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BACKGROUND

For the past few years, the issue of credentials and professional experience of internationally trained health graduates (ITHGs) recognition has formed an integral part of the debate on immigration and the integration of qualified newcomers to Canada. Generally speaking, due to a shortage of professional resources, Canada, like most industrialized countries, will in future depend to a large extent on qualified human resources from abroad. This situation will require levels of government and economic and social stakeholders to launch major, ongoing initiatives.

It is appropriate to define the attraction and integration of ITHGs from a broader perspective on immigration which takes various factors into account, including the increasing mobility of some categories of immigrants, the strong recruiting competition among developed countries, the diversification of immigrants' countries of origin, and the more coordinated management of immigration by active stakeholders in this important field.

Four major trends emerged from our literature review, namely a more mobile immigration, a more economic immigration, a more diverse immigration, and a more coordinated immigration policy.

1. A more mobile immigration

Immigration in the 21st century is taking place against the backdrop of a knowledge economy marked by increasingly global overall people flows. A central characteristic of these movements is more competitive recruitment by Western societies seeking highly qualified immigrants.

2. A more economic immigration

Since 2000, Canada has been selecting a large number of economic immigrants, i.e. qualified workers, entrepreneurs and candidates for provincial programs. It has introduced a model (the human capital model) in which immigrants are seen as flexible candidates who will adjust to the labour market and develop new language and employment skills.

Extensive literature has documented the growth of this type of immigration to Canada as well as the deterioration in the living standard of newcomers due to economic marginalization, lower salaries, a high rate of unemployment, and the downgrading of international credentials.

Several reasons account for this process of “de-qualifying” newly arrived graduates. These include the downgrading of international credentials, the lack of work experience and professional relations in Canada, and language learning problems, not to mention the existence of discriminatory practices and biases toward visible minorities.

3. A more diverse immigration

Several studies indicate that immigration diversification is the new reality in Canada. This situation is creating a considerable challenge since Canada is attracting fewer qualified immigrants from traditional countries.

As its immigration becomes more diverse and the number of candidates from English-speaking countries drops, Canada appears to be experiencing difficulty integrating this new, more visible immigrant population.

Another aspect of this challenge is the increasing mobility of the professional immigrant population and retention difficulty in smaller communities.

4. A more coordinated immigration policy

Immigration was for many years simply a matter for governments to manage. However, over time, it has become a complex, multi-institution policy.

These four major trends are having a significant impact on the issue of Francophone immigration to Canada.

Solutions

Canada must adapt to the recent changes in immigration by highly qualified persons and consider innovative solutions. A literature review suggests some solutions to facilitate the social and professional integration of ITHGs. These are briefly summarized below.

- SOLUTION 1: Adjustment mechanisms must be devised to provide ITHGs with better access to additional training.
- SOLUTION 2: It is important to provide ITHGs with accurate information on the credential recognition process and social and professional integration into Canada.
- SOLUTION 3: It is desirable to have Canadian employment experience without necessarily being fully certified.
- SOLUTION 4: Integration into the work culture is also essential.
- SOLUTION 5: A network of internationally trained health professionals must be developed to provide contact with other professionals who have experienced the same issues.
- SOLUTION 6: The existing structures must be able to welcome ITHGs and help them get established, providing them with essential resources such as access to housing, education and socio-cultural activities as well as community integration.
- SOLUTION 7: The stakeholders involved must be made more aware of ITHGs integration.

OBJECTIVE

Many difficulties hinder the professional integration process for a large number of internationally trained health graduates (ITHGs) and prevent them from practising in their field. This study examines the factors involved in integrating Francophone ITHGs into Francophone minority communities. It sheds light on ITHGs' experience obtaining recognition for their credentials, and attempts to identify solutions and applications designed to remove barriers to their integration.

METHODOLOGY

Although this study covers Canada as a whole, greater emphasis was placed on some regions. In the Maritimes, the interviews were concentrated in New Brunswick and Nova Scotia. In Ontario, the Ottawa and Toronto areas were targeted. In the West, data was collected in Alberta and Manitoba.

Several survey tools were used to conduct this study.

1. The existing services for ITHGs were inventoried in the regions under study.
2. Then, a profile of Francophone ITHGs was compiled using data ordered from Statistics Canada.
3. Finally, interviews were conducted with ITHGs, representatives of organizations that assist Francophone ITHGs (to a greater or less extent), and respondents involved in training Francophone ITHGs or newcomers.

In all, interviews were conducted with 67 ITHGs (58 through group interviews and 9 through individual interviews), 19 representatives of organizations, and 10 individuals involved in training ITHGs or newcomers.

STATISTICAL PROFILE OF ITHGS

A profile of Francophone ITHGs in Canada was compiled based on the respondents' self-assessed knowledge of the French language. The country has 80,930 Francophone ITHGs, including those residing in Quebec. There are 32,305 Francophone ITHGs outside Quebec.

Among ITHGs, 40% arrived in Canada after 1991; 37% came from Europe, 21% from Asia and 16% from Africa.

With respect to credentials, 52% of ITHGs hold a bachelors degree, certificate or university degree and 20% have studied medicine.

Breakdown of ITHGs in the sample by province (N = 80,930)

	Total Population by Mother Tongue N(%)	Single Responses N(%)	English N(%)	French N(%)	Unofficial Languages N(%)	Multiples Responses N(%)
Canada	80,930	77,475	14,355	14,905	48,215	3,450
Newfoundland and Labrador	250 (0.3)	240 (0.3)	130 (0.9)	25 (0.2)	85 (0.2)	10 (0.3)
Prince Edward Island	30 (0.0)	20 (0.0)	15 (0.1)	10 (0.1)	0 (0.0)	15 (0.4)
Nova Scotia	645 (0.8)	630 (0.8)	370 (2.6)	40 (0.3)	215 (0.4)	15 (0.4)
New Brunswick	830 (1.0)	825 (1.1)	315 (2.2)	245 (1.6)	265 (0.6)	0 (0.0)
Quebec	48,625 (60.1)	46,480 (60.0)	3,575 (24.9)	11,470 (77.0)	31,440 (65.2)	2,140 (62.0)
Ontario	20,095 (24.8)	19,225 (24.8)	6,050 (42.1)	2,120 (14.2)	11,055 (22.9)	870 (25.2)
Manitoba	885 (1.1)	855 (1.1)	255 (1.8)	115 (0.8)	480 (1.0)	30 (0.9)
Saskatchewan	485 (0.6)	460 (0.6)	205 (1.4)	75 (0.5)	180 (0.4)	25 (0.7)
Alberta	2,620 (3.2)	2,510 (3.2)	925 (6.4)	215 (1.4)	1,365 (2.8)	115 (3.3)
British Columbia	6,365 (7.9)	6,130 (7.9)	2,470 (17.2)	585 (3.9)	3,080 (6.4)	230 (6.7)
Canada	80,930	77,475	14,355	14,905	48,215	3,450

Sociodemographic profile of the ITHGs in the sample (N = 80,930)

Characteristic	N (%)
Year of immigration	
Before 1981	32,525 (40.2)
Between 1981 and 1990	10,075 (12.4)
Between 1991 and 2000	18,735 (23.1)
Between 2001 and 2006	13,590 (16.8)
Origin (continent)	
North America (including Central America)	5,465 (6.8)
South America	4,010 (5.0)
Europe	30,210 (37.3)
Asia	16,665 (20.6)
Africa	12,845 (15.9)
Oceania	435 (0.5)

Sociodemographic profile of the ITHGs in the sample (N = 80,930)

Characteristic	N (%)
Bachelor's degree, certificate or university degree	22,905 (51.9)
Medical studies (including dentistry)	8,950 (20.3)
Masters	6,820 (15.4)
Doctorate	5,480 (12.4)

PROFILE OF COMMUNITY SERVICES

Newcomers to Canada have access to a range of services offered by various aid organizations. However, Francophone immigrants who choose a province or territory must, in most cases, use English-language services since these predominate. Ontario is the province that provides the most extensive French-language services to Francophone immigrants. Its Francophone organizations deliver a range of services supporting the social and professional integration of newcomers.

With respect to services intended for ITHGs, these are provided by aid organizations in several Canadian provinces. Across Canada, however, English-language services are more prevalent than French-language ones. As is the case with general services, Ontario offers the broadest range of French-language services to Francophone ITHGs.

Best practices

We have identified a few practices that may represent solutions to the challenge of facilitating the social and professional integration of ITHGs.

1. For international medical graduates (IMGs), the federal government has established the Federal/Provincial/Territorial Advisory Committee on Health Human Resources. The committee created a website that centralizes information on the resources available to IMGs [www.img-canada.ca]. This website, which exists in both official languages, gives information on the procedure to follow in obtaining a medical licence in Canada, by province and territory. The Canadian health care system is also presented through various web links so that IMGs can familiarize themselves with health care, the roles of the federal, provincial and territorial governments, and professional and non-governmental organizations.
2. Several provinces offer English-language training and transitional programs for internationally trained nurses. However, no French-language equivalent exists outside Quebec.
3. Finally, several language training programs for newcomers exist (e.g. the LINC program) and help introduce newcomers to the Canadian labour market.

FINDINGS

Lack of information at the outset: One element emerged strongly from our analysis, namely that ITHGs lack information on the process required to obtain recognition for credentials and on professional integration.

Recognition of credentials: Some ITHGs mentioned that obtaining recognition for credentials is costly. Several participants in the individual and group interviews pointed out that obtaining recognition for international credentials is long and complex, especially for physicians. In most cases, ITHGs should take the courses and examinations required to obtain their licence before beginning their residency or clinical placement.

Three types of outcomes to the credential recognition process were identified, namely that ITHGs: 1) obtain a position in their field; 2) obtain a position in a related field, often requiring less training; 3) drop out of their field.

Factors facilitating the recognition of credentials: Several respondents mentioned that possessing good knowledge of the English language facilitates the recognition of credentials; many ITHGs currently lack this knowledge to some extent. Here are a few factors that can facilitate the recognition of credentials:

- Ontario recognizes some correspondence courses offered by the *Ordre des technologistes médicaux du Québec*.
- Holding recently acquired credentials increases the odds of still being able to contact the relevant organization's officials in the country of origin.
- Translating documents into English facilitates the credential recognition process since it appears that French translations are not valid. This forces ITHGs to have everything translated into English.

Professional integration: After passing their examinations, physicians have very little hope of obtaining a residency, which complicates their professional integration process. Employers often make Canadian experience an asset or even a requirement for ITHGs wishing to enter the labour market. For lack of such experience, the professional integration process often leads to lower level positions for which ITHGs are overqualified.

Workplace integration: ITHGs who can communicate in French attract a portion of the Francophone clientele. In general, however, English is needed to integrate into the workplace. ITHGs must adjust to their new organizational culture and technological environment and must familiarize themselves with the work ethic in Canada, certain pieces of legislation, certain illnesses that do not exist in their country of origin, etc.

Social integration: Several respondents indicated that social and professional integration go hand-in-hand, and they flagged social integration as being problematic. Francophone immigrants have a priority need to participate in social activities that will enable them to integrate socially and even professionally. Several respondents mentioned that having contacts and being plugged into networks can help ITHGs with their credential recognition process and professional integration. These networks can also help in finding employment. Social integration in rural areas represents a special challenge since it is very difficult to convince immigrants to come to work in rural rather than urban settings.

ITHGs' needs: ITHGs mentioned several needs that would facilitate their integration, such as the need for:

- Financial assistance;
- Information on the credential recognition process and requirements and on their host community;
- Access to training in English-as-a-second-language, on the organizational culture within the health care system, and on technological devices.

Solutions proposed by ITHGs

The solutions proposed by the ITHGs are tailored to the needs they identified. They suggested instituting financial assistance measures (work-study bursaries or programs) and establishing a centralized, independent organization responsible for recognizing ITHGs' credentials and providing them with accurate, relevant information. ITHGs want to be informed about the process in its entirety, the expenses to be incurred, and the deadlines involved.

They also suggested making employers and host communities aware of ITHGs and cultural diversity.

Respondents suggested several types of training activities that would allow them to acquire cultural competencies (e.g. on cultural differences in the delivery of care) and become more familiar with the following areas:

- The health care system and medical administration in Canada;
- Work methods and culture in Canada;
- Canadian diversity overall;
- Computers and the technological environment within health centres;
- Medical records;
- Professional relations in medicine;
- Medical terminology and work standards;
- Ethics or legislation in Canada.

Several ITHGs saw mentoring as a way of facilitating professional integration. They also sought increased access to placements that would better support or guide them through the professional integration process. They proposed forming a Francophone support group responsible for accompanying ITHGs through their social and professional integration into an Anglophone community. Some proposed creating a so-called navigator position to assist them in this regard. Such a navigator possessing a solid background could promote the pooling of existing community resources and encourage networking and liaison between various health stakeholders. Finally, respondents suggested implementing services designed to facilitate ITHGs' social integration.

DISCUSSION OF FINDINGS

Generally speaking, what the respondents told us echoed in large part the findings of our literature review. Recognition of credentials clearly constitutes a selective barrier to the immigration process; ITHGs come away with the impression that all steps in the process are designed to dissuade them and that the final outcome is far from certain. Two factors stand out in this regard. First, ITHGs' pre-immigration expectations or aspirations affect how they perceive their immigration plans. Second, the workplace and host community integration process must be conceptualized and planned to ease the path the immigrants take.

A few highlights

1. The expressed need to receive relevant and simplified information is a key aspect to consider within the current immigration context.
2. With respect to the recognition of credentials, it was frequently noted that the process of having international credentials recognized in Canada is a difficult one that poses a serious barrier to integration.
3. Over the past few decades, Canadian culture has evolved into a more individualistic society. Proving oneself in the workplace involves demonstrating the ability to manage within the system independently. The sometimes difficult time that ITHGs experience adjusting to the workplace culture exposes some of the major existing intercultural differences.
4. Better social integration of ITHGs into Francophone communities represents the other essential aspect of integration.
5. The principle of dual or mutual responsibility was one solution mentioned. This involves immigrants and host communities sharing responsibility for integration and for finding mechanisms that will allow both parties to adjust. The key is to harmonize differences rather than to isolate them and see them worsen as immigration grows increasingly diverse.

Improving the lot of ITHGs will necessarily involve promoting and strengthening the ability of Canada's Francophone communities to welcome immigrants so that these communities become more competitive within the international Francophonie. Related to this process is the importance of understanding ITHGs' perception of the language issue and the usefulness of using French in their work.

The proposed solutions are intended to reduce the gap between ITHGs' pre-immigration expectations and the reality of integration by informing ITHGs more effectively and implementing training services and activities in all regions to support their social and professional integration.

SOLUTIONS

Francize the credential recognition process

Francophone minority communities must have the ability to welcome and integrate newcomers, especially ITHGs, within a Francophone setting. The existing potential to francize this process should be considered.

Develop services and training activities in training centres

Several types of training may be explored:

1. Training on Canadian work culture and the Canadian health care system;
2. Introductory training on the workplace technological environment (health devices and computer systems);
3. Preparatory training for examinations;
4. Language training tailored to ITHGs' needs (with a focus on technical vocabulary and the everyday French spoken within the Francophone community);
5. Upgrading training on health competencies for ITHGs.

Similarly, establishing work-study programs or professional placements should be explored. It would be appropriate to consider establishing a work-life counselling and guidance program for ITHGs.

Focus on mentoring and networking

Establishing mentoring programs should be explored. Organizing networking activities could help build social and professional ties and thereby promote ITHGs' social and professional integration.

Make optimum use of community services

Community organizations can play an important role in informing, training and guiding ITHGs as they integrate into Canadian society, the Francophone community, the labour market and the health care system. These services can target all newcomers while placing specific emphasis on ITHGs, based on the needs and resources within communities.

Designate a support officer within existing health resources

One way of providing ITHGs with relevant services is to establish a support service. Many resources exist within communities to help ITHGs join the labour market. Of course, new services will have to be created in some cases, but what is generally lacking is a resource person mandated to bring together the various stakeholders who can help ITHGs complete the credential recognition process and join the labour market.