

FRANCOPHONES  
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# LINGUISTIC EQUITY

**IN ASSESSING THE  
CREDENTIALS AND  
COMPETENCIES  
OF INTERNATIONALLY  
EDUCATED  
FRANCOPHONE HEALTH  
PROFESSIONALS**



**Consortium national  
de formation en santé**

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## OVERVIEW

Approximately 100 people took part in the three regional consultations held by the *Consortium national de formation en santé* (CNFS) in Winnipeg on January 25, 2008, Toronto on February 7, 2008, and Moncton on March 26, 2008. The participants examined two essential issues with the objective of identifying priority measures to be addressed within the near future. The first issue involved the barriers and challenges affecting the provision of French-language credential and competency assessment services in four target professions in the participants' regions or provinces (medicine, nursing and practical nursing, occupational therapy and physiotherapy). The second issue involved the measures required to better meet the needs of internationally educated Francophone health professionals with respect to French-language credential and competency assessment services.

Various findings emerged from these three meetings. Internationally educated Anglophone and Francophone health professionals face similar difficulties. However, the participants acknowledged that a lack of linguistic equity is affecting the assessment of Francophones' credentials and competencies due to an almost total deficiency of information and resources in French. Although French-language assessment services vary between provinces and professions, they remain fairly limited across the country. Provincial regulatory organizations and government services have an urgent need for Francophone staff, financial resources and translation.

Regulatory organizations are establishing a growing number of support initiatives and mechanisms. Provinces are also devising more policies on the recognition of international credentials. However, these measures are primarily tailored to the Anglophone clientele. There is a need to establish professional support and

integration programs tailored to the needs of internationally educated Francophone health professionals. These programs could provide a range of French-language resources, such as pre-immigration information that accurately reflects the bilingualism situation and the ability to practise one's profession in French in the various Canadian provinces, information on the credential and competency assessment process, mentorship and internship networks, exam preparation courses, and bridging training programs.

All stakeholders—governments, employers, regulatory organizations, postsecondary institutions and community organizations—have specific roles and mandates in this regard. They must first be made aware of the realities facing internationally educated Francophone health professionals practising in Francophone minority communities. Greater awareness will allow the stakeholders to recognize these professionals' needs and commit to meeting these needs more effectively by developing and delivering French-language support and assessment services.

The participants attending the three regional meetings were highly motivated and made valuable contributions to the discussions, which reflected their determination to help internationally educated Francophone health professionals integrate into the work force. Through the mobilization of all stakeholders nationally, it will be possible to develop a concerted, long-term approach and thereby improve assessment of the credentials and competencies of these internationally educated health professionals. This approach will promote the nation-wide coordination, communication, and sharing of existing resources/resources under development, improve the information provided to internationally educated Francophone health professionals, and enhance French-language support and integration programs.



## INTRODUCTION

This report contains the main findings of three meetings held by the Consortium national de formation en santé (CNFS) in the West, Ontario, and the Atlantic region. The first took place in Winnipeg on January 25, 2008, the second in Toronto on February 7, 2008, and the third in Moncton on March 26, 2008.

The objective of the CNFS was to examine the barriers and challenges affecting the provision of French-language assessment services of credentials and competencies of Internationally Educated Francophone Health Professionals. The meetings identified potential solutions and priority measures for all stakeholders in this field.

The CNFS was targeting four professions, namely medicine, nursing and practical nursing, occupational therapy and physiotherapy. It initially opted to focus primarily on the situation in Alberta, Manitoba, Ontario and New Brunswick. However, during the meetings, the consultations were broadened to include other provinces, which contributed substantially to the discussions.

To stimulate reflection at the meetings, the CNFS produced a discussion paper on the recognition process of International Francophone health care graduates' credentials by the four selected provinces. The document summarized the credential and competency assessment processes in the four target professions, the French-language services offered, and the path that internationally educated Francophone professionals typically take. It closed by proposing, for discussion purposes, some areas for intervention and some potential solutions. This discussion paper entitled *The Recognition of Internationally Educated Francophone Health Professionals* is available on CNFS website at <http://cnfs.net/publications/autres>

The present report contains three sections. The first provides some background on the mandate of the CNFS with respect to the assessment and recognition of international credentials. It also documents the potential that internationally educated Francophone health professionals can offer Francophone minority communities. The second section summarizes the presentations and discussions that took place at the three regional meetings. The third section identifies for follow-up purposes the priority measures common to the three regions.

## 1. BACKGROUND

At the three regional meetings, Jocelyne Lalonde, CNFS Executive Director, explained the approach taken by the CNFS and outlined the issues within a broader, pan-Canadian context. The main points of her presentation are covered below.

Canada's shortage of Francophone professionals and human resources in the key field of health makes the recruitment, integration and retention of internationally educated Francophone health professionals of benefit to Canadian society. These professionals are all the more important to Francophone minority communities wishing to expand their access to French-language health services.

In November 2003, the Citizenship and Immigration Canada – Francophone Minority Communities Steering Committee published the *Strategic Framework to Foster Immigration to Francophone Minority Communities*, which proposed making considerable efforts to improve the integration and retention of French-speaking immigrants.

In its 2006-2011 strategic plan, the Steering Committee recommended three main directions, one of which involved recognizing the prior learning and experience of internationally educated workers in order to support their employability. The committee signalled that the health care field was considered to be a priority and that major projects were under consideration. It recommended helping French-language postsecondary institutions to recruit and integrate international students through the provision of educational and social support services. It also underlined the importance of planning and delivering Bridging training program and internships in order to enhance students' professional competencies and employment skills. Finally, it foresaw the implementation of English and/or French language courses for French-speaking immigrants.

In 2005, the Canadian Institute for Research on Linguistic Minorities (CIRLM) conducted an exploratory study for the CNFS and published the findings in a report entitled *La reconnaissance des diplômés internationaux francophones en santé au Canada: un potentiel pour les communautés francophones en situation minoritaire*. The report noted that data is lacking on the specific circumstances of Francophone immigrants possessing health competencies who wish to enter the labour market outside Quebec.

The CIRLM study documented that the training and upgrading being delivered in French were insufficient to meet the specific needs of Francophone immigrants with health training. It revealed that the process for determining equivalencies and accreditation often occurs in English, which puts Francophone minority communities at a disadvantage. Lack of ease in English thereby becomes a major barrier to internationally educated Francophone health professionals practising their professions in Canada.

According to the 2001 census, a total 170,470 immigrants who indicated “health professions and related technologies” as their field of study were residing in Alberta (24,110), Manitoba (7,865), New Brunswick (1,480) and Ontario (136,965). An estimated 11,458 of these people<sup>1</sup> had knowledge of French. This group represents a strategic potential contingent of health professionals who could work in French in Francophone minority communities.

Through the funding support provided by Health Canada’s Internationally Educated Health Professionals Initiative, the CNFS launched the “*Training Project of Internationally Educated Health Professionals*”. This four-year project, running from February 1, 2007 to March 31, 2010, was allocated a \$1 million budget. It was designed to implement priority initiatives that will facilitate the accreditation and integration of Francophone immigrants with professional competencies in the health care field.

This CNFS-led project has several aspects of interest to official language minority communities. It involves numerous organizations and ministries with mandates in immigration and in health-related training, regulation and assessment.

<sup>1</sup> “To arrive at this number, the same proportion of all immigrants who declared having knowledge of French, or French and English, between 1991 and 2001 was applied to the number of immigrants who declared being in the ‘health professions and related technologies’ category, regardless of period of immigration.” *La reconnaissance des diplômés internationaux en santé francophones*, background document prepared by Diversis for the *Consortium national de formation en santé*, January 2008, p. 3



## 2. THREE REGIONAL MEETINGS

A summary of the presentations and discussions that took place at the three regional meetings is provided below, along with an overview of the issues discussed and a summary of the barriers and challenges, potential solutions, and priority measures mentioned by the participants.

Some of the social and political issues raised by the participants far exceeded the theme and objective of the three regional meetings. Although these additional social and political issues cannot be completely disregarded, the present report concentrates on the provision of French-language credential and competency assessment services in the health care field. Although the accessibility and scope of these services vary between provinces and professions, overall they remain fairly limited. The report includes several references to practices more tailored to the Anglophone clientele, since these may constitute valuable models for internationally educated Francophone health professionals.

### 2.1 West regional meeting

#### Highlights

The West regional meeting took place in Winnipeg on January 25, 2008. It brought together 28 people from Alberta, Manitoba and British Columbia as well as representatives of national organizations. The participants primarily represented provincial and national regulatory organizations in the four target professions, namely medicine, nursing and practical nursing, occupational therapy and physiotherapy. Some participants also came from postsecondary institutions, provincial credential assessment services, and provincial organizations offering French-language health and immigration services in Francophone minority communities.

The presentations delivered by five speakers indicated that the situation varies enormously between Alberta and Manitoba, with the availability of French-language services in the latter contrasting with the lack of such services in the former. The speakers took the opportunity to discuss best practices in credential and competency assessment that could represent some models and potential solutions. Their presentations are summarized below.



A view of the participants at the West regional meeting, first row, from left to right: Dr Bill Pope, College of Physicians and Surgeons of Manitoba; Ximena Munoz, Academic Credentials Assessment Service - Manitoba (ACAS). Second row, from left to right: Ida Kamariza, Fédération des communautés francophones et acadienne du Canada (FCFA); Adèle Ngi-Song, Consortium national de formation en santé (CNFS) - La Cité collégiale; Ghislain Sangwa-Lugoma, CNFS - Campus Saint-Jean, University of Alberta; Yashima Faustin Tshite, Association des médecins francophones formés hors Canada (AMFFCA); Giséle Trubey, CNFS.

Ximena Monoz, of the Manitoba Academic Credentials Assessment Service, gave an overview of that province's international credential assessment process and recognition model. The document *Framework for a Manitoba Action Strategy on Qualifications Recognition* includes an action plan to accelerate the integration of international graduates through fair and equitable practices in assessing and recognizing international credentials. Bill 19, the *Fair Registration Practices in Regulated Professions Act*, supports this framework. The government even provides financial assistance covering 50 percent of the assessment fees charged in regulated professions. Although French-language services are not available, assessment applications may be submitted in French.

Emmy Mukassa, of the International Qualifications Assessment Service of Alberta (IQAS), could not be present but her presentation was distributed to participants. Since this organization plays an important role in Alberta, its presentation is summarized below. The provincial government does not have a decision-making role in this field but it ensures that mechanisms are in place to facilitate the recognition of credentials and competencies. It supports the IQAS and other initiatives such as the International Pharmacy Bridging Program and the provision of communication and language Bridging training program for internationally educated physicians. It also supports the establishment of the Health Care and Skills Assessment Centre. However, all these services are only offered in English.

Sharon Eadie, of the Association of Occupational Therapists of Manitoba, explained that this organization has partnered with the *Collège universitaire de Saint-Boniface* (CUSB) to provide its Francophone clientele with French-language services. As well, the Canadian Association of Occupational Therapists, in collaboration with its 10 provincial organizations, is piloting a national project to develop a concerted approach and tools for better assessing the competencies of international health care graduates. The Association of Occupational Therapists of Manitoba is currently making certain documents, such as its registration policies and information leaflets, available in French, but some of the Association's translation needs remain unfilled. It is planning to establish a mentorship network for internationally educated occupational therapists, in partnership with the Manitoba Society of Occupational Therapists.

Diane Wilson Maté, of the Manitoba Association of Registered Nurses, pointed out that this organization has also partnered with the *Collège universitaire de Saint-*



Another view of the participants at the West regional meeting, from left to right: Margaret Friesen, College of Licensed Practical Nurses of Manitoba; Verna Holgate, College of Licensed Practical Nurses of Manitoba; Linda Stanger, College of Licensed Practical Nurses of Alberta; Dr José François, bilingual Family Medicine Residency Program, University of Manitoba; Richard V. Loiselle, Manitoba Health and Healthy Living.



*Boniface* (CUSB) to process competency recognition applications submitted by Francophone candidates. The Association will be translating into French its provincial exam for practical nurses within the near future. It wishes to enhance its ability to offer services in French by translating additional documents and pursuing its partnership with the CUSB.

Tabason Eftekari, of the Canadian Alliance of Physiotherapy Regulators, presented the competency assessment process used in this profession. The Alliance examines credentials for all provinces, and there is no parallel process at the provincial level. Between 1997 and 2007, some 2,886 internationally educated physiotherapists applied for recognition. Of these, only 29 were Francophones. Despite this limited number, the Alliance offers the full range of its services in French and English. One of its initiatives in the recognition and competency area includes a project funded by Health Canada being conducted in partnership with various national regulatory organizations in the fields of nursing, pharmacy, medical laboratory science, radiology technology, occupational therapy and physiotherapy. It is being used to develop an orientation or introduction to Canada's health care system, which will be offered in French and English to internationally educated health professionals in the aforementioned disciplines.

Yashima Faustin Tshite, of the *Association des médecins francophones formés hors Canada en Alberta*, described the situation that internationally educated physicians face. He noted that they must overcome several barriers and challenges, namely their dual language barrier (which limits their access to needed information), the difficulty finding French-language learning materials and books in the province, the lack of French-language preparatory workshops for accreditation examinations, and the existence of cultural differences and discrimination. Several solutions could assist internationally educated Francophone physicians, including written and oral communication courses on subjects such as technical English or medical writing, a basic orientation on the Canadian health care system, and additional training on performing physical examinations and planning treatments. Mr. Tshite stressed that the professional integration of internationally educated Francophone graduates in the health care field can only be successful if it begins when graduates arrive in their host province and community.

## **Barriers and challenges**

Following the presentations, the participants discussed the many barriers and challenges affecting the delivery of French-language credential and competency assessment services in the Western provinces. These are summarized below in three major categories.

### **1. Barriers and challenges related to information**

- ❖ Information in French on the credential and competency assessment process is difficult to find and, where it exists, is fragmented among many organizations.
- ❖ French-language learning materials are lacking (especially in Alberta).

- ✿ The pre-immigration information posted online concerning the requirements of regulatory organizations in the health care field is often out-of-date.

## 2. Barriers and challenges related to human and financial resources

- ✿ A lack of resources and expertise for performing French-language assessments limits the ability of regulatory organizations and assessment services to provide French-language services.
- ✿ Regulatory organizations' size and resources vary greatly between professions and provinces. As a result, these organizations often have very limited means.
- ✿ Due to the small number of international Francophone graduates in the health care field, the provision of French-language services is not a priority.

## 3. Barriers and challenges related to language

- ✿ There is a lack of English-as-a-second-language courses for physicians in these provinces.
- ✿ Conversely, due to the lack of opportunities to practice their professions in French, internationally educated Francophone health professionals resign themselves to working within an Anglophone system, to the detriment of Francophone minority communities.

## Potential solutions

The discussions produced several potential solutions. These have been summarized and grouped in five main categories.

### 1. The role of provincial governments in linguistic equity and the assessment of credentials and competencies

- ✿ The provincial governments must accord greater recognition to the concept of bilingualism, must commit to establishing mechanisms for integrating, and providing Bridging training program to, internationally educated Francophone health professionals, and must ensure that documentation and information are available in French within their respective jurisdictions.

### 2. Programs providing support and promoting professional integration

- ✿ It is crucial to establish more French-language mentorship so that internationally educated Francophone health professionals can improve their language skills in French and English, familiarize themselves with their profession in Canada, and build professional relationships. (Manitoba's family medicine residency program was cited as an example.)
- ✿ It is necessary to develop preparatory courses for regulatory organization examinations and bridging programs to help international Francophone health care graduates meet the requirements of their professions.



### 3. *Information*

- ✿ Pre-immigration information must better reflect the linguistic reality in the provinces, where it is often difficult to work in French.
- ✿ Greater awareness by Canadian embassies and authorities along with expanded communication will improve the information provided to international Francophone health care graduates, so they are able to make more informed and responsible choices before coming to Canada.
- ✿ Regulatory organizations could establish mechanisms to better identify Francophone candidates based on their language.
- ✿ The centralization of information and referral would make it possible to better guide internationally educated Francophone health professionals.

### 4. *Resources*

- ✿ Existing resources must be disseminated and shared.
- ✿ Translation budgets must be provided so that relevant authorities can expand their ability to provide documentation and services in French.

### 5. *Closer relations between regulatory organizations and Francophone minority community organizations*

- ✿ Expanded collaboration between regulatory organizations and community organizations, including services that welcome Francophone immigrants, will better identify the needs of internationally educated Francophone health care graduates and enable the establishment of appropriate services and programs for their social and professional integration.

## **Priority measures**

After taking part in small group discussions, the participants identified priority measures for their region or province. They prioritized national measures of benefit to all stakeholders and issues in this field through expanded collaboration. It goes without saying that successful implementation of the proposed measures will be dependent upon the availability of satisfactory funding. The participants also suggested that the CNFS broaden its approach to include all provinces and territories.

The priority measures proposed for the West have been grouped in a single major category.

#### 1. *Mobilization of all provincial and national stakeholders*

This mobilization should lead to the creation of a national working group that will study the best way of centralizing and sharing existing resources so they can be made available to all stakeholders across the country. National coordination will make it possible to refer and support internationally educated Francophone health professionals more effectively and accelerate their professional integration.

It was proposed that the National Working Group pilot the following measures:

- The creation of a national French-language information service (a sister organization to the federal government's Foreign Credentials Referral Office) that would disseminate all national and provincial information on recognition of the credentials and competencies of internationally educated health professionals;
- The creation of a data bank containing all resources available nationally and provincially (Bridging training program and language training, modules, awareness-raising and orientation tools, services, information on the assessment of credentials and competencies, mentorships, placements, etc.), along with a list of the main stakeholders in this field (governments, postsecondary institutions, regulatory organizations, professional associations, community organizations);
- The creation of a centralized, pre-immigration portal that supplies realistic and up-to-date information on the language requirements of various provinces and describes the process required to have credentials and competencies recognized;
- The creation of a national translation service supporting the efforts by professional associations and provincial regulatory organizations to offer bilingual credential and competency assessment services;
- The adoption of mechanisms for identifying internationally educated Francophone health professionals;
- The creation of English-as-a-second-language training for internationally educated Francophone health professionals who are practising in provinces where English is the required language of practice.

Despite the disparities between their provinces, the participants examined the barriers and challenges, potential solutions, and best practices in the West, especially Alberta and Manitoba. From these discussions emerged conclusions and priority measures designed to increase the provision of French-language credential and competency assessment services in these two provinces.

One of the conclusions to emerge was that the Manitoba and Alberta governments have a crucial role to play in developing credential assessment services and in integrating international health care graduates. For example, efforts by the Manitoba government, in consultation with the province's main stakeholders, have led to the development of an action plan supporting the professional integration of international health care graduates in both official languages.

## 2.2 Ontario regional meeting

### Highlights

The Ontario regional meeting took place in Toronto on February 7, 2008. It brought together 29 people representing provincial regulatory organizations, professional associations, ministries, and organizations providing French-language services in the health and immigration fields. Six national regulatory organizations and professional associations, three federal departments, some postsecondary institutions, and the *Association des médecins étrangers du Québec* also attended the meeting.

The presentations delivered by four speakers indicated that some French-language credential and competency assessment services are available in Ontario but they remain limited. The speakers described the numerous barriers and challenges that people face, as well as some best practices that could represent models and potential solutions. Their presentations are summarized below.

Some elements of the presentation to be delivered by the *World Education Services* (WES) are discussed below, even if this organization's representative was unable to attend the meeting. In 2007, WES processed approximately 7,000 applications originating from Canada for recognition of all categories of international credentials. Of this number, 171 were submitted by Francophone immigrant graduates from France (64), Francophone Africa and the Maghreb (194), and Haiti (13). Several Ontario regulatory organizations, provincial ministries, employers and postsecondary institutions use the assessment services offered by WES. Although the organization is making efforts to offer its services in French and English, the online tool giving the Canadian equivalents of international postsecondary credentials has not been translated into French.

Federico Bonechi, of the College of Nurses of Ontario (CNO), described the process used in the province to assess competencies. All candidates must pass the national examination administered by the Canadian Nurses Association and must also demonstrate satisfactory verbal and written knowledge of French or English. International graduates must submit proof of citizenship or permanent residency. Although some CNO documents are available in French, the guide explaining the



A view of the participants at the Ontario regional meeting, from left to right: Marg Mount, Canadian Society of Cardiology Technologists (CSCT); Claudine Côté, Francophone Development, Canadian Nurses Association (CNA); Louis E. Tremblay, Physiotherapy Program, University of Ottawa; Dr Ramses Wassef, Central Examination Committee, Medical Council of Canada; Maxine C. Mott, Faculty of Community & Health Studies, Kwantlen University College; Ariadne Lemire, College of Physiotherapists of Ontario; Fred Bonechi, College of Nurses of Ontario (CNO).



process involved in having a credential recognized (*Registration Guide for Internationally Educated Nurses*) and information on bridging programs are not.

Tabason Eftekari, of the Canadian Alliance of Physiotherapy Regulators, presented the competency assessment process employed in this profession. The Alliance is piloting a few projects involving internationally educated physiotherapists (see information on this subject under points 2.1, West regional meeting, and 2.3, Atlantic regional meeting). Its Integration of Internationally Educated Physiotherapists project is receiving funding from Human Resources and Social Development Canada. She identified the Alliance's priority measures with respect to facilitating the professional integration of internationally educated physiotherapists. These included language assessment and training specific to the profession, a review of the Alliance's current procedure, development of bridging and mentorship programs, and enhanced communication and information. The Alliance has started reviewing its documentation to make it more comprehensible and accessible to internationally educated physiotherapists. The Alliance is also planning to create a bridging program.

Elinor Larney, of the College of Occupational Therapists of Ontario, presented data on the occupational therapists registered with the College. Of its 4,300 members, 101 are Francophones and more than 10 percent hold an international university degree. Ms. Larney explained the main steps in the competency assessment process and the criteria in effect. Internationally educated occupational therapists must pass the national examination administered by the Canadian Association of Occupational Therapists (CAOT) and have the right to work in Canada. The national examination may be taken in French or English. With respect to language requirements, internationally educated occupational therapists must have satisfactory knowledge of French or English. Ms. Larney noted that the CAOT has piloted two projects on the professional integration of international graduates and has designed a framework related to internationally educated occupational therapists' ability to obtain their licence and practice their profession.



First row, from left to right: Marg Mount, Canadian Society of Cardiology Technologists (CSCT); Claudine Côté, Francophone Development, Canadian Nurses Association (CNA); Louis E. Tremblay, Physiotherapy Program, University of Ottawa.

Second row: Maggy Razafimbahiny, Consortium national de formation en santé (CNFS).



Dr. Amir Sheik Yousef, of the Association of International Physicians & Surgeons of Ontario, explained that his organization has approximately 2,000 members (Anglophones and Francophones) in the medical accreditation process. Internationally educated physicians face many challenges, especially related to their social and economic integration, the lack of preparatory training for national and provincial examinations, difficulties meeting provincial requirements in the profession (including language requirements), and preconceived ideas about international credentials. To assist internationally educated physicians, the Association is proposing some potential solutions. These include providing more realistic pre-immigration information (see the *Human Resources Toolkit* model, by HealthForceOntario, available in English only), creating a documentation and information centre for international Francophone medical graduates, establishing a mechanism for following-up on these graduates, and simplifying the national and provincial processes used to assess their competencies. In Ontario, internationally educated Francophone physicians are also deprived of French-language exam preparation documents and referral and orientation services.

Brice Betu, of the *Association des médecins gradués de l'étranger au Québec*, acknowledged that international Anglophone and Francophone graduates face quite similar problems. However, he stressed that the Quebec examination success rate among internationally educated Francophone medical graduates is very low compared to their Anglophone colleagues. A Francization course is available to Anglophones, but no English-as-a-second-language training is available to Francophones. Mr. Betu also deplored the fact that only a few international Francophone physicians succeed in obtaining their residency. In his opinion, there is an urgent need for national meetings that would find a better way of coordinating the information and resources provided to international Francophone graduates and create the support services they need.

The presentations showed that, despite the efforts being deployed by credential and competency assessment organizations in Ontario, there continues to be a lack of equity in processing applications submitted by Francophones and Anglophones, since most information and resources are in English. Although the regulatory organizations governing physiotherapy, occupational therapy and nursing all have programs that serve internationally educated Francophone health professionals, these programs are more tailored to Anglophones. The aforementioned organizations are demonstrating a strong willingness to improve their French-language services. However, their efforts in this regard are being hampered by the human and financial resources available to them. In the case of international Francophone graduates, the gap is being worsened by long delays in processing their applications for recognition and their inability to obtain Bridging training program delivered in French.

### **Barriers and challenges**

Following the presentations, the participants discussed the many barriers and challenges in providing French-language credential and competency assessment services in Ontario. These have been summarized and grouped in four main categories.

1. *Barriers and challenges related to accessing and sharing French-language information and resources*
  - ✿ Access points to French-language information on the target professions and to French-language training resources are fragmented and difficult to find; these should be merged to improve coordination and communication.
  - ✿ Confusion often results from the growing number of Websites devoted to immigration, employment, and recognition of credentials and competencies (Establishment org., HealthForceOntario, Immigration Ontario, Global Experience Ontario, etc.).
  - ✿ The pre-immigration information that is being provided applies to Canada as a whole and does not reflect provincial realities; the portal “Going to Canada” should be reviewed.
  - ✿ Information on the credential and competency recognition process should be simplified and translated into French.
  - ✿ French-language resources on clinical assessment requirements are almost non-existent.
  - ✿ French-language educational materials are difficult to find in Francophone minority communities.
2. *Barriers and challenges related to the complexity of the professional and jurisdictional environment*
  - ✿ Defending or maintaining standards in each province is at the heart of the debate over pan-Canadian standardization.
  - ✿ A lack of universality in the Bridging training program provided and in the credential assessment process limits inter-provincial mobility (integrated mobility agreement in 2009).
  - ✿ Despite inter-provincial collaboration initiatives, deeply rooted differences between provinces and professions remain.
  - ✿ Increasing demands on regulatory organizations and assessment services are causing delays responding to Francophone graduates, due to a lack of human and financial resources.
3. *Barriers and challenges related to the networks that welcome internationally educated graduates and provide them with professional training*
  - ✿ Professional organizations and international graduates in the health care field are poorly informed about the Francophone networks that could provide Bridging training program, clinical placements, or mentorship.
  - ✿ The social and professional isolation experienced by Francophone immigrants with international health care training constitutes a major barrier to their professional integration. In addition, a lack of support and referral during the credential and competency recognition process contributes to this isolation.
  - ✿ A lack of Bridging training program and tools in French preparing candidates for the examinations administered by professional colleges contributes to professional failure.

#### 4. *Barriers and challenges related to popular attitudes and government policies*

- ✿ Attitudes and perceptions in relation to bilingualism in general and French in particular have an impact on the professional integration of internationally educated health care graduates in Francophone minority communities. Strengthening bilingualism provincially is a political issue crucial to the success of efforts to offer French-language credential and competency assessment services for internationally educated Francophone professionals.
- ✿ Attitudes and perceptions in relation to immigration and cultural diversity may also constitute a barrier.
- ✿ Veiled or unconscious discrimination and racism may sometimes occur in the assessment of competencies.
- ✿ Newcomers often have unrealistic expectations (the Canadian dream) and are quickly disappointed.

#### **Potential solutions**

The discussions saw participants come up with several potential solutions. These have been summarized and grouped in three main categories.

##### 1. *Establishment of a continuum of information, training, and pre- and post-immigration services centred on Francophone health professionals*

- ✿ The criteria and process used to assess the credentials and competencies of internationally educated Francophone health professionals must be clearer and more transparent, both before and after arrival in Canada.
- ✿ Having a single French-language portal would simplify the steps involved in accessing information on the credential and competency assessment process in the target professions and on the resources available to internationally educated Francophone health professionals (Bridging training program, mentorships, internships).
- ✿ Having personalized support and referral would promote graduates' professional and social integration (vocational counsellor, individualized follow-up, sponsorship system).
- ✿ It is essential to establish French-language Bridging training program, mentorships, and placements and to disseminate related information in the form of a directory for the organizations working with internationally educated Francophone health professionals.
- ✿ The training methods and delivery methods used must be broadened to increase access. For example, online training must be improved to allow candidates to enhance their qualifications and acquire bridging training program before they emigrate.



2. *Mobilization of stakeholders responsible for the integration of immigrants and/or the health of Francophones in minority communities*

- A national forum for all stakeholders responsible for the integration of immigrants and/or the health of Francophones in minority communities must be held to achieve long-term concerted action.
- All stakeholders must, based on their areas of responsibility, establish resources for the proactive delivery of services in French.
- The networking of services and the use and promotion of points of access must form part of the continuum.
- A follow-up mechanism for internationally educated Francophone health professionals must be created.

3. *Harmonization of standards and simplification of the credential and competency assessment processes*

- Provincial assessments must be standardized nationally.
- Inter-provincial cooperation must lead to agreements on the mutual recognition of assessments.

### **Priority measures**

The meeting discussions identified national issues with respect to improving French-language credential and competency assessment services in the health care field. The related social issues included welcoming and integrating immigrants, the creation of realistic pre-immigration expectations, the maintenance of Canadian professional standards, etc. The related political issues included inter-provincial harmonization and standardization, respect for institutional areas of authority, prioritization of the financial commitments of various levels of government, etc. These issues far exceeded the mandates and ability to act of the stakeholders invited to the Ontario regional meeting. Priority measures with respect to French-language credential and competency assessment services cannot entirely disregard these broader issues, however, since these issues will ultimately determine the success of this very demanding process.

The participants nevertheless identified priority measures focusing on the key elements of the “information, awareness-raising, training, and services continuum.” These measures, which are to be implemented through stakeholder mobilization and concerted action, are addressed in part three of this report summarizing the common priority measures.



## 2.3 Atlantic regional meeting

### Highlights

The Atlantic regional meeting took place in Moncton on March 26, 2008. It brought together 31 people from New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador. Four representatives of national organizations also attended.

The participants represented various stakeholders, namely provincial and federal ministries and departments, provincial and national regulatory organizations in the four target professions (medicine, nursing and practical nursing, occupational therapy and physiotherapy) and postsecondary institutions. In addition, four provincial organizations responsible for immigration and for health in Francophone minority communities contributed to the discussions.

Four speakers described how their organizations handle credential and competency assessment requests from internationally educated Francophone health professionals. They discussed the barriers that these professionals face and mentioned some best practices that could represent potential solutions.

Dr. Cameron D. Little of the College of Physicians and Surgeons of Nova Scotia explained that the College is not currently offering any services in French. To practice medicine in the province, physicians must demonstrate their ability to work in English. Of the province's 2,000 physicians, 212 are Francophones and 42 are internationally educated Francophone graduates. As required by the profession, the latter must pass the national examination administered by the Medical Council of Canada, which offers all its services in French and English. To better meet Francophone communities' needs, the College has compiled a directory of the province's physicians who are able to work in French. It also offers internationally educated physicians a 13-month assessment and professional development program dubbed the Clinician Assessment for Practice Program. This program supports them through mentorship and the assessment of their practice. Dr. Little added that the College of Registered Nurses of Nova Scotia has developed a Website for internationally educated graduates that explains the process for obtaining



Some of the participants at the Atlantic regional meeting, from left to right: Maggy Razafimbahiny, Consortium national de formation en santé (CNFS); Rebecca Bourdage, College of physiotherapists of New Brunswick; Alison Cooper, Canadian Alliance of Physiotherapy Regulators; Deniz Akmaner, International Credential and Competency Assessment and Recognition (ICCAR), Council of Atlantic Ministers of Education and Training; Roukya Abdi Aden, Fédération des communautés francophones et acadienne du Canada (FCFA).

recognition of competencies. The site is currently posted in six languages, including French.

Linda Finley, of the Nurse Association of New Brunswick, explained the elements evaluated during the recognition of competencies, namely education, language skills, supervised clinical experience, and success on the national examination. She explained that in New Brunswick, assessment requests may be submitted in French. When gaps are noted, internationally educated nurses have access to clinical placements or bridging training program. For example, supervised six- to eight-week clinical placement facilitates an international graduate's integration into the Canadian health care system. Ms. Finley underlined the fact that temporary accreditation is granted to internationally educated nursing graduates to allow them to practice while the competency recognition process is underway.

Alison Cooper of the Canadian Alliance of Physiotherapy Regulators detailed the competency assessment process for international graduates in this field.<sup>2</sup> Among possible solutions to increase the supply of French-language credential and competency assessment services, the Alliance proposed expanding the publication of French-language documents, developing additional bridging programs in both official languages, and integrating the CNFS's process into the federal immigration reform announced in the 2008 budget.

Philip Bélanger, of the International Credential and Competency Assessment and Recognition Agency (ICCARA), recalled this organization's history and explained that Human Resources and Social Development Canada is piloting its development. The Council of Deputy Ministers of Education of the Atlantic region has approved the organization's model. It is expected that a bilingual assessment centre will assess credentials and competencies, in collaboration with regulatory organizations. Consultations on this subject have taken place with faculty, employers, postsecondary institutions, provincial governments, and immigrant services.

### **Barriers and challenges**

All participants acknowledged the lack of human and financial resources that is affecting the provision of French-language credential and competency assessment services in the Atlantic region. A major distinction divides the four provinces, with New Brunswick being bilingual but the Francophone communities in the three other provinces being small and widely dispersed. Given the small number of internationally educated Francophone health professionals living in the Atlantic region, participants wondered how their needs could be addressed regionally.

After the presentations, the participants discussed the many barriers and challenges affecting the delivery of French-language credential and competency assessment services in their provinces. These have been summarized and grouped in four major categories.

<sup>2</sup> The Canadian Alliance of Physiotherapy Regulators delivered different presentations at the West and Ontario regional meetings. The reader is invited to consult these two other meeting summaries.

1. *Barriers and challenges related to human and financial resources*
  - ✿ A lack of concerted action leads to duplication.
  - ✿ Considerable sums are required to translate documents and validate their content.
  - ✿ The delivery of bridging training program programs is costly.
  
2. *Barriers and challenges related to the professional environment in which regulatory organizations operate*
  - ✿ The mandates of regulatory organizations working as silos may lead to duplication.
  - ✿ Canada has a multitude of systems for assessing credentials and competencies.
  - ✿ It is important for regulatory organizations to recognize bridging training program.
  
3. *Barriers and challenges related to information*
  - ✿ Pre-immigration information is incomplete and does not reflect provincial realities.
  
4. *Barriers and challenges related to the networks welcoming Francophone professionals*
  - ✿ Barriers to cultural, social and economic integration have an impact on the retention of internationally educated Francophone health professionals practising in Francophone minority communities.
  - ✿ Once their credentials have been recognized, internationally educated Francophone professionals move to bigger centres.
  - ✿ Host communities are poorly prepared to receive internationally educated Francophone immigrants.

### **Potential solutions**

In the course of the discussions, the participants proposed several potential solutions related to coordinating and engaging the main stakeholders and raising their level of awareness. These have been summarized and grouped in four main categories.

1. *Building ties to Francophone minority communities*
  - ✿ Communities and regulatory organizations must forge partnerships in order to meet the need for Francophone human resources in the health care field.
  
2. *Development of support programs and professional integration programs*
  - ✿ Mentorship programs based on the St. Boniface family medicine model must be developed.



- ✿ Paid internships must be offered to international Francophone health care graduates.
- ✿ Bridging training program programs must be designed to meet the gaps identified during competency assessments.

### 3. *Development of resources and an information continuum*

- ✿ An inventory of the programs and services available in French in Canada must be compiled.
- ✿ Pre-immigration information must be improved so that it paints a realistic picture, and Canada's consular services must be made aware of the requirements of regulatory organizations in the health care field.

## **Priority measures**

After the discussions, the participants identified what they considered to be priority measures for the country as a whole rather than the Atlantic region in particular. These have been summarized and grouped in two main categories.

### 1. *Improving information and the sharing of resources*

- ✿ Information must be compiled in the form of an inventory or directory and shared with primary stakeholders.
- ✿ Attention must be drawn to the French-language services that internationally educated Francophone health professionals need.
- ✿ Pre-immigration information must be improved.

### 2. *Communication, coordination, and the forging of partnerships between stakeholders*

- ✿ Regulatory organizations and educational institutions must forge partnerships in order to offer French-language services, including language training and mentorships (the Metropolitan Immigration Settlement Association of Nova Scotia model was cited as an example).
- ✿ The process of recruiting internationally educated Francophone health professionals must be coordinated with regulatory organizations so that accurate information on the needs and requirements of professions is available.
- ✿ Host communities must be prepared and informed, so they can provide a social framework for internationally educated Francophone health professionals.
- ✿ Provincial and national assessments must be harmonized.



### 3. SUMMARY OF COMMON PRIORITY MEASURES

The three regional meetings shed light on regional and national problems requiring attention in the near future. Various findings emerged from the meetings. Presented below are the common elements of the areas of intervention and potential solutions that were discussed in relation to increasing the provision of French-language credential and competency assessment services in all Canadian provinces and territories (except Quebec).

Given the diversity of the authorities involved in assessing the credentials and competencies of international Francophone graduates, the implementation of the recommended potential solutions will require an across-the-board mobilization of government authorities and other authorities with specific mandates in this area. The interest shown by the stakeholders who attended the three regional meetings reflected their willingness to engage in more long-term concerted action.

Long-term concerted action and the mobilization of all stakeholders are themes common to all the priority measures identified at the three meetings. The participants recommended the establishment of a national mechanism to promote collaboration among all partners in providing French-language credential and competency assessment services. All the measures reproduced below flow from this approach.

First, participants proposed the **centralization of information and resources** as a priority measure to support the dissemination and sharing of what already exists in French. The creation of a one-stop portal or a national information service was recommended that would supply, in French, all national and provincial information on recognition of the credentials and competencies of internationally educated Francophone health professionals.

Second, participants proposed the **creation of a national data bank** in the form of a directory of all resources (Bridging training program and language training, mentorships, placements, etc.) to assist internationally educated Francophone health professionals. Distributing this directory would maximize resource utilization and accelerate the recognition process.

Third, participants proposed developing a **pre-immigration portal** that would supply realistic and up-to-date information on the economic and linguistic situation existing within the provinces. This portal could also supply information on regulatory organizations' requirements.

Fourth, participants favoured **designing more programs**, Bridging training program, tools, support measures, and follow-up mechanisms to foster the professional competencies of internationally educated Francophone health professionals. These various means would help these professionals better meet credential and competency assessment requirements.

Fifth, **involvement by Francophone minority communities** could take the form of social or professional support that would help develop and retain internationally educated Francophone health professionals. Prior to involving Francophone minority communities, however, they would have to be prepared and made aware of immigrants' needs.

## CONCLUSION

In recent years, partnerships forged by leading stakeholders and policies developed at the federal and provincial levels have resulted in fruitful initiatives that are making it easier for internationally educated Anglophone health care graduates to integrate professionally. Several of the conclusions to emerge during the three CNFS regional meetings were also highlighted during earlier forums examining the situation of the aforementioned Anglophone graduates.

However, little data is available on the specific situation of internationally educated Francophone health professionals. Those attending the three regional meetings indicated that international Francophone and Anglophone graduates face similar challenges in obtaining recognition for their credentials and competencies. However, the process is more difficult for Francophones living in primarily Anglophone communities since they have little or no access to credential and competency assessment services in French.

The priority measures proposed during the three meetings far exceeded the mandate of the CNFS. Buy-in and commitment by all stakeholders, based on their respective mandates, will be essential to implementing a preliminary action plan.

Through its national network of postsecondary institutions delivering health care training, the CNFS has forged partnerships with many organizations that are complementary to, or active in, this field. Given its positive record in French-language health care training and research, the CNFS is in an ideal position to promote the implementation of the proposed measures and thereby accelerate the professional integration of Francophone immigrants with international training in health care.

The CNFS will examine how it can ensure that stakeholders collaborate on a national basis. It will examine measures related to developing Bridging training program programs in French, in the health care field, enhancing the inventory of resources available to internationally educated Francophone health professionals, and raising the awareness of community partners.

Provincial governments must also be made aware of what regulatory organizations and credential assessment services need in order to respond in French to credential and competency recognition requests. This awareness-raising process must take place in partnership with the aforementioned organizations and services as well as Francophone minority community organizations. Governments and regulatory organizations must be encouraged to show greater commitment to bilingualism and the *Official Languages Act*. Their programs and services recognizing the credentials and competencies of internationally educated health professionals must be equitable to Francophones. If provincial governments are more familiar with the realities that internationally educated Francophone health professionals face, they will perhaps be more inclined to allocate the human and financial resources needed to increase the supply of French-language services and make the assessment process more equitable to Francophones. Provincial authorities are also responsible for harmonizing assessment standards and simplifying the assessment processes. In short, the notion of linguistic equity must be introduced into existing initiatives.

Participants at the three regional meetings clearly expressed their desire to pursue the discussions. They also expressed their interest in developing an action plan that would produce concrete initiatives and accelerate the professional integration of Francophone immigrants with international health care training.

After the completion of the three regional consultations, it is clear that recommendations should be carried out on several levels. This is in order to ensure that their implementation covers all the elements necessary to facilitate and improve the services assessing the credentials and competencies of internationally educated francophone health professionals. For its part, CNFS is committed to collaborating with its partners to develop an action plan which will consider the priority actions and recommendations that will ensure a concerted follow-up of the three consultations.