

Foreign Trained Professionals

Participants in the Conversation on Health debated the role of foreign trained professionals in the Province's health care strategy. Their discussions centered on the role that the governing colleges play in accreditation and the requirements that may be necessary for practice within the province. Here is a sampling of what British Columbians had to say about *foreign trained professionals*.

The Accreditation of Foreign Trained Health Professionals

With practitioner shortages in many fields, looking abroad to recruit already-trained professionals is a common idea. Some believe that the current practice of accrediting only a small number of foreign professionals each year, which is the responsibility of various professional colleges, is an inadequate response to the human resource shortage in British Columbia. Some participants feel the professional colleges harbour protectionist tendencies in their requirements for excessive testing and re-training of those educated out-of-province.

The opinions about changing accreditation practices are varied. Those in favour of increasing the number of foreign professionals suggest legislatively granting more accreditation spaces to them. Others suggest removing the colleges' authority to set limitations by creating an independent credentialing body. However, some believe that the low annual number and strict entry requirements are necessary to protect British Columbia's high quality of care. They also feel that increasing the number of seats reserved for foreign professionals may only make it harder on local students to access medical training. Others feel that British Columbia is a wealthy province and should not have to rely on foreign labour to address its labour shortages. Some question the ethics of recruiting health professionals out of countries that may be desperate for the services those practitioners provide.

We need to break down barriers from health professional associations and immigration to recruit and retain health professionals from other countries and get them working in their profession sooner.

-Health Authority Board meeting, Vancouver

Requirements for Practice within British Columbia

Participants in the Conversation on Health have many suggestions about the requirements for foreign trained professionals to practice in the province. Notably, many suggest that all foreign trained professionals should be proficient in the English language. Some suggest offering night classes or attaching a personal tutor to job-shadow foreign trained professionals to address language deficiencies. Some request that foreign professionals have the option of challenging the accreditation exams without any additional training or course-work. Other suggestions include: offering a limited practice credential to foreign trained professionals until they gain full accreditation; and offering a subsidy for education or credentialing fees in exchange for a requirement for service in northern or rural British Columbia.

I think in many ways it is unseemly the way health regions across this country troll in [third] world countries for health professionals... The relative value of a physician in Bangladesh, has got to be 100 times the value that it is in Canada given the lack of them and the cost to their whole society of producing one.

-Provincial Congress, Vancouver

Conclusion

Participants view the recruitment and training of foreign trained professionals from many different standpoints. Some believe the accreditation of these professionals is crucial in meeting over-arching and region-specific health human resource goals and that the limitations placed on their ability to practice must be removed. They feel support should be offered in various forms to facilitate their integration into the Provincial health care system. These views, however, are not universally accepted. Some participants believe that an influx of foreign trained professionals will make it all the more challenging to local students to enter into medical practice and that recruiting foreign professionals may have a detrimental effect on other countries that are equally desperate for health services.

Foreign Trained Professionals

This chapter includes the following topics:

Accreditation

International Education

Requirements for Practice within British Columbia

Related Electronic Written Submissions

[Health Human Resource Responses](#)

Submitted by the BC College of Family Physicians

[HEU Submission to BC's Conversation on Health](#)

Submitted by the Hospital Employees Union

[Submission to the Conversation on Health](#)

Submitted by the British Columbia Government Employees Union

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: [Health Human Resources](#) and [Training](#).

Accreditation

Comments and Concerns

- The various professional colleges and associations may harbour protectionist tendencies.
- The British Columbia Medical Association is territorial in their selection of foreign trained professionals.
- The artificial reduction in supply maintains the expensive status quo for the vested interest of certain professionals, but not for the public interest.

- Discuss the challenges associated with the rules and policies of medical associations. Too many potential international professionals are practicing elsewhere because British Columbia will not transfer accreditation.
- The College of Physicians and Surgeon's rules for temporary registration of general practitioners are not helpful in attracting doctors to work in British Columbia.
- Foreign trained professionals are not receiving credentials from the College of Registered Nurses of British Columbia.
- Bureaucracy and certain professions are barriers to allowing certified foreign professionals to work in British Columbia.
- Successful acceptance in the Canadian Registry does not guarantee employment.
- Doctors hold a monopoly on the health care system, making it extremely hard for foreign physicians to enter their fields of practice.
- Accepting international medical degrees and post graduate training of international medical graduates at face value is impossible and not in the public interest.
- Most post graduate medical training programs in other countries have not been evaluated, nor is it likely that they will be as the funding, and expertise requires for such an undertaking is simply not available.
- There is also significant variation in non Canadian post graduate programs. Some are accredited, others are not scrutinized at all, making the basis for accreditation difficult to evaluate. The quality of these programs cannot be determined.
- There is significant differences world wide in the quality, scope and length of undergraduate medical education leading to a medical degree. Some countries require seven or eight years, other only four. Some training regimes offer exposure to many medical disciplines and offer significant patient contact, while others are entirely book and lecture based. There is also significant variation in entry requirements. All medical degrees are not the same.
- British Columbia certifies only 16 foreign trained personnel per year.

Ideas and Suggestions

- Remove the authority to license from the College of Physicians and Surgeons and the British Columbia College of Nurses and give this authority to an independent credentialing committee.

- The College of Physicians and Surgeons should evaluate different education standards and accredit professionals from jurisdictions that have similar standards to Canada.
- High medical standards and a requirement for proficient language skills are successfully being upheld by the colleges and associations.
- Expedite the licensing qualifications for foreign professionals.
- Recognition of International medical graduates from English speaking countries with history, traditions and culture in common with Canada is easier as these education systems are more comparable.
- The College of Physicians and Surgeons should be responsible for educating foreign trained professionals.
- Medical regulatory bodies are not educational institutions and their mandate does not include the provision of educational opportunities for international medical graduates.
- Advise the colleges to conduct exams in China to establish competencies for immigrating practitioners.
- The College of Physicians and Surgeons has advocated for the establishment of a properly funded assessment and evaluation program for international medical graduates. Rather than assessing the source of education, evaluate the international medical graduates current knowledge and practices in a supervised, standardized accreditation program.
- The Provincial Government needs to be firm with the professional regulatory organizations and put in place hard targets that they must meet in order to accelerate the accreditation process.
- If language is a barrier, then the Canadian Medical Association and the British Columbia College of Nurses needs to create in-house crash-courses in English as a Second Language. It is an insult to assume that bright doctors and nurses, who have completed years of advanced education in their home countries, are unable or unwilling to learn English.
- Universities are willing to increase our current efforts to develop and deliver programs designed to adapt to foreign credentials. However, universities cannot act alone in this area and require the approval and collaboration of professional associations.

International Education

Comments and Concerns

- Making foreign trained professionals to take extra English classes and pass tests in order to practice in Canada is an insult to them.
- Foreign trained professionals are shunned upon arrival in Canada.
- Cuban national health professionals are being blocked from practice in Canada.
- Stealing professionals from third world countries where the need is greater than that in Canada is offensive and immoral.
- People coming from other non-English speaking countries claim to have similar qualifications as those required in Canada. This is often not the case and it leads the general public to falsely believe that qualified doctors are driving taxis.
- British Columbia should work to attract medical professionals from countries like India, Pacific-Asian countries and the United States.
- I consider it unethical for rich provinces like British Columbia to rely on the precious nursing resources of third world countries to provide skilled nurses, while the third world country goes begging.
- The demographic issues that are being experienced in Canada are not unique to other jurisdictions.
- The United Kingdom has laid-off thousands of nurses to expedite the movement of foreign professionals back to their country of origin.
- The hiring of foreign trained professionals takes potential health care jobs away from British Columbia's youth.
- The amount of South African practitioners being allowed to immigrate and work within Canada is completely unethical.
- There is an outcry for health human resources, however, when foreign trained professionals travel from abroad to work in British Columbia, they are not wanted.
- When discussion arises about recruiting foreign physicians, one must look at Sub-Saharan Africa as an example. Recruitment from health care systems that are incredibly fragile and are being ravaged by the HIV virus and aids constitutes a serious ethical dilemma.

- There is at least anecdotal evidence to suggest that the Philippines is deliberately over-producing nurses with the expectation that they will emigrate and send remittance payments back to their families. These remittance payments are in fact, growing in importance in sources of hard currency, and in the sources of wealth for families in those developing countries.

Ideas and Suggestions

- Allow professionals who are trained in the European Economic Community and the United States to work in Canada without additional training.
- Actively recruit physicians and nurses from other Commonwealth countries.
- Do not look to other countries to fill the health care gaps in British Columbia.
- Allow the immigration of under-utilized health professionals from the United Kingdom.
- Do not allow foreign trained professionals to practice in British Columbia.
- Initiate better collaboration between Immigration Canada and the Canadian Medical Association to ensure that immigrating professionals possess the appropriate knowledge of the credentialing system.

Requirements for Practice within British Columbia

Comments and Concerns

- There was concern that private sector clinics may be opened by foreign trained professionals who may not possess the proper qualifications.
- Foreign medical doctors are not accepted in Canada.
- The current requirement on foreign trained professionals to repeat classes and education is discriminatory.
- Doctors from other countries are under-employed in Canada because of an uncertainty of their medical and language skills, which leads to a high perceived risk of malpractice.
- Foreign trained health professionals are being driven into other professions, which decreases the chance that they will return to their practice should they eventually be given the chance.

- Some foreign trained doctors cannot immediately attain the credentials to practice in British Columbia; however, Ontario accepts them with open arms.
- There is a need for greater representation of the diversity of British Columbia in health care.
- The public is somewhat nervous about going to see someone who is trained in an unconventional way. This public image must be addressed.
- I feel it is criminal to deny a capable person the right to practice if they have come here intending to do so.
- We train visa-medical personnel from other countries, yet cannot provide accreditation for immigrant physicians arriving in Canada.
- Foreign trained professionals become bogged down in the costs of upgrading their education.
- There are cases of certified nurses emigrating from the Philippines to Canada, only to be relegated to nanny duty.
- Foreign trained health professionals are moving from Canada to the United States due to a more accepting certification process.
- Allocating funding to recruitment and training of foreign trained professionals still constitutes a significant financial burden.
- While there is an extreme doctor shortage in parts of British Columbia, we have trained cardiac surgeons and psychiatrists driving taxis and washing laundry for a living.
- Although there are certain courses that one must take to certify for Canadian practice, these course are not openly available.
- Because health authorities take so long to offer positions to certified foreign health professionals, these professionals often return to their country of origin.
- The Medical Council of Canada requires that foreign trained professionals have experience practicing in Canada before they give a license. But how is it possible to get this experience without a license? Also, how is it possible given the lack of funding for fellowships or residencies in Canada?
- There are over 300 Canadian medical students studying in Britain, the Caribbean, Australia and other countries. They are getting great educations, are welcome with open arms and in the United States are offered great residencies. However, Canada finds ways to bar these doctors from coming home. With our current doctor shortage when is Canada going to wake up and help our international medical graduates come back to practice in Canada?

- I find it hard to believe that doctors from the European Union are not as qualified as doctors trained in Canada or the United Kingdom.
- Deciding who is going to fund the education of foreign trained professionals will be challenging. If the Provincial Government were to fund training, the professional may move to another province two years later, and then who would set up reparation payments? Funding would logically have to come from the Federal Government level.
- The World Medical Association has guidelines on ethical recruitment such as the Commonwealth Code of Practice of 2002. Canada says that it supports this code of practice, but will not sign it because it cannot enforce it. The Government of Canada does not actually employ very many health professionals and it is not going to sign a Code of Conduct that the provinces would have to enforce.
- We have Russian doctors driving taxis and Filipino nurses working at Subway, as access to upgrading their education is too limited.
- Why bother attracting people from foreign countries to take lesser paid jobs that is not in their field of experience?
- A Korean gynaecologist/obstetrician in Cranbrook chose not to pursue his field due to the onerous conditions necessary to qualify.
- Foreign trained doctors working in Canada need to acknowledge and use those customs and practices that Canadians have. For example, one South African doctor said that he would not refer a patient to a massage therapist because he did not believe in this type of treatment.
- Foreign trained professionals immigrating to Canada are lacking language skills, sensitivity and a willingness to get involved in the Canadian culture.
- We need to realize that we are creating a two-tiered staffing scenario whereby foreign trained doctors make up the majority of the medical providers in rural areas.
- There is no active communication with other countries regarding Canada's educational criteria.
- Locally trained doctors have proven to be no better trained than foreign education professionals.
- Some non-government organizations will argue that the very structure of the Canadian immigration system is in fact a form of active recruitment. We privilege the highly educated and high skilled immigrants.

Ideas and Suggestions

- Initiate a Bill at both the federal and provincial levels that would integrate foreign graduates through their respective colleges faster.
- Implement a requirement that foreign professionals must work for two years in a general practitioner's role in order to increase the access to family doctors.
- British Columbia needs an environment that encourages foreign trained professionals to join the health care field.
- Certify foreign trained professionals by requiring them to take training courses and to spend time working with a certified practicing doctor.
- Foreign trained doctors with references from their country of origin's medical board and employer(s) should be required to work in three year paid internship programs in British Columbia's remote hospitals.
- Foreign professionals must be required to return to their country of origin for four months per year in order to maintain an international balance of health human resources.
- Explore the creation of a Master Professional Appeal Board that is made up of doctors, nurses, lawyers, accountants and engineering professionals, to review appeals from professional associations.
- Outsource Canadian health education in a cost effective manner to other countries such as India or the Philippines.
- Create legislation that requires foreign professionals to initially train and work in rural areas of British Columbia.
- Foreign trained professionals should be able to work in Canada, but they all should be fully fluent in the English language.
- Allow foreign professionals to challenge licensing exams.
- Standardize training for foreign trained professionals and implement a quick evaluation. Mentoring by Canadian trained staff would begin to ease off after a six month period.
- Foreign trained professionals should only have to test for accreditation, rather than having to repeat their training.
- Foreign trained professionals should be fluent in English and in medical terminology such as names of instruments.
- If foreign trained professionals require English language education, then have a tutor shadow them on the job to reinforce their vocabulary.

- More residency positions are needed for international medical graduates based on the size of a country's population and the number of immigrating international medical graduates from it.
- Cut down on the number of training visa-doctors, which are a misallocation of training resources, and allocate more positions to international medical graduates British Columbia residents.
- Follow Alberta's Bridge program for credentialing foreign trained professionals.
- Recruit foreign professionals using the internet.
- Allow professionals to practice under assistant internships, temporary licenses and careful supervision for a few months.
- Restrict the practice of foreign trained professionals working in Canada to only Registered Nurses.
- The Federal Government and the Provincial Government must work together to address immigration issues for foreign professionals.
- Increase the amount of training seats in colleges and universities for foreign trained professionals.
- Review a foreign trained professional's experience and skills when they are in their country of origin before allowing them to work in British Columbia.
- International Medical Graduates (IMGs) should be allowed to practice under temporary licenses.
- Create a national standard for credentialing foreign trained professionals.
- Do not look to other countries to fill the human resources gap; fill it with home-grown professionals.
- Allow foreign trained professionals to work in Canada on a trial basis at a suitable wage until they have established a proven ability to perform their duties.
- Developing third world countries make up the majority of foreign trained professionals.
- Place foreign professionals in government-run clinics for their first few years of practice.
- An appendectomy is the same in China as it is in Canada, is it not?
- If foreign doctors have English language deficiencies, then restrict them to service within their own ethnic communities.
- Encourage more nurses and paramedics to immigrate to British Columbia.

- Open a hospital that would allow foreign doctors, nurses and other allied health staff to practice under certain conditions. These professionals would not be allowed to practice outside of the hospital.
- Create new classifications of professionals such as para-medicals or para-surgeons for foreign trained professionals to fill.
- Allocate any available health funding to the recruitment of foreign trained health professionals.
- Foreign doctors and nurses should be given a test to see if there is a discrepancy between their abilities and understanding of Canadian practices. If there is a discrepancy, then education to upgrade should be free.
- Doctors with training and experience in other countries are just as well prepared to do their jobs as are Canadian ones.
- Take extreme caution and be as strict as possible when certifying foreign trained professionals.
- We have a shortage of doctors largely due to retirement so give qualified foreign trained professionals residency.
- British Columbia has a number of centres with aging, multi-ethnic populations. Increase the training and hiring of professionals who can provide cultural and linguistically appropriate care for seniors.
- The Provincial Government needs to focus on integrating more International Medical Graduates (IMGs) and that includes paid clinical assistants as well as an expansion of residencies.
- International Medical Graduates (IMGs) should be allowed access to all practicing aspects of their fields.
- Stop the training of visa-doctors who simply attain their training and return to their country of origin.
- Suspend the visa training of foreign doctors until British Columbia has addressed its own human resource issues.
- The geographic location of training is irrelevant. For example, India is fast becoming a center for certain medical procedures that are available to those willing to pay for them.
- Facilitate the training of health professionals in the third world.
- The Canadian Medical Association should not be the only evaluating body of foreign credentials.

- Recognize reciprocal training agreements with other countries.
- Widen the scope of practice for foreign trained professionals.
- Develop a one to two year training program with a gap analysis of what is missing from foreign models.
- Foreign trained professionals could spend one year in a Canadian teaching hospital to be certified for practice.
- The Medical Council of Canada should help foreign trained doctors learn the system in Canada, as is done in Norway.
- The Provincial Government should be stepping in before we lose more trained Romanian health professionals, as other countries are opening their doors to them.
- Make it easier for foreign professionals to integrate into the current system and do not send them to rural areas upon entering the system.
- Waive examination fees if they prove to be a barrier to foreign trained professionals.
- As with Canadian undergraduate and post-graduate programs, International Medical Graduates (IMGs) should learn in teaching practices, under supervision appropriate to their level of expertise. This is time-intensive work and the preceptors need to be remunerated as professional educators.
- Restore post-graduate residential positions to enable foreign medical graduates to show what they can do under supervision of experienced physicians.