

## About CHHRN

Faced with critical and stubborn HHR issues, decision and policy makers across Canada are in need of ready access to the latest information about promising and innovative HHR policies and practices and the conditions necessary to scale these up. To begin to address this need, the Pan-Canadian Health Human Resources Network (CHHRN) was established.

CHHRN consists of a virtual network of national experts from research, professional, clinical, managerial and policy communities with expertise and interests related to HHR research, policy and planning. CHHRN gathers, shares and exchanges state-of-the-art HHR knowledge amongst researchers and decision-makers to support high quality evidence-informed policy development and implementation. CHHRN also enhances communication and knowledge exchange of inter-jurisdictional and international HHR planning issues and initiatives.

CHHRN has undertaken a series of national and regional consultations to inform the development of an interactive website and range of research, knowledge exchange and decision-making and implementation tools in four thematic areas: 1) needs-based, competency focused HHR planning; 2) models of health care delivery and scopes of practice; 3) mobility and migration; and 4) rural, remote and aboriginal HHR.

## Internationally Educated Health Care Professionals

A growing body of literature on internationally-educated health professionals (IEHPs) reflects the increased policy relevance of the recruitment, recognition and integration of IEHPs. This synthesis reports on the findings from a knowledge synthesis of 401 academic and grey literature sources published between 2000 and 2012 on IEHPs in Canada. The types of papers in the review include empirical studies and reports from NGOs, including professional certification bodies, and educational institutions.

Medicine and nursing dominate the literature on IEHPs, as does a focus on the province of Ontario. Key themes highlighted in the literature extraction process focus on pre-immigration and early arrival activities and programs, credential recognition and professional recertification, bridging and residency training programs, alternative paths to integration and workplace integration. While an overarching concern across the literature is with workplace integration, professional recognition and bridging programs, there are differences across professions, with the issue of workplace integration being the most popular category for nursing, and residencies and bridging programs in the case of medicine.

### Pre-Immigration Activities and Programs

Experiences differ largely between those who have been recruited or undertaken professional recognition activities prior to immigrating and those who have not. Many IEHPs may arrive in Canada without having undertaken explicit investigation of the credential veri-

fication and recognition process. If this is the case, this puts them at a significant disadvantage. Many reports recommended that the credential assessment and registration process be undertaken pre-arrival and many professions have invested time and resources into information portals to encourage this.

There is increasing recognition of the ethical issues of active recruitment of IEHPs, particularly from resource poor countries with developing health systems. Nevertheless, there continues to be instances of intermittent recruitment efforts, particularly of nurses and to a lesser extent, physicians and pharmacists.



### Early Arrival Activities and Programs

Early system navigation programs are important to assist integration and are assisted through immigrant settlement and similar organizations such as the one undertaken by the Access Centre for Internationally Educated Health Professionals.

### Credential Recognition and Professional Recertification

Three general themes exist:

- IEHP's perceptions that the credential recognition and professional recertifi-

## Knowledge Syntheses and CHHRN's mandate

The production of rigorous and systematic knowledge syntheses, which integrate and contextualize the findings from particular domains of research and identify promising practices for scale up, are a critical first step in the knowledge translation process. CHHRN identified the importance of undertaking a series of knowledge syntheses, to not only inform policy and practice, but to also help map a research agenda within its for key thematic areas. These topics were identified from a number of HHR related reports, and also from the regional consultations CHHRN undertook with its member researchers, professional stakeholders and policy-decision-makers. Two other synthesis papers focus on the Feminization of the Physician Workforce and Planning for Health Workforces and Health Care Systems Based on Population Health Needs.

ation process is lengthy, complex and lacks clarity;

- Stakeholder recognition of this experience; and
- policies and programs that have been put in place to respond to these concerns.

It is not yet clear whether those policies are fully addressing concerns. There is an inherent time lag in the impact of recent policies and programs on the experiences of IEHPs and therefore in the literature..

Many of the barriers and facilitators to professional recognition are similar across internationally educated health professional groups (e.g., challenges



of achieving language competency), but few studies take an explicitly comparative approach. This would be a promising area for research. The literature also reveals another layer of barriers and discrimination on top of that for credential assessment and professional recognition.

### Bridging and Residency Programs

Despite wide variation in the content and structure of bridging programs, they are often identified as promising practices for facilitating the integration of IEHPs. IEHPs who complete such programs report a better knowledge of the culture of health care in Canada and improved communication skills. There is an ongoing need for integrated bridging programs both within the professional infrastructure as well as interprofessionally. In the case of medical residencies, there is a greater level of integration, at least within the medical profession.

There is currently little research that compares different bridging program models. This may be due in part to the precarious nature of these programs due to their lack of sustainable funding. There are also opportunities for bridging programs to draw from each other in a more integrated manner.

### Alternative Paths to Integration

Research on alternative paths to integration or shifts to alternative professions is lacking. Undertaking in-depth research with the Access Centre for Internationally Educated Health Professionals may offer some insights.

### Workplace Integration

Workplace integration literature has focused on the profile of IEHPs in terms of location and sector of practice more so than an examination of what it is that IEHPs do and how that compares to Canadian educated health professionals. This is an important area to focus research.

More explicit examination of employers' perspectives on the role they could and should play is another promising area for research development. By highlighting promising practice employers would be able to share effective strategies to address the needs of both Canadian and internationally trained health professionals.

**Reference:** Internationally Educated Health Care Professionals: A review of the Canadian Literature. CHHRN Knowledge Synthesis. Available at [hhr-rhs.ca](http://hhr-rhs.ca).

## Canadian Health Human Resources Research Network

University of Ottawa Institute of Population Health- 1 Stewart Street, Ottawa, ON K1N 6N5  
613-562-5800 x8451

[www.hhr-rhs.ca](http://www.hhr-rhs.ca)  
[info@hhr-rhs.ca](mailto:info@hhr-rhs.ca)