



WES Response to Ontario Government and Health Regulators on Internationally Educated Health Professionals

September 2022

August 2022 Government Directive to Health Regulators regarding Internationally Educated Health Professionals (IEHPs)

On August 4th 2022, Health Minister Sylvia Jones directed the College of Physicians and Surgeons of Ontario (CPSO) and the College of Nurses of Ontario (CNO) to develop and share their plans to register internationally educated applicants “as expeditiously as possible”.

This directive came in response to a health care system in crisis. Roughly [1.3 million](#) Ontarians are without a family doctor and in July 2022, over 20 emergency rooms throughout the province were forced to [temporarily](#) close due to staffing shortages, including critical nursing shortages. Meanwhile, thousands of internationally educated health care professionals (IEHPs) in the province are [underemployed](#) and continue to face barriers to licensure and professional re-entry.

On August 18th, the CPSO and CNO released their recommendations in response to this directive. Both colleges acknowledged the immense challenges facing the health care system considering the pandemic and highlighted steps that have already been taken to ensure that qualified health professionals can become licensed and practice in the province. Both regulatory bodies also encourage efforts to reduce “red tape” and streamline legislative and regulatory requirements (under the Regulated Health Professions Act (RHPA), Medicine Act (1991) and Nursing Act (1991)) that would enable more responsive, innovative solutions in response to complex and rapidly evolving challenges. In particular, the CNO has been highly proactive in undertaking a major modernization of its entry to practice requirements and creating important new programs to facilitate access for applicants. There is less evidence of a similarly proactive approach by the CPSO in ways that would substantively change access for internationally trained physician applicants.

“A Plan to Stay Open”

On the same day, August 18, 2022, the Ontario Government [released](#) its “A Plan to Stay Open: Health System Stability and Recovery”, in what is described as a five point plan “*to provide the best care possible to patients and residents while ensuring the resources and supports are in place.*”

WES commends recent efforts by government and regulatory bodies to address barriers that prevent IEHPs from re-entering their professions in Ontario. We urge that additional actions be taken in response to the recommendations we and other stakeholders have put forward. Several key recommendations from the CPSO and CNO, such as the call to implement Practice-Ready Assessment in Ontario, were excluded from “A Plan to Stay Open”.

Government plays a critical role in enabling more doctors and nurses to enter the health care system, and more remains to be done to ensure that qualified IEHPs can become licensed in the province and contribute to rebuilding the health care workforce in the wake of the pandemic.

What follows is an analysis of key components of the CPSO and CNO recommendations, “A Plan to Stay Open”, and WES recommendations to address gaps.

General Recommendations:

- **Legislative and regulatory modernization:** As recommended by both health regulators, the government should explore regulatory reforms, including legislative modernization, that would enable colleges to amend classes of registration and registration requirements through by-law as opposed to council. Under Schedule 2 of the Regulated Health Professions Act (RHPA) the health regulatory bodies are required “*to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals*”. Regulatory requirements under the Medicine Act (1991) and Nursing Act (1991) should be reviewed to ensure that regulatory bodies are empowered to make amendments to regulatory requirements that align with system needs, evidence, and best practices. This includes alignment with regulations under Schedule 6 of the Pandemic and Emergency Preparedness Act, 2022, which prohibits limiting requirements solely for Canadian experience and establishes maximum time limits for colleges to make registration decisions.
- **Deepen multistakeholder collaboration:** Multistakeholder, interjurisdictional collaboration is necessary to enable policy coherence and alignment between stakeholders who have a role to play in removing barriers to practice for IEHPs and addressing the health care crisis in Ontario. This should include those with lived experience. Government should play a lead role in convening invested parties, jointly designing long-term, actionable strategies, and ensuring necessary legislative changes and sufficient funding to implement and scale effective interventions.
- **Support shift from reactive to proactive HHR planning through enhanced data strategies:** All stakeholders are beginning to move from reactive to proactive planning to address barriers to registration and employment for IEHPs. A comprehensive data strategy is a necessary component to this, as current HHR data does not provide a full or accurate picture of the health care workforce in Canada, including individuals with international health education whose skills are being underutilized. There is opportunity for collaboration between provincial government, provincial regulatory bodies, the Canadian Institute for Health Information (CIHI), the Canadian Medical Association and Canadian Nurses Association, and federal ministries (including IRCC and Health Canada) to improve on existing data collection and triangulation to inform an HHR strategy in Ontario and Canada-wide. In a briefing to the House of Commons Standing Committee on Health in April 2022, the CMA, CNA and CFPC

called for the creation of a national health workforce data strategy, that would address gaps in health workforce data and enable improved planning.

Internationally Trained Physicians:

The section below analyses key elements of the CPSO response regarding expedited licensure and the Minister's comments. It offers WES' recommendations for moving forward.

1. Bring the Practice-Ready Assessment (PRA) model to Ontario: In its response, CPSO urges government to take "immediate steps" to implement a PRA program for Ontario, as the model has been successfully implemented in 7 other provinces. A pilot program for PRA in Ontario was developed in 2016, but never launched, and a shortage of qualified preceptors / supervisors has been noted as a barrier to implementation. There was no mention of PRA in the August 18th government response, however, as [reported](#) by Global News, Minister Jones has said that the Ministry is "looking carefully at the concept." Government support, funding, and coordination amongst key system partners is required to implement PRA in Ontario, and the model could be implemented almost immediately and boost the supply of physicians in the province as early as next spring (2023).

- **Recommendations:** Government should work with CPSO and key stakeholders to re-introduce a pilot for PRA in Ontario and fund its implementation on an appropriate scale. There are already [urgent](#) needs in rural and northern communities; Northern Ontario [needed](#) 325 physicians as of June 2021, at least 135 of whom need to be family physicians. CPSO should continue to ease re-entry requirements for recently retired physicians to ensure a sufficient supply of qualified, experienced preceptors for incoming PRA candidates.

2. Increase uptake of provisional and independent classes of registration for ITPs: The proposal by the CPSO to expand emergency or short duration licenses does not fundamentally remove a barrier for internationally trained physicians, however it has the potential to immediately relieve strain on emergency departments and work in combination with other measures by (for example) providing recency of practice for ITPs as a step to independent licensure. This class of licensing requires sponsors and appropriate supervision of physicians, and CPSO has also offered to issue a call-out to recently retired physicians to support with supervisory needs, offered to waive application fees for retired physicians, and adopt a "flexible approach to re-entry requirements."

- **Recommendations:** Increasing uptake of provisional classes of licensure should be done in combination with other long-term measures that ensure sustainable pathways to independent licensure for ITPs. For example, a model of supervised practice and provisional licensure has been implemented for the nursing profession through the Supervised Practice Experience Partnership (SPEP) initiative between the CNO and Ontario Health, which enables internationally educated nurses to meet outstanding registration requirements (language proficiency and recent practice experience) while working under supervision in hospital and long-term care settings. A similar program could be established to match physicians with

specific outstanding registration requirements (e.g. recency of practice or Canadian experience) with opportunities for supervised practice in hospital or community settings. In September 2022, the Ministry of Health gave [approval](#) for the CPSO to create a new, 3-month (temporary) license for physicians licensed in other Canadian provinces, and additional classes of registration (for example, Limited Licensing for ITPs as Clinical Assistants) should be explored for their potential to add capacity to health systems and expand pathways to full registration for qualified ITPs.

3. Equitably expand residency training positions for ITPs: Only a small number of residency positions are available to internationally trained physicians in Ontario, and the CPSO requests that the government immediately increase the number of residency positions available to ITPs, including targeted positions for ITPs already in the province. The Ontario Medical Association (OMA) is also [calling](#) for an increased number of residency positions for ITPs. While 450 new medical education seats were [announced](#) by the government in March of 2022, just 20% of the 295 postgraduate positions will be allocated to ITPs (source: Correspondence with Ministry of Health), resulting in just 59 new residency positions for ITPs over 5 years. In “A Plan to Stay Open”, the government announced an initiative to link 400 physician residents to support the workforce in northern and rural Ontario, however it is still not clear to what extent this program will impact internationally trained physicians.

- **Recommendations:** Provincial government should collaborate with relevant stakeholders, including the CPSO, Ontario faculties of medicine, the Association of Faculties of Medicine of Canada (AFMC), and the Canadian Residency Matching Service (CaRMS) to immediately designate more residency positions for ITPs in the province and ensure adequate funding for these positions. As Return of Service agreements are currently required for ITPs pursuing residency, but no such requirement exists for Canadian medical graduates, these agreements should be evaluated for their effectiveness in supporting long-term retention in underserved communities, as well as from an equity lens for their differential application based on country of study.

4. Need for multistakeholder collaboration and an Ontario health human resource (HHR) planning table, including an Ontario IEHP plan: CPSO notes that “licensure is one part of the broader solution,” and that addressing ongoing challenges and systemic problems will require thoughtful collaboration between a range of stakeholders. Numerous actors at both the provincial and federal levels play a role in supporting equitable registration and workforce integration for ITPs, and all voices, including those of ITPs themselves, need to be heard to design effective, sustainable solutions to the health care crisis.

- **Recommendations:** Provincial government should convene an Ontario HHR planning table with key stakeholders involved, including faculties of medicine, national certification bodies (such as the Royal College of Physicians Surgeons of Canada and the College of Family Physicians of Canada), employers (including hospitals and long-term care) and others, including the Medical Council of Canada. Government should take a lead role in bringing

together invested stakeholders for co-design of interventions and systemic solutions, including a set of systemic solutions on entry to practice for ITPs.

Internationally Educated Nurses:

The section below analyses key elements of the CNO's response regarding expedited licensure and the Minister's comments. It offers WES' recommendations for moving forward.

1. Build on successful externship models (such as the Supervised Practice Experience Partnership, or SPEP) that target IENs who can swiftly meet professional registration requirements:

The SPEP enables IENs to demonstrate they meet requirements for language proficiency and recent safe practice in a supervised setting, either hospital or long-term care. As of August 2022, the SPEP has matched 1,317 IEN applicants with employers and enabled 617 IENs to register to practice nursing in Ontario. In "A Plan to Stay Open", the government announced its intention to expand the program to support 400 additional IENS by the end of the next fiscal year, however this proposed scale is far below the anticipated demand for nurses in the province (according to the Registered Nurses Association of Ontario ([RNAO](#)), 22,000 nurses were needed in Ontario at the start of the pandemic). Employer support is also required to scale proven models; a shortage of experienced nurses/supervisors is noted as a barrier to expansion of this model.

- **Recommendations:** Impact evaluation of the SPEP should be conducted to inform its effectiveness in various health settings and potential for expanded scale, as there are 5,970 IENs living in Ontario with active registration applications to the CNO and who may benefit from this model of supervised practice for licensure. Government should take steps to address factors that prevent experienced nurses from remaining in and/or returning to the profession through, for example, approving amendments to Reinstatement regulations put forward by the CNO Council, or by repealing legislation such as Bill 124, which caps increases to wages and benefits for nurses at 1% per year and disincentivizes experienced nurses from remaining in the profession.

2. Provide financial supports to IENs to cover costs associated with obtaining professional registration:

Prohibitive costs are understood to be a barrier to professional registration and re-entry for IENs. In a CNO survey to over 3,000 IEN applicants (RN and RPN) who are eligible to write the entrance exam but have not yet done so, 14.7% of RN applicant respondents and 21.2% of RPN applicant respondents noted that "finances" were a barrier to writing the registration exam. In "A Plan to Stay Open", the government announced its intention to "temporarily" cover \$1,500 of examination, application, and registration fees for IENs and retired nurses, however it is not clear how many IENs will benefit, or how long this temporary measure will apply.

- **Recommendations:** Government funding should be extended to support IENs with financial costs associated with all aspects of licensure (beyond just exam fees), including costs for educational programs/tuition, & wraparound supports like childcare, transportation, and other associated costs. One promising example of this is the BEGIN initiative (Bridging

Educational Grant In Nursing) from the Ministry of Long-Term Care and the Registered Practical Nurses Association of Ontario, RPNAO), which offers between \$6,000-\$15,000 to eligible IENs to pursue further education towards RN or RPN certification. Government should conduct an evaluation and expansion of successful initiatives that provide comprehensive financial supports to IENs. Organizations like the CARE Centre for Internationally Educated Nurses can play a key role in identifying and supporting eligible IENs to apply for and receive financial supports.

3. Improve lengthy timelines associated with the process of professional registration for IENs:

Registering to practice as a nurse in Canada is a multi-step process that can take multiple years to complete, from beginning an application with the regulatory body, obtaining third-party verification of education and employment, submitting evidence of language proficiency, writing entrance examinations, or completing bridging or externship programs. Since implementing an updated language proficiency policy in 2021, CNO notes that they have observed a “sharp decline” in timelines related to assessment of language proficiency for IENs. CNO also writes that they “continue to innovate, while working with applicants and third parties whose actions also affect the total time it takes IEN applicants to register as a nurse”.

- **Recommendations:** Processes related to third party evaluation of academic, employment, and registration experience of IENs should ensure efficiency and alignment with CNO requirements, as well as requirements under Schedule 6 of the Pandemic and Emergency Preparedness Act, 2022, which prescribes time-limits to make and communicate registration decisions. Ongoing collaboration between CNO and the National Nursing Assessment Service (NNAS) is required to identify opportunities for improvements to registration processes and timelines.

