Doctor Who: 
Foreign Credential Recognition of 
International Medical Graduates 

by 
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## Approval

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Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

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Abstract

Although the Canadian immigration system selects economic-class immigrants on the basis of human capital, many new arrivals face difficulties in finding employment commensurate with their professional training. International medical graduates more specifically face lower employment outcomes, and have difficulty attaining work in the medical field. This can be attributed to barriers in getting foreign-earned credentials assessed and recognized. While several studies have investigated barriers related to equivalency debates, few have evaluated structural barriers in BC, in a more recent time frame. This paper attempts to fill this gap by evaluating structural barriers and investigating current policies and opportunities. Case studies, expert interviews, and a literature review help identify and assess policies. I recommend improving and expanding pre-arrival services for the credential assessment process. This should be followed by the creation of a BC initiative for international health care professionals which includes a micro-loan program, a career accelerator, and clinical trainee positions.

Keywords: International medical graduate; foreign credential recognition; credential assessment; licensure; BC.
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Executive Summary

Canada continues to admit an increasing number of highly skilled immigrants, including international medical graduates (IMGs). However, these IMGs face difficulties in finding employment that is commensurate with their skills and professional training. These labour market struggles can be partially attributed to the structural barriers that IMGs face in the foreign credential recognition process. Structural barriers relate to the process inefficiencies within the credential assessment system, which are addressed in this study.

To begin with, this study first explores the foreign credential recognition process of IMGs, the contribution of IMGs to the national physician supply, and the different supports provided to IMGs to assist them in the licensure process. From a literature review, the study identifies the four major structural barriers that impede IMGs in the credential assessment process. These structural barriers are the financial costs, time delays, communication and complexity of information, and the lack of support provided directly to IMGs.

The study further investigates the use of promising practices through a case study of three jurisdictions: Uppland, Sweden, Oslo, Norway, and California, US. This is supplemented by semi-structured interviews with key stakeholders and experts which work to provide evidence, as well as serve to test the validity of the case study findings.

Based on these findings, three policy options are identified that focus on mitigating the structural barriers in the foreign credential recognition process. This includes effectively communicating information, providing supports to navigate the foreign credential recognition process, and collaborating with the regulators. These policy options are evaluated across five criteria: effectiveness, equity, minimization of cost, administrative ease, and stakeholder acceptance.

Consequently, two recommendations are made. First, it is recommended to effectively communicate information by expanding pre-arrival supports in the short-term. Second, it is also recommended to provide supports to IMGs through the establishment of a BC initiative for international health professionals in the long-term. This would have a staggered implementation approach due to the policy’s complexity and cost. Together,
these policies would work to increase accessibility of the credential assessment process, provide credible information, and allow for increased timeliness.
Chapter 1.

Introduction

The Canadian immigration system selects economic-class immigrants on the basis of human capital, which is considered in terms of the “knowledge, skills, and capabilities of individuals that generate economic output” (Martin, 2005, p. 1013). And yet, due to market values systematically undervaluing immigrants’ worth, economic-class immigrants’ successful integration is not guaranteed (Triadafilopoulos & Smith, 2013, p. 7). International Medical Graduates (IMGs), like other economic-class immigrants, face economic integration challenges, especially in terms of foreign credential recognition. Such challenges result in underemployment at a cost to individual IMGs as well as the national economy (Blain, Fortin, & Alvarez, 2017).

The importance of credentialing IMGs was emphasized in the 2012 Canadian Medical Association’s brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. In this brief, the Canadian Medical Association recognized foreign credential recognition as one of the major issues to be tackled in addressing existing labour shortages in high demand occupations, such as in the medical field (Haggie, 2016). The literature suggests that IMGs face multiple barriers in accessing and proceeding with the foreign credential recognition process. These barriers can be related to the difficulty of establishing equivalency of standards or these barriers can be structural. Canadian studies have often discussed equivalency debates, such as the question of equivalency of foreign-earned credentials (Campbell, 2018; Guo, 2009, Neiterman, Salmonsson, & Bourgeault, 2015), but not the structural barriers faced by IMGs. Structural barriers are related to process inefficiencies which include the lack of finances, time, and information, as reflected in the literature (Blain, Fortin, & Alvarez, 2017; Sharieff & Zakus, 2006; Kustec, Thompson, & Xue, 2007; Frank, 2013; Covell, Neiterman, and Bourgeault, 2016). These are all often in short supply for new immigrants and may be exacerbated for those who are attempting to balance their professional goals with the immediate basic needs of their family.
This capstone project focuses on the largely uninvestigated structural barriers of which there are too many that IMGs face in BC. This is an important area to address because, despite some progress, including the 2004 Taskforce on the Licensure of IMGs,¹ significant gaps in knowledge and policy remain. Firstly, most of the literature has considered the equivalency of IMGs’ credentials and studied the standards of provincial colleges. Secondly, there has been paucity of attention to structural barriers other than the 2004 Taskforce. Thirdly, studies have also not evaluated the success of policies implemented by stakeholders to address accessibility to the foreign credential recognition process. Finally, most of the research to date has not focused on how to address structural barriers.

IMGs face barriers across all Canadian provinces, but this capstone focuses on BC for a number of key reasons. First, BC has especially dismal education-occupation match rates which is one of the lowest among all the provinces (Zietsma, 2010). Second, although BC is one of the top destination provinces for immigrants, very few studies on the economic integration of IMGs have focused on BC. Instead, they have addressed other provinces like Quebec or Ontario (Blain, Fortin, & Alvarez, 2017; Jablonski, 2012).

In this capstone, I specifically address structural barriers to foreign credential recognition for IMGs in BC. In so doing, I propose a number of key policies, informed by a literature review, a case study analysis of different states in Norway, Sweden and the United States. I also draw on evidence derived from key informant interviews with representatives from a variety of sectors including: provincial agencies, regulatory occupations, professional associations, and immigrant serving organizations.

Given the research findings, three policy options are considered. The first option is to effectively communicate information by expanding pre-arrival supports in BC and nationally. This would entail providing greater information to applicants on what is to be expected during the application process, like the costs and the length of time during both pre-arrival and post-arrival phases, through website changes and increased communication and links between different sources. The second option is to provide supports to IMGs by establishing an initiative for international health professionals in BC, which would include services like funding, loan programs, access to educational

¹ The 2004 Taskforce on the Licensure of IMGs was the singular, main action taken by all stakeholders to address structural barriers faced by IMGs in the licensure process.
information, mentoring, job placements and additional supports. And, the final option is to collaborate with the regulators by conducting a formal evaluation of the 2004 Taskforce of Licensure for International Medical Graduates along with internal reviews of the provincial colleges and data collection. This Taskforce has not been officially evaluated and thus it is not known whether any of its recommendations have been implemented.

By completing a multi-criteria policy analysis, a final two-pronged recommendation is made. In the short term, expanded pre-arrival supports should be implemented. In the longer term, a BC initiative for international health professionals should be established. Within such an initiative, a provincial micro-loan program, a career accelerator, and clinical trainee positions would be established and implemented. Together, these policy options would work to mitigate structural barriers faced by IMGs, by increasing the availability and consistency in the communication of information, reducing their financial burdens, increasing timeliness of the process for accreditation, and providing additional support.

1.1. Policy Problem

This capstone seeks to address the following policy problem: There are too many structural barriers that IMGs face in the foreign credential recognition process in the province of BC.
Chapter 2.

Background

2.1 Process of Foreign Credential Recognition

Foreign credential recognition is the process of verifying that the knowledge, skills, work experience and education obtained in another country is comparable to the standards established for Canadian professionals and tradespersons (Forum of Labour Market Ministers, 2009). Before being able to work in their occupation or field, immigrants must first get their foreign credentials assessed. There are different processes for foreign credential recognition, which range from “examinations to competency-based assessment and the provision of industry-specific training” (Hawthorne, 2007, p. 9). In addition, the recognition of credentials for non-domestic candidates are processed through various channels such as educational institutes, provincial assessment agencies, and provincial regulatory authorities (Hawthorne, 2007, p. 9). Consequently, the challenges of multiple agencies and stakeholders, the complex and varying regulations, and decentralized settlement where immigrants settle and integrate at a more local and dispersed level, are all factors that cause credential recognition to be difficult for non-domestic candidates (Hawthorne, 2007). Furthermore, the whole licensure process may take several weeks to more than a year. Applicants may not complete the licensure process due to barriers they encounter at different steps of the licensure process, including the step for foreign credential recognition.

The licensure process, including the key step for foreign credential recognition, varies significantly among occupations. Unregulated professions typically do not require any special licenses or certifications. Therefore, applicants in unregulated professions may not need a review of their foreign credentials (Social Development Canada, 2019). On the other hand, regulated professions, like medicine, have their own standards with which they assess foreign earned credentials. To initiate the foreign credential recognition process, applicants have to contact the regulatory body for their occupation. For the medical profession, these regulatory bodies are the medical licensing authorities for each province and territory, such as the College of Physicians and Surgeons of British Columbia (CPSBC). These provincial colleges have the
responsibility to balance quality and safety concerns while not imposing overly-stringent barriers to reduce professional competition, within the licensure process. However, some have argued that provincial colleges set standards so exclusive and unattainable so as to make it difficult for new candidates to gain licensure and entry into the medical profession (Nasmith, 2000).

In BC, IMGs have to apply to CPSBC. Currently, credentials are reviewed three times through the multi-step process of registration with the CPSBC. IMGs’ credentials are first reviewed by the College staff during the eligibility review phase. Their credentials are reviewed again when they submit copies of their credentials to physiciansapply.ca for verification. This information is then shared with the College – it is the IMG’s responsibility to ensure that it is shared with the College. The original documentation is again verified on the day of the interview. So, although the Physician Credentials Repository (PCR) was created to reduce duplication in the credential assessment process, there still seems to be duplications in the system. This increases the delays for credential recognition for IMGs. There is also the further possibility that the assessment conducted by the Medical Council of Canada (MCC) through physiciansapply.ca will differ from the verification conducted by the College. Moreover, it is the verification conducted by the College that has the final, official standing for the IMG.

In 2017, according to the CPSBC Annual Report, 237 IMGs applied for registration in BC, and 147 new IMG applicants were granted provisional registration (College of Physicians and Surgeons of British Columbia, n.d.). And although the College does not keep track of the reasons why IMG applications are not completed, anecdotally some of them are abandoned for various personal reasons, according to the Communication and Public Affairs department of the CPSBC (personal communication, December 19, 2018). But overall, there is a lack of data on the employment outcomes and the status of IMGs in terms of the licensure process.

### 2.2 Physician Supply and Demand

IMGs who get their credentials recognized and become licenced play an important role in Canada’s physician supply, especially in filling certain gaps. But it is difficult to project the future supply and demand of doctors due to uncertainty of doctors’
retirement and migration patterns, in addition to fluctuations in their demand (Ono, Lafortune & Schoenstein, 2013). Furthermore, in terms of the current supply of physicians, Canada had approximately 2.7 doctors per 1,000 population in 2015, which was lower than the OECD average of 3.4 doctors per 1,000 population (OECD, 2017, p. 150). In addition, in 2015, Canada produced 7.9 medical graduates per population of 100,000 (OECD, 2017, p. 155). This was also well below the OECD average of 12.1 medical graduates per population of 100,000 (OECD, 2017, p. 155). Furthermore, there are overall concerns regarding the “shortages of general practitioners… and the undersupply of doctors in rural and remote regions” (OECD, 2017, p. 150). As such, IMGs contribute to the overall physician supply by filling these areas of shortages.

First of all, the remuneration of doctors in Canada is approximately 2.8 times the average wage of full-time employees in all sectors in the country. Moreover, since 2005, “the remuneration of specialists has risen faster than that of generalists in Canada” (OECD, 2017, p. 156). This has reduced the financial attractiveness of general practice. In response to concerns about shortages of general practitioners, the number of post-graduate training places in family medicine “more than doubled between 2000 and 2013, as part of a national effort to improve access to primary care [in Canada]” (CAPER, 2015). On the other hand, the US had one of the lowest shares of general practitioners in 2015. Physicians in US also tend to have greater remuneration. As such, there is often emigration of Canadian trained physicians to the US, although it has been decreasing in recent years (Freeman, Petterson, Finnegan, & Bazemore, 2016). Accordingly, IMGs can play a role in filling the gaps left by Canadian trained physicians leaving for the US.

Secondly, there is a large difference “in the density of doctors between predominantly urban and rural regions in Canada” (OECD, 2017, p. 94). Consequently, this can “lead to inequities in access such as longer travel or waiting times” (OECD, 2017, p. 94). Specifically, in 2015, there was a physician density of 2.6 per 1,000 population in predominantly urban regions and a physician density of 1.0 per 1,000 population in predominantly rural regions (OECD, 2017, p. 94). This physician shortage in rural Canada is due to physicians’ concerns about their professional life, social

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2 The remuneration of doctors refers to average gross annual income, including social security contributions and income taxes payable by the employee. It should normally exclude practice expenses for self-employed doctors.
amenities, and the urban bias of rewards (OECD, 2017, p. 94). As such, “IMGs have tended to fill primary care medical needs in rural and underserviced areas” (Freeman et al., 2016, p. 6). However, as chapter 3 discusses, IMGs face structural barriers in the credential assessment process which inhibits their ability to contribute to the physician supply.

### 2.3 Stakeholders

In terms of stakeholders who influence how credential assessment policy is shaped, one of the most important is the Medical Council of Canada (MCC). It assesses medical candidates, including IMGs. MCC assessment entails administering exams, assessing credentials, and providing information. IMGs have to get their credentials verified through the MCC, before initiating the credential assessment process at the provincial level. As such, any regulatory or process changes that MCC undertakes, directly influence the processes of the provincial colleges. Other stakeholders include Health Canada, the federal ministry responsible for promoting and protecting the health of Canadians. Another federal ministry stakeholder is Employment and Social Development Canada (ESDC). It has provided funding to MCC before for projects such as the PCR. Although these are actors at the federal level, the direct responsibility for licensing IMGs and assessing their credentials falls upon the provincial governments and provincial regulatory authorities. This is due to the fact that healthcare falls under provincial jurisdiction, which in this case would be the BC Provincial Government and the College of Physicians and Surgeons of British Columbia (CPSBC), which operates under provincial statute. Most of these stakeholders are members of the National Assessment Collaboration. There are other stakeholders that are immigrant-serving organizations (ISOs) like M.O.S.A.I.C. and S.U.C.C.E.S.S., which offer services and assistance to immigrants, including IMGs, pertaining to the process of foreign credential recognition.

### 2.4 Provincial Supports

The provincial government provides supports to immigrants, including IMGs, through WelcomeBC. WelcomeBC offers information about employment services, training and education, and skills assessment to immigrants (“WelcomeBC - Employment and Language Programs - WelcomeBC,” n.d.). There is also Health Match
BC, which is a health professional recruitment service funded by the BC government. It provides some guidance to physicians, including IMGs, through the licensing process, but focuses mostly on recruitment. Supports to IMGs are also delivered through ISOs in BC. For example, the Douglas College Training Centre provides services through its Career Paths program to IMGs. It is one of the few provincially funded programs which provides services specifically geared towards assisting international health professionals, including IMGs. Since 2017, Douglas College’s Career Path program has had 184 applicants with an IMG background, but has assisted 27 IMGs. They also work with the IMGs for up to 22 months, with a possible extension for 2 additional months. There is another similar program, Skills Connect program offered through S.U.C.C.E.S.S., but it is federally funded.

### 2.5 Federal Supports

Foreign credential recognition has been a priority for the federal government for the past decade. According to the most recent Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, the federal government and provincial governments have agreed to focus on credential recognition issues in terms of regulated industries (Forum of Labour Market Ministers (Canada), 2009). This Framework works to articulate a unified vision for governments to take deliberate actions for the economic integration of internationally-trained workers.

In addition, the federal government recently launched their Targeted Employment Strategy for Newcomers (TESN) in the 2017 federal budget. This new strategy entails pre-arrival services for immigrants, which include assistance in credential recognition and connecting with employers. Employment and Social Development Canada (ESDC) will work to develop a portal for immigrants to get their foreign-earned credentials assessed. There is also the implementation of a loan program which will provide immigrants financial assistance with loans for costs associated with training, skills upgrading, and licensing exams. The Foreign Credential Recognition Loans Program is based on a previous pilot program which ended in 2015. This funding program will be accessed through ISOs, which can partner with credit unions. The TESN is delivering its funding to BC mostly through ISOs, rather than directing it towards specific groups like IMGs. Some of the organizations that are offering the foreign credential recognition loan program in BC are S.U.C.C.E.S.S. and M.O.S.A.I.C. On the other hand, some of the
funding to other provinces for the TESN, have been focused on international health professionals in more targeted ways.

These have been good first steps in addressing some of the barriers to foreign credential recognition for IMGs. However, there are some significant shortcomings - largely due to the fact that the medical field is a regulated profession controlled by the provincial colleges. There is room for improvement in how funding, policies, and assistance programs are directed towards IMGs. There is also room to improve how such federal policies interface with policies and regulations of the professional organizations at the provincial level.
Chapter 3.

Structural Barriers to Foreign Credential Recognition for IMGs

Canada’s economic-based immigration system attracts highly educated professionals, including internationally trained medical doctors. The aging population and the shortage of doctors, especially shortages of general practitioners and physicians in rural Canada, means that the shortage cannot be entirely fulfilled without highly skilled newcomers joining this sector. IMGs emigrate to Canada, expecting to continue their medical career and anticipating a better life. But the likelihood of IMGs entering into the regulated practice of healthcare largely depends upon the accreditation process. As is enumerated below, the arduous process of credential recognition is often costly, time consuming, and lacks sufficient information for the applicant to navigate the complex process.

3.1 Financial Cost

Blain, Fortin, & Alvarez (2017) explored the trajectories of IMGs who migrated to Quebec and their experiences in the labor market, by conducting 31 semi-structured interviews with IMGs and 22 nondirective interviews with institutional actors. They noted that there is a lack of economic support to combat “the high financial cost associated with [the] ‘long journey’” of credential recognition (Blain et al., 2017, p. 239). The financial cost faced by IMGs can be particularly burdensome as they often have families to support and fulfill their immediate needs while getting their credentials assessed. In addition, Sharieff and Zakus (2006) conducted a study of 21 IMGs in Ontario, Canada. They found that the median percentage of annual income IMGs spent on their pursuit for licensure was 42%.

This meant “on average [IMGs] would need to give up 42% of their annual earnings just to complete the ‘first steps’” (Sharieff & Zakus, 2006, p.114). Moreover, Sharieff and Zakus (2006) noted that in general IMGs had limited financial resources and that the amount of resources they need is actually much greater than the

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3 Annual income is comprised of net family income in Canadian dollars from all sources.
amount of resources they utilized (Sharieff & Zakus, 2006). Therefore, IMGs’ limited financial resources negatively impacts their pursuit of licensing (Sharieff & Zakus, 2006).

### 3.2 Time Delays

Frank (2013) found that there is ‘social closure’ within Canada’s labour force where the “immigrants who seek higher-status occupations face more exclusionary practices when trying to obtain employment in their intended occupations than those seeking lower-status occupations” (Frank, 2013, p. 98). He argues that this could be partially due to foreign credential recognition processes or re-certifications of many high-status occupations which are often regulated, such as physicians. Frank (2013) noted that seeking employment in these areas is likely to take a longer time than those who are seeking employment in lower-status occupations (Frank, 2013, pp. 98–99). This extra time is often due to the need to “undergo additional testing and training to obtain a license or other types of official certification” (Frank, 2013, p. 98). Covell, Neiterman, and Bourgeault (2016) also found that that the foreign credential recognition process is often complicated, time-consuming, and costly. The researchers determined that the barrier of time is a particularly critical factor that determines the ability to recertify. The expert interviews further emphasized how the process for credential recognition is very lengthy, ranging from a year to even ten years.

### 3.3 Communication & Complexity

Another barrier faced by IMGs is navigating the complex field of credential recognition in Canada and the lack of information provided by licensing bodies, ISOs, and government. Blain, Fortin, & Alvarez (2017) found that the internationally trained medical graduates, who are not professors or researchers, face complicated processes. They observed that IMGs who had a ‘simple and quick journey’ were usually well-recognized specialists who were actively recruited by academic institutions and hospitals (Blain et al., 2017, p. 235). In their study, Blain and colleagues surveyed 31 IMGs in Quebec. They determined that 16 of their participants changed their careers in the beginning of their credential recognition process. This was attributed to the fact their hopes of being able to practice as a physician in Canada were negated by the “the arduousness, the complexity, and the advice received from institutional representatives
(immigration or employment) or from people in their social network” (Blain et al., 2017, p. 239). This finding, that the credential recognition process is complex and not clearly communicated, is supported by the findings of Kustec et al. (2007). Kustec et al. (2007) also established a lack of information to be a barrier for foreign credential recognition (Kustec, Thompson, & Xue, 2007).

### 3.4 Lack of Support

In their research, Blain, Fortin, & Alvarez (2017) found that the decision IMGs made regarding whether to proceed with the foreign credential recognition process or not, was reached through an ‘inner journey’ and not by consulting with any organizations or formal resources (Blain et al., 2017, p. 239). In addition, they determined that the services from immigrant-serving organizations were not always adapted to cater to the specific circumstance of highly qualified immigrants, like IMGs, despite the good intentions of the involved organizations (Blain et al., 2017, p. 243). They also discovered that IMGs, whose credentials are not easily recognized, find support from proximal and informal resources which includes their families or other IMGs (Blain et al., 2017, pp. 240 - 241). Furthermore, the one organization that all IMGs come into contact with, the College of Physicians and Surgeons of BC, only offers access to resources for IMGs after they become licensed, and that is well after they complete the foreign credential recognition process. Furthermore, the researchers found women to be more likely to face personal challenges in the face of adversity of the professional recognition process (Blain et al., 2017, p. 240).

These barriers must be addressed as these challenges to assessing foreign-earned credentials hinder the delivery of professional services, mitigate the maximum utilization of human resources and hamper the equitable and equal participation of highly skilled immigrants to Canada (Boyd, 2013, p. 186).
Chapter 4.

Methodology

This research is a qualitative study, drawing on a social justice framework, and thus focused on addressing the need for equitable and accessible participation of IMGs in the foreign credential recognition process. The study draws on multiple case studies to determine practices used to assess and recognize foreign-earned credentials. Specifically, an explanatory multiple-case study method has been chosen to answer the “how” and ‘why’ questions of the foreign credential recognition process for IMGs and the different outcomes in several countries, in accordance with Yin (2011). Specifically, an explanatory multiple-case study method was chosen to answer the “how” and ‘why’ questions of the foreign credential recognition process for IMGs and the different outcomes in several countries (Yin, 2011). In addition, employing a case study methodology assisted in uncovering the contextual conditions of the three chosen countries’ foreign credential recognition programs. A jurisdictional scan and library research were conducted to collect information for each case.

Semi-structured interviews were also used to further the case study findings and to inform the design and evaluation of potential policy options. This is discussed in greater detail in chapter 6.

4.1 Social Justice Framework

A social justice framework was used to assess and rectify the inequity and inaccessibility of the foreign credential recognition process for IMGs, which result from structural barriers. This study takes into consideration the unequal relationships and the implications they have on IMGs. For one, an IMG’s gender and country of origin could impact their degree of access to the medical occupation. As such, I used promising practices to assess the case studies, in order to resolve the differentials in access to social and institutional power (Sensoy & DiAngelo, 2009). These practices would empower the targeted individuals, IMGs, thereby making foreign credential recognition more equitable and accessible (Mehra, Albright, & Rioux, 2006). Furthermore, social justice principles were integrated into different aspects of this capstone’s qualitative
research. In the development and preparation phase, potential benefits and negative consequences of research were considered (Lyons et al., 2013). In addition, respectful and ethical interviews were conducted during data collection to ensure equity and harmony (Lyons et al., 2013). The use of participant quotes and member checks further improved the trustworthiness of the data analysis and interpretation, to guarantee access and participation (Lyons et al., 2013).

### 4.2 Case Study Selection

The three jurisdictions that were chosen for case study analysis are Oslo, Norway, Uppland, Sweden, and California, US. These countries and their respective county, province, and state have been selected based on their reputation for efficient foreign credential recognition processes.

First, the overqualification rate is one measure that indicates the efficiency of the case studies' foreign credential recognition processes. Two instances of overqualification rates are used. The overqualification rates for all workers are stated first. In this instance, overqualification rate is expressed as the percentage, or the share, of the total number of workers who are skilled or educated beyond what is necessary for their occupation. Specifically, if their education level is higher than that required by their job, workers are classified as over-qualified. Next, the overqualification rates of foreign-born populations in the case study countries are also outlined. This shows the proportions of persons born abroad who are over-qualified. The selected countries all have lower overqualification rates than Canada, in both instances. Overqualification can be attributed to foreign credential recognition as the lower return to foreign qualification is still observed even after accounting for the differences in education systems (OECD/European Union, 2014). A 2017 OECD report for OECD countries also indicates how the observed difference in over-qualification rates between foreign-born and native-born were "significantly lower for immigrants who had applied for recognition" (OECD, 2017). Second, although data on the number of foreign trained workers applying for credential recognition is not available for all countries, there is data available for EU countries. The 2008 Eurostat Labour Force Survey indicates Sweden and Norway have the highest rate for obtaining recognition statements by foreign-born workers with foreign tertiary education qualification and have two of the three highest rates for foreign-born
workers with foreign tertiary education qualification applying for recognition (OECD, 2017).

The percentage of internationally-trained doctors among doctors in these three countries is higher than in Canada, while the stock of foreign-trained doctors in two of the three countries is lower. In addition, the annual inflow of internationally-trained doctors per capital in these three countries are similar. They also have relatively similar immigration systems, selecting IMGs through either a points-based system or on an employment basis. These three countries also all have recognized doctor shortages; however, the extent of ‘brain drain’ varies among them. Most pertinently, these countries have structurally more efficient foreign credential recognition systems for IMGs which allows IMGs to have greater access to the re-certification and licensure process.

Table 1. Overview of Cases

<table>
<thead>
<tr>
<th></th>
<th>BC, Canada</th>
<th>Uppland, Sweden</th>
<th>Oslo, Norway</th>
<th>California, US</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Foreign-Trained Doctors (2015)</td>
<td>24%</td>
<td>28%</td>
<td>38%</td>
<td>25%</td>
</tr>
<tr>
<td>Stock of Foreign-Trained Doctors (2015)</td>
<td>22866</td>
<td>11715</td>
<td>8659</td>
<td>213485</td>
</tr>
<tr>
<td>Annual Inflow of Foreign-Trained Doctors (2015)</td>
<td>2836</td>
<td>891</td>
<td>1281</td>
<td>6594</td>
</tr>
<tr>
<td>Overqualification Rate of All Workers (2016)</td>
<td>16.2%</td>
<td>14.6%</td>
<td>12.3%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Overqualification Rate of Foreign-Born Workers (2003)</td>
<td>25%</td>
<td>16%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>% of Foreign-Educated Workers Applying for Recognition (2008)</td>
<td>N/A</td>
<td>49%</td>
<td>83%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
4.3 Evaluation Framework

The evaluation criteria considered multiple aspects of the credential assessment process' structure: support, coherence and communication, information and transparency, timeliness, internal review, and working with other jurisdictions. These promising practices have been demonstrated to ease the foreign credential recognition process for immigrants, including IMGs, by reducing structural barriers.

The characteristics of each aspect are based on the literature review, regulator best practices from WelcomeBC, Government of Canada’s Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, various provincial fairness commissioner reports, and OECD ‘lessons’.
<table>
<thead>
<tr>
<th>Promising Practice</th>
<th>Characteristics</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Outreach and mentorship programs</td>
<td>Are there outreach and mentorship programs?</td>
</tr>
<tr>
<td></td>
<td>Online application tracking system</td>
<td>Is there an online application tracking system where applicants are kept informed of their progress through the assessment process?</td>
</tr>
<tr>
<td>Coherence and Communication</td>
<td>Level of standardization and consistency</td>
<td>What is the level of standardization and consistency across different stakeholders, mainly the different levels of government and regulatory bodies, in providing information?</td>
</tr>
<tr>
<td></td>
<td>One-stop shops</td>
<td>Are there one-stop shops for assessment of foreign qualifications?</td>
</tr>
<tr>
<td>Information and Transparency</td>
<td>Level of ease in accessing information</td>
<td>What is the level of ease and accessibility in locating, navigating, and comprehending the required information for the credential assessment process?</td>
</tr>
<tr>
<td></td>
<td>Legal right</td>
<td>Is there a legal right to an assessment of formal foreign qualifications?</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Duration of assessment</td>
<td>What is the length of time it takes to complete the credential assessment process?</td>
</tr>
<tr>
<td></td>
<td>Statutory processing times</td>
<td>What is the statutory processing times for assessment of foreign qualifications?</td>
</tr>
<tr>
<td></td>
<td>Prior to arrival assessment</td>
<td>Is there prior to arrival assessment of foreign qualifications?</td>
</tr>
<tr>
<td>Internal Review</td>
<td>Internal review processes</td>
<td>Has a review been conducted of decision-making timelines and processes, including what areas of certification, licensing or registration internationally trained applicants are struggling with, in order to streamline assessment steps?</td>
</tr>
<tr>
<td>Working With Other Jurisdictions</td>
<td>Level of participation from different level of government</td>
<td>What is the level of participation from different levels of government in regulatory bodies for the assessment of foreign-earned credentials, including funding, authority, processing, etc.?</td>
</tr>
<tr>
<td></td>
<td>Employer involvement</td>
<td>Is there employer involvement in the recognition procedure of foreign qualifications?</td>
</tr>
<tr>
<td></td>
<td>Partnerships with other jurisdictions</td>
<td>Are partnerships in place with other jurisdictions to share information on credential assessment outcomes for international institutions?</td>
</tr>
</tbody>
</table>
4.4 Limitations

There is lack of data on IMGs’ experience with economic integration, including the process of foreign credential recognition. In addition, the data on the labour market outcomes of IMGs is outdated. The labour market outcomes, such as job-match rates, were based on the 2006 census. There is a lack of breakdowns that would reveal a more complete picture of IMG trends in terms of their experience with different aspects of the foreign credential recognition process. In addition, there is little data on the individual steps associated with licensure for IMGs, including the step for credential assessment and recognition.
Chapter 5.

Case Study Analysis

The analysis is done for each measure of the promising practice across the selected cases. A summary of the major findings is presented in Table 3. This allows for the identification of commonly used promising practices.

Table 3. Summary of Findings

<table>
<thead>
<tr>
<th>Promising Practice</th>
<th>Characteristics</th>
<th>Sweden</th>
<th>Norway</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Outreach and mentorship programs</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Online application tracking system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Coherence and Communication</td>
<td>Level of standardization and consistency</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>One-stop shops</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Information and Transparency</td>
<td>Level of ease in accessing information</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Legal right</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Duration of assessment</td>
<td>60 days</td>
<td>120 – 150 days</td>
<td>150 days</td>
</tr>
<tr>
<td></td>
<td>Statutory processing times</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Prior to arrival assessment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Internal Review</td>
<td>Internal review processes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Working with Other Jurisdictions</td>
<td>Level of participation from different level of government</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Employer involvement</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Partnerships with other jurisdictions</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
5.1 Support Services

5.1.1. Outreach and Mentorship Programs

Sweden and Norway do not have outreach and mentorship programs to assist IMGs in getting their foreign earned credentials assessed. Although Norway and Sweden do have other non-governmental organizations that offer assistance in the resettlement of immigrants, there is less focus on the re-certification of international health professionals in particular. This could arguably be because the efficiency of the credential assessment process has not rendered the services of a program targeting international health professionals, necessary.

However, the US does have several private, public, and non-profit initiatives and programs that support the retraining of IMGs. In California, there are several programs such as the Welcome Back Initiative (WBI) which provides retraining for immigrant health professionals (“Welcome Back Initiative,” n.d.). In terms of the credential recognition process, WBI provides support to international health professionals, including IMGs, in “obtaining the appropriate professional credentials and licenses for their health professions” (“Welcome Back Initiative,” n.d.). It is important to note that educational case managers at WBI conduct an assessment of the professional’s education and experience from their country of origin, the goals of the professional, the steps they have taken towards these goals, and the barriers they have faced in the process. Other similar programs found in California are Upwardly Global and Area Health Education Centre. The former is a non-profit and the latter is a federally subsidized agency which help “foreign health professionals navigate the complexities of recertification” (Rabben, 2013, p. 9). But for the most part, these programs are limited in their impact due to limited resources and subsequent small scale (Rabben, 2013, p. 8).

5.1.2. Online Tracking System

All three countries have online tracking systems, some more effective than others. Sweden has a centralized, one-step assessment process for IMGs where the applicant is updated when the application is deemed completed and when the assessment has been completed. For California – and for all other states in the US – credential assessment is a two-step process where applicants first submit their
credentials to the Education Commission for Foreign Medical Graduates (ECFMG), an independent, non-profit credentialing body, and then to the California Medical Board (CMB), the state licensing authority. An online tracking system is used for the verification component of the assessment process, which is conducted through ECFMG, however online tracking is available to a lesser extent for the latter half of the assessment process with the CMB. Similarly, Norway also uses ECFMG. IMGs in Norway, who completed their medical education outside of the EU or EEA, apply to the Electronic Portfolio of International Credentials (EPIC), which is a service of the ECFMG. After getting their credentials verified by EPIC, the credentials are evaluated by the Norwegian Directorate of Health. There are online tracking systems with both parts of the assessment process.

5.2. Coherence and Communication

5.2.1. Standardization & Consistency Across Actors

The way actors communicate information should be consistent and not disaggregated in order to be effective. Sweden scores ‘high’ in terms of the level of standardization and consistency in their communication of information to IMGs. This is due to there being one body regulating the medical profession in Sweden, which is the National Board of Health and Welfare. As such communication is aggregated in one channel, providing more consistency in the relay of information to IMGs. Next, Norway and the US both score a ‘medium’ in the level of standardization and consistency in their communication of information. In Norway, communication to IMGs is disaggregated between ECFMG and the Norwegian Directorate of Health where the former gives information about verification and the latter about evaluation. There are links on either site which allow IMGs to easily navigate between the two sources. Similarly, information for credential recognition of IMGs is delivered mostly by ECFMG in the US. The state licensing board, California Medical Board, also provides information on the evaluation component of the foreign credential recognition process for IMGs. There are also the additional stakeholders of the American Medical Association and the American College of Physicians. And to a great extent, they do an adequate job of providing information consistent with ECFMG and the state licensure boards, and directing IMGs to either of these sources.
5.2.2. One-Stop Shops

Foreign credential recognition processes can be opaque and difficult to navigate. As such, ‘one stop shops’ offer multiple services in one place thereby reducing the complexity as IMGs navigate the assessment processes (OECD, 2017). Furthermore, ‘one-stop shops’ help to improve the accessibility and mitigate structural barriers. All three cases have ‘one-stop shops’ that facilitate information and applications. Sweden created the Swedish Council for Higher Education in 2013 to serve as a one-stop shop for all types of degrees, in non-regulated occupations (OECD, 2017, p. 28). The result of this institutional reorganization has been that in 2014 the then new agency received the “highest number of requests for assessments of foreign qualifications that had ever been recorded in the country” (OECD, 2017, p. 28). Similarly, Sweden’s National Board of Health and Welfare is the ‘one-stop shop’ that deals with medical degrees of IMGs. This helps to improve the accessibility and mitigate structural barriers. In Norway, the Norwegian Agency for Quality Assurance has the responsibility for evaluating all types of qualification and the ECFMG, specifically EPIC, is the ‘one-stop shop’ for applying for the assessment of foreign qualifications for applicants who attained their medical education outside of the EU and EEA. It lives up to its ‘one-stop shop’ claim as reports for verified credentials are automatically shared with the Directorate. In the US, there is a similar process as ECFMG also functions as a ‘one-stop shop’ for credential verification for IMGs in US. The ECFMG is the first one-stop shop for verification, as the ECFMG automatically sends reports for verified credentials to the chosen state licensure board for further evaluation. The ECMFG provides further information and assistance programs for IMGs such as free career planning resources for physicians pursuing ECFMG Certification.

5.3. Information and Transparency

5.3.1. Level of Ease and Access to Information

Having the foreign credential recognition process be transparent is crucial to the accessibility of the information and the process at large. Firstly, Sweden scores a ‘high’ in the level of ease in locating the required information for the credential assessment process, in addition to the level of accessibility and comprehensibility of this information. The information is readily available on the websites of Swedish Council for Higher
Education (UHR), the body that processes and coordinates admissions to most higher education courses and programs. As such, the UHR is usually the first point of contact for IMGs applicants looking to get their credentials recognized. Having information about the medical profession available on UHR’s website, makes it easy for the user to navigate and access the National Board of Health and Welfare’s website, which is the body that is actually responsible for credential evaluation of IMGs. Information is also readily available on the National Board of Health and Welfare’s website. That information is also available in multiple languages. This allows for greater ease and accessibility. Consequently, Sweden receives a ‘high’ for this measure.

In similar fashion, Norway has much of its information plainly laid out, in understandable terms, on the website of the Norwegian Directorate of Health. There are also links to the EPIC website which further provides details on how their end of the process feeds into the Norwegian Directorate of Health’s process as a whole. Thus, Norway is assigned a ‘high’ for this measure. The US also delivers most of its information through ECFMG, and ECFMG does an adequate job of being transparent with its process, the time it takes, fees, and the responsibilities on either party. CMB, on the other hand, does a less transparent job of communicating the pertinent information to IMGs. Therefore, US receives a ‘medium’ for this measure.

**5.3.2. Legal Right**

Although recognition procedures have been established in most countries, not everywhere do all immigrants have access to them. Therefore, the establishment of a universal right to assessment of foreign credentials would open up recognition procedures to all immigrants, including IMGs (OECD, 2017, p. 12). The right to an assessment of foreign credential is usually derived from international acts, such as the “Directive 2013/55/EU of the European Parliament and the Council of 20 November 2013 on the Recognition of Professional Qualifications” (OECD, 2017, p. 12). However, this directive is limited to the recognition of regulated foreign qualifications among EU and EEA member countries. Another common legal source is the Lisbon Recognition Convention which “establishes a right to an assessment of higher education that was obtained in one of the signatory countries or is held by refugees” (OECD, 2017, p. 13).
As such, there is an established legal right to an assessment of foreign qualifications in Norway due to the aforementioned EU Directive 2013/55/EU, the Lisbon Recognition Convention and the Norwegian Act relating to Universities and University Colleges. Sweden also has an established legal right due to the EU Directive 2013/55/EU and the Lisbon Recognition Convention. However, it should be noted that there are limitations to the legal rights established in these countries as the legal right is usually reserved for the signatory countries, such as other members of the EU and EEA. The US does not have an established legal right to the assessment of a foreign credential.

5.4. **Timeliness**

5.4.1. **Duration of Assessment**

It is important that recognition procedures are timely as the earlier that IMGs can get their foreign qualifications assessed and recognized, the sooner they can enter the labour market. Because where recognition procedures take too long, IMGs stay out of employment or are overqualified (OECD, 2017). This can have “scarring effects and depreciation of their professional skills” (OECD, 2017, p. 19). The length of time it takes to complete the credential assessment process can vary according to how many bodies and agencies are involved in the credential assessment process and how long it takes for the applicant’s awarding institution to respond to the body that is responsible for verification and evaluation of the credential.

The National Board of Health and Welfare in Sweden usually takes about two months from the time the application is complete. However, the waiting period could be longer during periods of high volume of applications (“National Board of Health and Welfare”, n.d.). Norway takes somewhat longer, with the credential assessment process taking from 120 days to 150 days through EPIC and the Norwegian Directorate of Health, collectively. Similarly, US also takes about 150 days for the credential assessment process. The length of time ECFMG takes can be a few hours to never. It really depends on several factors, most importantly the time it takes for the awarding institution to respond to ECFMG. Usually, most schools respond within 90 days (“ECFMG | Programs Overview,” n.d.). Afterwards, it takes a further 60 days with CMB.
5.4.2. Statutory Processing Times

Several countries have taken actions to expedite the assessment process, including the step to establish statutory processing times for the assessment of foreign credentials. For European OECD countries, maximum admissible processing times fixed in legislation are usually derived from the Directive 2013/55/EU on the Recognition of Professional Qualifications and the Lisbon recognition Convention (OECD, 2017, p. 19). For one, in Sweden there is statutory processing times of “90 to 120 days for professional qualifications covered by the EU Professional Qualifications Directive [and] 120 days for higher education credentials covered by the Lisbon Recognition Convention” (OECD, 2017, p.23). However, these statutory processing times are applicable to certain countries. Secondly, Norway does have statutory processing times for the assessment of foreign qualifications which is 30 to 120 days, depending on the type of recognition (OECD, 2017, p. 23). However, credential assessment for IMGs is not covered under this legislation. Nevertheless, credentials for IMGs are usually processed within the timeframe of 120 days, in Norway. The US does not have statutory processing times.

5.4.3. Prior to Arrival Assessment

Prior to arrival recognition can be important in regulated occupations if recruitment of foreign workers is a part of addressing the problem of skill shortages, which is arguably the case with doctors and IMGs in Canada (OECD, 2017, p. 19). With prior to arrival assessment, skills can be activated without delay, “which fastens labour market integration of new labour migrants” (OECD, 2017, p. 20.) Furthermore, if IMGs fail to get full recognition before arrival, they can “invest in targeted additional training or work experience to obtain critical missing skills, before reapplying for recognition at a later point” (OECD, 2017, p. 20). All three countries provide the option for pre-arrival assessment. Sweden provides opportunity to assess credentials through the National Board of Health and Welfare. Norway also provides the possibility to access prior to arrival assessment of foreign credentials, particularly through ECFMG with the verification phases of the assessment process. Similarly, in the US, pre-arrival assessment can commence through ECFMG.
5.5. **Internal Review**

5.5.1. **Internal Review and Data Collection**

Internal reviews can involve supporting regulatory body-focused reviews and assisting in the continuous improvement of foreign credential recognition process. Internal reviews can also involve enabling annual or periodical reporting on assessment outcomes and timelines and if the requirements are relevant and necessary. A thorough search of the publicly available literature suggests that the National Board of Health in Sweden does not conduct formalized, periodical internal reviews as part of their established process. Although the National Board of Health does maintain data register and collect data on general health care statistics, it does not do so for the re-certification of IMGs. On the other hand, ECFMG, which both Norway and the US employ for the verification part of the assessment process, does conduct a type of review. ECFMG, through their non-profit foundation, Foundation for Advancement of International Medical Education and Research (FAIMER), collects data on medical education in other countries and conducts research on physician migration and US physician workforce issues. However, available research indicates that CMB does not conduct internal reviews as they pertain to recertification for IMGs. Similarly, the Norwegian Directorate of Health does not appear to conduct regular, formalized internal review processes or collect data as it specifically relates to IMGs’ re-certification.

5.6. **Working with Other Jurisdictions**

5.6.1. **Level of Participation from Different Level of Government**

Cross-jurisdictional partnerships, both internationally and across provinces and states, can assist in the improvement of foreign credential recognition outcomes by government and stakeholders working to share best practices and information in order to create ongoing improvement and national standards (Employment and Social Development Canada, 2015). In Sweden, there is a high level of participation of the government in the agency responsible for the credential assessment of IMGs, that is the National Board of Health. This is mainly due to the institutional set up of the system and process. The National Board of Health is a government agency under the Ministry of Health and Social Affairs. As such, the Minister provides direction and funding to the
National Board of Health, including for IMGs and their credential assessments. Therefore, Sweden scores ‘high’ for this measure. Similarly, in Norway, the Norwegian Directorate of Health also takes guidance from Ministry of Health and Care Services, in accordance with the guidelines that the ministry issues in its annual letter of allocation and in other steering documents (Ministry of Health and Care Services, 2006). Therefore, Norway scores ‘high’ in this measure as well. The US case study is a different case as it is obviously a federal system. As such, CMB is a state agency and regulates physicians, including IMGs, through the Medical Practice Act. The Medical Practice Act is a state level piece of legislation. Conversely, although the federal government has input on the healthcare system as a whole, the level of federal participation is limited for the state bodies that are actually directly responsible for IMGs. As such, it receives a ‘medium’ for this measure.

5.6.2. Employer Involvement

Employers and regulatory bodies are key stakeholders in the recognition process. There is no employer involvement in the foreign credential recognition process in Sweden or Norway. However, there is employer involvement in the US. Employers in the US, mainly hospitals and research institutes, can be involved in the credential assessment process which is facilitated by ECFMG. IMGs can allow ECFMG to share their credential verification reports with the medical schools, hospitals, residence/fellowship programs, and other organizations.

5.6.3. Partnerships with Other Jurisdictions

By establishing partnerships and networks for the transnational “exchange of insights, evaluations of foreign degrees and educational institution, research findings, and examples of good practice,” there is potential to benefit from other’s experiences (OECD, 2017, p. 71). Sweden and Norway are both members of the National Academic Recognition Information Centres (NARIC) network. This allows for them to provide and obtain advice and information concerning foreign education systems and foreign-earned credentials (“Enic-Naric,” n.d.). The US itself does not have partnerships or belong to a network for the issue of recognition. However, ECFMG, a significant actor in the assessment process for IMGs, has its own network, GEMx. Although GEMx advances international educational exchange in medicine and the health professions, it does not
offer or share information about the education systems and resultant credentials from the participatory countries.

5.7. **Analysis of Key Findings**

As shown in Table 3, the analysis uncovers that most of the different best practices are present in all three cases to varying extents. First, all three countries offer some form of support to IMGs with foreign credential recognition, including an online application tracking system to assist the IMGs in staying updated. California, US offers the additional support of having outreach and mentorship programs. Secondly, all three cases do quite well in having consistency and coherence in the communication of information to IMGs through one-stop shops. Thirdly, and in relation to the previous best practice, each case has the requirements and the methods for assessment clearly outlined and reasonably accessible to IMGs. Fourth, each case has prior to arrival assessments and the time frame for the credential recognition process for all three cases ranging from 60 to 150 days. Fifth, the analysis uncovered that Norway and the US both have internal reviews for their assessment process, through ECFMG. Lastly, all three countries work with other entities, domestically and internationally.

All five of these best practices are present in BC, Canada. Most of the characteristics are also present with the exception of legal right, statutory processing times, and internal review processes. However, the best practices present in BC vary in their extent, availability, and suitability for IMGs. Therefore, there are multiple things to be learned from these case studies as to how to better target these best practices towards IMGs. Firstly, there are general support services for immigrants as mentioned in sections 2.3 and 2.4. But, few, if any, are targeted towards IMGs and there is also the issue of limited resources. The case study of California, US demonstrated the importance of providing targeted support services in a foreign credential recognition system that is less standardized and not unitary. The US case further showed how to establish and provide services specifically geared towards IMGs which allows for more accessible and effective foreign credential recognition. Secondly, BC also lacks any formal type of internal review processes for the assessment procedures at both levels, federally with the Medical Council of Canada (MCC) and provincially with the College of Physicians and Surgeons in BC (CPSBC). Most of the data that is collected, refers to the national level. This leads to the lack of information and data regarding IMGs and their
licensure process at the provincial level. This makes it difficult to pinpoint the difficulties for the assessment process as a whole. The case studies of Norway and US present different methods of collecting data and conducting continuous improvement exercises for the credential assessment process, which are currently missing from the BC and Canadian context. Third, there is the next issue of timeliness, with pre-arrival services not living up to their name. Although pre-arrival services are present in BC and Canada, they do not sufficiently prepare IMGs and have a significant enough impact on the timeliness of the assessment process for IMGs. All three case studies teach more effective ways, than are presently available in BC, of delivering pre-arrival services such as rigorously encouraging the assessment of credentials before arrival, in addition to minimizing the duration of assessment after arrival.
Chapter 6.

Semi-structured Interviews

Semi-structured interviews were used to provide evidence, test the validity of the case study findings by confirming the use of promising practices, and provide insight from different stakeholders and experts on the effectiveness of different programs and components of foreign credential recognition. These stakeholder and expert interviews were also used to evaluate the results of the 2004 Taskforce on the Licensure of International Medical Graduates. Five key stakeholders and experts, representing the areas of credential assessment, regulatory occupations, professional associations, and immigrant serving organizations (ISOs), were interviewed. Most of these interviewees were chosen for their BC expertise, but there was representation from the national level as well. The following are the key themes that emerged from interviews.

6.1. Continuous Improvement and Learning

Continuous improvement is the ongoing effort to streamline and improve services or processes, through major or incremental actions (Bessant & Francis, 1999). In addition, continuous improvement and learning is accompanied by a process of monitoring and measurement (Bessant & Francis, 1999). As such, this practice was a recurring theme throughout the interviews. For example, a respondent from a regulated occupation discussed how they regularly evaluate their process and their criteria with which they assess credentials. Currently, they are “leading a national project to investigate the requirement for one year of experience in a Canadian environment… [and] are working on identifying exactly what [they] expect of applicants during this one year and alternate ways of proving that these requirements have been met.” That respondent further mentioned how they share information and best practices with other provinces. Another respondent from the credential assessment sector also explained how they conduct periodic internal reviews. Although regularized internal reviews were not found in the case studies in section 6, the concept of continuous improvement and learning was consistent in the different cases as well.
6.2. 2004 Taskforce on the Licensure of IMGs

The respondent from the medical field emphasized that they did not and do not assess the impacts of the 2004 Taskforce. But a respondent from an ISO pointed out that IMGs in BC find the recommendations from the 2004 Taskforce, such as the Physicians Credentials Repository, have resulted in “greater transparency and ease.” These improvements have been further built and improved upon through the more recent updates such as the one-stop shop, physicianapply.ca. This movement towards centralization of credential assessment has been increasingly supported by IMGs in BC, according to a respondent from an ISO. However, that respondent also noted that there is still the burden of “high fees and not enough resources to cover them.”

Furthermore, according to one of the ISO respondents, IMGs in BC still face the challenge of delays which, when compounded with the previous challenge of fees, can hurt their chances of completing their credential assessment. It is important to note that women have a higher tendency to face this problem in some instances according to several respondents and literature (Houle & Yssaad, 2010). Because, delays can often occur due to additional “time being spent on name clarification.” This is especially the case for women due to “name changes between their maiden name and married name.” In addition, IMGs still face confusion as to which assessment body to go to. An ISO respondent gave an example of how “sometimes IMGs in BC go to ICES first,” even though that credential assessment will not have any bearing in their recertification as a physician in BC. Therefore, although the 2004 Taskforce and its recommendations have spurred improvement, there is more that can be done to mitigate the residual structural barriers in BC.

6.3. Pre-arrival Services and Information

Pre-arrival services and information were singled out as requiring improvement, both overall in Canada and in BC. For one, the respondent from the medical field noted that pre-arrival services on the Government of Canada are due for an update. That respondent further stated that there “needs to be greater sort of awareness of what’s required” in credential assessment procedure and “it’s the licensing authorities that need to have” that responsibility. However, there is the issue of limited resources and capacity
of provincial colleges, which in this case is CPSBC. Consequently, there could be a role for the BC government, with support from the federal government, to assist CPSBC.

On the other hand, respondents from an ISO had pointed out the limited use of pre-arrival services for IMGs in BC. Prior to departure, immigrants, including IMGs, are “very overwhelmed” and they tend to focus on other things like “documents, tickets, family, and place to live” rather than things like credential assessment. They also mentioned how even though information could be provided “at the pre-landing point, they may not be able to understand [it]… Because the… terminology [and] the jargon that [is used is] all in a Canadian context.”

6.4. Coordination Within a Multi-faceted System

There are different actors at different levels of government involved in the foreign credential recognition process for IMGs. As such, each actor relays certain information through their own method. In correlation, IMGs receive varying information to varying extents. Consequently, several respondents express the need to “readjust and readapt expectations” for IMGs at the national level. All respondents discussed a disconnect between the expectations of IMGs, what they’ve heard, and what they actually experience. For example, the respondents from ISOs describe how IMGs hear that “there is a shortage of doctors in Canada.” However, they go on to explain that upon arrival IMGs see that even after “completing all the [exams, assessments, and other steps,] there is no guarantee that they will get a job or be licensed as a doctor.”

Therefore, the respondents noted that pre-arrival information is “not as adequate” as it should be. Moreover, all the interviews emphasized the importance of just not simply having more information, but having “better, more credible information.” This can entail clarifying official sources of information more effectively and communicating the required information in a more cohesive, less disaggregated way at the provincial and national level.

In fact, respondents from an ISO mentioned that it is “why [IMG] really need support from ISOs like [theirs] or maybe some other service provider – to give them a hand [and] to help them navigate the system.” The promising practice of working with other jurisdictions, as evaluated by the case studies, is similarly followed by other regulated occupations. For one, the respondent from a regulated occupation stated how
they offer pre-arrival assessment in certain countries and offer outreach services to help them determine “the best route forward for applicants.” In addition, they have “a mentoring program that [applicants] can apply for. [They] also have an employment centre and both members and applicants are able to post an ad that tells potential employers that they are available for employment.” This not only assists in providing financial support but guidance through the credential assessment process as well. Furthermore, international coordination is key in various ways as confirmed by several respondents from the credential assessment and regulation occupations sectors. The respondent from the regulated occupation sector confirmed that the time it take to get a credential assessed can be lengthened due to delays with the time “it takes for the applicant to get their transcripts sent to [them] from the university.”

6.5. Support Services but Limited Resources

Services received through ISOs and other sources, such as social networks, are important resources. These services can come in the form of action plans, career coaching, funding, and advice regarding the re-certification process, including credential assessment. These were some of the services outlined by the respondents from ISOs. However, the respondents from ISOs also mentioned that they have difficulties in terms of capacity. ISOs in BC are often unable to assist all the IMGs that come to them due to limited resources. Benefits from greater funding, to both IMGs and ISOs, would include alleviated financial burden, increased resources for information and guidance, and support for greater number of IMGs in BC. The respondents expressed the great need and potential for more funding, especially specific initiatives geared towards international health professionals in BC. All of the respondents pointed to the extremely high cost of foreign credential recognition and licensure for IMGs, usually which IMGs are not able to bear on their own. The respondents from ISOs discussed the occurrence of ‘survival jobs’ that IMGs under take in BC as well. IMGs do these ‘survival jobs’ to support themselves, their families, and the cost that accompanies the foreign credential recognition process.

Furthermore, respondents from an ISO conveyed the “need [for] something more long term to support [IMGs]” in terms of support services in BC. Because right now, contracts for services provided to IMGs by ISOs in BC are “maybe like three years, four years. But… medical cases could take longer than that. So, programming or the support
service have to be extended to feed into [and] to extract the needs of this particular group.” They also noted how support services could be extended to include amenities beyond “the financial part.” They went on to further explain how, for the 2012 pilot Foreign Credential Recognition (FCR) Loan program, they had served cumulatively 66 internationally trained medical doctors. This made up of approximately 12% to 13% of total applicants for the 2012 pilot FCR Loan program. They further stated “40% of [these internationally trained medical doctor applicants] already completed their licensing process, and 28% of them already are in, what [they] call, candidate field, and 12% of them are working in related field.” A respondent from an ISO correspondingly said that the current services and funding provided “[are] not enough. There is still some major challenges for IMGs.” Additional types of support services were reviewed by other stakeholders and experts. The respondent from a regulated occupation discussed how they have “developed online training to help applicants understand what is expected of engineers and geoscientists in Canada and are investigating how this tool can be used in conjunction with other documentation as an alternate to physically working in Canada.” They described how increased resources and funding would help expedite the assessment process and increase capacity for them as well.

6.6. Importance of Data

The practice of research and collection of data was present in all three case studies, as shown in chapter 5. However, the data collected in the case studies was not directly related to the re-certification process of IMGs specifically. Similarly, BC and Canada do collect data on IMGs in terms of re-certification. The 2004 Taskforce had led to the development of the National IMG Database, which is housed in the Canadian Post-MD Education Registry (CAPER). But there is more focus on certain stages of the licensure process, and not on the re-certification process as a whole. Furthermore, the respondent from the medical field mentioned that the provincial colleges “should be able to do [identify and record the number of IMGs applying and whether their application for a licensing what’s successful or not] and… [they] really should be keeping track of the number.” In addition, that respondent further discussed how they were not aware of any entity, in BC or Canada that has information on IMGs, with regards to specifics of the re-certification process and completion rates, in Canada. This illuminates the dearth of data on IMGs, specifically for their recertification process. Considering the significance of
IMGs’ contribution to the physician supply in Canada and the complexity of the recertification process, this is an important point.

In terms of other regulated occupations, the respondent from a regulated occupation stated that they collect “all sorts of metrics” in terms of collecting data. They collect data for applicants’ country of origin, percentage of international applicants versus the percentage of local applicants, and other similar statistics. Another respondent from the credential assessment sector also explained how they are “constantly looking at changes in other education systems, in schools, and other countries. [They] try [their] best to stay abreast with all different updates for education systems to see how they impact [their] database.” To accomplish this, they facilitate this data collection and information sharing through international partnerships like the European Network of Information Centre and National Academic Recognition Information Centres Networks (ENIC-NARIC) and the Canadian Information Centre for International Credentials (CICIC).
Chapter 7.

Policy Objectives, Criteria, and Options

7.1. Evaluation Criteria

Criteria are employed to evaluate policy options to determine the best option for mitigating the structural barriers for the credential assessment process of IMGs. The criteria include: effectiveness, equity, cost, administrative complexity, and stakeholder acceptance. They are measured with scores ranging from 1 to 3, with 1 being the lowest and 3 the highest. Effectiveness has several measures, with each one corresponding to the aspects of accessibility, duration, and completion for the credential assessment process. These are each given equal amount of weight thereby giving the criteria of effectiveness greater weight. The importance given to this criterion is fair, considering it is the ultimate goal for these purposed policy options and it directly reflects the impact of the policy options on structural barriers. Stakeholder acceptance has two measures. However, the total score for this criterion is divided by two. Therefore, stakeholder acceptance is worth the same as equity, cost, and administrative ease. The policy options are ranked, based on their performance with each criterion. Total for the scores are calculated for each policy option, with the highest score showing the highest-ranking policy. A summary of the criteria and measures is presented in Table 4.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Definition</th>
<th>Measure</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
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<tr>
<td>Mitigation of structural barriers</td>
<td>Impact on accessibility of the foreign credential recognition process</td>
<td>Expected impact</td>
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<td></td>
<td></td>
<td>High impact</td>
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<td>Medium impact</td>
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<td>Low/no impact</td>
<td>1</td>
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<tr>
<td>Impact on timeliness</td>
<td>Expected impact</td>
<td>High impact</td>
<td>3</td>
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<tr>
<td></td>
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<td>Medium impact</td>
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<tr>
<td></td>
<td></td>
<td>Low/no impact</td>
<td>1</td>
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<tr>
<td>Does the policy directly or indirectly assist IMGs to finish the foreign credential recognition process?</td>
<td>Type of impact on employment</td>
<td>Direct impact and ongoing support</td>
<td>3</td>
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<tr>
<td></td>
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<td>Indirect impact and ongoing support</td>
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<td></td>
<td></td>
<td>Indirect impact and one-time support</td>
<td>1</td>
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<tr>
<td><strong>Equity</strong></td>
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<td>Helpfulness of the policy for all IMGs</td>
<td>Does the policy help all IMGs or just some?</td>
<td>Helpful to all and targeted to all</td>
<td>3</td>
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<tr>
<td></td>
<td></td>
<td>Helpful to some but targeted to all</td>
<td>2</td>
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<td></td>
<td></td>
<td>Helpful/targeted to only a subset</td>
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<tr>
<td><strong>Cost</strong></td>
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<tr>
<td>Minimizes cost</td>
<td>Annual cost to government for implementation of option</td>
<td>Low cost</td>
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<td></td>
<td></td>
<td>Moderate cost</td>
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<td></td>
<td></td>
<td>High Cost</td>
<td>1</td>
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<tr>
<td><strong>Administrative Complexity</strong></td>
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<tr>
<td>Ease of administration/implementation</td>
<td>The administrative ease for government in the option’s implementation and administration</td>
<td>Utilizes existing networks and processes</td>
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<tr>
<td></td>
<td></td>
<td>Utilizes some existing networks and processes and requires new ones</td>
<td>2</td>
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<td></td>
<td></td>
<td>Requires mostly new networks and processes</td>
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<tr>
<td><strong>Stakeholder Acceptance</strong></td>
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<tr>
<td>Support from stakeholders</td>
<td>Would service providing organizations support the policy?</td>
<td>Expected support/opposition</td>
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<td>Support</td>
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<td>Neutral</td>
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<td>Oppose</td>
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<tr>
<td></td>
<td>Would licensing bodies support the policy?</td>
<td>Expected support/opposition</td>
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<td></td>
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<td>Support</td>
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<td></td>
<td></td>
<td>Oppose</td>
<td>1</td>
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</tbody>
</table>
7.1.1. Effectiveness

The three measures within this criterion evaluate three different aspects corresponding to three different policy objectives within the realm of effectiveness. The first policy objective is facilitating accessibility to the foreign credential process. If the policy has a high expected impact for improving accessibility, then it scores a 3. If it has a medium expected impact, then it scores a 2. If the impact is expected to be low, then it receives a 1. Secondly, effectiveness is evaluated in relation to the expected impact on the timeliness of the foreign credential recognition process. A high expected impact is assigned a 3, a medium expected impact is assigned a 2, and a low expected impact is assigned a 1. Third, the criterion of effectiveness is measured and evaluated in terms of whether the policy directly or indirectly assists IMGs to finish the foreign credential recognition process. If the policy is expected to have direct and ongoing support, it receives a 3. If the policy is expected to have indirect impact and ongoing support, it receives a 2. If the policy will have indirect impact and one-time support, then it receives a 1.

7.1.2. Equity

The second criterion is equity. This is measured in terms of how helpful the policy is for different IMGs, in terms of gender and IMGs from different countries of origin. Therefore, this criterion assesses whether the policy helps all IMGs or just some. If the policy is helpful to all and targeted to all, it receives a score of 3. If it is helpful to some and targeted to all, 2 is assigned. And a policy that is helpful and targeted to only a subset of IMGs, merits a score of 1.

7.1.3. Cost

The third criterion is cost. This is measured by the estimated annual cost to government for implementing the option. The interview respondents had noted that there is a need for greater funding. As such, scope for greater funding towards foreign credential recognition is illustrated by the fact that the most recent Summative Evaluation of the Foreign Credential Recognition Program report had noted that the Foreign Credential Recognition Program has “underspent its budget by 25% over the five-year timeframe of the evaluation” (Employment and Social Development Canada,
2015). Furthermore, the current government, at the federal level, has initiated the Targeted Employment Strategy for Newcomers (TESN) which provides additional funding towards foreign credential recognition. However, the same cannot be said for certain at the provincial level in BC. As such, somewhat conservative standards are used to evaluate the policy options. If the policy has an estimated low cost, then it receives the highest score of 3. If it has an estimated moderate cost, it receives a 2 and if it has an estimated high cost, it is assigned a 1.

7.1.4. Administrative Complexity

The fourth criterion is administrative complexity. This assesses the ease of policy implementation and administration and is evaluated through the required networks and processes. To receive the highest score of 3, the policy had to utilize only existing networks and processes. If in addition to existing networks and processes, some new ones are required, the policy receives 2. And if the policy requires mostly new networks and processes, then a score of 1 is assigned.

7.1.5. Stakeholder Acceptance

The fifth criterion is stakeholder acceptance. This involves the policies having support from key stakeholders and is measured in two ways. First, the policies are evaluated based on the expected support or opposition from service providing organizations (SPOs). If SPOs are expected to support the policy, then it receives a 3. If the policy would be viewed neutrally, it is assigned a 2. And a 1 means that SPOs would oppose the policy. Second, stakeholder acceptance is evaluated by support from the licensing body, which is the College of Physicians and Surgeons of BC (CPSBC) in this case. It should also be noted that foreign credential recognition for IMGs is not wholly a provincial matter, there is involvement from the federal level with the Medical Council of Canada (MCC) as the MCC is responsible for the source verification phase of the assessment process. In relation, the federal government regularly works with the MCC for issues related to the licensure of IMGs, like the 2004 Taskforce. As such, both the CPSBC and MCC were considered for this measure. A 3 means that the CPSBC and MCC would support the policy, a 2 means that the CPSBC and MCC would view the policy neutrally, and a 1 means that the CPSBC and MCC would oppose the policy.
7.2. Policy Options

These policy options draw on the interviews, case studies and the literature review for their content. Furthermore, these policy options are comparable to policy packages, each with their own approach to dealing with structural barriers in the foreign credential recognition process of IMGs.

7.2.1. Option 1: Effective Communication of Information: Expansion of Pre-arrival Supports

The first policy option focuses on communicating information effectively to better equip IMGs to overcome the structural barriers. As such, this option involves enhancing and expanding pre-arrival support services and information. This option would entail providing greater information to applicants on what is to be expected during the application process, like the costs and the length of time during both pre-arrival and post-arrival phases. This can involve having a link to physiciansapply.ca on Government of Canada’s website for pre-arrival services. The BC government could also coalesce all the links to pertinent resources on the WelcomeBC website, as this is often the first go-to online information resource used by newcomers to BC. However, improving pre-arrival supports is not incumbent only on the federal and provincial government. There is involvement required on the part of other key actors as well. For one, the federal government can work with MCC to make the self-administered, preparatory exam that the MCC offers, free or less costly. Furthermore, many IMGs, especially those from non-western countries, do not start their credential assessment process pre-arrival. Consequently, there should be encouragement and facilitation for the source verification of credentials to be done pre-arrival. This could reduce time and information asymmetry.

Another tool that could be used to expand pre-arrival support is FutureMD. FutureMD is an online tool found on the website of the Association of Faculties of Medicine in Canada (AFMC). FutureMD can assist in providing “timely, accurate, and descriptive data about many aspects of physician education, training, and entry into practice, including answers to some of the most frequently asked questions raised by people considering a career as a physician in Canada” (“Future MD Canada | The Association of Faculties of Medicine of Canada - Today's Research, Tomorrow's Doctors,” n.d.). Although FutureMD is a useful tool, it is rather hard to locate and access.
As such, BC, and even the federal government, can work with the AFMC to provide better access to FutureMD Canada.

The interview respondents who were from the medical profession or ISOs noted how the current pre-arrival services for IMGs are not adequate and need further improvement. The respondents from ISOs also noted how IMGs tended to require assistance for navigating the licensure system. This was confirmed by the literature review, which also discussed the complex field of stakeholders and organizations for the foreign credential recognition system. For example, Augustine (2015) notes the importance of providing information to help prospective immigrants make more informed decisions as this can reduce delays in economic integration (Augustine & Commissoner, 2015, p. 542). Hawthorne (2007) also identifies the most common strategy to combat the disaggregate process of foreign credential recognition is "information development and sharing." Furthermore, the case studies demonstrated how Sweden, Norway, and the US proactively facilitate prior to arrival assessment and how these countries disseminate information to advertise the options, steps, and other information for credential assessment cohesively and succinctly. For example, Sweden collates relevant sources and links to pertinent websites in one source, the website for Swedish Council for Higher Education (UHR). As the UHR is usually the first point of contact for immigrants looking to get their credentials assessed, this centralization of information is extremely helpful to IMGs. Therefore, this policy option presents different actions that could be taken to fill the gaps pointed out by the interview respondents, by using techniques found in the case studies.

7.2.2. Option 2: Supports to Navigate Foreign Credential Recognition: BC Initiative for International Health Professionals

The second policy option is based on providing supports to IMGs to allow them to navigate the foreign credential recognition process. This would consist of a BC initiative for international health professionals, similar to the one established in Ontario – the Career Accelerator for Internationally Trained Health Professionals project, which was funded by the federal government with provincial support. Such an initiative would be aimed at international health professionals, including IMGs. Services provided through this initiative would include funding, loan programs, additional supports, access to educational information, and mentoring. A large component would be the loan programs
to clients for assistance in obtaining accreditation and licensure. This would be the Foreign Credential Recognition (FCR) Loan program, as is currently offered by several ISOs and is funded by the federal government. There would be another, more holistic loan program which would follow the Immigrant Access Fund (IAF) model. It would be funded by Government of British Columbia, Immigration, Refugees, Citizenship Canada (IRCC), and foundations, individuals, and corporate donors. This will be modelled based on the original IAF in Alberta. And as stated by IRCC, the IAF model is very transferable to other provinces (Immigration, Refugees, and Citizenship Canada, 2012).

In the long-term, such an initiative would involve creating clinical assistant positions. The initiative would work with BC’s Ministry of Health, BC’s Ministry of Advanced Education, Skills and Training, and UBC’s Faculty of Medicine. Establishing subsidized and formalized clinical assistant positions would assist in giving IMGs supplemental income, relevant experience, and increased insight and information. Furthermore, in the cases that IMGs’ foreign earned credentials do not get fully recognized, these clinical positions can be useful starting points in considering employment in other medical related occupations. Unlike most assistance programs that ISOs offer which are usually for three to four years, this initiative will provide assistance for up to eight years.

The case study of the US pointed to the importance of having support programs and services targeted specifically to international health professionals, including IMGs, in a jurisdiction where the licensure process of IMGs is not full standardized. Also, interview respondents from ISOs noted the challenges they face in providing services to IMGs due to limited resources. Consequently, this policy option attempts to rectify these challenges and to learn from the programs that have been offered in the US case study, in order to improve upon the assistance provided to IMGs in BC.

7.2.3. Option 3: Collaboration with Regulators: Evaluation of 2004 Taskforce, Data Collection, and Internal Reviews

The third policy option is based on collaborating with the regulators. Because as the regulatory framework for the medical occupation is decentralized, the regulators, CPSBC and MCC, would have the required technical expertise and knowledge to hone in on structural barriers in the process and detect areas for improvement. As such, the
following components of this policy option would provide opportunities for that to take place. The first part of this policy options is to conduct a formal evaluation of the 2004 Taskforce on the Licensure of International Medical Graduates, as there has been “no formal evaluation of its recommendations from the 2004 report” according to the Strategic Policy Branch of Health Canada. Specifically, the evaluation would focus on collecting and looking at the data in terms of whether there is an increased rate of IMGs accessing the credential assessment process. Data would also be used to identify and record the numbers of IMGs who have applied for credential assessment, their country of training and work experience, and whether their application for licensing was successful. In addition, data would be collected to develop and expand the database of educational institutions in other countries.

The other half of this policy option would be for provincial colleges, including CPSBC, to conduct internal reviews. The internal reviews would assess how the CPSBC’s processes are faring and what can be further improved, while taking into consideration the 2004 Taskforce results and its formal evaluation. These internal reviews would entail environmental scans to avoid duplication of services and they would also focus on learning from other entities, such as other provincial colleges or national organizations. Performance measures would be another component of these internal reviews. Specifically, the BC government would partner with CPSBC to implement applicant tracking systems that allow for the collection of information on the number of applications received from IMGs, the time it takes to reach key decision points, and the general experience faced by IMGs as they move through the process (Forum of Labour Market Ministers, 2009, p. 9).

The case studies, Norway and the US specifically, demonstrate the collection of data for international medical education which serves to keep the standards against which IMGs are assessed relevant and up to date. In addition, the interview respondents from other regulatory occupations had mentioned how they are continuously doing internal reviews, but that sort of process is missing at the provincial level for the licensure and re-certification process of IMGs. This motivated the inclusion of internal reviews in this policy option. And although the 2004 Taskforce mitigated some of the structural barriers, there are still structural barriers that IMGs face, as demonstrated through this capstone. Therefore, the component regarding evaluating the 2004 Taskforce was included in order to provide feedback and assessment on how this
singular, key official action has fared in the last decade, as well as to spur further mitigation of the structural barriers. Overall, this option places emphasis on incremental change, brought on by the evaluation and internal reviews, as opposed to broadly encompassing reforms.
Chapter 8.

Evaluation of Policy Options

Table 5. Policy Options Evaluation

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<td>Cost</td>
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<tr>
<td>Total Score</td>
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8.1. Evaluation of Option 1: Effective Communication of Information

Expanded pre-arrival services and supports are expected to have a moderate effect overall in terms of effectiveness for mitigating structural barriers. Expanded pre-arrival services score a 1 in correspondence to its low impact on accessibility of the foreign credential recognition process. However, it scores a 2 for impact on timeliness as it is predicted to have medium impact on improving the timeliness of the foreign credential recognition process. This is because having greater access to more credible information, would allow IMGs to plan that much in advance. Also, expanded pre-arrival
services could allow for less information asymmetry and increased readiness pre-arrival. Furthermore, it “could help set realistic expectations among migrants and begin the employee skills/employer needs matching process before departure and thus ease labour market entry, economic settlement, and integration” (Benson-Rea & Rawlinson, 2003). However, as this option is mainly an educational and information tool, there are limits to its effectiveness – hence, its score of a 2 and not a 3. This policy also scores a 2 in assisting IMGs to finish the foreign credential recognition process. Pre-arrival services provide indirect impact and ongoing support to IMGs. Having increased information about the cost, timeline, and the process can help better prepare IMGs to proceed with the foreign credential recognition process. These pre-arrival services can also serve as ongoing support to IMGs in accessing different resources, career planning, and important information. FutureMD would be especially pertinent in this aspect as it would assist IMGs in planning their next steps in the credential assessment process, and the licensure process as a whole.

Expanded pre-arrival services receives a 1 on the equity criteria. In terms of its helpfulness for different IMGs, it is predicted to be targeted and helpful to only a subset of IMGs. Interviewees have mentioned that that pre-arrival services for career planning are sometimes second priority for immigrants who are more concerned about logistical issues and there is also the issue of understanding the Canadian terminology and context. Therefore, the expanded pre-arrival services would be more useful to IMGs from countries and medical systems that are similar to Canada. Subsequently, this policy would be less helpful to IMGs who come from countries that are different than Canada, in terms of the medical systems. And arguably, these IMGs are the ones that need the most help and information before arrival. As was previously mentioned in section 6.2, women have a greater tendency to face the problem of time delays (Houle & Yssaad, 2010). Therefore, having information before arrival may especially help women in getting their credentials translated and assessed beforehand, thereby shortening the duration of their credential assessment process. However, referring to the previous point, this would only be marginally helpful as it would mainly assist women who already have an understanding of a medical system similar to Canada’s.

This option would have a low cost as it mostly involves updates that can be made relatively cost-effectively. The costs associated with this are mostly for website changes and increased communication and links between different sources. In addition, the cost
for subsidizing the self-administered, preparatory exam that the MCC offers is relatively inexpensive. Thus, it receives a 3 on the criteria of minimizing cost.

Expanding pre-arrival services would utilize existing networks and processes. This policy option would involve different entities in the existing networks, like the BC provincial government, the federal government, MCC, CPSBC, and AFMC. It would require them to speak to each other and coordinate the provision of pre-arrival services in a more accessible and effective manner. As such, this policy option would receive a score of 3 on the criteria of administrative ease.

As this policy option is more of an informational and educational instrument rather than a proactive step, service providing organizations (SPOs) would view this option neutrally. Furthermore, licensing bodies, mainly MCC and CPSBC, are expected to express support for this option. Because by providing greater information and access to planning tools for IMGs, it assists IMGs in making more informed and assured decisions in the assessment process. This in turn allows for the assessment process, on the part of the licensing bodies, to be more efficient. But there is the caveat that in order to make the self-administered, preparatory exam that the MCC offers free, or less costly, the funding would have to come from the federal government. Because the MCC would be resistant to funding it themselves. Therefore, this option is assigned a total score of 2.5 for stakeholder support.

8.2. Evaluation of Option 2: Supports to Navigate FCR

This policy option has services and assistances that highly impact the accessibility of the foreign credential recognition for IMGs. The interviewees had noted that the licensure and credential assessment process for IMGs is one of the most difficult. Xie from S.U.C.C.E.S.S. had noted that it “is one of the toughest to go through because the system itself is lengthy and costly. It acquires a lot of individual determination and commitment to do it.” Therefore, the support services, such as the loan program, guidance, and mentorship, and the extended timeline for these services, would assist in more IMGs accessing the credential assessment process. The provision of services being available for up to eight years is directed more towards IMGs, as the credential assessment process in the medical field can be significantly longer than for other occupations. Whereas other programs only offer three to four years of assistance,
this extended time frame would allow IMGs to get support for the process of credential assessment, and other steps in the larger licensure process. In addition, the initiative would offer continuous support to IMGs and directly impact them. This would assist IMGs in the completion of the credential assessment process. Moreover, this would improve the timeliness of credential assessment by having a high impact on expediting the process with timely and effective assistance. For one, with the loan programs, IMGs wouldn’t have to use ‘survival jobs’ in order to make enough income to begin the process. Having access to the loan would help IMGs have their credentials assessed as soon as possible. Thus, this option scores a 3 for all factors for the criteria of effectiveness.

This option also performs quite well in terms of the criteria for equity because it focuses on the process as a whole, encompassing all IMG applicants. As this policy option provides different support services and the opportunity for related work experience and mentorship, it allows for different IMGs to receive the help they need. Such support also encompasses mitigating the financial burden through the loan programs and clinical assistant positions. Furthermore, providing a more diverse array of services allows this option to cater to the different needs of IMGs according to their individual situation. For instance, having access to loans will provide IMGs with financial assistance for amenities like childcare, the burden of which often falls on the women. Therefore, this option receives a 3 in terms of the criteria for equity.

The level and breadth of this option, and its included services, comes with a correlative high cost. The initial cost to establish this initiative could cost around $800,000 to government, the approximate amount allocated to create the Career Accelerator for International Health Professionals in Ontario (Employment and Social Development Canada, 2018). It would further have an ongoing annual cost of about the same amount. Correspondingly, this option receives a 1 for minimizing cost. However, it should be also noted that Emery and Ferrer (2015) find that based on the IAF “program’s success rates for borrower repayment and for borrowers finding employment in their chosen profession, government support for the IAF represents a high-return use of public funds” (Emery & Ferrer, 2015, p. 206)

This option entails the establishment of new services, loan programs, mentorships and job creations. Consequently, this requires mostly new networks and
processes. For one, the services and loans would require new processes for their administration. Secondly, the creation of mentorships and clinical assistant positions would require creating new networks and partnerships with government and non-profit entities. Thus, a score of 1 is assigned to this option for the criteria of administrative ease.

Interviewees from ISOs all mentioned the limited resources they have for providing services to IMGs in their especially difficult pursuit of accreditation and licensure. For example, Xie from S.U.C.C.E.S.S. had observed that “of all the professions that [they] help, medical doctors is one of the toughest.” This option would bring additional support to ISOs and other SPOs. Consequently, this would lead to the expected support of SPOs for this option. Licensing bodies, like the MCC and CPSBC, would view this policy neutrally since they would have some involvement in its administration, mainly through the creation of clinical assistant positions. As such, this option would be assigned an overall score of 2.5 for the criteria of stakeholder support.

8.3. Evaluation of Option 3: Collaboration with Regulators

This final option has a medium impact on the accessibility of the foreign credential recognition process. Conducting a formal evaluation and internal reviews, through data collection, would “serve to assist in program and policy development to address specific challenges faced by IMGs, and to assess the performance of these programs and policies over time” (Forum of Labour Market Ministers, 2009, p. 9). However, this would probably have a moderate impact on timeliness depending on the extent of changes and improvements that would occur in response to the evaluation and internal reviews. In addition, expanding the database of educational institutions would provide greater depth of insight and base of evidence to conduct source verification for IMGs' credentials. Furthermore, although the data would be collected on an ongoing basis, the evaluation and internal reviews would be singular occurrences and thus, would be a one-time support to IMGs. Nonetheless, the improvements that could come from this policy option could have an indirect impact on IMGs and their ability to finish the foreign credential process. The evaluation and internal reviews would provide feedback “on program implementation and [the] results can also be used to make adjustments that improve task force performance” (Rhodes et al., 2009). This would lead to incremental, continuous improvement of the foreign credential recognition process.
Therefore, this option receives a 2 for its impact on accessibility and timeliness, and a 1 for the other factor of effectiveness, assistance to IMGs for completion of the process.

This option would technically be targeted to all IMGs as all IMGs have to come into contact with the procedures that would be evaluated and reviewed. But it would only really be helpful to a certain subset of IMGs. As such, the broad, ‘one-size-fits-all’ aspect of this option does not fully take into account how the needs of IMGs differ according to various factors, such as gender and country of origin. Correspondingly, this option receives a 2 for the criteria for equity.

As this policy option entails collecting data, greater resources would have to be directed towards the provincial colleges, including CPSBC. It seems unlikely that these provincial colleges would have the capacity or resources to accomplish this unitarily. As such, there would funding that would need to be provided to the provincial colleges. There would also be the additional cost for Health Canada, in conducting the evaluation of the 2004 Taskforce. This would mean a moderate cost to government for the implementation of this option. So, this option receives a corresponding 2 for the criteria of minimizing cost.

In terms of administrative ease, this policy option will utilize some existing networks like the National Assessment Collaboration (NAC). The NAC will play a prominent part in coordinating the formal evaluation, on the regulatory side. On the other hand, the collection of data, and even the internal reviews by the provincial colleges, will require a new process and potentially a new network as well. Therefore, this option receives a 2 for the criteria of administrative ease.

SPOs are predicted to express support for this option, as it will serve as a potential catalyst for improvements and changes in a system which they find somewhat exclusionary of IMGs. However, since the majority of the burden for administering this option will fall unto the licensing bodies like CPSBC and MCC, there is expected to be opposition from the licensing body stakeholders. This leads to an overall score of 2 for the criteria of stakeholder acceptance.
Chapter 9.

Recommendation

Based on the analysis in Chapter 8, there are two final recommendations. Firstly, it is recommended to expand pre-arrival services and information in BC and nationally. The online, informational components of this option are administratively easy to implement and cost-effective. Expanding pre-arrival services and information also has a moderate impact on IMGs in terms of timeliness and completion of the foreign credential recognition process. Therefore, this policy can be implemented in very short order. The one component of this policy that might take longer, due to negotiations with the MCC and the funding structure, is making the self-administered, preparatory exam that the MCC offers, less costly. Although this is an overall good start, more has to be done to have a greater impact on the mitigation of structural barriers that IMGs face in the foreign credential recognition process in BC.

Therefore, in the longer term, the second policy option of a BC initiative for international health professionals is recommended. Because of the complexity of this policy’s administration and cost, a staggered approach for its implementation is recommended. As setting up a Career Accelerator in BC and its related services will take some time in terms of establishing the required new partnerships, networks and processes, in the short-term, an Immigrant Access Fund (IAF) should be established in BC. The IAF would be funded by the BC government, Immigration, Refugees, Citizenship Canada, and foundation, individual, and corporate donors. It will be modelled based on the original IAF in Alberta. This would alleviate the structural barrier of the financial burden that IMGs face. In addition, the IAF would assist in setting up processes that could work for the Foreign Credential Recognition loan program, when the Career Accelerator is fully established in BC.

In the medium-term, a Career Accelerator for International Health Professionals would be created in BC. This would be mostly funded by the federal government’s Targeted Employment Strategy for Newcomers, as they did in Ontario, supplemented by funding from the BC government. The BC government would work with non-profit organizations like Association of International Medical Graduates of BC and Immigrant
Employment Council of BC to establish mentorship programs for this initiative. These mentorship programs, along with other career planning services, employment services, and other supports, would assist IMGs in navigating the complex system for foreign credential recognition. This would further improve the timeliness of the foreign credential recognition process, spurring long-term economic benefits for IMGs. Greater support provided by such programs would also increase the capacity to provide IMGs with reliable and credible information in BC.

In the long-term, the Career Accelerator would facilitate the creation of clinical assistant positions for IMGs in BC. This would provide IMGs insight into the Canadian medical field. It would also provide IMGs with supplemental income to assist them in the credential recognition process, and even the larger licensure process. These positions as clinical assistants would be related to their educational field, which would mean that IMGs would not have to resort to ‘survival jobs’. They would instead receive invaluable work experience which would assist them in the long run. Furthermore, the Career Accelerator could also work as re-training to supplement their foreign credential recognition process as further training and education is often required in cases where the IMGs’ foreign-earned credentials do not get fully recognized.
Chapter 10.

Conclusion

Achieving licensure as an IMG in BC, and throughout Canada, is a long and arduous process with multiple steps, one of which is foreign credential recognition. As such, this capstone addressed the structural barriers faced by IMGs in the foreign credential recognition process in BC. Such an investigation contributes to academic and policy literature, because there exist gaps in terms of evaluating structural barriers. Therefore, it is important to fully uncover and address these gaps in order to mitigate structural barriers. Mitigating structural barriers for assessing the credentials of IMGs in BC would help to alleviate this burden, ease IMGs’ economic integration and assist in mitigating the underemployment of IMGs.

At the beginning of this capstone, I detailed how foreign credential recognition fits into the larger licensure process for IMGs in BC and I outlined the nuances of physician supply. Then, I reviewed the literature to determine the specific structural barriers that IMGs face in the foreign credential recognition process. I then conducted qualitative research through case studies of the countries of Sweden, Norway, and the US to identify promising practices. I also conducted interviews with stakeholders and experts which supplemented the findings from the case studies and provided additional insight. With these findings, I formulated three policy options, each containing some aspect of the practices which were found in the three case studies. These policy options were then evaluated based on their ability to mitigate the structural barriers faced by IMGs in the foreign credential recognition process.

Based on the evaluation, I recommended expanding pre-arrival supports and establishing a BC initiative for international health professionals. Expanding pre-arrival supports would provide credible information and allow for increased timeliness, spurring long-term economic benefits. And establishing a BC Career Accelerator, along with all the services it provides, in addition to loan programs like the IAF and FCR loan program, would provide support, ease the financial burden on IMGs, and help IMGs navigate the complex system in a time-frame more suitable to the medical profession. It is important to keep in mind that the foreign credential assessment process for IMGs is not limited to
just source verification. Rather, it also encompasses other components such as credential evaluation and other examinations. Moreover, as the step for credential assessment is just one of the first steps that IMGs must take towards licensure, it should be viewed and considered within the licensure process as a whole in order to adequately mitigate the structural barriers faced by IMGs.

Consequently, although these recommendations would succeed in mitigating the structural barriers for foreign credential recognition, there is no guarantee for IMGs that they will receive licensure after their credential recognition, passing exams, and completing other required steps. As such, there should be further research conducted on alternative bridging careers for IMGs which would still allow them to achieve their full economic potential. Additional studies should also be conducted to include interviews with IMGs, in order to get a better sense of IMGs’ first-hand experiences with the licensure process. Alternatively, more research should be done on how to better manage expectations of IMGs, among other immigrants, and to match the selection of immigrants with the actual labour market conditions of the country.

The findings of this capstone will be published for public access in the Simon Fraser University Library, along with being shared with government and key stakeholders, like S.U.C.C.E.S.S. Furthermore, although these findings are focused on BC, they may be applicable to other jurisdictions as well. Provinces that face similar challenges as BC would benefit from these findings and recommendations. For instance, Manitoba has the third-largest difference between the education-job match rates of Canadian-born individuals and internationally-educated immigrants working in their corresponding occupation (Zietsma, 2010). And Manitoba is another province which has not had much focus on it, in terms of studies about IMGs’ economic integration.

Furthermore, expanding and improving pre-arrival supports would not only assist IMGs in BC, but IMGs across the country as well. This is because this recommendation would be implemented at the national level. The initiative for international health professionals also has components that could be feasibly implemented in other provincial jurisdictions. For example, the micro-loan program could be transferable to provinces like Ontario which is one of the top destination provinces for immigrants and which has one of the highest living costs in Canada. Moreover, all of the provincial jurisdictions, as they relate to licensure of IMGs, can use the findings about promising practices and implement them as they see fit. This would subsequently assist in standardizing the process of
licensure for IMGs nationally, thereby increasing the mobility of IMGs and further reducing barriers.

There continues to be growth in the number of skilled immigrants, including IMGs, being admitted to Canada. And along with the retiring baby boom generations and the aging populations, there will be a greater need for health professionals including physicians. Consequently, solutions are needed to facilitate the integration of IMGs, which includes facilitating the recognition of their foreign-earned credentials, while upholding the standards of the Canadian medical profession. Therefore, this capstone presents recommendations which have the great potential to be an integral part of that solution.
References


Appendix A.

Licensing Framework

Campbell-Page et al. (2013) describes the process to obtaining a medical license to practice as having many steps and variables to the process. The Medical Council of Canada administers national exams, provides information about the licensure process, and provides qualifications for entering practice (Guo, 2009). However, it is the provincial colleges of physicians and surgeons that are the medical regulatory bodies and medical licensing authorities in the jurisdictions responsible for “verifying credentials and determining a physician’s eligibility to practice in the provinces” (Campbell–Page et al., 2013, p. 3). These licenses that are granted by these provincial colleges are either full or provisional. Provisional licenses differ among the provinces and it allows IMGs to “allows a physician to practice medicine, but with restrictions, including the term of the permit and geographical or other restrictions” (Campbell–Page et al., 2013, p. 4). Furthermore, for IMGs, a provisional license can lead them to a full license faster (Audas, Ross, & Vardy, 2005). As such, after acquiring a full license, IMGs can move to other provinces. Therefore, Audas et al. (2005) argues that some provinces act as entry points where IMGs normally practice for two years - the amount of time required for clinical practice - and then qualify for full license (Audas et al., 2005). For provisional registration, IMGs have to complete Canadian qualifying exams if they have obtained their medical degree from a medical school listed in the World Directory of Medical Schools which includes the Canada sponsor note. Having a provisional license allows IMGs to practice to attain Canadian experience, without having to pass the Canadian Council examinations.

But for IMGs who are not eligible for provisional registration, they can register as a clinical trainee in order to get educational experience in Canada. However, they cannot practice independently in this case. For the assessment class, IMGs can participate in the Practice Ready Assessment – British Columbia (PRA-BC) before being considered for the provisional class (College of Physicians and Surgeons of British Columbia, n.d.). This assessment program provides qualified IMGs with an alternative path to licensure in BC by participating in a twelve-week clinical field assessment period (College of Physicians and Surgeons of British Columbia, n.d.). This program is available for internationally trained family physicians only.
Appendix B.

International Comparisons

This experience of ‘devaluation and discounting’ that IMGs and other immigrants experience in BC and in Canada is somewhat comparable to that of other immigrants in other countries. However, some countries have implemented ways to circumvent these difficulties faced by IMGs. For instance, Australia’s fast-track Competent Authority pathway aims to “align qualifications recognition in [the medical] field more closely with the needs of migrants and their employers” (Hawthorne, 2013, p. 6). This allows IMGs to work full time and avoid exams entirely which helps ease the financial burden while making licensure more accessible. However, although IMGs in Australia are “allowed relatively easy access to temporary or conditional licenses, [they] are predominantly restricted to practice in limited and less prestigious positions within the medical hierarchy” (McGrath, Wong, & Holewa, 2011, p. 1). Therefore, even though IMGs in Australia are allowed access to licensure, their education is discounted within Australia’s medical system. Furthermore, the sense of devaluation and discounting is still seen in the licensure process in other countries, just like Canada. Neiterman, Salomonsson, and Bourgeault (2015) find IMGs experience the feeling of ‘otherness’ in Sweden while they strive for professional integration. However, these are mainly the experiences of IMGs that come from outside of the EU to Sweden. Because EU’s regulatory framework “for labour mobility ensures not only harmonization of physicians’ minimum training requirements, but also the automatic recognition of their qualifications EU-wide” (Vychodilova, 2011).
Appendix C.

Standardization of Licensure for IMGs

The Royal College of Physicians and Surgeons of Canada (RCPSC) used to assess the training obtained by IMGs before arriving in Canada, but this stopped in 1997 (Nasmith, 2000). The shift from federal licensing to provincial licensing, pushed the provincial licensing authorities to develop their own standardized approach for licencing. But there have been questions as to whether there should more uniform national standard implemented. In fact, the Human Rights Commission of British Columbia has also "ruled in favor of 5 IMGs" in a case where the IMGs had alleged there were being discriminated against (Nasmith, 2000). The Commission stated that the licensing authority has to take into account the Human Rights Code when assessing foreign qualifications (Bitonti v. College of Physicians & Surgeons of British Columbia, 1999). According to Namsith (2000), this can have significant ramifications for the provincial licensing bodies if this ruling becomes widespread. Because licensing authorities may need to use more “more elaborate screening measures to assess candidates” (Namsmith, 2000, 796). Decisions like these would require accompanying funding from the provincial Ministries of Health (Namsith, 2000, 796). Currently, only a few provinces have been willing to fund training for residents, among one is BC (Namsith, 2000, 796).

There have been further measures have been taken to unify the disparate licensing standards. For one, the 1994 Agreement on Internal Trade (AIT), specifically its 9th Protocol of Amendment, allowed for the facilitation of labour mobility and it “mandates that all regulated professions are entitled to full mobility rights across the country without having to undergo materially additional training, experience, examinations or assessments” (Campbell–Page et al., 2013, p. 6). Campbell et al. (2013) purports this this pushes provinces to create national requirements that provide full mobility for health care professionals. However, IMGs would still have to pay any required fees and complete the credentialing process (Campbell–Page et al., 2013, p. 6).

There have also been other discussions on solidifying a common system among different parties, including the MCC, ESDC, and the provincial colleges. These discussions had taken the official form of the 2004 Canadian Task Force on the
Licensure of International Medical Graduates. The 2004 Taskforce resulted in the formation of the National Assessment Collaboration (NAC) with the mandate to develop tools for the assessment of IMGs prior to entry into practice. Another result from the 2004 Taskforce was the PCR. PCR was created to verify IMGs’ credentials and potentially be submitted electronically to other entities like provincial colleges. MCC has built on this repository and implemented a national electronic application process in 2012. This ‘one-stop shop’, as they call it, is found at physiciansapply.ca which aims at simplifying the registration and assessment process (Doyle, 2010).

Although physiciansapply.ca is a significant step towards synthesizing information in a more simplified way, the fact remains that that each province and territory still control its own requirements for awarding full certification to IMGs and it does not reduce the significant expenses IMGs incur in the process to become licensed (Doyle, 2010). Hence, improvements, such as physiciansapply.ca, provide benefits in terms of greater simplicity, but it does not provide monetary savings. Furthermore, there are other barriers in the foreign credential recognition process that IMGs still face.

Medical Council of Canada (MCC) is also planning to administer the “Medical Council of Canada Qualifying Examination (MCCQE) Part I in Canada and internationally in over 80 countries, up to five times per year” (“Phasing out of the MCCEE | Medical Council of Canada,” n.d.). Once this examination is available internationally, then the Medical Council of Canada Evaluating Examination (MCCEE) will be phased out.

The National Assessment Collaboration (NAC) made improvement on providing residency training for IMGs by creating a “pan-Canadian NAC examination used to assist Canadian medical school clinical residency programs in selecting IMGs into the first year of postgraduate training” (“National Assessment Collaboration | Medical Council of Canada,” n.d.). This was aimed to mitigate any redundant assessments of provincial programs that assess IMGs and create a more unified process of testing.
Appendix D.

Devaluation, Employment Outcomes, & Economic Integration of IMGs

Although Canada’s economic-based immigration system selects IMGs mostly due to their educational credentials, IMGs are less likely to find employment in occupations commensurate with their professional training (Neterman, Salmonsson, & Bourgeault, 2015). In fact, many IMGs end up underemployed and in careers outside of the medical field. This can have detrimental effects on their professional integration in the long-run, resulting in loss of economic potential (Blain, Fortin, & Alvarez, 2017). These labour market struggles not only affect the immigrant but their whole family as well, in more ways than just financially (Wilkinson et al., 2016, p. 23). Because a family’s psychological health and well-being dependent on how well they are “integrated into the labour market based on their skills, education and prior employment experience” (Wilkinson et al., 2016, p. 23).

Furthermore, it is often the case that credentials get discounted through the process of foreign credential recognition. Guo (2009) finds that many immigrant professionals in Canada have experienced devaluation and denigration of their prior learning and work experience after arriving in Canada. As such, Guo (2009) posits that the devaluation of foreign credentials occurs because of the prevailing attitude and epistemology towards differences and particularly, differences in knowledge in its sources. As a result, they have experienced significant demoralizing and disempowering downward social mobility, unemployment and underemployment, vulnerability and commodification, and reduced earnings (Guo, 2009). Therefore, in the process of prior learning assessment and recognition for immigrant professionals, recognition is obviously missing.

In comparison with their Canadian-born counterparts, IMGs are more likely to experience underemployment, such as part-time and temporary employment. In addition, IMGs are also more likely to being employed in nonstandard jobs, which typically pay less, offer few fringe benefits, and have much less job security. For example, according to a 2010 Statistics Canada study, foreign-educated immigrants had
a match rate of 56% for the field of study of medicine in comparison to a match rate of 92% for their Canadian-born counterparts (Zietsma, 2010). According to another study, only 19.6% of Canadian-born and -educated are working below their skill level, whereas 57.8% of unmatched immigrant physicians are working below their skill level (Augustine & Commisoner, 2015, p. 542). Furthermore, according to another 2008 Statistics Canada report, 55% of foreign-educated immigrants who had studies medicine were practicing in the medical profession in comparison to 90% of their Canadian-born counterparts (Boyd & Schellenberg, 2007, p. 9). Moreover, this study also indicated that 33% of foreign-educated immigrants are not working in the medical field, but rather in occupations totally unrelated to their medical education (Boyd & Schellenberg, 2007, p. 4).

A reason for the low match rates is the fact that IMGs often have to take ‘survival jobs’ for the duration that they do not get their foreign-earned credentials. These ‘survival jobs’ are occupations that are often below the occupation of the IMGs. Moreover, the match rates of foreign-educated immigrants working in their corresponding occupation is the second-lowest in BC, with a match rate of 22% (Zietsma, 2010). Zietsma (2010) also finds that the most popular immigrant destinations, Ontario, BC, and Quebec, had the lowest match rates.

These lower employment outcomes, and difficulties in attaining work in the medical field, can be attributed to difficulties in getting foreign-earned credentials assessed and recognized. Kunz (2003) identifies the recognition of foreign-earned credentials as one of the barriers to economic integration for immigrants (Kunz, 2003). This is supported Augustine (2015) who attributed a significant portion of the decline of immigrants’ earnings at entry, relative to their Canadian-born counterparts, to problems in foreign credential recognition. Similarly, Adamuti-Trache (2016) also found the non-recognition of foreign credentials and work experience to be “responsible for immigrant wage decline and occupational mismatch” (Adamuti-Trache, 2016, p. 148). In fact, 35% of respondents, from Statistics Canada’s Longitudinal Survey of Immigrants to Canada, found lack of recognition of foreign credentials to be a problem in looking for employment (Adamuti-Trache, 2016, p. 148).

For IMGs, like for other immigrants, foreign credential recognition is a dominant hindrance to economic integration. The issue of credentialing and assessing in IMGs has been noted in multiple reports and briefs conducted by stakeholders and government bodies. In an initiative funded by the Government of Canada and the medical community,
IMG assessment and credentialing was found to be one of the issues affecting physician recruitment and retention (Taskforce Two, 2006). This report, 'Physician Human Resource Strategy for Canada', also states that the current regulatory environment "makes it difficult for IMGs to understand and navigate the system" (Taskforce Two, 2006).
Appendix E.

Targeted Employment Strategy for Newcomers in Ontario and Newfoundland

Ontario

Ontario received $811,000 of federal funding from the TESN in May 2018, to invest in the Halton Multicultural Council’s Accelerator for Internationally Trained Health Professionals project. With this investment, the Halton Multicultural Council is planning to assist 160 highly skilled newcomers with experience and education in the health care sector plan attain equivalent career levels, overcome barriers, and gain Canadian professional work experience (Canada, 2018). This project allows for more targeted funding of IMGs by providing employment training, counselling and a twelve-week internship so participants can achieve accreditation in the health-care sector.

Newfoundland and Labrador

The Newfoundland and Labrador provincial government received $800,000 of federal funding, to be allocated over a 24-month period, in May 2017 to help newcomers secure employment in their respective fields. A significant amount of this amount is directed towards assisting health professionals, and specifically, IMGs. From the $800,000, the College of Physicians and Surgeons of Newfoundland and Labrador received $140,300 to conduct a “Lean assessment of recruitment and licensing for internationally trained physicians” (Ministry of Advanced Education, Skills and Labour, 2017). They also received “an additional $123,050 to redevelop its website to clearly identify and communicate pathways to licensure, including a licensing status functionality, a feature commonly requested by international applicants” (Ministry of Advanced Education, Skills and Labour, 2017). A further $9,085 was allocated to the Newfoundland and Labrador Council of Health Professionals to enhance existing foreign qualification recognition for internationally-educated health professionals (“Provincial Government Announces Projects to Help Newcomers Secure Employment in their Fields,” n.d.).
Appendix F.

Interview Schedule

Understanding Foreign Credential Recognition for IMDs

Research Question:
What are the experiences of IMDs in getting their foreign-earned credentials recognized in BC?

Design:
The research will include semi-structured interviews with organizations academics. Interviews will be in person or conducted over the phone.

Schedule:

Themes and Open-ended Questions

• Introduction
  ○ Tell me a bit about yourself, your position, what brought you this to work

• Pre-immigration job/qualifications
  ○ How do IMDs prepare for foreign credential recognition before immigration?
  ○ What materials/information is available for IMDs to prepare?
  ○ What are their job qualifications like?

• Expectations
  ○ What are the expectations of the IMDs for how their credentials will be assessed?
  ○ How do they meet or not meet those expectations?
• Experience with foreign credential recognition
  o What is the process of foreign credential recognition for this profession?
  o How does your organization/agency/authority fit into that process?
  o What is your role in the foreign credential recognition process?
  o How do IMDs experience foreign credential recognition?

• Employment and job search
  o How do IMDs search for employment opportunities?
  o What jobs do IMDs apply for and what types of jobs do they usually get?

• Opportunities and barriers
  o What are some of the procedural barriers faced by IMDs?
  o How do they attempt to overcome it?
  o What services do you provide to assist IMDs in overcoming these barriers?
  o What can be done to mitigate these barriers?

• Integration into labour market
  o What are the employment outcomes of IMDs?

• Options
  o Do you know of any promising practices from other jurisdictions and/or sectors in Canada in terms of procedures supporting health or other professionals vis a vis foreign credential recognition?
  o If you had a magic wand, what would you recommend in terms of change in this field?

• Conclusion
  o Is there anything else you would want to add that we have not covered?