



Integrating Internationally Educated Health Care Professionals into the Ontario Workforce

Andrea Baumann
Jennifer Blythe



**INTEGRATING INTERNATIONALLY EDUCATED HEALTH
PROFESSIONALS INTO THE ONTARIO WORKFORCE**

PREPARED FOR THE ONTARIO HOSPITAL ASSOCIATION

Andrea Baumann RN, PhD

Co-Principal Investigator

Nursing Health Services Research Unit, McMaster University

Jennifer Blythe PhD

Senior Scientist

Nursing Health Services Research Unit, McMaster University

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Monica Alderson, Professional Practice Leader, Occupational Therapy, St. Joseph's Healthcare Hamilton, 50 Charlton Avenue, Hamilton, ON L8N 4A6

Zubin Austin, Assistant Professor and Ontario College of Pharmacists Professorship in Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 144 College Street, Toronto, ON M5S 3M2

Mike Baker, Director of Human Resources Kirkland and District Hospital, 145 Government Road East, Kirkland Lake, ON P2N 3P4

Nancy Brown, Program Manager, Continuing Education Health Sciences, Mohawk – McMaster Institute for Applied Sciences, 1400 Main Street West, Hamilton, ON L8S 1C7

Ernest Edwards, Manager Educational Services, Ontario Association of Medical Radiation Technologists, PO Box 1054, Brantford, ON N3T 2H4

Kaiyan Fu, Director, Nursing Innovation & Change Management, St. Michael's Hospital, 30 Bond Street, Toronto, ON M5B 1W8

Mary Golba-Bylhouwer, Program Manager, Continuing Education Health Sciences, Mohawk – McMaster Institute for Applied Sciences, 1400 Main Street West, Hamilton, ON L8S 1C7

Heather Hoxby, Director of Nursing Practice, St. Joseph's Healthcare Hamilton, 50 Charlton Avenue, Hamilton, ON L8N 4A6

Jane Loncke, Clinical Leader, Speech-Language Pathology, St. Joseph's Healthcare Hamilton, 50 Charlton Avenue, Hamilton, ON L8N 4A6

Ruth Lee, Chief of Nursing Practice, Hamilton Health Sciences, McMaster University Medical Centre, 1200 Main Street West, Hamilton, ON L8N 3Z5

Sue Matthews, Chief Nursing Executive and Vice President Patient Services, Niagara Health System, 155 Ontario Street, St. Catharines, ON L2R 5K3

Sue McCutcheon Vice President, Clinical Services, Grey Bruce Health Services, 1800 8th Street East, Owen Sound, ON N4K 6M9

Jay Orchard, Manager, Community Partnerships, HealthForceOntario Marketing and Recruitment Agency, Recruitment and Education Division, 163 Queen Street East, Toronto, ON M5A 1S1

Carol Puri, Program Manager, Internationally Educated Physiotherapists Bridging Program,
Ryerson University, 350 Victoria Street, Toronto, ON M5B 2K3

Elizabeth Steggle, Project Coordinator, Occupational Therapy Examination Preparation Project,
School of Rehabilitation Science, McMaster University, Room 403, 1400 Main Street West,
Hamilton, ON L8S 1C7

Greg Toffner, Manager, Professional Services and Deputy CEO, Ontario Association of Medical
Radiation Technologists, Suite 101, 233 Colborne Street, Brantford, ON N3T 2H4

Gail Yardy, Executive Director, CARE Centre for Internationally Educated Nurses, Suite 512,
Sheppard Avenue East, Toronto, ON M2N 5W9

EXECUTIVE SUMMARY

Introduction

A shortage of health care professionals is forecast for Ontario. An aging workforce and insufficient recruitment and production in the past decades mean that the province must make full use of all health human resources. The purpose of this report is to provide background information to support the development of guidelines for the integration of internationally educated health professionals (IEHPs) into the workplace. Challenges and barriers to hiring IEHPs and mechanisms for addressing them are outlined. The report also focuses on the extent to which the recruitment and retention of IEHPs is a priority. It identifies professions that are encouraging the recruitment of IEHPs and the strategies and resources required to reduce barriers and improve IEHP recruitment and retention. Multiple methods were used to gather information on IEHP integration into the Ontario health care system, including a review of published literature, an investigation of relevant web sites and interviews with various stakeholders. Individuals from government, education and health care organizations were interviewed. The community sector, acute care hospitals and rural, urban and mid-sized communities were represented.

Identifying Internationally Educated Health Professionals

It is impossible to determine accurately how many IEHPs reside in Canada or individual provinces (Torgerson, Wortsman, & McIntosh, 2006). Most health professionals enter the country before passing registration examinations or contacting regulatory bodies, and many remain unregistered for several years or indefinitely (Baumann, Blythe, Rheaume, & McIntosh, 2006). Data is available for IEHPs who have completed registration, but it varies in quality among professions. The Ministry of Health and Long-Term Care (MOHLTC) is currently working with health regulatory colleges in Ontario to create an Allied Health Human Resources Database (HealthForceOntario [HFO], 2009e). This will improve our knowledge of IEHPs in the workforce.

Migration and Settlement

Internationally educated health professionals encounter challenges in obtaining complete and timely information about re-entering their profession after migration. Early acquisition of this information facilitates their professional transition. Citizenship and Immigration Canada is becoming more proactive in supplying potential immigrants to Canada with relevant information and referral services.

Information dissemination and support for IEHPs who have settled or plan to settle in Ontario have improved. This includes government and professional organization web sites such as the Ontario Ministry of Citizenship and Immigration and Global Experience Ontario (Ontario Immigration, 2005a). A major investment by HealthForceOntario (HFO) is the Access Centre for Internationally Educated Health Professionals, which provides information, advice, support and

programs to IEHPs pursuing registration in regulated health professions (HFO, 2009a). One organization that serves a specific region of Ontario is the Access Centre for Regulated Employment, which provides information and assistance to IEHPs seeking licensure and employment in Southwest Ontario.

Registration: Processes and Challenges

Challenges for IEHPs in meeting registration criteria include supplying and validating credentials, satisfying educational/practice requirements, achieving language fluency, gaining clinical experience and passing the professional examination.

In 2008, the Canadian government signed labour market agreements with the provinces and territories. On January 16, 2009, an agreement was made to develop a common pan-Canadian Qualification Recognition Framework and Implementation Plan for better integration of immigrants into the Canadian labour force (White, 2009). Proposed legislation (i.e., the Labour Mobility Act) would ensure that a worker certified to practice in one province or territory would be entitled to certification in that occupation in Ontario, without having to complete additional material training, experience, examinations or assessments (Province of Ontario, 2009).

Human Resources and Skills Development Canada funds the Foreign Credentials Recognition Program, which supports projects initiated by provincial and territorial governments and other stakeholders.

In Ontario, the Centre for the Evaluation of Health Professionals Educated Abroad is part of an MOHLTC strategy to enhance services to IEHPs. Bridging programs help IEHPs satisfy registration criteria, and ways of recognizing prior learning experience are being developed. Regulatory bodies and the Centre for Canadian Language Benchmarks have undertaken projects to improve language testing and acquisition. Bridging and adaptation programs find clinical placements and job shadowing opportunities for IEHPs. Regulatory bodies and educational institutions have developed courses and tools to help IEHPs prepare for registration examinations.

Entering the Workforce

Given the current shortages, unemployment rates are low for IEHPs. Nevertheless, they face challenges due to uninformed employers, bias and their potential need for extended orientation. HealthForceOntario was created to oversee a number of health human resources strategies "designed to make the province 'the employer of choice' in health care" (HFO, 2008a). Marketing and recruitment activities include maintenance of a job posting web site, working with employers and communities to satisfy health human resource needs, acting as a clearing house of information about marketing and promoting Ontario through various media (e.g., career fairs).

Integration Into the Workforce

Although the retention rate of IEHPs is reported to be high, they may face adaptation problems. Ultimately, the success of IEHPs in re-establishing themselves in their profession and contributing fully to their workplace depends on their efforts to integrate and on whether their practice environment is welcoming and adaptive. The literature makes it clear that diversity must be accepted into corporate culture (Kukushkin, 2009). It would be beneficial to identify exemplars or establish a gold standard to encourage successful diversity management. Among individual organizations, St. Michael's Hospital, University Health Network, the Ottawa Hospital and Hamilton Health Sciences have all initiated programs to assist IEHP integration.

RECOMMENDATIONS

Ministry of Health and Long-Term Care

- HealthForceOntario services should be expanded to include all health professions to facilitate the entry of IEHPs into the workforce and assist hiring managers and human resources.
- All stakeholders should be made aware of the importance of IEHPs to the viability of Ontario's future health services and encourage their inclusion in policy decisions.
- A recruitment package to assist mid-sized and small organizations would be a useful first step in encouraging migrants to move beyond metropolitan areas.

Ontario Ministry of Citizenship and Immigration

- Increased funding is required for pilot projects aimed at hiring and integrating new IEHPs into health care organizations.
- Communicate and provide information to IEHPs and employers about the current roles of the provincial and federal governments in employment integration.

Citizenship and Immigration Canada

- Pre-immigration interviews in source countries should inform potential migrants about the steps required to register in their professions.
- Career Kits, including decision trees relevant to specific professions, should be made available at the immigration interview in source countries to facilitate decision making for immigrants.

Ontario Hospital Association

- A guide to recruiting, retaining and integrating IEHPs should be developed to help employers in various locations and of different types and sizes.

- Organizations that demonstrate or promote successful diversity management could be showcased. These might include education or community institutions as well as employers. Innovative practices and success stories could be highlighted.

Health Care Organizations

- Health care employers, community partners and groups, settlement organizations and educational institutions must collaborate on strategies to integrate IEHPs into organizations and workplaces.

Health Care Organizations and Educators

- Documentation, telephone, email and interprofessional behaviours differ cross-culturally. Remediation requires linguistic and behavioural interventions such as advanced language skills preparation and cultural training.

Regulatory Bodies and Professional Associations

- The pass rates for IEHPs on registration examinations across all health care professions are lower than those for individuals who are domestically trained. Identification of common problems will lead to overarching remediation strategies and perhaps common adaptation courses.
- Identifying and applying strategies for expediting the assessment process will prevent attrition of the potential pool of internationally educated recruits to the health professions.
- The identification of leading practices that help different types of employers integrate IEHPs would encourage the diffusion of these practices.
- Qualifications for health care professionals vary worldwide. Information about options for alternative professions and processes should be made available to IEHPs.

Regulatory Bodies, Professional Associations and the Canadian Institute for Health Information

- Databases for all allied health professions are needed. Information on the numbers and characteristics of all IEHPs in Ontario is essential for workforce planners, hiring managers and human resources.

Human Resources and Skills Development Canada

- Further development of prior learning assessment and recognition is required. Candidates' skills are better assessed in supervised clinical environments than in artificial testing conditions.

INTRODUCTION

A shortage of health professionals is forecast for Ontario. An aging workforce and insufficient recruitment and production in past decades mean that the province must make full use of all health human resources available. While many internationally educated health professionals (IEHPs) have settled in Ontario, an unknown number are not working in their chosen professions (Guo & Andersson, 2006). It is to the advantage of the province, health care employers and patients that IEHPs return to practice and become integrated into the workforce as soon as possible.

The purpose of this report is to provide background information to support the development of guidelines for the integration IEHPs into the workplace. Challenges and barriers to hiring IEHPs and mechanisms for addressing them are outlined. The report also focuses on the extent to which the recruitment and retention of IEHPs is a priority. It identifies professions that are encouraging the recruitment of IEHPs and the strategies/resources required to reduce barriers and improve IEHP recruitment and retention. Multiple methods were used to gather information on IEHP integration into the Ontario health care system, including a review of published literature, an investigation of relevant web sites and interviews with various stakeholders. Individuals from government, education and health care organizations were interviewed. The community sector, acute care hospitals and rural, urban and mid-sized communities were represented.

IDENTIFYING INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

Current Information on IEHP Migration: Challenges

Canada is a country of immigrants. However, immigration rates have fluctuated over the years because of economic, political and environmental factors. Strikingly, during the first two decades of the twentieth century, more than 80% of population growth in Canada came from immigration. Rates subsequently declined, but a new cycle of globalization began in the 1960s (Abella, 1997), peaking in 2006 when 262,241 individuals settled in Canada. Of 247,202 individuals entering the country in 2008, 149,047 were economic migrants, 65,552 were family members, 28,159 were refugees and 10,740 fell into other categories (Citizenship and Immigration Canada [CIC], 2009). Compared to other provinces in which migration has increased in recent years, the proportion of immigrants settling in Ontario has decreased slightly. Nevertheless, according to the CIC (2009), almost a half of 2008 migrants (110,583) settled in Ontario; 86,719 in Toronto and most of the remainder in other large cities such as Hamilton (3,796) and Ottawa-Gatineau (6,298).

A considerable number of skilled migrants to Canada are health care workers, many with professional qualifications. Knowledge about the number and characteristics of IEHPs entering or already settled in Ontario would help decision makers and policy makers in health care organizations make decisions about recruitment strategies, including outreach to potential health care employees. However, it is impossible to accurately determine how many IEHPs reside in

Canada or individual provinces (Torgerson, Wortsman, & McIntosh, 2006). Census data provides a rough estimate, but it is based only on the self-identification of individuals who may or may not be eligible to practice. Most health professionals enter the country before they pass their qualifying examinations or contact regulating bodies. An unknown number remain unregistered for many years or indefinitely (Baumann, Blythe, Rheaume, & McIntosh, 2006).

Potential immigrants to Ontario apply to enter Canada in one of several categories. Many health care professionals apply as "skilled workers." In the Skilled Worker Class, an applicant's suitability is assessed through a point system that takes into account occupation, education, experience, age and language skills. Yet acceptance as a resident does not imply equivalence between an applicant's professional credentials and those issued in Canada. Many health professionals are not qualified to practice until they attain equivalence. The question for statisticians is whether they should count individuals as health professionals before they are granted eligibility to practice. If not, how should they be categorized?

Recording immigrants as health care professionals is further complicated because not all enter as skilled workers. Some are refugees and others are admitted as family members of primary applicants. Many nurses and other IEHPs enter as live-in caregivers who hope to re-establish their professions once their contracts are complete. Based on data from the CIC (2009), over 6,000 live-in caregivers were admitted to Canada in 2008.

Better data is available about IEHPs who have completed registration. The Canadian Institute of Health Information (CIHI) currently provides annual statistical reports on physicians, nurses, pharmacists, physiotherapists, occupational therapists, medical radiation technologists and medical laboratory technologists (2009d, 2009e, 2009f, 2009g). It also provides some information on speech language pathologists, optometrists and respiratory therapists. However, the reports vary in completeness and coverage depending on the information that regulatory bodies provide to the CIHI. While relatively detailed national and provincial statistics are available for physicians and nurses, including registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs), less information is provided about other health professions. For example, there is a paucity of data about the 40% of regulated health professionals in Ontario who provide services in diagnostics, mental health, obstetrics, oral and vision care, rehabilitation and therapeutics (Goodyear, 2008). Data available about IEHPs in Ontario is included in Appendix A.

Becoming Better Informed: Strategies

HealthForceOntario (HFO) is currently working on forecasting projects for physicians and nurses as part of evidence-based health human resources planning (Goodyear, 2008). To provide better evidence for other health care professions, the Ministry of Health and Long-Term Care (MOHLTC) is working with the allied health regulatory colleges of Ontario to create an Allied Health Human Resources Database (HFO, 2009e). The aim is to provide standardized, consistent and comparable demographic, geographic, educational and employment information on all of the

regulated allied health professionals in Ontario. The process is supported by a recent amendment to the Regulated Health Professions Act, which requires the regulatory colleges to collect information from their members and provide it to the Ministry for health human resources planning. Aggregate data and analytical reports from the database will be available in 2010 for pharmacists, occupational therapists, physiotherapists, medical laboratory technologists and medical radiation technologists (HFO, 2009e). The new database will not improve the tracking of IEHPs who are not registered, but it will identify those who are already employed or employment ready.

MIGRATION AND SETTLEMENT

Finding Information and Making the Move: Challenges

Some challenges are common to migrants in all professions. For example, finding information and settling in and first steps that make a difference to subsequent integration into the workforce. Upon arrival in Canada, migrants must find a place to live, enrol their children in school, learn English and adjust to Canadian culture. Many have few financial resources. Delays caused by settlement and adjustment issues can affect an individual's chances of re-entering his or her profession, especially if the delays are prolonged. The longer migrants remain outside the health professions, the more upgrading they require and the more difficulty they have satisfying practice criteria. Because women health professionals often place the career-related needs of family members before their own, they are especially likely to experience delays and consequent difficulties (Baumann et al., 2006; Ogilvie, Leung, Gushuliak, McGuire, & Burgess-Pinto, 2008).

A major challenge that IEHPs encounter is obtaining complete and timely information about how to re-enter their profession after migration. Early acquisition of this information facilitates the professional transition of IEHPs in their new country. Obtaining all required documents from their home country prior to migration speeds up registration with the regulating body. Conversely, difficulties in obtaining documents delay registration. Refugees, migrants from politically unstable countries and people without access to the Internet are generally at a disadvantage when it comes to obtaining information (Baumann et al., 2006). Members of larger professions (e.g., physicians and nurses) have an advantage because more resources and funds are available to provide assistance.

Providing Relevant and Timely Information: Strategies

Good information services can make a great deal of difference to individuals who wish to re-enter practice in a timely manner. Citizenship and Immigration Canada plans to become more proactive in supplying potential immigrants to Canada with relevant information and referral services. Recently, the Canadian Immigration Integration Project (CIIP) has offered on-site orientation sessions in India, China and the Philippines. These sessions provide valuable information about foreign credential recognition processes and the Canadian labour market so

that immigrants arriving to Canada are better prepared for work. Various stakeholders have been invited to participate: governments, municipalities, regulators, unions, educators and employers (CIIP, 2008). The project provides HFO and potential employers with data on applicants who have given permission to have their information released.

Efforts to improve information dissemination and support for IEHPs who have settled or plan to settle in Ontario have increased. In recent years, government and professional organizations have improved access to information on their web sites. For example, information about requirements to enter specific health care professions is available on the Ministry of Citizenship and Immigration (OMCI) web site and links to the various regulatory bodies are provided (OMCI, 2009). Global Experience Ontario offers a range of services to help internationally educated individuals qualify for professional practice in the province (Ontario Immigration, 2005a). Services (in both English and French) are available in person, by telephone and online. Specific information about what IEHPs need to do to become eligible for registration is also available from most web sites maintained by the regulatory bodies. However, some of these sites are more user-friendly than others (see Appendix B).

A major investment by HFO is the Access Centre for Internationally Educated Health Professionals. Its purpose is to provide information, advice, support and programs to IEHPs pursuing registration in one of Ontario's regulated health professions (HFO, 2009a). General and profession-specific information is offered on-line and in person. Self-assessment tools are also offered to help clients determine their Canadian education equivalency and language proficiency. New clients are assessed and referred depending on their needs. The centre provides counselling and referrals to professional, educational, regulatory, immigration/settlement and employment services. Information sessions are made available on-site to many of the health care professions. The bulk of profession-specific services are geared towards the needs of physicians, who currently comprise the major clientele (HFO, 2008a, 2009c).

One organization that serves a specific region of Ontario is the Access Centre for Regulated Employment, which provides information and assistance to internationally educated professionals seeking licensure and employment in Southwest Ontario. Funded by the Government of Ontario, the centre offers various free services (e.g., assessment of professional credentials) and provides information about specific professions and related employment opportunities (Access Centre for Regulated Employment, 2009). Settlement and adjustment organizations at the municipal level in larger urban centres also offer advice to individuals in regulated professions. Written material and counselling services are available as well.

REGISTRATION: PROCESSES AND CHALLENGES

The primary role of regulatory bodies is to protect the public. Thus they must ensure that IEHPs are equivalent in competencies and knowledge to health professionals educated in Canada. Members of health professions regulated in Ontario must obtain a certificate of registration from

the appropriate regulatory body (see Table 1). Registration entitles an individual to practice in Ontario and to use the protected title associated with their profession.

Table 1. *Registered Health Professions in Ontario*

Audiologist and Speech Pathologist	Midwife
Chiropodist and Podiatrist	Nurse
Chiropractor	Occupational Therapist
Dental Hygienist	Optician
Dental Technologist	Optometrist
Dentist	Pharmacist
Denturist	Physician or Surgeon
Dietician	Physiotherapist
Massage Therapist	Psychologist
Medical Laboratory Technologist	Respiratory Therapist
Medical Radiation Technologist	Speech Language Pathologist

Note. New colleges of Psychotherapy, Naturopathy, Homeopathy and Kinesiology are being planned (HFO, 2008c). The provincial government has established the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario as a regulatory body under the Traditional Chinese Medicine Act, 2006 and The Regulated Health Professions Act, 1991 (HFO, 2008b).

Under the Regulated Health Professions Act, entry to practice requirements common to all health regulatory colleges in Ontario include the following (HFO, 2009c):

- Successful completion of rigorous educational and training requirements for entry to the profession.
- Successful completion of required examinations to evaluate readiness for professional practice and knowledge of ethics and standards of practice.
- Fluency in English or French.
- Proof of professional liability insurance.
- No conviction for a criminal offence or an offence related to the regulation of the practice of the profession.
- No findings (and no current proceedings) of professional misconduct, incompetence or incapacity in Ontario in relation to another health profession or in another jurisdiction in relation to the profession or another health profession.

All IEHP applicants for registration are responsible for supplying evidence to satisfy these requirements and for fulfilling the additional criteria stipulated by the college that regulates their profession. Common challenges that migrants encounter in meeting registration criteria include supplying and validating credentials, satisfying educational/practice requirements, achieving language fluency and passing the professional examination. Candidates must find the time and resources to accomplish these tasks, and there are bureaucratic delays. Most migrants in health professions face similar problems. A number of strategies have been initiated in response.

Supplying and Validating Credentials

Issues: Timeliness

Regulatory body web sites emphasize that preparation and, in some cases, application for registration should take place before migration. However, many migrants often wait until after settlement to apply because they do not intend to practice immediately. Migrants whose profession is not regulated in their source country may be unaware of the need to register. Refugees and migrants from war zones and countries where North American-style transcripts are not used are unable to supply appropriate documents. This often results in a long delay while applicants assemble their documentation and send it to the regulatory bodies. It is probable that some individuals fail to apply because of the difficulty of acquiring credentials (Baumann et al., 2006).

Although professions vary somewhat in terms of individual criteria, each applicant's educational credentials must be evaluated by a regulatory body or a designated organization (e.g., World Educational Services), which leads to further delays. Validating credentials is a skilled process. Professional schools abroad vary in their course content and overall quality. In addition, applicants occasionally submit forged credentials to replace unsatisfactory or missing documents.

The time it takes for validation depends on whether files for candidates with similar backgrounds have previously been processed. For example, assessment for physiotherapists takes 12 to 14 weeks to complete when a precedent file exists and 22 weeks or longer when there is no precedent (Johnson, 2007). Other criteria for registration include proof of language proficiency and recent practice. The combined delays added to the period that the applicant has already been absent from the workforce may result in the applicant requiring additional educational upgrading or further proof of recent practice. Candidates may abandon their attempts to register, particularly if significant upgrading is required to become examination eligible. An estimated 40% of internationally educated nurses (IENs) never complete the registration process (Baumann et al., 2006).

The bottom line in any registration and entry into practice is the regulatory body. Whatever strategies they use to assess credentials, regulatory bodies currently find themselves with

backlogs of applicants waiting to be assessed. Various initiatives have been undertaken to improve the validation process.

Strategies: Streamlining the Assessment Process

In early 2008, the Canadian government signed labour market agreements with the provinces and territories, thereby allowing them to invest in the labour market integration of immigrants. On January 16, 2009, the Prime Minister, Premiers and Territorial Leaders agreed to develop a common pan-Canadian Qualification Recognition Framework and Implementation Plan by September 2009, with an interim report by June 2009. The framework will support a common approach to foreign credential assessment to ensure that immigrants are better integrated into the Canadian labour force (White, 2009). The Proposed Ontario Labour Mobility Act would facilitate professional mobility within Canada by ensuring that a worker certified to practice in one province or territory would be entitled to certification in that occupation in Ontario, without having to complete additional material training, experience, examinations or assessments (Province of Ontario, 2009).

Responsibility for any policy formation and foreign credentials recognition is shared by the federal, provincial and territorial governments, with the former playing a facilitative role. Credential recognition for regulated occupations is mainly a provincial responsibility delegated in legislation to regulatory bodies. Human Resources and Skills Development Canada (HRSDC) funds the Foreign Credentials Recognition Program, which strives to "improve the consistency, fairness and transparency of the assessment and recognition of foreign qualifications for both regulated and non-regulated occupations in Canada" (HRSDC, 2008). The HRSDC funds projects initiated by provincial and territorial governments, municipalities, industry groups, educators and various other stakeholders. On-line self-assessment tools are available to enable members of some professions (e.g., physicians and nurses) to assess their credentials against those required for practice in Canada (Canadian Information Centre for International Medical Graduates, 2009; NurseONE, n.d.).

In Ontario, the government has expanded the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA). This not-for-profit organization is part of an MOHLTC strategy to increase and enhance services provided to IEHPs. It provides assessments for direct entry training in family medicine and direct entry specialties for international medical graduates (IMGs). The organization offers written and clinical assessments for candidates applying for PGY2 or PRA training.¹ While this program currently focuses on IMGs, it is expected to provide evaluation and orientation programs to various IEHPs in the future (CEHPEA, 2009).

¹ PGY2 = Postgraduate Year 2; PRA = Practice Ready Assessment.

Satisfying Educational Requirements: Investing Time and Resources

Issues: Upgrading and Changes in Educational Standards

Once credentials have been evaluated, applicants are informed of their eligibility or given instructions about upgrading or other conditions they must fulfill to become registration eligible. The educational standards for some professions vary by country, and IEHPs in these professions may find that considerable supplementary education is required if they wish to register. Individuals who have not been in practice for some time may also need substantial upgrading.

Changes in criteria for entry to practice may create additional challenges for migrants. For example, in 2005, a four-year BScN became the criterion for entry to practice in Ontario for nurses. Although nurses with diplomas from other Canadian provinces maintain their eligibility to register in Ontario, diploma IENs must upgrade to baccalaureate status. In 2004-2005, many IENs took the registration examination to ensure registration before the rules changed. The numbers of IEN entrants fell sharply in succeeding years (College of Nurses of Ontario [CNO], 2009). When such changes occur, educational institutions are not always ready to provide appropriate upgrading.

On November 28, 2001, the Board of Directors of the Canadian Association of Occupational Therapists (CAOT; n.d.) stated "that effective 2008, CAOT will only grant academic accreditation to those occupational therapy educational programs that lead to a professional master's degree in occupational therapy as the entry credential." Given this change, there have been suggestions that criteria for occupational therapists to register should increase to master's level (CAOT, n.d.). However, such a change would likely cause a decline in the numbers of internationally educated occupational therapists who become registered.

Many IEHPs entering Canada have family responsibilities and limited financial resources. Investment of time and money in expensive educational upgrading may not be feasible without assistance. Most upgrading programs are part-time and allow students to work while studying. However, because they are part-time, students cannot apply for funding available to full-time students. Upgrading courses often require a considerable time commitment, especially if substantial travel is involved. In addition, courses that include clinical placements may involve taking a leave of absence.

Strategies: Removing Barriers to Achieving Educational Equivalence

Strategies to assist IEHPs in acquiring the educational qualifications for registration eligibility include upgrading programs specific to particular professions and the development of prior learning assessment and recognition (PLAR) as a substitute for formal credentials.

Bridging and Adaptation Programs

Various colleges and universities in Ontario offer programs for internationally educated professionals in most occupations. Bridging programs are intended to provide students with the skills, competencies or formal criteria necessary for registration exam eligibility. Adaptation programs are intended to help candidates pass their examination and achieve success in the workforce by familiarizing them with the Canadian health care system and culture, as well as enhancing their language and practice skills.

Availability of bridging and adaptation programs varies by profession. Some professions offer comprehensive programs in several locations to help candidates satisfy regulatory requirements or provide assistance in attaining specific skills. In other cases, programs are available in a single location and may be limited to assistance in passing the regulatory examination. Bridging programs for nurses are relatively well-developed and are available at six institutions in Toronto, Hamilton, London and Ottawa. An adaptation program, Care for Nurses, is offered in Toronto and Hamilton. Programs for other disciplines are fewer and may be less comprehensive.

There is a two-year bridging program for MDs that includes language assessment and training, academic education or upgrading, work experience, curriculum vitae assistance, personal support, examination preparation and patient interaction and communication. It is sponsored by the Catholic Immigration Centre (2007) in partnership with local health care organizations and the Faculty of Medicine, University of Ottawa. Ryerson University (2009) offers a program for physiotherapists, dieticians and midwives, and McMaster University and the Ontario Society of Occupational Therapists (n.d.) has a pilot program for occupational therapists. Internationally educated pharmacists are able to take a 16-week bridging program at the University of Toronto (Austin, 2008). The Michener Institute for Applied Health Sciences (2009) offers programs for IEHPs in a number of the smaller health care professions (see Appendix C). Students in pilot projects do not pay tuition, but students in established programs pay regular college rates.

While some programs are innovative and regarded highly by students, interviewees suggested that it may be difficult to find faculty to teach courses to IEHPs, particularly when programs are on temporary funding. Programs for IEHPs have fewer resources than mainstream programs and students may not be able to transfer credits from one institution to another (Baumann et al., 2006). For some professions, programs are only available at one location and distance education is limited. Most IEHPs are located in the Greater Toronto Area (GTA). Considerable travel is required when programs are located in other geographic regions.

Some IEHPs who are unable to practice in their original profession may be able to enter other health-related professions. For example, Immigration Ontario offers physicians advice about alternate careers and how they may qualify. The Career Transitions for International Medical Doctors program (2009) is a central resource for health sector employers and international medical doctors and describes opportunities by geographical area. The Fast-Track Practical Nursing program offered at Conestoga College is aimed at IEHPs contemplating a career change.

Students enrolled in this program include former doctors, dentists and midwives (Waterloo Wellington Training and Adjustment Board, 2008, p. 14).

Interviewees representing various professions suggested that differences in educational preparation meant that some IEHPs find it easier to qualify to take jobs as assistants or technicians in their field, at least until they became familiar with the Canadian health care system. Interviewees observed that while IEHPs coming from countries with similar educational systems to Canada found integration relatively easy, others found the level of autonomy expected of Canadian health care professionals a challenge.

Prior Learning Assessment and Recognition

Prior learning assessment and recognition (PLAR) appears to be one solution to equitably assessing clinical skills and is particularly useful when validation of credentials proves difficult. Results can demonstrate competency and identify gaps that require remediation. Various professions in Ontario have either integrated PLAR into their assessment process for IEHPs or indicated interest in its use. Assessment through PLAR has been available to physiotherapists in Ontario since 1998 (Johnson, 2007). Following their credential and qualifications assessment, suitable candidates are referred to a PLAR program. Accredited universities in Ontario in which they can enrol include McMaster, Queens and Toronto.

In 2005, the CNO received funding to develop a PLAR program for nursing baccalaureate equivalency and began working with post secondary institutions to establish PLAR criteria and a process model (Canadian Institute for Recognizing Learning, 2006). At York University, the Evaluating Eligibility for Registration through a PLAR Process for Internationally Educated Nurses (PLAR Centre) project "is developing a fair and transparent mechanism to evaluate 'BScN equivalency' in knowledge, skill, and judgment, based on the CNO Entry to Practice Competencies" (OMCI, 2008b). The goal is to facilitate registration for IENs who do not have formal credentials to reflect their specialized knowledge and skills (OMCI, 2008b).

Alternative forms of assessment are being developed in Ontario to move IMGs into the workforce more quickly. Since December 2008, four new pathways to registration have been available to help IMGs become registered, particularly those with credentials from the United States (US). Two of these pathways provide eligible candidates with transitional licenses leading to an independent practice certificate, subject to favourable assessment, after a one-year period of practice under supervision. Eligible applicants also have the option of applying to the Registration Through Practice Assessment program. This program also allows experienced physicians who do not meet certain criteria to attain registration following a successful assessment of their existing practice (College of Physicians and Surgeons of Ontario [CPSO], 2008). Broten (2008) suggested that the registration process for physicians should be further fast-tracked, simplified and streamlined for doctors practicing in Canada, the US or countries with comparable health care systems. In addition, internationally trained doctors should be allowed to enter into medical practice under supervision with a transitional license.

Achieving Language Competency

Issues in Achieving Fluency

Formal language qualifications are a prerequisite for registration in all health care professions. Regulatory bodies, educational programs and adaptation programs have language criteria that students must satisfy before they are able to register. Acquiring sufficient fluency is a long process for some IEHPs and prevents their early return to the professional workforce.

Strategies for Improving Communication Skills

Communication skills in the health care workplace are extremely important. The language skills of immigrants prior to entering the workplace require special consideration, and opportunities for remediation should be provided. The Centre for Canadian Language Benchmarks (CCLB) supports the national standards in English and French for describing, measuring and recognizing the second language proficiency of adult immigrants and prospective immigrants who will be living and working in Canada. The organization "conducts a variety of research and development projects resulting in new products, research reports and resources" (CCLB, 2009). The Workplace Language Assessment (WLA) Pre-Screening Tool, for example, is used to "guide the selection of appropriate pathways for clients and employees" (CCLB, 2008). A new WLA has been developed to help determine the "higher-level language proficiencies . . . of clients seeking entry into workplace-related training opportunities such as bridge to employment programs" (CCLB, 2007).

The CCLB offers services in developing occupation-specific assessment tools. To date, however, the only profession-specific language test that has been developed is the Canadian English Language Benchmark Assessment for Nurses (CELBAN). This test "has been recognized by nursing licensing bodies across Canada" (CELBAN, n.d.) and is generally accepted as the most appropriate language assessment tool for nurses in Ontario.

Realization of the key role that language plays in workforce integration has led to the development and expansion of targeted language programs for IEHPs. Language programs specific to IEHPs include the Health Sector Pre-Bridging Language Acquisition Project at Mohawk College and Improving Medical Literacy: An Assessment and Training Program at the University of Toronto (OMCI, 2008a). The CARE (Creating Access to Regulated Employment) Centre for Internationally Educated Nurses has a comprehensive language program. Intended to enhance listening, speaking, writing and reading skills in the workplace, it includes communication with colleagues and patients and their families, the production of accurate written and spoken reports and preparation for job interviews (CARE Centre for Internationally Educated Nurses, n.d.).

More research is being conducted in language education and testing. For example, the College of Medical Radiation Technologists of Ontario (n.d.) will be working on a project "to establish

English language proficiency standards for internationally educated medical radiation technologists." At the University of Toronto, a new project "will help the . . . [organization] validate its International Pharmacy Graduate Language Assessment (IPGLA) program" (Ontario Immigration, 2005b).

Acquiring Clinical Experience

Issues: Barriers to Entering the Workplace

Problems for health care professionals entering the workplace include obtaining sufficient recent practice experience to qualify for registration or full professional status (Baumann et al., 2006). According to interviewees, experience obtained through placements, job shadowing or other workplace-related activities helps IEHPs pass registration examinations, enjoy more success in the workplace and improve their chances of getting a job. There are no formal statistics on how often organizations employ individuals who are placed with them. However, interviews with educators made it clear that finding placements for IEHPs could be a challenge due to competition with regular programs for limited places. Individuals who were unable to secure a place and those who did not need further clinical experience to register were probably at a disadvantage in the job market.

For physicians, obtaining a residency is an essential step to obtaining full credentials. However, IMGs with skills and language deficits are at a disadvantage in the highly competitive medical residency selection process. The Association of International Physicians and Surgeons of Ontario (AIPSO; 2009) provides assistance to IMGs and advocates on their behalf. The organization notes that Canadian or landed immigrant foreign trained doctors who have passed the examinations of the Licentiate of the Medical Council of Canada² suffer from a shortage of residency positions, and many remain unmatched. As previously stated, new pathways to registration have been established to help IMGs who are already in practice in the US or Canada but not those who are currently trying to enter the system (CPSO, 2008). Formal statistics are not available, but the AIPSO (2009) argued that many positions went to foreign visa trainees who do not remain in the country.

Strategies: Ensuring Clinical Experience

Regulatory bodies vary in their insistence on prior practice in Canada. However, whether it is mandated by the regulatory body or not, interviewees agreed that pre-employment experience helps IEHPs adjust to working in the Canadian health care system. Bridging and adaptation programs play an important role in transitioning IEHPs into the workplace. Despite the associated difficulties, educators said they work hard to find placements for their students.

² Medical Council of Canada Evaluating Exam (MCCEE) and the Medical Council of Canada Qualifying Exam (MCCQE1).

Clinical placements allow IEHPs to become familiar with the Canadian workplace and enable potential employers to assess students as future employees. Adaptation programs such as those provided by CARE in Toronto, Hamilton and London also collaborate closely with specific health care organizations to provide experience for nurses who are examination eligible (CARE Centre for Internationally Educated Nurses, n.d.). Educators reported that students who have experience are more likely to pass their registration examinations. Employers confirm that they are likely to offer jobs to individuals who do well in their placements.

In the past few years, IMGs have been assisted through substantial monetary investment. In November 2007, HFO (2008b) launched its IMG Program to prepare IMGs for the residency application process by offering a series of workshops, information sessions and one-on-one meetings focused on various aspects of the path to practice. The goal is to ensure that all IMGs living in Ontario have access to the information and resources they need to be as competitive as possible during the residency selection process (HFO, 2008b). As of May 1, 2008, 67 IMGs "have been accepted to a medical residency program in Ontario" (HFO, 2008b).

Members of professions for which placements are unavailable or IEHPs who opt not to take adaptation programs often find it difficult to acquire the necessary Canadian experience to help them transition into the workforce. The Career Bridge program, which is funded by Employment Canada, works with the non-profit sector in Toronto to help remove "the barriers that immigrants face when they try to enter Ontario's trades and professions" (Ministry of Colleges, Training and Universities [MTCU], 2006). It provides "internships for internationally qualified individuals" and is available to various health care professionals but not for clinical positions (Career Edge Organization, n.d.). The program has been used successfully in hospitals, including St. Michael's Hospital (Career Edge Organization, n.d.).

The Government of Ontario Bridge Training Project, associated with the Access to Professions and Trades Unit of the MTCU, committed \$19 million to support bridge training programs for immigrants to use their skills more quickly. The project works with employers to provide internships. It includes assessment of language proficiency and international academic credits, workplace communications training and an email resource to support interns during their placement. Funded projects include health care technologies (respiratory therapy, medical radiation and medical laboratory science), midwifery, nursing and pharmacy (OMCI, 2008c).

Passing Professional Examinations: The Final Hurdle

Issues: Barriers to Success

The final hurdle for IEHPs is passing registration examinations. Their success is influenced by linguistic ability, cultural factors and familiarity with examination format. The literature and the interviewees indicated that IEHPs generally have a much lower pass rate than applicants educated in Ontario, including occupational therapists, laboratory technicians, nurses, pharmacists, physiotherapists and radiation technologists (Austin, n.d.; Baumann et al., 2006;

Johnson, 2007). For example, internationally educated medical radiation technologists (MRTs) have a pass rate of less than 50% while that of Canadian educated MRTs is approximately 90% (Lauzon, n.d.).

Strategies: Improving Pass Rates

Some regulatory bodies and associations provide assistance to examination candidates through preparation guides. For example, the Canadian Nurses Association (CNA; 2009) offers the Canadian Registered Nurse Exam (CRNE) Prep Guide and the LeaRN™ CRNE Readiness Test. Some bridging and adaptation programs also provide courses intended to ensure success either as a part of a more comprehensive program or as an independent course. For example, the College of Physiotherapists of Canada received funding to conduct a pilot project to prepare internationally educated professionals to pass their examinations. Candidates received an overview of exam context and use in Canada, skill development in writing multiple choice exams and clinical-based practical exams and post exam follow-up and support (Johnson, 2007). Occupational therapists were also funded for a pilot project to provide comprehensive examination preparation (McMaster University and the Ontario Society of Occupational Therapists, n.d.).

The CARE Centre (n.d.) readies eligible candidates for their examinations through a broad adaptation program focusing on communication, the Canadian health care system and opportunities to carry out clinical practice. Internationally educated nurses completing this program have a higher pass rate than those who do not take it. Students are generally considered to have improved their chances of passing examinations after completing adaptation programs. As of April 2004, the pass rate for CARE participants was over 83% (based on first and repeat writes), as opposed to a 48% percent pass rate in 2003 (based of first writes only) for IENs who were not CARE participants (CNO, 2003).

Pharmacists completing the University of Toronto bridging program are considered to have similar pass rates to pharmacists educated in Canada (Austin, 2008). The CEHPEA (2009) helps physicians prepare for their examinations by facilitating study groups. In addition to programs sponsored by educational institutions, various informal courses on examination techniques are run by entrepreneurs as private businesses. Reports from those who have taken nursing courses suggest that despite their emphasis on rote learning, they are helpful for those who are unable or unwilling to take accredited adaptation courses (Baumann et al., 2006).

ENTERING THE WORKFORCE

Issues in Getting a Job

Once IEHPs have passed their registration examinations, they need to find employment. Given the shortages in most health care professions, unemployment rates are generally low. However, there are problems for IEHPs attempting to enter the Canadian workplace for the first time.

To some extent, ignorance about the processes by which IEHPs become eligible to practice may be an issue in hiring. Finding full-time positions can be especially difficult for members of some professions who do not have Canadian experience. A pilot project on the integration of IENs into two large teaching hospitals in Hamilton revealed that some managers had little knowledge about the role of the regulatory body in ensuring the competence of IENs and were not well-informed about resources that might be useful in managing diversity. While there was no evidence that they did not hire IENs for these reasons, managers reported that they found it difficult to advise IENs about how to gain employment eligibility. They needed human resource advice about ensuring equitable remuneration that takes the experience of internationally educated applicants into account (Hoxby et al., 2008). Hamilton Health Sciences, in partnership with Mohawk College Settlement and Integration Services Organization and CARE, has received funding from the OMCI for a program to integrate IENs that will begin in mid-2009. Plans for integration include the development of a Sharepoint site for managers and other stakeholders, workshops, mentorship programs and continuing education.

The Ottawa Hospital already has similar initiatives. It has a committee to review IEN résumés and a supportive program for new international hires that includes help with immigration. Other initiatives for IENs include mentorship programs, sector-specific language training and examination preparation. Consolidation of IENs in bridging programs is encouraged. Peer group support among culturally similar recruits is facilitated and the hospital has in-house diversity training (Lashley, 2009).

Some of the interviewees who contributed to this report believe that biases against IEHPs do exist. They also suggested that in tough economic times, employers were more likely to choose candidates educated in Canada because they would need less orientation than IEHPs. A study of IENs revealed that they prefer to work in ethnically diverse urban institutions rather than in smaller, less diverse or rural ones (Baumann et al., 2006).

Strategies to Remove Employment Barriers

In the past few years, growing shortages in the health care sector have prompted provincial governments to take a greater interest in the recruitment and retention of health care professionals (see Appendix D). In May 2006, HFO was created to oversee a number of health human resources strategies "designed to make the province 'the employer of choice' in health care and to ensure that Ontario has the right number and mix of health care providers, when and where they are needed" (HFO, 2008a).

The "development and execution of required marketing, recruitment and retention activities" associated with the HFO mandate is the responsibility of the HealthForceOntario Marketing and Recruitment Agency (HFO, 2008a). The goal of the agency is to "increase the number of qualified health professionals practising in Ontario" by helping IEHPs become qualified and retaining health care professionals educated in the province (HFO, 2009d). Marketing and recruitment activities include maintenance of a web site and media relations, working with

employers and communities to satisfy health human resource needs, acting as a clearing house of information on marketing and promoting Ontario through various media (e.g., career fairs). Canadians living abroad and health care professionals in the US are particular targets. HealthForceOntario offers personalized help for US physicians or current US medical school/residents to relocate to Ontario and to IEHPs living in Ontario (HFO, 2009b).

As mentioned earlier, HFO (2009b) provides a job search web site (HFO Jobs) for physicians and nurses. It also provides specific resources for health care professionals beginning their careers in Ontario. The job portal for the New Graduate Guarantee (NGG)³ is located on the HFO web site. Opportunities for full-time work through the NGG are now available to graduates of nurse bridging programs. These transitional positions allow employers to provide IENs with longer, more customized orientation periods or refer them to remedial courses if required. Internationally educated nurses who register without need of upgrading do not qualify for the NGG.

A strategy sometimes adopted by IEHPs is to return as professionals to institutions where they were previously employed as unskilled workers. There is evidence that, at least in nursing, cohorts of professionals vary in their employment patterns depending on their country of origin (Blythe & Baumann, 2008). An interviewee pointed out that nurses from certain countries frequently take jobs as personal support workers, often in long-term care, while they pursue upgrading. After passing their examinations, they are offered jobs as RNs in the same institutions where they were employed as unregistered workers. This explains their concentration in this sector.

Internationally educated health professionals generally seek jobs in urban areas, which have the densest immigrant settlements and provide the most services to newcomers. Adaptation to rural or remote areas can be difficult, even for people born in Canada who are used to urban settings. Nevertheless, HFO offers incentives to physicians and other health care professionals. The HFO (2009f) Ontario Physician Locum Programs in family practice in rural areas and specialist practice in northern areas can provide IMGs with experience in alternative practice environments. The MOHLTC (2007) Underserviced Area Program provides physicians, surgeons and members of some allied health professions with financial inducements to locate to remote or underserviced areas. By 2007, 340 IMGs had signed agreements to use their skills in underserviced areas. Of these, 104 were working in underserviced communities and the remainder would be doing so over the next few years (HFO, 2007c). Some inducements are also available to rehabilitation professionals (MOHLTC, 2009).

³ The NGG is an MOHLTC initiative that guarantees graduating nurses entry into full-time jobs. For additional information, please see <http://www.hamiltonhealthsciences.ca/body.cfm?id=1866>.

Migrants tend to settle in metropolitan centres, but a growing trend toward settlement in smaller towns has been observed and, in some cases, is being encouraged. HealthForceOntario recruitment officers are now situated in each Local Health Integration Network. Previously concerned exclusively with medical recruitment, their mandate is now recruitment to all health care professions.

The Niagara Health System (NHS) has been actively engaged in IMG recruitment. Of the 84 specialists recruited between 2001 and 2007, 40% were IMGs. In return for their training, many IMGs "sign a contract with the Ministry of Health and Long-Term Care to provide five years of service in an underserved community in Ontario" (HFO, 2007a, p. 3). The NHS offers IMGs "interest-free loans when they arrive" (HFO 2007b, p. 4). Joan Hatcher, the specialist physician recruiter at the NHS, started the Canadian Association of Staff Physician Recruiters in 2005 and "found that small communities often do not know where to begin to recruit an IMG" (HFO, 2007b, p.4).

Some local groups go beyond the narrow focus on physicians. The purpose of the Niagara Immigrant Employment Council (2009), for example, is to create a labour market where employers recognize and utilize the skills and experience immigrants bring to the Niagara area. The council is a region wide multi-stakeholder collaboration of businesses, community organizations, governments and immigrants.

Despite efforts to attract IEHPs, interviewees knowledgeable about small rural hospitals confirmed that they did not have many applications from IEHPs. Thus the hospitals placed the most emphasis on outreach to local high school graduates to encourage them to return to the area after their education was complete.

INTEGRATION INTO THE WORKFORCE

Barriers to Successful Integration

Little evidence is available about retention of IEHPs once they are in the workforce. Managers in one study of IENs reported that their retention rate was high (Baumann et al., 2006). However, other interviewees and those in the current study indicated that some IEHPs may have difficulties adjusting to the Canadian workplace (Hoxby et al., 2008; Johnson, 2007). They may need longer orientation and remedial education. Interviewees indicated that new employees may have to deal with technology that is either more advanced or significantly different than what they are used to.

Other IEHPs move into professional cultures that differ profoundly from those they are familiar with. Conventions for interacting with patients and colleagues may also be different. Interviewees across health care professions noted that IEHPs differed in their acceptance of professional autonomy. Members of particular health professions from some countries were used to higher levels of supervision than is usual in Canada. Some IEHPs had high levels of technical competency but were not used to making independent clinical decisions.

Although they have gained the formal language qualification required for registration, some aspects of communication may be problematic for IEHPs, their employers and coworkers. These issues are not always resolved through language courses. Internationally educated health professionals who use a second language for work may find that while they have learned the phonology, vocabulary and syntax, other aspects of communication continue to be a challenge. To pass their registration examinations and function in the workplace, IEHPs require knowledge of the technical language of their profession. They also need to understand the socio-cultural aspects of language, particularly its application to the Canadian health care workplace (Baumann et al., 2006; Johnson, 2007; Kukushkin, 2009).

Based on interviewee reports and the literature, failure to communicate due to misunderstanding can disrupt collegial relations and pose a danger for patients. Austin (n.d.) notes that although internationally educated pharmacists account for 25% of all registered pharmacists in Ontario, they account for 68% of complaints. He suggests that while some systemic bias may be present, interpersonal communication skills are a component. He recommends developing linguistic skills in context. Johnson (2007) also supports language skills assessment for specific professions (i.e., physiotherapists).

Interviewees from other professions similarly emphasized the importance of good communication skills in the workplace. One interviewee suggested that in countries where ratios of health care professionals to patients were low, the emphasis was on carrying out tasks efficiently rather than on communication. This was a problem in Canada and other developed countries where patients expected to discuss their needs with health care providers. Some IEHPs do not attain seniority after emigration. This may be due to working in an unfamiliar system rather than because of discrimination. More research is required in this area.

Keeping a Job: Building a Diverse Workforce

Ultimately, the success of IEHPs in re-establishing themselves in their profession and contributing fully to their workplace depends on their efforts to integrate and whether their practice environment is welcoming and adaptive. The literature makes it clear that to effectively manage a diverse workforce, diversity must be accepted into corporate culture (Kukushkin, 2009). A recent study on the integration of IENs into the hospital workplace confirmed that a commitment to diversity management is essential to optimize the contribution of multicultural workforces (Hoxby et al., 2008). The idea that "hiring immigrants makes good business sense" is becoming more accepted (London Economic Development Corporation, n.d.).

There are many guides to managing diversity in the workplace. For example, best practice guidelines such as *Embracing Cultural Diversity in Health Care: Developing Cultural Competence* (Registered Nurses' Association of Ontario, 2007). Critical strategies for successful diversity management include competent linguistic services, intercultural staff training and education (Pearson et al., 2007). Establishing a gold standard or identifying exemplars are also helpful. Among individual organizations, St. Michael's Hospital, Toronto, was selected as one of

the nation's 25 best employers of new Canadians for 2009. Strategies used to facilitate the integration of new Canadians included advice and assistance with credentialing, "onboarding" programs to understand the Canadian workplace (e.g., internal coaching and mentoring) and providing managers and employees with training in cross-cultural issues or inclusiveness to optimize the workplace environment (St. Michael's Hospital, 2008).

The following are among St. Michael's accomplishments (Caballero & Yerema, 2009a):

- Recently created the Specialist, Internationally-Trained Professionals role within the HR department to oversee and develop initiatives for new Canadians at the hospital
- Provides paid, career-track work experience to new Canadians participating in the Career Bridge internship program
- Was one of the first employers in Canada to introduce a mentorship program for internationally-trained professionals
- Teaches other organizations how to create mentoring programs for immigrant jobseekers or employees
- Offers mentoring, job shadowing and work placements to new Canadian nurses through the CARE Centre for Internationally Educated Nurses

An OMCI-funded project at St. Michael's focuses on the integration of IENs and medical radiation technologists and technicians.

The University Health Network (UHN), Toronto, was also recognized as one of Canada's best diversity employers for 2009. All UHN recruitment personnel receive equity training to ensure bias-free hiring practices. The organization maintains an internal diversity web site to provide further resources for employees and managers. In addition, it manages in-house "Diversity Councils" at each of its major hospital sites to raise awareness of related issues and to provide information resources for employees. Employees also receive diversity training customized to the unique needs of each group and department (Caballero & Yerema, 2009b).

Given that the majority of immigrants settle in Toronto, it is not surprising that metropolitan hospitals have a heightened awareness of the need to retain IEHPs. However, programs have also been initiated elsewhere. Hamilton Health Sciences, the Mohawk Bridging for Internationally Educated Nurses program, the CARE Centre and the Hamilton Settlement and Services Integration Association are partnering on a project funded by the OMCI to help RNs and RPNs fully integrate into Hamilton Health Sciences. The project will begin pre-hire and proceed through orientation to clinical integration and will include clinical and communication support. Both students with English as a second language and IENs will be included. The program will involve the creation of individualized workforce integration plans. A "School-to-Career Transition module" will be developed and mentors will be trained accordingly.

There are a number of community level projects to help migrants integrate. In Ottawa, for example, the Internationally Trained Workers Partnership and Hire Immigrants Ottawa launched a community-based strategy to facilitate the accreditation and integration of internationally trained workers into the local economy. The Internationally Trained Workers Partnership is a coordinated approach to addressing immigrant labour market integration in Ottawa. Established in 2002, it is one of the oldest initiatives of its kind in Canada (Citizenship and Immigration Canada & The Maytree Foundation, 2007).

DISCUSSION: STRATEGIES FOR THE FUTURE

Is Recruitment and Retention of IEHPs a Priority?

Based on the information obtained for this report, there is increasing interest in optimizing the potential of IEHPs already in Canada, attracting new migrants from abroad and encouraging health professionals who have left Ontario to return to the province. However, it is evident that such interest varies among stakeholders.

Governments

Both the federal and provincial governments have become more aware of the importance of migrants in sustaining future health care services. Improving databases for health professionals is symptomatic of the realization that data describing the composition of the workforce is essential for workforce planning. Understanding the supply of these workers includes collecting information about where they were educated. The CIHI (2009b) has launched a new Health Human Resources Databases Development Project that "will help to address information gaps by developing new national, supply-based databases and reporting systems."

Recognizing that IEHPs require assistance to enter the workforce, governments have improved access to information and advice through web sites and other media. The federal government has funded initiatives to improve the evaluation of foreign credentials. Provincially, HFO offers a variety of services to assist IEHPs, particularly physicians.

Regulators

Regulators have also improved access to information for IEHPs, but there are reasons why IEHP recruitment and retention are not always a priority. The mandate of regulators is primarily to protect the public. Thus it is essential that they exercise caution in assessing candidates who are educated abroad. Major issues include the length of time it takes to become registered and the considerable investment of time and money to obtain credentials, upgrade education, acquire language skills and gain Canadian clinical experience. While it is difficult to estimate the attrition of potential registrants during this process, we know that serious attrition occurs due to difficulties in passing registration examinations.

Ways of accelerating the registration process are required, particularly the assessment of credentials. Currently, individuals educated in lesser known institutions may experience considerable delays. Several organizations appear to be investigating ways of better managing the assessment of prior education in an equitable manner, and it is hoped that the situation will improve.

Educators

Professions vary in the extent to which educational programs are available to potential registrants to gain appropriate qualifications and pass registration examinations. Bridging or adaptation programs are available for IEHPs in some professions but not in others. The pass rate is very low in some professions, especially among candidates with no Canadian education, and avoidable attrition likely occurs. Where bridging and adaptation programs are available, pass rates markedly improve. In the smaller professions where few resources are available, pass rates remain low. Programs in some professions are well-established (e.g., nursing and pharmacy). In other professions, however, programs are at the pilot testing stage or are lacking altogether.

Health Care Organizations - Employers

Whether employers regard recruiting and retaining migrants as a priority depends on variables such as size, geography and health care sector.

Size: Larger health care organizations generally have policies for recruiting IEHPs. This may or may not be an important consideration in integrating these professionals. There is a tendency in large organizations to create formalized routines and programs for orientation. Special attention must be paid to ensuring the cultural, linguistic and technical challenges that individuals face are not missed. In contrast to larger organizations, orientation in small sites may be more personal.

Rural and Urban Differences: Migrants settle in urban Ontario, primarily in Toronto, followed by Ottawa, Hamilton and London. Thus organizations in these areas must show an interest in IEHPs. Hospitals have either developed strategies or are planning strategies to recruit IEHPs and ease their transition into the workplace. Because few migrants settle in small towns and rural areas, such strategies are absent in these locales.

Interviewees from outside Toronto pointed out that their organizations faced different challenges from those in the GTA. Immigrant communities were smaller and less support was available to members. New immigrants might not find colleagues from the same community in their workplace. Various strategies were suggested to connect with resources and groups in other communities (e.g., use of the Internet).

The population in some rural areas in Ontario is declining as a result of urban drift. In general, health care agencies in these areas have concentrated on persuading young people who leave their communities to return after they have completed their education. An exception is the

readiness to accept IMGs into hospital and family practices. Government programs for underserved areas provide attractive incentives to physicians willing to settle there.

A presentation to the Conference Board of Canada stressed the importance of encouraging immigration to small-town Canada (Kukushkin, 2009). Interviewees reported a beginning interest in attempting to attract other IEHPs, but it had not yet been translated into action. Initiatives directed to the retention of all migrants have been established in some regions. For example, Brockville is involved in the Community Immigrant Retention in Rural Ontario Project (Ministry of Agriculture, Food and Rural Affairs, 2009). This endeavour is intended to "enhance the capacity of selected communities to attract, integrate and retain newcomers to Ontario" (City of Brockville, n.d.).

Sectoral Differences: There are fewer employment opportunities for IEHPs in the community than in acute care. There are several possible reasons why there are proportionately more IENs in hospitals than in the community. First, a baccalaureate degree has always been a prerequisite for nurses to work in the community. Before 2005, IENs, many of whom had diplomas, would have sought jobs elsewhere. Second, home care services are more common in areas where there are few IENs (i.e., regions outside large cities). Third, there is little incentive for home care organizations to consider programs to help IENs adapt to the Canadian workplace. Home care organizations must compete for funding; therefore, they are unable to give IENs special consideration. They must also compete for contracts, which makes it harder for them to create innovative programs to assist their employees. In contrast to nurses, IMGs are encouraged to move into the community through incentives and recruitment programs.

In What Professions is Recruitment and Retention of IEHPs Actively Encouraged?

While new recruits are important in all health care professions, there has been more active recruitment in some professions than others. For example, HFO has a jobs portal for physicians and nurses but not for other professions. The HealthForceOntario Marketing and Recruitment Agency has made a considerable commitment to recruiting physicians, placing recruiters in each Local Health Integration Network and hiring staff whose role includes attending job fairs in Canada and the US. Although information sessions are organized for a variety of IEHPs, the emphasis is on physicians. Most of the queries at the HFO Access Centre for Internationally Educated Health Professionals come from IMGs.

There is less active encouragement to recruit IENs. Perhaps because nursing organizations in Ontario oppose recruitment abroad and support the goal of producing sufficient nurses within the province. Some professions are unaware of the numbers and percentages of IEHPs in their memberships and do not encourage or discourage the recruitment of IEHPs.

What Mechanisms are in Place to Ensure Effective Hiring, Orientation and Retention of IEHPs?

This report has highlighted innovative strategies already in place at all stages of the migration and settlement process. In response to the need for better workforce data, the CIHI (2009b) has

launched the new Health Human Resources Databases Development Project, which will "develop new national, supply-based databases and reporting systems to deal with information gaps." As well as seeking to inform themselves, both governments and regulatory bodies have made better quality information available to IEHPs.

Innovative strategies for IEHPs include better systems for the validation of foreign credentials and more bridging and adaptation programs. Employers, particularly large urban hospitals, have developed strategies for the integration of IEHPs that can be usefully disseminated.

What Further Strategies and Resources are Required?

Despite the progress made to date, much more remains to be done to reduce barriers and improve the recruitment and retention of IEHPs.

Reducing Barriers

Governments have enhanced their services to migrants. However, the extent that IEHPs use the information sources available to them depends on their familiarity with English or French and the Internet. Consequently, it would be useful if all migrants were informed about the requirements for their intended professions at an early stage in their application for permanent residence. Applicants from countries where educational or registration requirements differ substantially from those in Canada need to be clear about the commitments they must make and know that acquiring the appropriate credentials before migration will expedite the registration process substantially (Jeans, Hadley, Green & DuPrat, 2005). If career assessment could be conducted as part of the immigration process, candidates would better understand how to prepare for employment in Canada. Ways of accelerating the registration process are required. Individuals educated in lesser known institutions may experience considerable delays in credential assessment.

Availability and access to bridging and adaptation programs vary by profession. Because IEHPs encounter similar problems when entering the workplace, shared adaptation modules might be effective in assisting more IEHPs. Topics might include the Canadian health care system, professional behaviour in Canada and workplace communications. Where appropriate, further development of distance education would mitigate the difficulties of travelling long distances to attend classes. A problem for many programs is finding student placements. New programs may experience unexpected problems such as the need for workplace insurance.

Some professions in Ontario are contemplating the expanded use of PLAR. In Alberta, under the new Health Professions Act, competence can be established through "a combination of education, experience, practice or other qualifications, that demonstrates the competence required for registration as a regulated member" (Province of Alberta, 2000, p. 27). This allows regulatory bodies discretion in gauging equivalence of competence. Less reliance is placed on assessing foreign credentials and the competence of the individual practitioner is considered

instead. The College and Association of Registered Nurses of Alberta is willing to accept PLAR results as a satisfactory test of equivalence. However, critics suggest that criteria for competence should be further explored and that proficiency is more accurately determined in supervised clinical practice rather than intensive sessions in simulated environments (Ogilvie et al., 2008).

It is important that educational advisors make IEHPs aware of educational and professional differences worldwide and provide them with options. In Ontario, RNs have a baccalaureate degree and RPNs have a two-year diploma. Nurses from countries where degrees are not required may find it advantageous to become RPNs. Medical laboratory technologists and medical laboratory technicians from programs that emphasize technical competence over clinical decision making may find it easier to qualify and practice as technicians rather than technologists.

Improving IEHP Recruitment and Retention

HealthForceOntario provides a number of useful services for IEHPs, but many are intended primarily for physicians. Members of the smaller allied health professions are at a disadvantage in receiving guidance and assistance. Although government resources are available to all IEHPs, it is evident that physicians receive the most attention, followed by nurses. It is essential that other professions are considered because they also provide important health care services.

Some health care organizations have undertaken specific initiatives to recruit and retain IEHPs and have provided useful exemplars of how to do so. Other organizations have been less concerned, and interest in recruiting IEHPs differs among similar organizations. As previously mentioned, reasons for this include geographic location, sector-specific considerations and size.

The interviews suggest that interest in recruiting IEHPs is increasing beyond major metropolitan areas. However, further study is required as to whether organizations in these areas should target IEHPs and what strategies should be adopted to ensure they are welcomed and appropriately integrated into the organization and the community.

ORGANIZATIONAL GUIDELINES: SUGGESTIONS

The integration of IEHPs and other immigrants into the Canadian workplace begins long before they accept employment and begin work. The policies and programs of governments, regulatory bodies, educators, community organizations and employers impact successful integration.

Guidelines for the integration of IEHPs will be most effective if organizations recognize that they do not act alone. Integration occurs in a broad context. Thus it is essential that health care organizations are aware of the roles that other stakeholders play and collaborate with them to ensure a smooth transition for IEHPs into the country, community and workplace. Policy decisions at the organizational level must take into account the role of the organization and its relationship with other stakeholders. Decision makers may wish to refine their organization's position on IEHP recruitment and integration. Being informed about migration pathways,

including independent migration and overseas recruitment, may help decision makers choose appropriate recruitment strategies.

The vision and mission of health care organizations often set out basic principles of inclusiveness and equity to which the organization should adhere. It is important to operationalize these values through guidelines promoting effective diversity management. This can best be achieved when the board and senior management are willing to invest in policies, programs and strategies that promote inclusiveness. Without the necessary opportunities and facilities, managers and staff will not have the time or resources to make diversity management or the needs of IEHPs a priority.

It is important that managers with responsibilities for recruiting and hiring have the education, tools and resources to make equitable and appropriate decisions. To facilitate decision making, they need to be cognizant of the processes by which IEHPs become employment eligible. They also require knowledge about resources that support integration into the community and the organization. Human resource departments are more effective when they are aware of issues related to hiring IEHPs and are able to provide specific assistance. For example, directions may be needed about how to situate new hires with experience abroad on pay scales.

Many guides are available on diversity management. It is important that health care organizations adapt and customize them to suit their environments. General principles such as flexibility, mutual respect and tolerance underlie strategies that will differ depending on organizational context. Interviewees felt diversity education was important for everyone and that the advantages of diversity should be emphasized, instead of potentially divisive concepts that censure the majority culture (e.g., anti-racism).

Successful diversity management assumes that differences are to be respected. This attitude is reflected in greater cultural sensitivity, which leads to increased acceptance of diverse ideas, approaches and techniques and greater willingness to learn about and perhaps adopt them. Depending on the type of organization, there may be different ways of optimizing diversity.

Organizations that embrace diversity management adopt strategies that are flexible and responsive to the needs of all staff, including IEHPs. Ideally, orientation to a new workplace would take individual strengths and deficits into account rather than membership of a category. Internationally educated health professionals often have special requirements, but some applicants educated in Canada may have similar needs. For example, some graduates of Canadian programs and IEHPs for whom English is a second language may require education in specific communication skills.

According to some interviewees, a hopeful sign for IEHPs is that employers are becoming aware that to maintain a supply of health care professionals in the future, it is important to support the transition of IEHPs into the workforce and encourage retention now. Given the shortage in many health care professions, sponsoring, mentoring and other adaptation programs may be difficult

for organizations. However, they may also be a sound long-term investment if they promote retention. Interviewees noted that some organizations were interested in hiring IEHPs to better serve their multi-cultural clientele. This was particularly true of long-term care organizations.

As the population of Ontario becomes increasingly diverse, an equivalent diversity among health care workers is essential for effective communication and care. One strategy that might be adopted would be to showcase gold standard organizations across the province so that models for successful diversity management would be available. However, it would be essential to spotlight a variety of organizations that differ in size, health care sector, place on the rural-urban continuum and specialty. Priorities and strategies may vary based on context.

Health care organizations serve the community, but they require the expertise of the community to function effectively. Partnerships are essential. Local colleges and universities supply the majority of new staff. Collaborating with these institutions to provide placements for IEHPs may result in filling vacancies. Placement and mentoring programs for IEHPs allow organizations to assess the competencies of potential workers and help increase their chances for success in the workplace. Partnerships also support retention. They enable health care organizations to call on community or educational resources when diagnosis, remediation or counselling services are required after employment. Although partnerships are beginning to develop, much remains to be done in the future.

RECOMMENDATIONS

Ministry of Health and Long-Term Care

- HealthForceOntario services should be expanded to include all health professions to facilitate the entry of IEHPs into the workforce and assist hiring managers and human resources.
- All stakeholders should be made aware of the importance of IEHPs to the viability of Ontario's future health services and encourage their inclusion in policy decisions.
- A recruitment package to assist mid-sized and small organizations would be a useful first step in encouraging migrants to move beyond metropolitan areas.

Ontario Ministry of Citizenship and Immigration

- Increased funding is required for pilot projects aimed at hiring and integrating new IEHPs into health care organizations.
- Communicate and provide information to IEHPs and employers about the current roles of the provincial and federal governments in employment integration.

Citizenship and Immigration Canada

- Pre-immigration interviews in source countries should inform potential migrants about the steps required to register in their professions.
- Career Kits, including decision trees relevant to specific professions, should be made available at the immigration interview in source countries to facilitate decision making for immigrants.

Ontario Hospital Association

- A guide to recruiting, retaining and integrating IEHPs should be developed to help employers in various locations and of different types and sizes.
- Organizations that demonstrate or promote successful diversity management could be showcased. These might include education or community institutions as well as employers. Innovative practices and success stories could be highlighted.

Health Care Organizations

- Health care employers, community partners and groups, settlement organizations and educational institutions must collaborate on strategies to integrate IEHPs into organizations and workplaces.

Health Care Organizations and Educators

- Documentation, telephone, email and interprofessional behaviours differ cross-culturally. Remediation requires linguistic and behavioural interventions such as advanced language skills preparation and cultural training.

Regulatory Bodies and Professional Associations

- The pass rates for IEHPs on registration examinations across all health care professions are lower than those for individuals who are domestically trained. Identification of common problems will lead to overarching remediation strategies and perhaps common adaptation courses.
- Identifying and applying strategies for expediting the assessment process will prevent attrition of the potential pool of internationally educated recruits to the health professions.
- The identification of leading practices that help different types of employers integrate IEHPs would encourage the diffusion of these practices.
- Qualifications for health care professionals vary worldwide. Information about options for alternative professions and processes should be made available to IEHPs.

Regulatory Bodies, Professional Associations and the Canadian Institute for Health Information

- Databases for all allied health professions are needed. Information on the numbers and characteristics of all IEHPs in Ontario is essential for workforce planners, hiring managers and human resources.

Human Resources and Skills Development Canada

- Further development of prior learning assessment and recognition is required. Candidates' skills are better assessed in supervised clinical environments than in artificial testing conditions.

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APPENDIX A. INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS IN THE WORKPLACE

Health Profession	Number of Professionals in Ontario	Educated in Canada	Educated Internationally	Citation
Audiologist and Speech Language Pathologist	511 + 2,487	-	No data	CIHI, 2008a CIHI, 2008g
Chiropractor	3,626	-	No data	CIHI, 2008b
Dental Hygienist	8,870	-	No data	CIHI, 2008c
Dental Surgeon	8,104	-	No data	Royal College of Dental Surgeons of Ontario, 2009
Dietitian	2,705 (203 applying)	(157) =77.3%	(46) = 22.7% Stats available for new applicants only	College of Dieticians of Ontario, 2008
Massage Therapist	8,250	-	No data	College of Massage Therapists of Ontario, 2009
Med. Lab Technologist	7,700	-	No data	College of Medical Laboratory Technologists of Ontario, 2009
Med. Rad. Technologist	6,199	5,394 = 87.01%	443 = 7.15%	College of Medical Radiation Technologists of Ontario, 2007
Midwife	329	-	No data	CIHI, 2008d
Nurse	120,265	107,741 = 89.58%	12,524 = 10.42%	College of Nurses of Ontario, 2009
Occupational Therapist	4087	3756 = 91.9% Canada, excluding Quebec and Alberta	331 = 8.1% Canada, excluding Quebec and Alberta	CIHI, 2008
Optometrist	Approx. 1,300	-	-	College of Optometrists of Ontario, 2007

Pharmacist	11,408	8,062 = 71%	3,346=29%	Ontario College of Pharmacists, 2009
Physician/Surgeon	22,592	17621 = 78%	4971 = 22%	CIHI, 2009a CIHI 2009c
Physiotherapist	6,401	5,386 = 84.14%	1,015 = 15.86%	Johnson, 2007
Psychologist	3,056	-	No data	CIHI, 2008e
Respiratory Therapist	2,374	-	No data	CIHI, 2008f

APPENDIX B. ENTRY TO PRACTICE REQUIREMENTS BY HEALTH PROFESSION

Profession	Description	National Association	Ontario Association	Specific Requirements	Important Links
Audiologist and Speech Language Pathologist	Audiologists assess auditory function and treat and prevent auditory dysfunction. They also maintain, rehabilitate, or augment auditory and communicative functions and treat hearing difficulties in children and adults. Speech-language pathologists provide education and counselling services for communication and/or swallowing disorders in children and adults.	Canadian Association of Speech-Language Pathologists and Audiologists	College of Audiologists and Speech Language Pathologists of Ontario	<ul style="list-style-type: none"> • A professional master's degree in speech-language pathology or audiology or both from a university in Ontario, or a degree or diploma granted by a university outside Ontario determined to be equivalent to the Ontario degree by the Registration Committee • 300 clock hours of direct, supervised clinical practice • Reference letter from regulatory body or professional organization • Reference letter from a recent employer • Official transcripts (undergraduate and graduate) • Curriculum Vitae 	http://www.caslpo.com/Portals/0/newapplicantforms/Foreign_Update_Nov2004.pdf
Chiropodist	Chiropodists assess the foot and treat and prevent diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means. Chiropodists are able to cut into the subcutaneous tissues of the foot, prescribe drugs designated in the regulations and administer injection into the feet.	N/A	College of Chiropodists of Ontario	<ul style="list-style-type: none"> • Successful completion of a post-secondary program approved by the Council of the College of Chiropodists of Ontario • Successful completion of a registration exam • Engaged in clinical practice for at least three months during the two years immediately preceding the date of the application 	http://www.healthforceontario.ca/Work/OutsideOntario/HealthProfessionals/OutsideOntario/PractiseRequirements.aspx#role02

Chiropractor	Chiropractors assess, diagnose, prevent and treat dysfunctions or disorders arising from the structures or functions of the spine, pelvis and joints of the extremities and their effect on the nervous system.	Canadian Chiropractic Association	College of Chiropractors of Ontario	<ul style="list-style-type: none"> • Minimum of three years pre-professional university/college studies • Successful completion of a chiropractic education program recognized by the Commission on Accreditation of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards • Successful completion of knowledge-based and Clinical Competency exams set by the Canadian Chiropractic Examining Board • Successful completion of the Legislation and Ethics Examination set by the College of Chiropractors of Ontario. 	http://www.cco.on.ca/regulation_r-003.htm
Dental Hygienist	Dental hygienists are responsible for assessing the teeth, gums and mouth and providing preventive and therapeutic treatment. They are also responsible for the provision of restorative and orthodontic procedures and services.	Canadian Dental Hygienists Association	College of Dental Hygienists of Ontario	<ul style="list-style-type: none"> • Successful completion of an accredited two-year dental hygiene program approved by the Commission on Dental Accreditation of Canada • Successfully complete a refresher course if applying more than three years after program completion unless practicing in a recognized jurisdiction • Successfully complete the National Dental Hygiene Certification Examination 	http://www.cdho.org/Registration/NonAccredInternational.pdf
Dental Surgeon	Dentists diagnose, treat, prevent and control disorders of the teeth, mouth and related hard and soft tissues. They provide cosmetic restorative services, perform oral surgery, periodontal surgery and correct abnormal positioning of the teeth and jaws by designing bridgework and fitting dentures.	Canadian Dental Association	Royal College of Dental Surgeons of Ontario	<ul style="list-style-type: none"> • Have a degree in dentistry showing successful completion of a four-year dental studies program at university-based dental school • Pass the Canadian National Examination and obtain a certificate from the National Dental Examining Board of Canada • Complete the College's examination in ethics and jurisprudence • Be mentally competent, physically able and have sufficient knowledge, skill and judgment to safely practice dentistry 	http://www.rcdso.org/pdf/registra_licensing/General_info_sheet_2009.pdf

Dental Technologist	Dental technologists are knowledgeable and skilled in the design, construction, repair or alteration of dental prosthetic, restorative and orthodontic devices.	N/A	College of Dental Technologists of Ontario	<ul style="list-style-type: none"> • Grade 12 and an approved dental technology program at a College of Applied Arts and Technology or an equivalent dental technology program completed at an institution outside Ontario and a supervised apprenticeship of 1,950 hours • Successfully complete the certification examinations set or approved by the College 	http://www.elaws.gov.on.ca/html/regs/english/elaws_regs_930874_e.htm
Dentist	Dentists diagnose, treat, prevent and control disorders of the teeth, mouth and related hard and soft tissues. Specifically, they examine teeth, gums and surrounding tissue to diagnose disease, decay and injury and then plan appropriate treatment.	Canadian Dental Association	Royal College of Dental Surgeons of Ontario	<ul style="list-style-type: none"> • A degree in dentistry indicating successful completion of a course in dental studies of at least four years at a university-based dental school • Pass the Canadian National Examination and obtain a certificate from the NDEB • Present sufficient knowledge, skill and judgment to competently engage in the practice of dentistry 	http://www.rcdso.org/register/licensing/international_trained.html http://www.healthforceontario.ca/Work/OutsideOntario/HealthProfessionals/OutsideOntario/PractiseRequirements.aspx#role06
Denturist	Denturists specialize in the field of removable oral prostheses. They assess, design, construct, repair and insert complete, partial and removable implant retained dentures. Services include dentures, mouth guards and anti-snoring devices.	Denturist Association of Canada	College of Denturists of Ontario	<ul style="list-style-type: none"> • Completion of a Denturist program equivalent to that of George Brown College of Applied Arts and Technology • Show mental competence to practice the profession with decency, integrity and honesty in accordance with the law • Display effective communication skills • Successfully complete both written and practical qualifying exams set by the CDO within 12 months of applying 	http://www.denturists-cdo.com/pdf/CareerMap.pdf
Dietitian	Dietitians assess, evaluate, plan and implement interventions designed for the treatment and prevention of nutritional related disorders by nutritional means.	Dietitians of Canada	College of Dietitians of Ontario	<ul style="list-style-type: none"> • Academic preparation from an accredited Canadian university program in foods & nutrition or equivalent • Practical training in an accredited practical program in Canada or equivalent • Knowledge and practical experience related to the Canadian healthcare system • Pass the Canadian Dietetic Registration 	http://www.cdo.on.ca/en/viewPages.asp?ID=101#academic

				Examination	
Medical Laboratory Technologist	Medical Laboratory Technologists perform laboratory investigations on the human body or on specimens taken from the human body and evaluate the technical sufficiency of the investigations and their results. The results assist with the diagnosis, treatment and prevention of disease.	Canadian Society for Medical Laboratory Science	College of Medical Laboratory Technologists of Ontario	<ul style="list-style-type: none"> • Successful completion of a diploma or degree in medical laboratory technology from a Canadian educational institution which has been approved by the College of Medical Laboratory Technologists of Ontario (CMLTO) or its equivalent as approved by the Registration Committee of CMLTO • Successful completion of the Canadian Society for Medical Laboratory Science examination • Proof of active engagement in medical laboratory technology or successful completion of a refresher course approved by the Registration Committee 	http://www.healthforceontario.ca/Work/OutsideOntario/HealthProfessionalsOutsideOntario/PractiseRequirements.aspx#role10
Medical Radiation Technologist	Use ionizing radiation and other forms of energy to produce diagnostic images and tests for therapeutic applications. MRTs also engage in the evaluation of the technical sufficiency of the images and tests.	Canadian Association of Medical Radiation Technologists	College of Medical Radiation Technologists of Ontario	<ul style="list-style-type: none"> • Successful completion of a medical radiation technology program • Pass the examination set or approved by the College's Council • Clinical practice within five years immediately before the application, or successful completion of the program within this same period 	http://www.cmрто.org/registration/international.asp
Midwife	A midwife provides primary care to women during pregnancy, labour and birth, including normal vaginal deliveries and providing postpartum care.	Canadian Association of Midwives	College of Midwives of Ontario	<ul style="list-style-type: none"> • Be a graduate of the Ontario Midwifery Education Program, or the International Midwifery Pre-registration Program, or general registrant in another province • Certified in CPR, Obstetrical Emergency Skills and Neonatal Resuscitation • Membership with the Association of Ontario Midwives • Active clinical practice for at least two years prior to application (attendance of minimum of 60 births) 	http://www.cmo.on.ca/docs/Career%20map%20with%20cover.pdf

Nurse	Health care professionals who focus on the detail-oriented care of individuals, families and communities in attaining, maintaining and recovering optimal health and functioning.	Canadian Nurses Association	College of Nurses of Ontario	<ul style="list-style-type: none"> • Completion of an acceptable nursing or practical nursing program. • Evidence of recent safe nursing practice • Passing the national nursing registration examination 	http://www.cno.org/international_en/req/index.htm
Occupational Therapist	Occupational therapists assist individuals in developing or maintaining life roles and activities at home and in the community when challenged by accident, handicap, emotional problems, developmental difficulties, or disease.	Canadian Association of Occupational Therapists	College of Occupational Therapists of Ontario	<ul style="list-style-type: none"> • Graduate from a College approved occupational therapy program involving 1000 hours of clinical fieldwork • Complete the National Certification Examination administered by the Canadian Association of Occupational Therapists 	http://www.coto.org/pdf/NewRegApplication.pdf
Optician	Opticians are eye care professionals who dispense corrective eyewear based on a prescription by an Optometrist or a Physician (Ophthalmologist). Opticians are educated in the theory and practical application of ophthalmic optics.	Opticians Association of Canada	College of Opticians of Ontario	<ul style="list-style-type: none"> • Successful completion and graduation from a program that is deemed equivalent to an Ontario optician program by the Registration Committee of the College of Opticians of Ontario • Successful completion of at least 1,000 hours of verified dispensing experience • Successful completion of the National Registration Examination 	http://www.coptont.org/docs/Policies/iec_policy.pdf
Optometrist	An optometrist specializes in the examination, diagnosis, treatment, management and prevention of disease and disorders of the visual system, the eye and associated structures as well as the diagnosis of ocular manifestations of systemic conditions.	Canadian Association of Optometrists	College of Optometrists of Ontario	<ul style="list-style-type: none"> • Successful completion of a course outside Ontario equivalent to that provided by the School of Optometry at the University of Waterloo • Completion of an examination in jurisprudence set or approved by the College within one year of applying for registration 	http://www.collegeoptom.on.ca/Registration%20Sequence%20for%20Website%20-%20March%202005.doc
Pharmacist	The two types of pharmacists in Ontario are community and hospital	Canadian Pharmacists Association	Ontario College of Pharmacists (OCP)	<ul style="list-style-type: none"> • Provide evidence of good character • Undergraduate pharmacy degree recognized by the Pharmacy Examining Board of 	http://www.ocpinfo.com/client/ocp/OCPHome.nsf

pharmacists. Both compound and dispense prescribed pharmaceuticals and provide consultative services to both customers and health care providers.

Canada

/web/Supporting+Docs

- Pass OCP's Pharmaceutical Jurisprudence examination
- Successfully complete in-service training while registered as a student and/or intern with OCP

Physician

A physician, medical practitioner, doctor of medicine, or medical doctor practices medicine and is concerned with maintaining or restoring human health through the study, diagnosis and treatment of disease an injury.

Association of Faculties of Medicine of Canada

Royal College of Physicians and Surgeons of Canada

- Postgraduate Education Certificate:
- A medical degree from an accredited medical school in Canada or the US or an acceptable medical school outside of Canada or the US
- A training appointment at an Ontario medical school
- Independent Practice Certificate:
- A medical degree from an accredited Canadian or US medical school or from an acceptable school listed in the World Directory of Medical Schools
- Successful completion of Parts 1 and 2 of the Medical Council of Canada Qualifying Examination.
- Certification by examination by either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada
- Completion in Canada of one year of postgraduate training or active medical practice, or completion of a full clinical clerkship at an accredited Canadian medical school

<http://www.healthforceontario.ca/Work/OutsideOntario/HealthProfessionalsOutsideOntario/PractiseRequirements.aspx#role09>

Physio-therapist	Physiotherapists improve and maintain functional independence and physical performance; prevent and manage pain, physical impairments, disabilities and limits to participation; and promote fitness, health and wellness.	Canadian Physiotherapy Association	College of Physiotherapists of Ontario	<ul style="list-style-type: none"> • Degree in physiotherapy approved by the Canadian Alliance of Physiotherapy Regulators • Completion of the Physiotherapy Competency Exam or registration as a physiotherapist in a Canadian jurisdiction • Show proof of mental competency, commitment to practice and ability to communicate effectively 	http://www.cpso.on.ca/registration/requirements/default.aspx?id=1780
Psychologist	Psychologists assess, treat and prevent behavioural and mental conditions. They diagnose neuropsychological disorders and dysfunctions using a variety of approaches to maintain and enhance physical, intellectual, emotional, social and interpersonal functioning.	Canadian Psychological Association	College of Psychologists of Ontario	<ul style="list-style-type: none"> • Degree from a program of study with content that is primarily psychological in nature and approved by the College of Psychologists of Ontario (CPO) or satisfy professional training requirement as published by the CPO • Successful completion of oral and written examinations set by the CPO. 	http://www.cpo.on.ca/new-applicants/index.aspx?id=94&ekmense1=14_submenu_0_link_2
Respiratory Therapist	Respiratory therapists plan and implement a variety of therapeutic and diagnostic procedures for patients suffering from a wide range of heart and lung disorders.	Canadian Society of Respiratory Therapists	College of Respiratory Therapists of Ontario	<ul style="list-style-type: none"> • Graduate from a College approved program in Respiratory Therapy • Successfully complete the Canadian Board of Respiratory Care National Certification Examination 	http://www.crto.on.ca/pdf/FactSheets/RegInffs.pdf

Global Requirements

- Language proficiency in English or French
 - Eligibility to work in Canada
 - Citizenship/permanent residency
 - Background check
 - Liability Insurance
 - Completion of application process
 - Annual registration fee
-

APPENDIX C. BRIDGING AND ADAPTATION PROGRAMS

Health Profession	Program Title	Location	Comments	Reference
Chiropody	Chiropody – Advanced Diploma	The Michener Institute for Applied Health Sciences	Three-year, full-time program. One yearly intake in September. The first and third year of the program run from September to April; the second year of the program includes a summer semester.	The Michener Institute. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php
Dieticians	Internationally Educated Dieticians Pre-Registration Program (IDDP)	Ryerson University	Includes language testing, counselling, guidance, training and referrals.	Ryerson University. (2009). <i>Internationally Educated Dieticians Pre-Registration Program</i> . Available from, http://ce-online.ryerson.ca/ce_2008-2009/program_sites/program_gateway.asp?id=2347
Physicians	Bridge Training for International Medical Doctors in Preparation for Medical Licensing	Catholic Immigration Centre – Ottawa	Increases understanding of standard methodology used for testing and aids in finding relevant work.	Catholic Immigration Centre – Ottawa. (2007). <i>International Medical Doctors</i> . Available from, http://www.cic.ca/services-success-med-doctors-e.php
	Career Transitions for International Medical Doctors		Provides sector-specific employment preparation, counselling services and employer outreach specific to internationally trained physicians.	
Physicians	Pre-Health Science Program for Internationally Trained Individuals	George Brown College of Applied Arts and Technology	Includes occupation specific language training, one-on-one career counselling, workplace placement.	George Brown College. (2009). <i>George Brown Full-Time Programs Guide</i> . Available from, http://www.georgebrown.ca/Marketing/FTCal/access/A104.aspx#maincontent
Physicians	Health Sector Pre-Bridging Language Acquisition Project	Mohawk College	Improves language from CLB 5 to CLB 7.	Mohawk College. (2009). <i>Language Skills Development</i> . Available from, http://www.mohawkcollege.ca/Discover/CCTS/preBridging.html
Physicians	Improving Medical Literacy: An Assessment and Training Program	University of Toronto – Standardized Training Program	Listening, speaking, reading and writing skills assessments, 40-hour language training program.	University of Toronto. (2007). <i>Standardized Patient Program</i> . Available from, http://www.spp.utoronto.ca/

Physicians	Improving Medical Literacy: An Assessment and Training Program Getting a License-Bridge Training for Certification/Registration in Reg. Professions & Trades	College of Physicians & Surgeons of Ontario	Participants in this project will have their listening, speaking, writing and reading skills assessed. The project includes a 40-hour language training program with online and in-class work.	Ontario Immigration. (2005). <i>Programs for International Medical Graduates</i> . Available from, http://www.ontarioimmigration.ca/english/how_work_physician.asp
Massage Therapy	Improving Access: An Assessment and Bridging Program for Internationally Trained Massage Therapists	Centennial College	Includes language/academic assessments, simulated and real workplace experience, entry to practice exam preparation, career assistance.	Centennial College. (2008). <i>Success Stories: Improving Health care</i> . Available from, http://www.centennialcollege.ca/applied/improvingaccess
Medical Laboratory Technology	Medical Laboratory Science – Advanced Diploma	The Michener Institute for Applied Health Sciences	Combines the use of sophisticated instruments and techniques with theoretical knowledge for procedures on tissue specimens, blood samples and other body fluids.	The Michener Institute. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php
Medical Laboratory Technology	Addressing the Competency Gaps of Internationally Educated Medical Laboratory Technologists	Canadian Society for Medical Laboratory Science (CSMLS)	Competency categories include safe work practices, data collection, analysis of specimens, interpretation and reporting, critical thinking and applied investigation.	Canadian Society for Medical Laboratory Science. (2005). <i>Competency Profile</i> . Available from http://www.csmls.org/english/pdf/student/general_medical_laboratory_technology_competency_profile_2010.pdf
Medical Laboratory Technology	Enhanced Distance Education for Internationally educated Medical Laboratory Technologists	Mohawk College of Applied Arts and Technology	The program is nine months in length and is divided into three semesters. It consists of theory and laboratory sessions along with clinical experience. Also includes sector-specific language courses and preparation for the CSMLS competency-based exam.	Mohawk College. (2009). <i>Bridging Program for Medical Laboratory Technology</i> . Available from, http://www.mohawkcollege.ca/Discover/CE/health/fml.html
Medical Radiation Technology	Radiation Therapy – Diploma/Degree Program	The Michener Institute for Applied Health Sciences – joint with the University of Toronto	Three-year full-time program. There is one intake each year, in September and theory-based courses are held at both the	The Michener Institute for Applied Health Sciences. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php

			University of Toronto downtown campus and at Michener.	
Medical Radiation Technology	Ultrasound – Advanced Diploma	The Michener Institute for Applied Health Sciences	Full-time, two-year program. Imaging technique that uses high-frequency sound waves to acquire real time images of the human abdominal contents, pelvis, muscles, pregnancies, vessels, the heart and other soft tissue structures to help identify abnormalities and pathologies.	The Michener Institute for Applied Health Sciences. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php
Medical Radiation Technology	Magnetic Resonance Imaging – Graduate Certificate	The Michener Institute for Applied Health Sciences	Fifteen months; distance education. Utilize their communication, patient care and collaborative skills and knowledge of anatomy and physiology to safely and efficiently operate MRI scanners.	The Michener Institute for Applied Health Sciences. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php
Medical Radiation Technology	Radiological Technology – Diploma/Degree Program	The Michener Institute for Applied Health Sciences – with the University of Toronto	Full-time; three-year program. Production of images of internal organs and structures and capturing the resulting image on an image recording device.	The Michener Institute for Applied Health Sciences. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php
Midwifery	The Distance International Midwifery Pre-Registration Program (DIMPP)	Ryerson University	Distance delivery capability for all parts of the IMPP (learning assessment, language training and testing, relevant skills).	Ryerson University. (2009). <i>International Midwifery Pre-Registration Program (IMPP)</i> . Available from, http://ce-online.ryerson.ca/ce_2008-2009/program_sites/program_gateway.asp?id=2161
Nursing	Getting a Licence-Bridge Training for Certification/Registration in Reg. Professions & Trades Comprehensive Nursing-Specific Language Program for Internationally Educated Nurses-Bridge to Nursing	CARE Centre for Internationally Trained Nurses	Assistance until licensing and employment. Individualized programs: exam prep, language training, counselling, financial advice, job shadowing.	CARE Centre for Internationally Educated Nurses. (2008). <i>Centre for Internationally Educated Nurses</i> . Available from, http://www.care4nurses.org/ http://citizenship.gov.on.ca

	Registration Project			
Nursing	Bridge to Nursing Certification Project	Fanshawe College	Language training, info on nursing in a Canadian context, theoretical and practice nursing training.	Fanshawe College. (2009). <i>Bridging Programs</i> . Available from, http://www.fanshawec.ca/EN/BridgingPrograms/bridging.asp?zoom_highlight=bridging
Nursing	Bridging for Internationally Educated Nurses (BIEN)	Mohawk College of Applied Arts and Technology	Pre-clinical training, critical thinking and problem solving, pre-clinical simulations.	Mohawk College. (2009). <i>Bridging for Internationally Educated Nurses (BIEN)</i> . Available from, http://www.mohawkcollege.ca/Discover/CE/health/bien.html
	Enhanced Clinical Preparedness of IENs			http://citizenship.gov.on.ca
	Outreach Programming for IENs			http://citizenship.gov.on.ca
Nursing	Internationally Educated Nurse and English as a Second Language Nurse Integration Project	Hamilton Health Sciences		http://citizenship.gov.on.ca
Nursing	Assess Knowledge and Skills and Provide Education and Workplace Experience for Internationally-Educated Nurses	York University	Four-month qualifying evaluation, which leads into a four-term post-RN program.	York University. (2009). <i>School of Nursing</i> . Available from, http://www.yorku.ca/health/nurs/
	Evaluating Eligibility for Registration through a PLAR Process for Internationally Educated Nurses		Evaluates BScN equivalency in knowledge, skill and judgment, based on the College of Nurses of Ontario Entry to Practice Competencies. Promotes greater access to registration for internationally educated nurses.	Ontario Immigration. (2005). <i>Evaluating Eligibility for Registration through a PLAR Process for Internationally Educated Nurses (PLAR Centre)</i> . Available from, http://www.ontarioimmigration.ca/english/how_work_nurse.asp

	“Test for Success”: Multifaceted Program to Promote Internationally Educated Nurse Success on the CRNE			http://citizenship.gov.on.ca
Nursing	Health Sector: Fast Track to RPN	Waterloo-Wellington Training and Adjustment Board	Fast-tracked preparation for the CNO RPN exam.	Government of Ontario. (2008). <i>Ministry of Citizenship and Immigration: Bridging Programs</i> . Available from, http://www.citizenship.gov.on.ca/english/w orking/experience/nursing.shtml
Nursing	Bridge to Practice in Ontario: A Bridge Training Program for Internationally Educated Nurses	Centennial College of Applied Arts and Technology	Assist RPNs to bridge to BScN in approximately three years. It will also assist RNs to update their knowledge and meet safe/current practice requirements to gain re- entry into the profession.	Centennial College. (2008). <i>Bridge to University Nursing</i> . Available from http://db2.centennialcollege.ca/ft/FMPro?- db=ftcourses.fp5&-format=record_detail.htm&- error=search_error.htm&-lay=detail&-max=10&- find=&-op=eq&Program+Code=9253
Nursing	Pre-Health Bridge to Practical Nursing Diploma	Conestoga College Institute of Technology and Advanced Learning	Full-time; one-year program. Designed to prepare students for application to Conestoga College's School of Health Sciences Advanced Diploma or Degree programs. Students are introduced to the Health Sciences field, college life and workload and will be able to increase their competitiveness to support their application to Health Sciences advanced diploma or degree programs.	Conestoga College. (2009). <i>Pre-Health Sciences</i> . Available from, http://www.conestogac.on.ca/fulltime/programov erview.jsp?SchoolID=3&ProgramCode=1214&v =0901
Occupational Therapy	Occupational Therapy Examination Preparation Project (OTEPP)	McMaster University	Preparation for the CAOT exam, 15 months of theoretical and practical experience (in a regulated setting).	McMaster University. (2008). <i>Occupational Therapy</i> . Available from, http://www.srs-mcmaster.ca/
Optometry	International Optometric Bridging Program	University of Waterloo – School of Optometry	Bridge One – for those deemed to have equivalent education Bridge Two – For those with a “close to equivalent” statuses, 48 week course.	University of Waterloo. (2009). <i>International Optometric Bridging Program</i> . Available from, http://www.optometry.uwaterloo.ca/iobp/

Pharmacist	International Graduate Pharmacy Program	Faculty of Pharmacy, University of Toronto	A series of 10 distinct courses in 2 8 week sessions. Provides enculturation to Canadian pharmacy practice and training for entry level competence	University of Toronto (2009) International Pharmacy Graduate Program. Retrieved from http://www.ipgcanada.ca/
Pharmacy Technician	Pharmacy Language Assessment Validation	University of Toronto- Faculty of Pharmacy	This project will help the University of Toronto validate its International Pharmacy Graduate Language Assessment (IPGLA) program. Successful validation of the IPGLA will allow it to satisfy the language assessment needs of the Canadian Pharmacy Skills program and the Ontario College of Pharmacists.	Ontario Immigration. (2005). <i>Pharmacy Language Assessment Validation</i> . Available from http://www.ontarioimmigration.ca/English/how_work_pharmacist.asp
Physiotherapy	Bridging Program for Internationally Educated Physiotherapists	Ryerson University	Includes language training, clinical competencies, patient-centered care and exam skills preparation.	Ryerson University. (2009). <i>CVPT 100 Context of PT in Canada</i> . Available from, http://ceonline.ryerson.ca/ce_2008-2009/calendar/default.asp?section=course&sub=subject&subject=%7B371B9225%2DD776%2D44DD%2DB25E%2D039D48188188%7D&mode=course&ccode=CVPT+100&chosen=true
Physiotherapy	Profession-Based Language Assessment in Occupational Therapy and Physiotherapy	Canadian Alliance of Physiotherapy Regulators	An occupation-specific language test for the occupational therapy and physiotherapy professions.	Ontario Immigration. (2005). <i>Profession-Based Language Assessment in Occupational Therapy and Physiotherapy</i> . Available from, http://www.ontarioimmigration.ca/english/how_work_occupationaltherapist.asp
Respiratory Therapy	Respiratory Therapy – Advanced Diploma	The Michener Institute for Applied Health Sciences - Integrated with Dalhousie University	Full-time; three years. An integral part of the cardiac arrest team, leaders in the use of life support management, use medications, therapies and tests to assist in the diagnosis, prevention and treatment of heart and lung disease.	The Michener Institute. (2009). <i>International Students</i> . Available from, http://www.michener.ca/intl/students.php

APPENDIX D. SUPPORT PROGRAMS FOR INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

Organization	Program Name	Program Description	Reference
Government			
Employment Canada T: 416-977-EDGE (3343) F: 416-977-4090 Toll free: 1-888-507-EDGE (3343) info@careerbridge.ca	Career Bridge	Internships arranged through the Career Bridge program provide a crucial bridge between the international and Canadian workplace. Career Bridge eliminates significant employment barriers often faced by qualified, experienced professionals who are eager and ready to resume their careers in Canada.	http://www.careerbridge.ca/
The Ontario Ministry of Health and Long-Term Care Physicians Planning Unit Health Human Resources Policy Branch T: 416-327-8339 PPUProgramOfficer@moh.gov.on.ca	Repatriation Program: Additional Postgraduate Medical Training Positions in Ontario	The Ontario Ministry of Health and Long-Term care is funding training positions to recruit physicians who have completed postgraduate residency training and require up to two years of additional training in order to meet the certification requirements of the Royal College of Physicians and Surgeons of Canada.	http://www.health.gov.on.ca/english/providers/ministry/recruit/repatriation/repatriation_mn.html
Ministry of Citizenship and Immigration 163 Queen Street East, 2nd Floor Toronto, ON M5A 1S1 T: 416-327-9694 or 1-866-670-4094 geo@ontario.ca	Global Experience Ontario	Global Experience Ontario can help internationally trained and educated individuals find out how to qualify for professional practice in Ontario. This one-stop centre offers a range of services for internationally educated individuals.	http://www.ontarioimmigration.ca/ENGLISH/geo.asp
Human Resources and Skills Development Canada 365 Laurier Avenue West Ottawa, ON K1A 1L1	Going to Canada Immigration Portal Working in Canada (WIC) Tool	Offers prospective and new immigrants seamless, online access to relevant and timely information on immigrating to Canada. Provides users with labour market reports tailored to a specific occupation and geographic area (city, town or region).	www.goingtocanada.gc.ca www.workingincanada.gc.ca/tool

<p>Human Resources and Skills Development Canada</p> <p>95 St. Clair Avenue West, Suite 1106 Toronto, ON M4V 1N6 T: 416-962-9725</p>	<p>Foreign Credential Recognition</p>	<p>The Foreign Credential Recognition (FCR) program is one of the key components of the government's Internationally Trained Workers Initiative. This initiative is an integrated, comprehensive strategy in which over 14 federal departments work together to address the barriers to working in Canada that internationally trained workers face.</p>	<p>http://www.hrsdc.gc.ca/eng/cs/comm/hrsd/news/2005/050425bb.shtml</p>
<p>Association of Canadian Community Colleges</p> <p>200-1223 Michael Street North Ottawa, ON K1J 7T2 T: 613-746-7506 ciip@accc.ca</p>	<p>Canadian Immigration Integration Project</p>	<p>CIIP is an innovative project funded by the Government of Canada to help those immigrating to Canada under the Federal Skilled Workers Program in China, India and the Philippines. While completing final immigration requirements, principal applicants and their partners will be offered advice and guidance to help prepare for employment in Canada.</p>	<p>http://ciip.accc.ca/</p>
<p>HealthForceOntario Marketing and Recruitment Agency</p> <p>163 Queen Street East, 2nd Floor Toronto, ON M5A 1S1 T: 416-862-2200 Toll free:1-800-596-4046</p>	<p>Access Centre for Internationally Educated Health Professionals</p>	<p>The Access Centre provides information for people who intend to apply to a regulatory body to obtain licensure to work in their field.</p>	<p>http://www.healthforceontario.ca/Job/s/AccessCentre.aspx</p>
<p>Government of Ontario</p> <p>117 Queens Avenue, Suite 320 London, ON N6A 5J7 T: 519-858-2348 info@accesscentre.ca</p>	<p>Access Centre for Regulated Employment</p>	<p>The Access Centre for Regulated Employees provides information and assistance to internationally educated professionals seeking licensure and employment in Southwest Ontario. Their free services include the assessment of professional credentials, providing information about specific professions and exploring related employment opportunities.</p>	<p>http://www.accesscentre.ca/AC_Eng_Homepage.html</p>
<p>Ontario Ministry of Health and Long-Term Care</p> <p>80 Bloor Street West, 9th Floor - Suite 902, Toronto, ON M5S 2V1 T: 416-924-8622 info@cehpea.ca</p>	<p>Centre for the Evaluation of Health Professionals Educated Abroad</p>	<p>The Centre for the Evaluation of Health Professionals Educated Abroad provides evaluation and orientation programs to Internationally Educated Health Professionals.</p>	<p>http://www.cehpea.ca/</p>

Community

<p>The Toronto Region Immigrant Employment Council (TRIEC)</p> <p>T: 416.944.1946 x 275 mdcosta@triec.ca</p>	<p>The Mentoring Partnership Program</p>	<p>This program will offer occupation-specific mentoring to skilled immigrants. By forming The Partnership, agencies will increase the number of mentoring opportunities available, ultimately fostering a culture of mentoring in the Toronto Region.</p>	<p>www.triec.ca/about</p>
<p>TRIEC</p> <p>170 Bloor Street West, Suite 901 Toronto, ON M5S 1T9 roadmap@hireimmigrants.ca</p>	<p>Hireimmigrants.ca Roadmap</p>	<p>Hireimmigrants.ca Roadmap can be used by both employers with immediate needs and human resource professionals who are looking for support. It is a guide that includes strategies and tools to help businesses enhance their human resource planning and practice.</p>	<p>http://www.thementoringpartnership.com/about-us/program-structure/</p>
<p>Niagara Workforce Planning Board</p> <p>1 St. Paul Street, Suite 605 St. Catharines, ON L2R 7L2 T: 905-980-6161 info@niec.ca</p>	<p>Niagara Immigrant Employment Council</p>	<p>The Niagara Immigrant Employment Council was created to enhance Niagara's diversity and economic prosperity by strengthening its capacity to attract, recruit and retain internationally trained immigrants. Their efforts are focused on introducing immigrant friendly policies at the corporate, government and community levels.</p>	<p>http://www.niec.ca/</p>
<p>Hire Immigrants Ottawa</p> <p>c/o United Way/Centraide 363 Coventry Road Ottawa, ON K1K 2C5 T: 613-228-6700 info@hireimmigrantsottawa.ca</p>	<p>Internationally Trained Workers Partnership</p>	<p>The Internationally Trained Workers Partnership (ITWP) serves to develop a locally coordinated approach to integrate immigrants more effectively into Ottawa's labour market by fostering solutions to barriers to hiring immigrants.</p>	<p>http://www.itwp.ca/home.html</p>

Organizations

<p>St. Michael's Hospital 30 Bond Street Toronto, ON M5B 1W8</p>	<p>Internationally Trained Professionals Mentorship Programs</p> <p>Building Employer Capacity for Effective Integration and Retention of Internationally Educated Health Professionals</p>	<p>This program provides an opportunity for internationally educated professionals to be trained by hospital employees.</p> <p>This project will develop and implement a customized transition/integration and mentorship program for 50 internationally educated healthcare professionals in nursing and medical radiation technology during their first twelve months of employment. It will also build mentorship and coaching capacity for up to 100 mentors/coaches at the champion, manager and staff level over two years.</p>	<p>www.eluta.ca/new-canadians-at-st-michaels-hospital</p> <p>http://www.ontarioimmigration.ca/ENGLISH/how_work_medlab.asp</p>
<p>University Health Network Information Line: 416-340-3388 uhn.info@uhn.on.ca</p>		<p>The University Health Network provides equity training for recruitment to avoid unfair hiring. The hospital also has a web site which provides additional resources for its employees and managers.</p>	<p>http://www.eluta.ca/diversity-at-uhn</p>
<p>The Association of International Physicians and Surgeons of Ontario (AIPSO) Hamilton International Healthcare Professionals 360 James Street North, Lower Concourse Hamilton, ON L8L 1H5 T: 905-521-9917 ext. 256 hihp@siso-ham.org</p>		<p>The Association of International Physicians and Surgeons of Ontario is a non-profit, independent professional association which represents physicians and surgeons trained and licensed in jurisdictions outside Canada. Its mission is to ensure that internationally trained physicians are integrated effectively and equitably into the Canadian health care system.</p>	<p>http://www.aipso.ca/</p>