



**World Education Services**  
**Submission to the**  
**Standing Committee on Health (HESA)**

**Study: Impact of Immigration Policy on Healthcare and Barriers to  
Integrating Internationally Trained Professionals**

**October 2025**



## **Underutilized Health Care Skills in Canada**

Health care systems across Canada are in crisis, facing critical shortages of qualified health professionals to respond to increased demands for care, particularly in small and mid-sized communities. The federal government anticipates a [shortage](#) of 117,600 nurses by 2030 and 20,000 family doctors by 2031.

Meanwhile, thousands of internationally educated health professionals (IEHPs) living in Canada are ready and qualified to help. Many are Canadian citizens and permanent residents. However, systemic barriers to licensure, certification, and workforce integration continue to limit their ability to contribute to their full potential.

Statistics Canada data suggest that roughly [47% of internationally educated health professionals](#) are either unemployed or working outside their field. The reasons for this are well understood and [well-documented](#). They include insufficient access to training positions (for example, medical residency training), barriers to maintaining recent practice experience, high fees associated with assessments and licensing processes, insufficient access to bridging or laddering pathways, lengthy timelines, and the complexity of information about licensing pathways.

Canada invites health care professionals to the country through our immigration system and invests in programs to support their integration through federal and provincial immigration dollars, as well as health care, employment and education funds. Allowing skills underutilization of IEHPs to continue is costing Canada—both economically and in patient outcomes.

There is a clear and urgent need to advance ongoing efforts to remove systemic barriers that prevent IEHPs from becoming licensed to practice and to ensure that their skills can be fully applied in the Canadian health care sector.

## **The Need for Federal Leadership and Pan-Canadian Strategy**

The complexity of systems and stakeholders involved in this issue at the federal and provincial levels, and across federal, provincial, and territorial (FPT) ministries, demands pan-Canadian, cross-departmental, and multi-stakeholder approaches.

Successful solutions that have a positive impact are already being implemented across the country and across health care professions. However, these initiatives are unaligned and contribute to an increasingly fragmented patchwork of licensure processes, criteria, and supports for IEHPs. This fragmentation, in turn, leads to wasted federal and provincial investments and deeply disrupted lives for IEHPs looking to contribute their skills to our health care system. Additionally, the federal immigration pathways for health professionals remain entirely disconnected from the provincial regulatory processes that IEHP need to navigate.

As Canada moves to break down barriers to interprovincial labour mobility, we have a crucial opportunity to leverage the momentum towards pan-Canadian solutions and address these long-



standing and costly problems. The effort to find and align solutions must include collaboration across federal departments and between levels of government, as well as with regulatory bodies, the health education system, health care employers, IEHP organizations, and non-governmental partners.

Federal leadership is critical to ensuring that the criteria and processes to determine whether IEHPs are competent to practice in Canada are **evidence based** and **standardized** across the country. Federal leadership can help move provinces and territories and regulatory bodies to **align standards and best practices, reduce duplication, and provide necessary supports** to IEHPs consistently and effectively across jurisdictions.

While the federal government funds a range of initiatives through Health Canada, IRCC, and Employment and Social Development Canada (ESDC), this funding is not coordinated and aligned. Equally importantly, the federal government has not yet fully engaged its convening power to bring stakeholders together to find solutions, nor has it explored the potential for a national legislative framework for licensure that would include pathways to licensure for internationally trained health professionals who have made Canada their home.

One promising example of a federal convening effort was the IEHP task group brought together by Health Canada in 2021. The group included leaders from national physician and nursing regulatory bodies and professional associations, as well as other key players, to develop collaborative solutions which were supported by federal funding. However, this effort was not sustained. The work of [Health Workforce Canada](#), a national data centre established in 2023, also has tremendous potential to provide robust health workforce data inclusive of IEHPs. This type of multi-stakeholder collaboration is key to developing sustainable, system-level strategies and solutions going forward.

## Scaling Solutions that Work

Solutions to the barriers that keep IEHPs from practicing in our health care system already exist. Spurred by the pandemic, many important initiatives have been developed or expanded in the last several years. Some key examples include:

- **Registration modernization initiatives:** Some provincial regulatory bodies have begun proactively examining types of licenses available to IEHPs as well as IEHP entry-to-practice processes.
  - The Nova Scotia College of Physicians and Surgeons introduced [Defined licensing](#) for internationally trained physicians (ITPs), enabling some ITPs to work under supervision for a period of 6-24 months and to then apply for an independent license.
  - Some provincial regulators, including in [Alberta](#), [Nova Scotia](#), [British Columbia](#), and others, have expanded **approved jurisdiction** pathways for internationally educated nurses (IENs) and ITPs, increasing access to streamlined registration processes for IEHPs from a designated list of countries where education regimes have been deemed substantially equivalent to Canada's.



- Several nursing regulators have made significant changes to their requirements and processes. The College of Nurses of Ontario has undertaken a [comprehensive modernization exercise](#) leading to changes in requirements. As a result of these changes, the number of IENs registered annually has almost quadrupled, rising from 1,500 in 2019 to nearly 6,000 in 2024.
- **Programs that allow IEHPs to meet recent practice requirements without leaving Canada:** A common requirement across licensure and assessment processes is that candidates trained abroad must have recent active clinical experience—defined as practice within a specific timeframe and for a specific duration. However, there is considerable variation in how this recency period is defined within the same profession across provinces. Programs which allow IEHPs to maintain or update their practice hours in Canada are essential.
  - Ontario’s **Supervised Practice Experience Partnership (SPEP)** ([SPEP](#)) launched in 2022. This partnership between the College of Nurses of Ontario and Ontario Health enables qualified IENs to meet recent practice experience requirements and demonstrate language proficiency by working under supervision in a hospital or long-term care setting for three months. Since the inception of SPEP, over [4,500](#) IENs have obtained licensure in Ontario through the program. The model has since been replicated in other provinces, including [Newfoundland and Labrador](#).
- **Supervised practice and assessment models:** For health professionals who have already completed clinical training and practiced in other countries, in-practice clinical assessments by qualified assessors are a “best practice” that can be widely replicated across professions and jurisdictions.
  - [Practice Ready Assessment](#) (PRA) is a model that creates a licensure pathway for ITPs who have already completed postgraduate residency training abroad and have practiced independently for a defined period of time in another country. This pathway eliminates the need for experienced physicians to redo residency training. PRA programs exist in nine provinces, primarily for family medicine. While the Medical Council of Canada oversees a national PRA assessment framework, many essential elements of the program—including eligibility requirements regarding previous postgraduate training and recency of practice requirements—vary widely by province. The length of “Return of Service” requirements following a successful assessment also varies, as does the scale of various PRA programs.
- **Occupation-specific navigation** assistance is a proven best practice for ensuring IEHPs can access pertinent information in a timely manner. Examples include the “[Ally](#)” tool for ITPs from the Alberta International Medical Graduates Association and case-management models such as the [CARE Centre for IENs](#).



- **Financial supports** are a vital element in ensuring IEHPs can obtain licensure and employment in their fields. Several provinces have introduced bursaries, loans, or subsidies for costs associated with examinations, applications, and registrations, for instance, the [IEN Bursary Program](#) available through Health Match BC.

## Recommendations

1. **Establish a pan-Canadian body with cross-departmental, cross-jurisdictional representation.** This body would guide strategy, planning, and coordination of an IEHP strategy inclusive of immigration, licensure, integration, and other necessary supports. Effective solutions demand the participation of multiple stakeholders: federal and provincial ministries governing immigration, health care, clinical education, and labour, alongside IEHP organizations whose lived experience perspectives are essential to developing practical approaches.
2. **Streamline and harmonize licensing pathways for IEHPs across provinces and territories.** This strategy would establish pan-Canadian mechanisms to create consistent eligibility criteria, requirements, and licensure pathways across jurisdictions, with a focus on evidence-based, competency-driven standards that are equitably implemented.
3. **Provide leadership and financial resources to develop a comprehensive health workforce data strategy, ensuring policy decisions on IEHP integration are grounded in evidence.** Significant [gaps in health workforce data](#) make it nearly impossible to determine how many IEHPs are in Canada, where they are in the process of obtaining licensure, and whether they are working in their professions. Health Canada should continue to fund Health Workforce Canada, the Canadian Institute for Health Information (CIHI), and other health workforce bodies to strengthen robust data collection and data linkage initiatives that include IEHP information. Similarly, IRCC should systematically collect “field of study” and “intended occupation” for both temporary and permanent immigration streams, and link to the data collected by provincial licensing bodies.
4. **Ensure that IEHPs invited to immigrate through category-based selection (CBS) have a viable pathway to licensure.** The CBS program should include outcome metrics that assess whether individuals selected based on their health care background are able to obtain licensure and employment in their profession in Canada.
5. **Establish federal frameworks and provide funding to provincial stakeholders to implement and/or expand proven practices,** including modernized registration processes, supervised clinical experience and assessment models, and career navigation supports tailored to specific occupations, as outlined above.



6. **Ensure alignment with principles outlined in Health Canada's [\*Ethical framework for the recruitment and retention of internationally educated health professionals in Canada\*](#).** This new framework, based on the [\*World Health Organization \(WHO\) Global Code of Practice on the International Recruitment of Health Personnel\*](#), provides practical guidance for stakeholders to ensure that practices in recruitment and retention of IEHPs: adopt a reciprocal benefit approach for source countries and support health workforce sustainability globally; ensure accurate and accessible information for IEHPs; and function according to best practices in fairness, anti-racism, diversity, equity, inclusion, and collaboration.
7. **Investigate the extent to which "visa trainees" occupy medical training spaces in Canada, and assess whether public investment could repurpose this capacity to provide residency opportunities for ITPs who are permanent residents and citizens.** At present, a significant proportion of Canada's postgraduate medical residency and fellowship training seats are designated for visa trainees who are funded by governments and entities outside of Canada to train here before returning to their home country. In Ontario in 2024, 44.9% of all [new training positions at Ontario medical schools](#) (1,126 out of 2,506 positions) went to visa residents and fellows. There should be a critical analysis of the impact of such a large proportion of medical training positions allocated to individuals who do not intend to remain in the country.

**About WES:** World Education Services (WES) is a non-profit social enterprise that supports the educational, economic, and social inclusion of immigrants, refugees, and international students. Since 2013, WES has been a designated provider of Educational Credential Assessments for IRCC, providing over 240,000 ECAs to applicants for the Express Entry system in 2024.

For over 50 years, WES has set the standard for international academic credential evaluation. From evaluating academic credentials to shaping policy, designing programs, and providing philanthropic funding, we partner with a diverse set of organizations, leaders, and networks to uplift individuals and drive systems change. Together with its partners, WES enables people to learn, work, and thrive in new places.

WES works closely with system stakeholders and organizations representing IEHPs to advocate for comprehensive, sustainable policy reforms that enable equitable access to licensure so that IEHPs can support Canada's health care system.