertified, so there's no in-between, so it was very hard to make ends meet." (Mike)

"I went to talk to somebody that was supposed to help us to get a job, and it was very disrespectful...He said, 'Okay, you are a physician. If you want to start in your field, you can start cleaning the hospital.'" (Simonetta)

"I started an internship in a diabetes clinic...I was kind of doing a physician assistant job, assisting the endocrinologist and seeing patients with them... I was not paid, and I did a lot of work...But then it was kind of strange...I was really attending to patients, but I was not even legally working [being compensated] there, so I felt a little uncomfortable in that position." (MO)

"You sometimes feel like you went back. You're back in a previous stage of your life. And it's hard to advance. And at the same time, you think, 'Okay, what else can I do?'...I have been dedicated to medicine for the past 15 years... I don't know what other paths I could go through." (EI)

Exclusion from the medical profession in Canada impaired physicians' integration into the labour market, excluded them from proper remuneration for their knowledge, and disregarded all the time they invested to train for their profession.

Survival employment:

jobs unrelated to one's profession, often of a precarious nature with low-wages.

PSYCHOSOCIAL IMPACT ON ITPS AND THEIR FAMILIES

While this study did not intend to explore the impact on ITPs' mental health, we found that their mental health and well-being are severely impacted by the unmet hopes of immigration to Canada to work as doctors. Participants shared feelings of uncertainty and anxiety, especially since they invested significant time and money in becoming a doctor and had families who depended on them for a similar quality of life they had left behind.

Some discussed how their recent applications to the CaRMS 2022 cycle impacted them:

"Right now, I'm in a limbo. I'm just waiting for the CaRMS results. But like I said, since I don't have the recency of practice after this year, I might have to go back to Brazil to practice for a few months, and then come back." (Mike)

"I'm good...it's a bit emotional...Just leading up to the interview, I've been getting more and more anxious because it's a big deal...It's kind of like a defining moment. And I try not to see [it] that way. But at the end of the day, it's kind of like it is." (Sara)

"I'm happy, but mainly because all my hopes are not going to be a physician here. Honestly, that's it. Of course, I did therapy, I have a psychologist and I am working through all of this. Because if not, it would be so frustrating that I prepared like 15 years of my life for something that I'm not going to be able [to], maybe, do here." (MO)



When asked about the personal impact of the medical licensing process, participants shared the incalculable emotional toll of rejection and exclusion:

EI: "The process is horrible. It takes a lot of strength to keep going. I'm pretty strong. But it takes a lot of strength to keep going. Every time you apply, you have so much hope you feel like your application is better this time... And it's really crushing to be rejected, especially because sometimes you feel like they didn't even read your application...you keep trying, and then you end up in limbo, and you kind of just have to pick a direction and keep going. So deep down, it always hurts. And you feel angry because they took it away from you. And I could have been flourishing like I was at home, but you keep going because you don't have a choice. And you know how good you can be a great doctor, but they won't let me show that."

Navid: "I was not aware how draining would it be, and how it would affect my mental health, to be honest, and how much support I would need."

Amassing the strength to persevere within a system that is not designed to include them is emotionally taxing for physicians.

Additionally, physicians have to navigate their anger and frustration with many suffering from depression that impacts their quality of life and overall health:

Nova: *“I was very depressed because I was frustrated that I couldn’t practice and couldn’t work and I couldn’t do anything. I needed to study and had no interaction here with anybody. I was really, really depressed. And then I started seeing a therapist just because of that. So I say it affects my mental health quite a bit... It was really necessary for my mental health is having a therapist. I still feel frustrated because I think that’s the main word like frustration - it’s taking so long. Just seeing my friends back in Mexico, they just finished residency.”*

Physicians reported losing a sense of themselves both professionally and even in their roles within their families such as the case of Mike and Jay:

Mike: *“I feel that you really start to self-doubt. I had clinical experience. I saw people in real life. And then when, when you fail those exams, I really felt like a failure myself. And it’s very disheartening. It’s very, like, I’ve put a lot of efforts in both financially and personally, in terms of my energy, my self-esteem, my time.”*

Jay: *“And for a daughter, her father is the hero for her whatever the father is successful or not. And then this hero status is breaking down because he’s not successful in his life. Still, we are immigrants, maybe for next generation, or two or three decades from now for my daughter’s offspring, the life here in Canada is much easier than me or for my wife, we are first generation here it is full of challenges and we should address and we should confront with all of these challenges and at the same time, we should be happy we should smile all the time. We should have a great attitude. It was really challenging for me so I just tried just like talking to myself or just by saying let it go, it will become better. Even sometimes I was not very open to say my concerns to my family. I was feeling that maybe it’s showing that I am not strong enough, it shows my weakness if I tell them that I don’t feel happy anymore, I don’t feel confident in myself, I have lost my trust in myself or in my abilities. I’ve have passed the exams, but not able to get the position I’m looking for.”*

Physicians’ stories reinforced the intersecting links between underemployment, discrimination, and occupational exclusion with social determinants of health* that Canada is not affording them as they had dreamed and hoped.

Social determinants of health: socio-economic and environmental factors that determine the overall health of individuals and communities that should be considered health promotion and equity.



RE-CONCEPTUALIZING THE LICENSURE PROCESS

After going through the barriers of the licensure process in Canada, ITPs discussed the changes in their conceptions about the medical licensing process:

“When [I] was interviewed, the Immigration Officer made it clear that the medical degrees in Canada are not recognized, which was kind of really shocking to me...I studied eight years in medicine...this means Canada is discriminating.” (ZAW)

“In the beginning, I was a bit naïve, and I didn’t know I was going to be that hard...Also, my conception changed; I realized it was harder than I thought, because of the number of positions that exist. At the same time, I realized that there is not as much support as I thought.” (Sara)

“I think the process is very, very long. It’s very tiring...It’s like, it was meant to encourage you to not be a doctor here, but at the same time, the contradictory of the message that you need, we need doctors, please, doctors come here and you see like brochures that Canada is looking for doctors. And that’s very misleading.” (MO)

REGRETTING CANADA

When asked if participants regret coming to Canada, and plan on staying, responses were mixed. While many were happy with their experiences outside of the medical licensing process, some ITPs noted that the barriers in the process have negatively impacted them:

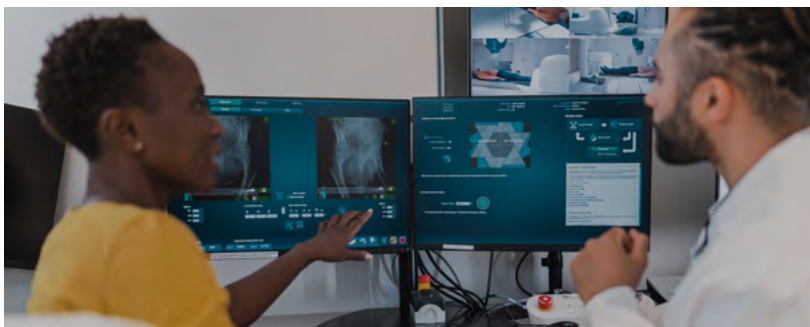
“Deep down, yes [I regret coming]. I don’t say that, though, because that’s a little negative. And I like to put a positive spin on things. I know I would not have done an MBA or Ph.D. if I didn’t come...But deep down, yes, I would have been happier if I didn’t. I would have been more comfortable. Would I have grown so much as a person? Maybe not. Hardship makes you develop and you learn more things and I’m appreciative of that, and what I’ve learned, but... If I had a choice if I would like to do it again and I knew this was what would happen? No, I wouldn’t.” (EI)

Participants also discussed the realities and hardships they experienced when trying to become re-licensed:

“If you ask me, ‘are you happy?’ Not really, because Canada is promising to immigrants that they can come and they can pursue their dreams, but they are hitting themselves with force and the system is so incoherent that you cannot destroy the system.” (Simonetta)

“Honestly, up until this past couple of months, I have never considered, really seriously, going back. But I have been considering it. I would like to stay, but I know that there will be challenges.” (Sara)

Exclusionary medical licensing policies significantly affected ITPs’ ability to integrate and resettle. Many felt as though they were misled about the re-licensing process, impacting their inclination to stay in Canada.



CLOSING REMARKS

In a time of chronic physician shortages in BC, it is crucial to understand and make visible the experiences of ITPs seeking to serve the public, yet continue to be excluded by a web of systemic barriers in the licensure process. ITPs in this study expressed frustration with the healthcare system crisis caused by the COVID-19 pandemic, in which retired healthcare workers and medical students were urged to work (Bains, 2020; CNA, 2022). In fact, the College of Physicians and Surgeons of British Columbia (CPSBC) sent out hundreds of emails in 2020 to physicians who had previously left their jobs, pressing them to re-register (Bains, 2020). Many interviewees emailed the CPSBC and sent letters to the Ministry of Health asking to volunteer and support COVID-19 efforts in Canada, but their requests were ignored (Bains, 2020).

Occupational exclusion harms ITPs and the public who struggle to secure continuity and accessibility of care. Bringing their hopes, dreams and extensive medical training, ITPs are systemically discriminated against throughout the entire medical licensure process. The process of licensure is not designed for ITPs but instead skewed in favour of graduates of Canadian medical schools and mostly White physicians from approved Western jurisdictions. Consequently, the web of medical licensure serves to discriminate against racialized ITPs from the Global South; erase them, their knowledge, and expertise, along with all the years they have invested in their profession.

The findings from this study demonstrate that the mental health and wellbeing of racialized ITPs has been negatively impacted because of the discriminatory licensing process, policies, and practices (see Appendix E for a list of resources to support ITPs).

RECOMMENDATIONS

The medical profession is premised on principles of service, empathy, understanding and care. These same principles must now be applied to the experience and lives of excluded ITPs. Canada as a free, fair, and inclusive country must uphold these values and its commitment to universal healthcare. Therefore, Canada cannot continue to perpetuate painful and dangerous myths for ITPs, that creates harm to the professionals seeking to work in Canada and hinders the general public's access to medical care.

Based on the findings of this report, we strongly urge the timely implementation of the 7 recommendations outlined in MOSAIC's and the Alliance for Doctors Denied by Degrees (ADDD) report (see Appendix F). These 7 recommendations directly address the discriminatory and exclusionary policies impacting ITPs. Most importantly, we urge the various jurisdictions to meaningfully engage ITPs in all decision-making processes related to their medical licensing so that they can bring their voice, expertise, experiences to the table in order to advocate for more inclusive and fair policies.

In addition, we propose the following:

1. Provide more transparent and clear information upon pre-arrival and pre-migration to Canada to ITPs
2. Eliminate the English proficiency exam when medical training was undertaken primarily in the English language
3. Prioritize and formalize ITPs mental healthcare supports upon arrival to Canada and during the licensure process

An essential component to resolving the healthcare crisis in Canada and British Columbia requires an immediate removal of discriminatory policies and practices such as the return of service obligations, restrictions on areas of practice. The COVID-19 pandemic crisis has provided an opportunity for necessary changes within the healthcare system so that all Canadians can benefit from the inclusion of skilled medical professionals who have trained abroad and decided to make Canada their home. It is now time, through the tenets of equity, inclusion and human rights that are enshrined in the Charter of Rights and Freedoms, to reform medical licensure requirements and to listen to the physicians who have henceforth been excluded.

We are socialized to see what is wrong, missing, off, to tear down the ideas of others and uplift our own. To a certain degree, our entire future may depend on learning to listen, listen without assumptions or defenses.”

— *adrienne maree brown*



ADDENDUM

Amid chronic physician shortages in BC, it is crucial to understand and make visible the experiences of ITPs seeking to serve the public yet continuing to be excluded by a web of systemic barriers in the licensure process. ITPs in this study expressed frustration with the healthcare system crisis caused by the COVID-19 pandemic, in which retired healthcare workers and medical students were urged to work (Bains, 2020; CNA, 2022). At the start of the pandemic, the College of Physicians and Surgeons of British Columbia (CPSBC) sent out hundreds of emails to physicians who had previously left their jobs, pressing them to re-register (Bains, 2020). Many ITPs interviewed in this study emailed the CPSBC and sent letters to the Ministry of Health asking to volunteer and support COVID-19 efforts in Canada, but their requests were ignored (Bains, 2020).

Though we did not aim to investigate the mental health effects of the licensing process, the findings from this study reveal that the mental health and well-being of racialized ITPs have been negatively impacted because of the discriminatory licensing process, policies, and practices (see Appendix E for a list of support resources for ITPs). The narratives and experiences shared in this report demonstrate the need for future research to examine the mental health needs of ITPs across Canada.

Guided by the expertise of internationally trained physicians, this report contributes to the ongoing dialogue about the barriers in the licensing process amidst the country's primary care crisis. Occupational exclusion not only harms ITPs but also the public who struggle to secure continuity and accessibility of healthcare. The ITPs from the Global South bring to Canada their hopes, dreams, and extensive medical training, yet face systemic discrimination throughout the entire medical licensure process, which interestingly favours graduates from approved Western jurisdictions. Consequently, racial-

ized ITPs' expert knowledge is erased, along with all the years of experience they have invested in their profession.

British Columbia's announcement of the new payment model for primary care physicians - to be implemented in February 2023 - is intended to strengthen the province's healthcare system. With this model, primary physicians will be compensated according to the time spent with patients, patient visits, and the complexity of patients' visits (Doctors of BC, 2022). It is anticipated that this measure will play a significant role in addressing BC's physician shortage and increasing retention rates of family doctors. However, to enhance British Columbians' access to health care, it is evident that greater efforts to support ITPs' access to medical licensure is necessary. As demonstrated by the introduction of this new payment model, BC government does have the ability to allocate the resources necessary to solve systemic issues in healthcare.



The recent announcement by the Government of BC to expand the Practice Ready Assessment and enable ITPs to work as associate physicians is a critical step forward (Government of BC, 2022); however, these measures do not address the wide range of issues outlined in this report nor do they maximize ITPs' expertise and professional experience, particularly for those ITPs with specializations beyond primary care. Moreover, ITPs continue to be differentially subjected to a 3-year Return of Service contract, unlike other physicians which many respondents found unfair and disruptive to their family life and career aspirations. It is also important to note that British Columbia's increasing immigrant population (Statistics Canada, 2022) signals the need for culturally competent care, with providers that are aware of immigrants' unique experiences accessing and utilizing healthcare. It is encouraging news that Simon Fraser University's highly anticipated medical school is slated to accept its first cohort of students in September 2026 (SFU, 2022). This development would be a new opportunity to explore how the medical school can also serve to address the barriers to licensure by considering the inclusion of ITPs, many of whom will understand the direct needs and experiences of the diverse immigrant communities that the school aims to serve. Going forward, meaningful engagement with ITPs is required to support their integration into Canada's workforce and allow them to contribute their medical expertise to advance BC's post-pandemic economic recovery and health systems improvement efforts.



GLOSSARY OF TERMS

APPROVED JURISDICTIONS	regions that are recognized by the College of Family Physicians of Canada and/or the Royal College of Physicians and Surgeons of Canada “for the award of certification without examination.” (RCPSC, n.d.)
COMMUNITY-ENGAGED RESEARCH	involves the active, meaningful participation of people and communities affected by research activities; these communities are directly engaged in the research design, priorities, and implementation of research (CERi, n.d.)
FEDERAL SKILLED WORKER (EXPRESS ENTRY)	skilled workers are “chosen as permanent residents based on their education, work experience, knowledge of English and/or French” (Government of Canada, n.d.)
GLOBAL SOUTH	refers broadly to the regions of Latin America, Asia, Africa, and Oceania
PSYCHOSOCIAL	the influences of social factors (e.g., working conditions, living conditions) on an individual’s mental health and behaviour
RACIALIZED	a broad term referring to non-white individuals. Racialization is the “process in which societies construct races as real, different, and unequal in ways that matter to economic, political, and social life.” (University of Toronto, n.d.)
SOCIAL DETERMINANTS OF HEALTH	socio-economic and environmental factors that determine the overall health of individuals and communities that should be considered health promotion and equity
SNOWBALL METHOD	a sampling method that uses referrals made by people who share a particular characteristic of research interest
SURVIVAL EMPLOYMENT	jobs unrelated to one’s profession, often of a precarious nature with low-wages
SYSTEMIC BARRIERS	policies, procedures, or practices that unfairly discriminate against certain individuals and limit their ability to participate
SYSTEMIC RACISM	racism that is pervasively and deeply embedded in systemics, laws, and beliefs that unjustly impact and oppress people of colour
UNDEREMPLOYMENT	occurs when there is a mismatch between an individual skills, education, and knowledge and the employment they can access

APPENDIX A: APPROVED JURISDICTIONS

Approved jurisdictions for family medicine (CFPC – College of Family Physicians of Canada):

- Australia
- Ireland
- United Kingdom
- United States of America

Approved jurisdictions for specializations* (RCPSC - Royal College of Physicians and Surgeons of Canada):

- Australia and New Zealand
- Singapore
- Hong Kong
- South Africa
- Switzerland
- United Kingdom: Edinburgh, Glasgow, England, Ireland

**Approved specialties and subspecialties vary by country. [Visit this site](#) for a comprehensive list of approved specializations from these jurisdictions.*

APPENDIX B: STEPS TO MEDICAL LICENSURE IN BC

According to the College of Physicians and Surgeons of BC and Health Match BC:

1. ITPs must possess a medical degree from an accredited medical school listed in the World Directory of Medical Schools
Link: [World Directory of Medical Schools \(wdoms.org\)](http://www.wdoms.org)
2. ITPs must provide language proficiency certification in the case where the language of the people of the country in which the medical degree was obtained is not English, and provision of care is not undertaken in this language, irrespective of whether medical training was learned through English. (This certification must be renewed and paid for every 2 years.)
3. ITPs have to pass rigorous examinations, namely:
 - Medical Council of Canada Qualifying Examination Part 1 (MCCQE1)
 - National Assessment Collaboration Objective Structured Clinical Examination (NAC OSCE)
4. ITPs must complete a Medical Residency or Practice Ready Assessment in Canada
5. When applying to a residency position, ITPs must sign a Return of Service Agreement where they will be obligated to work in a community designated by British Columbia Health Services Authority for 2 years
6. ITPs must obtain a full provincial licensure granted by the College of Physicians and Surgeons of British Columbia

APPENDIX C: INTERVIEW SCHEDULE WITH ITPS

PRE-ARRIVAL

1. Why did you choose to immigrate to Canada?
2. What challenges did you experience before arriving in Canada?
3. What preconceptions and expectations did you hold about Canada before arriving?
4. What conceptions did you hold about the medical licensing process before arriving in Canada?
5. What conceptions did you hold about the medical licensing process before arriving in Canada?

ARRIVAL

1. What challenges did you experience upon arrival and up to your first year in Canada?
2. What conceptions did you hold about the medical licensing process upon arrival in Canada? How did they differ from the conceptions you held prior to arriving in Canada?
3. What steps did you take (or are you taking) when trying to obtain your medical license in Canada?
4. What is the process of training physicians in your country of origin compared to Canada?
5. Please compare your experiences with healthcare in Canada and your country of origin.
6. Do you perceive barriers in the medical licensure process? If so, please describe these barriers.

PRESENT CONTEXT AND PSYCHOSOCIAL IMPACT

1. How are you feeling?
2. How has this process affected you personally and professionally?
3. What are you currently doing for work? If you are not currently practising, do you plan on continuing to obtain your medical license in BC?
4. Do you regret coming to Canada? Are you planning on staying in Canada?

APPENDIX D: INTERVIEW SCHEDULE WITH EXPERTS IN THE FIELD

THEME: PRE-ARRIVAL

1. How does Canada recruit physicians as skilled immigrants?
2. What challenges do ITPs experience before arriving in Canada?

THEME: ARRIVAL AND LICENSING PROCESS

1. Please explain the medical licensure process in BC.
2. What challenges do ITPs experience upon arrival and up to their first year in Canada with the medical licensure process?
3. Can you generally tell me about medical licensure success stories among ITPs that you may know of?

THEMES: PRESENT CONTEXT AND PSYCHOSOCIAL IMPACT

1. How does this licensure process affect the healthcare system in Canada, BC in particular?
2. How does this process often affect ITPs at a personal level that you have observed in your capacity and role? How does this impact their mental health?
3. What is currently being done to support ITP in BC? Are there programs or services in place to support them?
4. What do you think has to be done and changed to support ITPs?
5. What advice would you give to ITP who are considering practising medicine in BC?
6. Are there any additional comments you would like to add to help us understand the licensure process and its impact and significance?

APPENDIX E: RESOURCES FOR INTERNATIONALLY TRAINED PHYSICIANS

ORGANIZATION/NETWORK	RESOURCE
<p>Facebook groups:</p> <ul style="list-style-type: none"> IMG Canada IMGs in Canada International Medical Graduates in Canada Society for Canadians Studying Medicine Abroad 	<p>Online groups for Canadian IMGs providing resources and support.</p>
<p>International Doctors Network</p>	<p>A network that provides connection and support to ITP across Canada.</p>
<p>Supports for Internationally Trained Individuals (SITI)</p>	<p>Provides support to Internationally Trained Individuals (ITIs) to pursue Foreign Credential Recognition (FCR) activities.</p>
<p>IMG Support Program</p>	<p>A program designed to support IMGs in Saskatchewan by providing information, education, and access to opportunities to match residency positions.</p>
<p>Canadian on Paper Society for Immigrant Physicians Equality</p>	<p>A non-profit society aimed at educating the public and politicians about the racial prejudice and systemic discrimination against immigrant physicians in Canada and promoting health and access to highly qualified physicians.</p>
<p>Internationally Trained Physicians Ontario</p>	<p>A non-profit organization that provides practical support to ITPs/IMGs at every stage of licensure, including recent medical graduates and newcomer physicians to help formulate solutions to facilitate the process of licensure.</p>
<p>Foundation of IMGs</p>	<p>Provides resources and educational tools to support IMGs access to licensure.</p>
<p>Carizon – Refugee and Newcomer counselling and outreach</p>	<p>Group programs and workshops for newcomers aimed at reducing anxiety and isolation and enhancing community connectedness.</p>
<p>Centre for Immigrant and Community Services (CICS)</p>	<p>Provides short-term case management and wellness group activities to newcomers.</p>

<u>Canadian Centre for Refugee and Immigrant Healthcare</u>	Offers free private and confidential counselling throughout the settlement process for refugees and newcomers in the Greater Toronto Areas.
<u>Access Alliance Multicultural Health and Community Services</u>	Provide mental health services to immigrants, newcomers, and refugees in Toronto.
<u>Skills for Change</u>	Host one-on-one and group counselling, virtual connection programs, and wrap-around support to immigrants in a range of languages.
<u>Alberta International Medical Graduates Association</u>	A non-profit organization dedicated to the successful integration of International Medical Graduates (IMGs).
<u>Immigrant Services Association of Nova Scotia</u>	A community organization that offers a bridging program to IMGs, employment counselling and coaching, pathways to licensure, and study groups.
<u>MOSAIC BC Counselling</u>	A multilingual non-profit organization dedicated to addressing issues that affect immigrants and refugees in the course of their settlement and integration into Canadian society. MOSAIC also offers various counselling programs available to immigrants, newcomers, and refugees.
<u>Canadian Mental Health Association – York and South Simcoe</u>	Mental health support services for a wide range of communities, including refugees.
<u>Immigrant Services Society of BC</u>	One of the largest immigrant-serving agencies in Canada providing services and programs to skilled newcomers, refugees, and immigrants.
<u>DIVERSECity</u>	Offers free, multilingual programs and services in settlement, language, employment, community engagement and mental health provide them with information, skills and connections for their journey toward success and belonging.
<u>Lethbridge Local Immigration Partnership</u>	Collaborates with, strengthens and works together with local residents, community agencies, initiatives, organizations, businesses and government agencies.
<u>Access Centre for Internationally Educated Health Professionals</u>	Provides programs to internationally educated health professionals to help them become trained, licensed, and employed in their respective field.
<u>World Education Services</u>	A non-profit social enterprise dedicated to helping international students and immigrants achieve their educational and career goals in the United States and Canada.

APPENDIX F: RECOMMENDATIONS FROM MOSAIC AND THE ALLIANCE OF DOCTORS DENIED BY DEGREE (ADDD)

To stop the systemic discrimination where the Ministries of Health/regulatory colleges/medical faculties have imposed a system that excludes graduates of international medical schools from accessing residencies and hence medical licensure, and perpetuates conscious and unconscious prejudice, we recommend:

1. Opening up all residency positions (including speciality and subspecialty) to competition by all Canadian citizens and permanent residents who have passed the Medical Council of Canada exams which establish that they have the critical medical knowledge, decision-making ability and clinical skills expected from Canadian medical school graduates and, as such, are qualified to work as resident physicians.
2. Increasing the number of residency positions to accommodate more candidates.
3. Implementing Practice Ready Assessments (PRA) of all graduates of international medical schools, including specialists, who meet simple eligibility criteria to determine if retraining is necessary and, if so, to what degree.
4. Ending the requirement that graduates of international medical schools sign a return of service contract as a condition of working as resident physicians where they ‘agree’ to work in the community and clinic where the government directs them for a specified number of years after they are fully licensed.
5. Removing exclusive responsibility for the selection of residents from Faculties of Medicine and putting in place oversight to overcome the bias embedded in the system.
6. Implementing and/or increasing existing oversight and accountability including enforcement powers (such as Fairness Commissioners) of all aspects of the entry to the medical profession to ensure admission to the profession is: (i) fair and free of discrimination, i.e., inclusive and consistent with the principles of a free and democratic society; (ii) impartial; (iii) objective; (iv) flexible and (v) transparent as defined in the Health Professions Review Board’s Best Practices (BC HPRB, n.d.)
7. Requiring representation of graduates of international medical schools on all committees and other forums which make decisions that effect graduates of international medical schools’ access to the medical profession.

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