Policy Considerations for the Retention of Internationally Educated Healthcare Workers

Executive Summary and Report

August 2024

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4 Canada
1-866-421-6933 | info@hec-esc.ca

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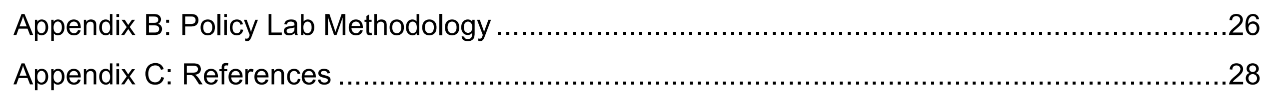

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Executive Summary

There is a global shortage of health workers – now and looking ahead. Canada is no exception. There are various strategies being used to recruit and retain health workers across Canada. These include fair compensation, safe work conditions, life-work balance and tools to provide safe, high-quality care. There are also efforts to recruit and retain internationally educated healthcare workers (IEHW).[1]

Retaining IEHW can contribute to safe, high-quality health services and a stable long-term workforce. As strategies to retain health workers are developed, there are opportunities to address the specific needs of IEHW.

Healthcare Excellence Canada (HEC) held a policy lab in January 2024 to explore ways to retain IEHW. Policy labs are structured co-design processes. Participants work together to solve complex policy questions. They use the best available evidence and lived experiences of participants.

Forty-one participants[2] took part in the policy lab. Its goals were:

- To understand factors that influence successful retention of IEHW.
- To co-design appropriate policy solutions and strategies across the multiple sectors that influence retention of IEHW.

Based on background evidence, collaborative design work during the policy lab and follow-up interviews, participants identified eight policy considerations to support IEHW retention:

1. Include IEHW voices in decision-making.
2. Streamline licensure and accreditation processes that uphold high standards for safety, quality and readiness to practice.
3. Develop anti-racist and anti-oppressive policies and procedures.
4. Provide mentorship and supervision supports.
5. Develop onboarding and human resource supports.
6. Provide settlement support and navigation services (community and employer).
7. Connect to community supports (e.g. family, financial, mental health and wellness).
8. Develop rural and remote support and training.

Participants also noted four systemic challenges:

- **Licensure:** Getting licensed is a key challenge for many IEHW. Factors include costs, alignment of immigration and licensure processes, complexity of the process, occupation-specific language and time.
- **Cohesion:** There is limited information on best practices in this area. Policy lab participants also encouraged greater coordination among the various agencies encountered along the path to employment.
- **Racism:** IEHW and their family members can face systemic racism in the workplace, institutional racism and interpersonal racism in the community.
- **Data Gaps:** There are gaps in data on IEHW and on the diversity within IEHW. Access to this data would help to inform policy and decision-making.

These considerations are relevant to all levels of government. They also cross many areas, such as health, housing, immigration and education. As such, policy lab participants said that having meaningful discussions and improved collaboration would help to create and enact effective policy solutions.

Detailed Policy Considerations

Overview

The eight policy elements described below were derived through foundational research and evidence gathered before the policy lab, further validated with the collaborative design work during the policy lab and reviewed through consultations afterwards to produce policy considerations for the retention of IEHW in Canada. The policy considerations for each of the eight key elements are depicted below, along with sample programs, practices or resources.

Note: The four key elements with an asterisk (*) were ranked by policy lab participants as priorities to focus on for the *Policy Considerations on IEHW Retention*.

Key element	Why it's important - factors that influence a decision to move and stay	Related policy considerations	Sample programs / practices / resources
1. Include the IEHW voice in decision-making	The recognition and celebration of the professional and community contributions of individuals	• Provide formal and informal opportunities for IEHW to share their voices and stories • Include IEHW and their families and communities as part of the co-design of solutions • Embed the IEHW (lived experience) voice at decision-making tables, throughout policy-making, including collaborations across and between sectors	• Lived Experience in Policymaking Guide (UK) • HEC's Engagement Capable Environments
2. Streamline licensure pathways and accreditation processes, while effectively upholding safe and high-quality care and supporting readiness to practice *	The ease of transferring qualifications from a home country to a provincial or territorial (P-T) jurisdiction	• Support the development and expansion of programs that expedite the registration and licensing process, with effective and efficient processes to assess credentials while upholding patient safety protections • Support the review and development of policies that expedite the licensure process while upholding patient safety protections and quality of care (for example stepped career options for IEN, fast-tracking skills building for IEHW and IMG) to support upward mobility in roles • Create structures to support practice readiness following licensure • Explore expedited licensing options for U.S. trained IEHW	• N4 IEN Pathway (Canada) • N4 IEN Recommendation Report (Canada) • N4 ITP/IMG Pathways (Canada) • N4 ITP Recommendation Report (Canada) • ISANS: Bridging, orientation and pathways for 13 Health Occupations (NS) • IEN Pathway at Sunnybrook (ON) • Practice Ready Assessment Program (NS) • NICHE Program (NS) • Atlantic Physician Registry (NS) • Atlantic Physician Incentive Programs (NS) • Residency Positions (BC, SK, QC, NL)

Key element	Why it's important - factors that influence a decision to move and stay	Related policy considerations	Sample programs / practices / resources
		• Evaluate credentialing and accreditation needs of IEHW to identify where processes could be streamlined • Explore regional licensing and registry models for IEHW (beyond physicians in Atlantic provinces) • Explore long-term incentive programs for IEHW • Explore pathways for experienced IENs in non-clinical settings (for example senior executives, researchers, etc.)	• Nursing Residency Program (Canada) • Licensing (ON, MB, NS, Canada) • Bridging Programs (BC, AB, MB) • Credential Recognition (Canada)
3. Develop anti-racist and anti-oppressive policies and procedures	The availability of workplaces with reputations for valuing and promoting equity, diversity and inclusion (EDI) and anti-racist and anti-oppressive policies and practices	• Ensure IEHW are aware of the mechanisms and supports in place to report, and encourage and act on all reports • Ensure a regular cycle of review and action from staff engagement surveys • Involve IEHW in the development of EDI workplace policies, procedures, programs and training • Offer cultural competency training for all employers and employees working with IEHW • Increase equitable access to opportunities for residencies, practicums, etc.	• N4 Employer Toolkit Checklist for IEHP (Canada) • Welcoming Workplaces | Workplace Initiatives HR Toolkit (NS) • Black Health Education Collaborative: Black Health Primer (Canada) • Diversity, Equity and Inclusion (BC, NS) • National Collaborating Centre for Determinants of Health: Let's Talk Racism and Health Equity • Critical Health and Racial Literacy Training for Service Providers
4. Provide mentorship and supervision supports *	The availability of personalized support (peer-to-peer) and supervision (supervised practice)	• Dedicate time for mentorship supports (at least 18 months) • Support the development of technical, clinical and soft skills • Offer a safe, supportive environment for ongoing growth and development • Offer profession-specific mentorship programs • Offer peer support programs for existing and new IEHW, when possible from peers who have shared similar experiences • Enable IEHW to work and be assessed (via supervision) at the same time, facilitating readiness to practice • Consider roles such as clinical assistants to facilitate experience and enhance pathways to practice	• The Welcome Collaborative: Orientation Program for IEP (NS) • Supervised Practice Experience Partnership (ON) • Nova Scotia Internationally Educated Nurses Network (NS) • Doctors Manitoba (MB) mentorship program • Employee Resource Groups (ON) • Mentorship and Peer Support (Peer Support Canada) • CASN IEN Mentorship Program (Canada) • Pan-Canadian Association for Nurses of African Descent (Canada) • ISANS Professional Mentorship Program

Key element	Why it’s important - factors that influence a decision to move and stay	Related policy considerations	Sample programs / practices / resources
			• Pan-Canadian Association for Nurses of African Descent (Canada) • CARE Centre for Internationally Educated Nurses (ON)
5. Develop onboarding and human resource supports	The availability of onboarding, training and continuing education support, along with opportunities to advance and the availability of further professional development	• Offer training about the Canadian healthcare system • Provide education on the norms of the workplace, including the role of unions • Conduct ‘stay interviews’ in addition to ‘exit interviews’ • Provide ongoing professional development, especially with interprofessional communication skills • Provide accommodations for religious needs • Offer interpreters and translation services • Support IEHW in leadership roles	• Interprofessional Practice and Learning (NS) • N4 Employer Toolkit Checklist for IEHP (Canada) • TeamSTEPPS Canada
6. Provide settlement support and navigation services (community and employer) *	The availability of local and professional support for the settlement, navigation and basic needs of families	• Offer pre-arrival programs and orientation to support familiarity with Canadian culture before arrival to Canada • Provide wraparound supports by connecting IEHW to the community and employer through local and multi-partner agencies and organizations for essential needs such as housing, childcare, schooling and transportation • Leverage the use of provincial navigators and immigration (municipal level) navigators • Partner with housing authorities to facilitate accommodations • Improve collaboration between and across sectors through co-designed policy	• Local Immigration Partnership (Canada) • Immigrant Services Association of Nova Scotia (NS) • Immigrant and Refugee Services (PEI) • PEI Community Navigators • N4 Initiative opportunities via settlement service agencies • Association for New Canadians (NL) • ThriveNB Program (NB) • N4 navigational supports in various provinces
7. Connect to community supports (for example family, financial, mental health and wellness) *	Provincial, territorial and local initiatives that contribute to making people welcome and creating connection to	• Offer community welcome events for new IEHW through local community organizations (through funding programs) to create opportunities for relationship building • Offer family-centered supports to the IEHW and their families	• Immigrant Services Association of Nova Scotia (ISANS) • Community Foundations of Canada (Canada) • Atlantic Immigrant Career Loan Fund (administered via ISANS)

Key element	Why it's important - factors that influence a decision to move and stay	Related policy considerations	Sample programs / practices / resources
	community and enhance integration	• Offer skills training to new IEHW in mental health awareness and burnout reduction strategies	• YMCA Welcome Services (AB)
8. Develop rural and remote supports and training	The availability of provincial and territorial and local programs, services and training opportunities that meet the healthcare service needs in rural and remote communities	• Facilitate connections to larger centres and areas of specialty through itinerant or rotating visits from specialists and specialty services • Provide additional supports and Indigenous cultural safety training for IEHW coming to rural and remote settings • Provide reliable and affordable transportation options	• Talent Beyond Boundaries (NB) • Rural Retention Program (BC) • Canadian Alliance of Nurse Educators Using Simulation: CAN-SIM • Cultural Safety Practice Standard (BC, Yukon) • Indigenous Cultural Safety training and curriculum (BC, Manitoba, Ontario and Nova Scotia) • Emergency department Peer-to-Peer program

Implementation: a multi-sectoral approach

Through reviewing available evidence on successful retention of IEHW and in discussion with policy lab participants and key informants, it is clear that a multi-sectoral and partnership approach would be required to address all eight key policy elements. This approach would require bringing together not only multiple levels of government (for example municipal, regional, provincial and federal), but also multiple sectors (for example health, housing, immigration and education), each of whom have different levels of accountability and authority over the various policy areas.

The following key relationships for multi-sectoral collaboration were identified through key informant interviews:

- Partnerships between healthcare providers, community organizations and settlement agencies in support of meeting specific needs.
- Partnerships between employers and settlement agencies in support of housing and employment needs.
- Partnerships between governments, employers and colleges in support of effective workplace strategies.

IEHWs encounter multiple organizations and levels of government in their journey to employment and integration in Canada and the timelines, requirements and administrative aspects can be complex. We heard that establishing effective and efficient processes to coordinate the requirements during the journey to employment and integration in Canada can support a better experience and ultimately, retention. Creating relationships in local and regional areas to coordinate and navigate the spectrum of settlement needs for IEHW was also key to retention success.

Key resource examples to support action on policy considerations

1. A summary of provincial initiatives (for example policies, programs, legislation) that benefit IEHW is regularly updated by World Education Services (WES). WES is a non-profit social enterprise that supports the educational, economic and social inclusion of immigrants, refugees and international students. The latest report was released in **May 2024**.

2. WES developed a summary report of survey results from 758 internationally educated nurses (IEN) in Ontario about their registration status, employment outcomes and nursing skills utilization. This report is intended to support the development of effective policy solutions for IEN; it was released in **March 2024.**

3. Supports for Internationally Educated Healthcare Professionals (IEHP) (synonymous with IEHW), organizations supporting them, and employers are regularly updated by the National Newcomer Navigation Network (N4). N4 is a national network for the diversity of providers who assist newcomers in navigating the Canadian healthcare and social service systems. Launched in **February 2024**, the IEHP Resource Hub is a comprehensive platform of resources, tools, reports and supports for IEHP and employers.

4. Health Canada developed a nursing retention toolkit to support the working lives of nurses in Canada and to contribute to the retention of nurses in the workforce. The toolkit is organized by eight core themes that impact a nurses' day-to-day working life; it was released in **March 2024**.

Policy Considerations for the Retention of Internationally Educated Healthcare Workers (IEHW)

Overview

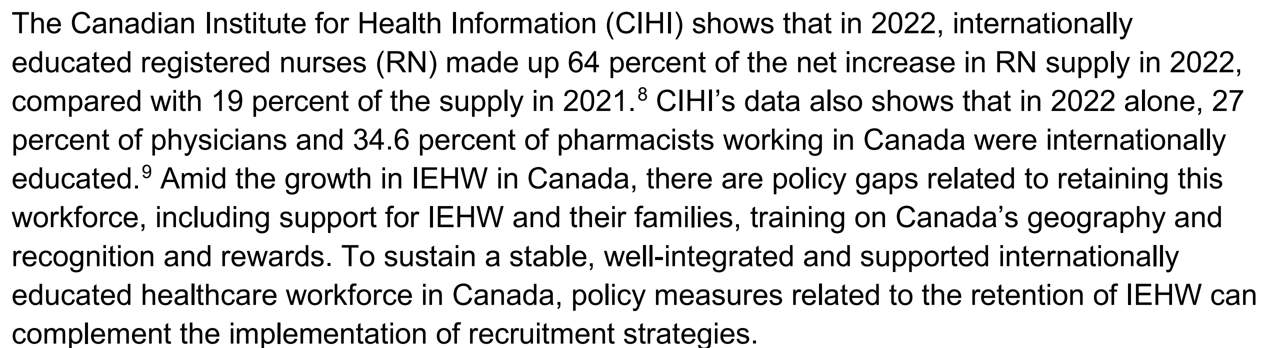
These policy considerations for the successful retention and integration of internationally educated healthcare workers (IEHW) in Canada are primarily designed for healthcare decision-makers, notably system-level policy-makers and health system leaders. The policy considerations were developed as part of a January 2024 collaborative policy lab process with IEHW, policy-makers, community leaders, researchers, subject matter experts, patient partners and representatives from professional associations and regulatory bodies. They were developed in response to specific needs identified within the Atlantic provinces; however, are intended to inform whole-of-government policy responses across Canada. The considerations are relevant to multiple levels of government, regional health authorities, professional associations and colleges, training institutions, First Nations, Inuit and Métis organizations and communities, IEHW, health regions, unions, recruiters, community organizations (for example immigration services and advocacy groups), and private and public employers.

Context

Health workforce shortages

Retaining IEHW is an essential consideration within a growing concern about actual and impending workforce shortages and maldistributions.[1] In Canada, increased waits in emergency rooms and increased lengths of stay,[2] varying access to a primary care provider[3] and increasing wait lists for surgical procedures are reflections of issues related to the sustainability of the healthcare system. In part, these issues are associated with health workforce shortages and maldistributions (for example issues related to the distribution of healthcare providers to underserved populations across Canada). Moreover, many countries, including Canada, are grappling with current and projected shortages of healthcare workers. For instance, in Canada, workforce shortages have contributed to 6.5 million people without a regular healthcare provider.[4]

IEHW recruitment is a priority across Canada. Federal, provincial and territorial governments have committed to joint and separate strategies to streamline licensing, reduce financial barriers, partake in ethical recruitment from other countries and leverage new or existing immigration pathways for key healthcare professions looking to enter Canada's health workforce.[5,6,7]



The Canadian Institute for Health Information (CIHI) shows that in 2022, internationally educated registered nurses (RN) made up 64 percent of the net increase in RN supply in 2022, compared with 19 percent of the supply in 2021.[8] CIHI's data also shows that in 2022 alone, 27 percent of physicians and 34.6 percent of pharmacists working in Canada were internationally educated.[9] Amid the growth in IEHW in Canada, there are policy gaps related to retaining this workforce, including support for IEHW and their families, training on Canada's geography and recognition and rewards. To sustain a stable, well-integrated and supported internationally educated healthcare workforce in Canada, policy measures related to the retention of IEHW can complement the implementation of recruitment strategies.

The Canadian Federation of Nurses Unions notes that Canada will have a predicted shortage of 117,600 nurses by 2030.[10] In their report, Addressing Canada's Health Workforce Shortage, the House of Commons Standing Committee anticipated that there will be a shortfall of approximately 78,000 physicians and 117,600 nurses by 2030.[11] Other healthcare providers also anticipating shortages include dental professionals, medical laboratory specialists, occupational therapists and pharmacists.[12] Numbers of other professions such as health information management professionals and genetic counselors declined between 2020 and 2021.[8]

This is not just a Canadian issue; there is a severe shortage of healthcare workers globally. The World Health Organization (WHO) projects a health workforce shortage of 10 million by 2030,[a] with Africa, the Eastern Mediterranean and the Middle East having severe shortages and growing service demands.[13]

Equity considerations

There are equity issues related to the experiences of racialized IEHW.[14,15] There has been a rise in the number of internationally educated nurses in Canada from countries such as the Philippines and India, though these nurses may be subject to deskilling and underutilization due to racism and sexism in destination countries like Canada.[16,17]

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[a] To address this, the WHO released their *Working for Health 2022-2030 Action Plan* outlining clear sets of actions aimed at increasing investments in health worker education, employment and safeguarding to 2030 (WHO, 2022).

Healthcare workers who identify as Black are often underrepresented in both training programs in Canada and the healthcare workforce,[b] and report racism within their practice.[18,19] Jefferies (2022) found that Black nurses experience differential treatment and verbal racial abuse (for example patients not wanting to be cared for by "Black" hands) in Canada.[20] Likewise, Nourpanah (2019), in an ethnographic study on the experiences of foreign nurses in Nova Scotia, outlines their experiences with discrimination and working in a hostile and increasingly precarious work environment.[21] Ewers et al. (2022) suggest that building a diverse workforce in Canada would strengthen the recruitment and retention of racialized healthcare providers through enhanced opportunities for mentorship, peer support, faculty development and updated curricula.[19] Hassen et al. (2021) also suggests that interventions be tailored to address racism within healthcare and programs developed that promote anti-racism, along with transparency in decision-making and the development of meaningful relationships and collaborations with racialized IEHW.[22] There is limited evidence on the experiences of racialized IEHWs when working and living in Canada. Data exists on the numbers and geographic distribution of IEHW across Canada, their fields of study, immigration class, language(s) spoken, population group, and other socio-demographic characteristics, providing[8,23,39] a partial picture of the landscape, and could benefit from further experiential data from IEHWs to inform factors for successful retention.

Remote and rural communities

Canada is challenged by inadequate and unsustainable staffing approaches and care models across the country, along with workforce maldistributions and inequities.[12,24;c,d] For instance, while all of Canada faces shortages to varying degrees, remote and rural areas struggle to attract and retain health workers, including internationally educated healthcare providers.[25,26,27,28] This is especially pertinent for remote and rural First Nations, Inuit and Métis communities, which lack equity in accessing healthcare resources.[29] Recruiting and retaining healthcare providers, including IEHW, to these locales is often promoted through incentives (for example return of service agreements requiring practice within a specific area once training is

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[b] Several Canadian jurisdictions have introduced measures to improve the occupational alternatives for IMG to use as steppingstones to licensure including physician assistants and clinical surgical assistants (Internationally Trained Physicians Access Coalition, no date).

[c] The government of BC recently announced $12 million for bursaries to assist IEN with registration and assessment. Ontario also began allowing IEN to register in a temporary class to facilitate their employment while working towards full registration.[24]

[d] For instance, in 2017 northern Alberta, the Northwest Territories and Nunavut had the lowest number of family physicians per 10,000 population,[1,8] though other northern regions such as the Nunavik Region in Quebec had the highest number of family physicians (32 per 10,000 population). Moreover, many regions in Western Canada had the lowest number of nurses per 10,000 population in 2017[1,8] though the Yukon, northern Quebec and many parts of Ontario and the Maritimes had higher numbers of nurses per capita.

completed) and community integration strategies to promote the rural lifestyle.[26,30] Simultaneously, these challenges have also been the genesis for innovative local approaches to recruitment and retention in rural, remote and northern communities, such as the establishment of nursing practice councils, collaboration to create a 'roadmap' to strengthening the Nunavut health workforce, and creation of permanent part-time physician positions to support work-life balance.[31] Other key considerations for domestic and IEHP supply focus on fairness and transparency about the communities, including opportunities for partners and families (for example employment, recreation and education).[32] This is reiterated by Mowat et al. (2017), who stress that integration programs, the development of social networks in the community and mentorship programs are essential for retaining IEHW within rural communities.[33]

Patient safety and quality of care

Improving the supply of health human resources is a key strategy to support safe care. There is a correlation between overtime hours, sick time hours, purchased hours and an increase in hospital harm.[34] Successful recruitment and retention of health professionals, including IEHW, is a top consideration for many jurisdictions. However, there needs to be a balance between expediting processes to meet recruitment needs and assessments of IEHW for readiness to practice safely. Simultaneously there is a balance to be found between upholding protections for patient safety and quality of care with the desire to expedite processes to meet recruitment needs in both an efficient yet effective manner. An effort to better understand competencies and alignment of training programs from various countries will benefit both IEHWs and patients as provinces and territories aim to streamline processes to have IEHW licensed, supported towards readiness to practice and working to full scope of practice, which will ease the HHR crisis.

Profile of Canada's Health Workforce and IEHW

Canada's health workforce

Canada's health workforce is primarily comprised of physicians, regulated nurses (including nurse practitioners, registered nurses, licensed practical nurses and registered psychiatric nurses) and pharmacists. In 2021, the overall supply of physicians, regulated nurses and pharmacists increased by 2.0 percent, 2.4 percent and 2.6 percent respectively, compared to 2020. The highest growth among these professions over one year was in nurse practitioners (10.7 percent), while the lowest growth was among family physicians (1.2 percent). Over a 10-year period, the annual change in overall supply varied by health profession. While a steady, low growth was observed among family physicians, a steady, high growth was seen among nurse practitioners.[8]

Among the 255,165 registered nurses in Canada in 2022, 64 percent of them were employed on a full-time basis. Internationally educated regulated nurses made up 64 percent of the net increase in nurse supply in 2022, compared with 19 percent of the supply in 2021.[35] For the 96,020 physicians in Canada in 2022, 27 percent of them are international graduates. These international graduates are trained as family physicians (31 percent), medical specialists (25 percent) or surgical specialists (16 percent). Finally, 46,699 pharmacists were licensed to practice in Canada in 2022, and 34.6 percent of them were internationally educated.[36]

IEHW in Canada

To understand the needs of IEHW, it is informative to consider their current sociodemographic profile and occupational distribution in Canada. In 2021, there were 259,695 IEHW aged 18 to 64 years old in Canada. Most of these IEHW were women who were less than 50 years old, and most IEHW lived in Ontario, British Columbia and Alberta. Among employed IEHW, 58 percent worked in health occupations. Most IEHW studied to be nurses (69 percent) and physicians (67 percent). The highest percentage of IEHW employed in health occupations were found in Newfoundland and Labrador (74 percent), followed by Nova Scotia (68 percent) and Saskatchewan (67 percent).[36]

Destination countries like Canada can undertake various strategies to improve their domestic supply of healthcare providers, including understanding and leveraging pockets of potential labour already with the country. This can include examining the full utilization of IEHWs who have already moved to Canada and who are not directly recruited by an employer before moving, or who are not employed to the full extent of their training. One important consideration here is the potential and actual experiences of IEHWs with underutilization, deskilling, underemployment and unemployment. While there appear to be gaps in the literature about the extent of Canada's underutilization of IEHWs,[37,38] there is also emerging data pointing to the realities of unemployment and underemployment by IEHWs in Canada. In the 2021 Canadian census, approximately 300,000 IEHWs were residing in Canada. However, Frank et al. (2023) found that in 2021, nearly half of highly skilled IEHWs were being underutilized in Canada.[39] This is compared to 28 percent of Canadian-born individuals and 33 percent of immigrants trained in Canada.[39] Several authors point to the barriers related to registration, financial concerns and an inability of IEHWs to find employment in their profession.[40,41,42] Some international medical graduates seek alternative careers after challenges with licensing once in Canada.[43] Several authors point to the “wastage” of highly skilled human resources[42] and that policy changes are needed to support IEHWs.[40] Frank et al. (2023) stress that more research and updated data sets will help understand the scope and nature of underutilization.[39] This will contribute to: "… planning and policy measures necessary to rebuild Canada's health workforce equitably."[44]

There are several solutions to assist IEHWs with integrating into the Canadian healthcare system, including providing continuing education support, expediting registration processes, and enhancing integration services.[38,42] The Internationally Trained Physicians Access Coalition (2023) notes that improving opportunities for practice ready assessment for international medical graduates, increasing equitable access to residency, and establishing a clinical assistant occupational job title to enhance pathways to practice will have beneficial outcomes for improving the IMG workforce.[45] Salami et al. (2018) argues that many internationally educated registered nurses find employment as practical nurses; they stress that policy changes are needed to support these nurses with upward mobility.[41]

Definitions

Internationally educated healthcare workers (IEHW) – this is the definition to be used for the purposes of the policy lab, and it encompasses IEP, IEN, IMG – and is synonymous with IEHP.

Internationally educated healthcare professionals (IEHP) - According to Statistics Canada, these are defined as "landed immigrants" who held a postsecondary certificate, diploma or degree from outside Canada in a health field of study and who reported it as their highest certificate, diploma or degree. Temporary residents and Canadian-born people who received their highest certificate, diploma or degree in health in a foreign country were excluded.

Internationally educated physicians (IEP) – physicians who have immigrated to Canada.

Internationally educated nurses (IEN) – nurses who have immigrated to Canada.

International medical graduates (IMG) – physicians who have graduated from a medical school outside of the country where he or she intends to practice.

Profiles of IEHW in Canada

HEC staff interviewed seven IEHWs and developed a set of six profiles (see **Appendix A**) to illustrate, from their perspective, the goals and motivators that led them to seek employment in Canada, the challenges and obstacles they encountered and their thoughts on improvements to the process of obtaining licensure and employment. These profiles reflect the experiences of this sample of IEHWs and some of the demographic information was altered for anonymity. Understanding the experiences of IEHW throughout their journeys in Canada is important to identifying appropriate policy solutions and multi-sectoral strategies for their integration and retention.

Retention of IEHW

There is no "one size fits all" approach to addressing the health workforce crisis. The strategy to recruit IEHW can prompt discussions about ethics, as some source countries themselves face shortages of health professionals. As Canadian provinces and territories seek to increase their health workforces, effective approaches can be supported through information about how best to retain IEHW through integration services, foreign credential recognition, good wages, and professional and personal growth opportunities.[e]

Through research, evidence-gathering, key informant interviews and validation through the policy lab process, we identified the following important considerations to improve the retention of IEHW in Canada:

1. Include IEHW voices in decision-making.
2. Streamline licensure and accreditation processes that uphold high standards for safety, quality and readiness to practice.
3. Develop anti-racist and anti-oppressive policies and procedures.
4. Provide mentorship and supervision supports.
5. Develop onboarding and human resource supports.
6. Provide settlement support and navigation services (community and employer).
7. Connect to community supports (e.g. family, financial, mental health and wellness).
8. Develop rural and remote support and training.

Moreover, while these eight elements can support the development of IEHW retention policy solutions, there were also many key systemic challenges identified by key informants:

- **Licensure:** The process of obtaining licensure is a key challenge for IEHW that involves many factors (for example costs, immigration and alignment of immigration and licensure processes, occupation-specific language and time).
- **Cohesion:** Limited information on best practices and opportunity for greater coordination including a pan-Canadian strategy and approach to retaining IEHW.
- **Racism:** This includes both systemic racism in the workplace, institutional racism and interpersonal racism experienced in the community both by IEHW and their family members.
- **Data:** Lack of data on IEHW and the diversity within IEHW, to inform policy- and decision-making.

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[e] There are many reasons for this current and impending shortage. For one thing, Canada's population and health workforce are aging. In 2022, the Canadian population aged 65 and over was about 18.8 percent and the senior population is expected to grow by 24 percent by the 2030s,[6] which is adding to the need for more complex services and provides challenges to the sustainability of the healthcare system.

To support the development of multi-sectoral strategies that enable IEHW retention policy solutions, a few **key system partnerships** were identified by key informants. These relate to:

- Meeting navigation, settlement and other specific needs (for example partnerships between healthcare providers, settlement agencies and communities).
- Supporting housing and employment (for example partnerships between employers and settlement agencies).
- Implementing effective workplace strategies (for example partnerships between governments, employers and colleges.

Key considerations

When considering the development of IEHW policy solutions and multi-sectoral strategies, it's important to consider the following factors, acknowledging different supports and structures may be required to facilitate successful integration and provision of safe, high-quality care:

- **IEHW route of recruitment:**
  - a) those who have or are willing to come to Canada; or
  - b) those who are actively recruited to come to Canada.
- **Types of IMG:**
  - a) Canadians who study abroad; or
  - b) immigrants who come to Canada (with international experiences).
- **Types of licenses (according to the Medical Act) for physicians:**
  - Full – full license, no conditions or restrictions;
  - Restricted – physicians who have some conditions or restrictions on their practice; and
  - Provisional – practice with terms or limitations.

Discussion

Addressing Canada's workforce supply to enable safe and quality care is nuanced and complex. Much of the discussion on bolstering Canada's healthcare workforce is on recruitment – leveraging domestic supply or international recruitment, among other strategies. To achieve the desired workforce stability, and specifically in the context of retaining the valuable resource of IEHW, moves toward resolving systemic issues of complex licensure processes, increasing awareness and sharing of best practices in retention, confronting and addressing racism, and improving data systems are key strategies. This work, in addition to assessments of the policy considerations, benefits from a multi-sectoral and aligned approach among many partners.

Increased collaboration across Canadian actors in the system would be beneficial when developing policy options for workforce planning. This includes governments, professional associations and colleges, training institutions, First Nations, Inuit and Métis organizations and communities, IEHW, health regions, recruiters, community organizations (for example immigration services and advocacy groups), and private and public employers.

Policy co-design is an emerging strategy for practical and realistic policy development.[46,47] Policy co-design draws on available research evidence and data and brings in the perspectives of a wide range of partners while also considering the social, economic, political and cultural context, including analysis considering race and gender. It also allows for all partners' stories, needs and experiences to be included in policy development and implementation. Following policy development, evaluation strategies to gauge success ideally reflect the values of the co-design partners as well.

What success looks like when IEHW are successfully integrated in Canada – as described by IEHW

A key connection to retention of IEHW is their individual and family experience of personal and professional fulfillment.

- Successful integration is people working at the capacity they desire and were trained for.
- Happy spouse, happy life – all family members need to be cared for.
- IEHW want to truly feel equity, feel a sense of belonging, that their family is supported, to feel valued, respected, have their mental health supported and be sought out for co-development.
- Success is a sense of belonging, equity, a happy family life and purpose.

Policy Lab Approach

Background

A policy lab is a collaborative, structured, facilitated, co-design process. Policy labs focus on convening perspectives from a variety of relevant partners through a series of rapid and iterative sessions to inform a defined policy topic or issue. They incorporate research and evidence with the diverse insights of people, organizations and communities impacted by a policy. See Appendix B for an overview of the policy lab methods.

A policy lab focused on considerations for whole-of-government policy responses to the retention of IEHW in Atlantic Canada took place at the Nova Scotia Innovation Hub in Halifax, Nova Scotia, on January 29 to 30, 2024.

The goal of the policy lab was to draw upon the diverse perspectives of partners and through a collaborative process, to review data and evidence, then identify the innovative policy choices and multi-sectoral strategies that could contribute to the retention of IEHW in Atlantic Canada. The main objectives of the policy lab were to affirm understanding of the factors influencing the successful retention of IEHW and to co-design the development of appropriate policy solutions and multi-sectoral strategies.

To obtain a comprehensive understanding of the factors influencing the successful retention of IEHW, the following questions were addressed:

- What are the key elements of educational, regulatory and policy approaches that enable IEHW to be well-supported and integrated in the health sector?
- What workplace strategies and promising practices support long-term retention of IEHW?

- What are the other needs of IEHW that need to be considered? What may be key sources of support to meet those needs?
- What does success look like for individuals, IEHW and organizations? What early impacts are being observed?

A diverse group of participants attended the policy lab, including IEHW; policy-makers; community leaders; researchers and subject matter experts; patient partners; and representatives from professional associations and regulatory bodies. A total of 41 participants attended the policy lab in-person or virtually on both days. There was participant representation from across the four Atlantic provinces.

Outcomes of the policy lab

A list of eight key elements of IEHW retention policy considerations, drawn from the results of a literature review, policy scan and key informant interviews were validated during the policy lab. Through an iterative process and variety of facilitation methods, policy lab participants identified many change ideas or opportunities for retaining IEHW based on the key elements.

What participants said about the policy lab

- "I really appreciated being able to hear the first-person perspective of IEHWs in this type of setting. Often time we are developing policies and then "consulting" and "engaging" with them after the fact – so it was nice to be able to work alongside them behind the curtain!"

- "Having people from various backgrounds present for the discussions enriched the conversation. Plus, having people with lived experience in the room kept the passion in the discussion; it also allowed for rational explanations which were educational and insightful. The policy solution discussions were extremely meaningful."

Appendix A: Profiles of and Insights from IEHW

Profile 1: New internationally educated physician (IEP)

Demographic profile:
- Male, early 50s
- Specialist with 20+ years' experience from West Europe
- Moved to Canada to be with his family
- Has been in Central Canada for five years but is not working in the healthcare system

Goals and motivators:
- To be a practicing physician in the Canadian healthcare system
- To be in a job that is commensurate with their experience
- To have opportunities to work in their designated field
- "To live a life of respect"

Challenges and obstacles:
- Completing an exam doesn't guarantee a placement in the Canadian healthcare system
- Their education, training and experience is not respected
- There is only one category for IEP in Royal College of Physicians and Surgeons of Canada – they must claim "junior" positions (even if not aligned to experiences)

Their 'ideal' pathway:
- Follow the same licensure pathway as nurses, then work for two years under a senior consultant, then receive a report that confirms IEHP's ability to work independently as a physician, become certified through the Royal College and be placed in a position
- Note: For IEP (and IENs) with 10+ years of experience, offer a different pathway to licensure

Profile 2. Settled internationally educated physician (IEP)

Demographic profile:
- Male, mid 40s
- Family physician with experience from West Europe
- Moved to Canada less than five years ago
- He is a family physician practicing in Western Canada

Goals and motivators:
- To support new physicians based out of Western Canada by addressing two goals:
    1. To set up clinical practice; and
    2. To create a social network and supports with the community
- To help IEP feel like they're joining a community, and are not isolated

Challenges and obstacles:
- New physicians sign a five-year Return of Service agreement, but the plans beyond this are unclear
- Newly recruited physicians need clinical support (for example how to set up a practice)
- There is limited flexibility and control over an IEP's professional life

Lessons learned:
- Networking and support are key to the successful retention of IEP in Canada (for example community of practice)
- Success comes from advocacy and working with system partners (for example working with Town Councils)
- Allow family physicians to set up their practices according to interest and specialty

Profile 3. New international medical graduate (IMG)

Demographic profile:

- Female, early 30s
- International medical graduate from South Asia
- Moved to Canada less than five years ago with her family
- Has been in Atlantic Canada for four years but is not working in the healthcare system

Goals and motivators:

- To take residency in family medicine and practice in the Canadian health system
- To potentially work in an emergency department (ED) (as she has international experience in EDs)
- English language proficiency exam -> Medical Council of Canada exam -> residency placement

Challenges and obstacles:

- Applying for a job in the medical field is challenging because she has no Canadian experience
- There are limited seats for IMG in final licensing requirements (for example only one seat for surgery)
- Licensing requirements can require two to three years of continuous experience in a particular field (such as pediatrics), so if she goes back to her home country, there is a break in the continuous period
- “Even if you pass the exam, you need to have Canadian experience – it’s a no-win situation”

Their ‘ideal’ pathway:

- Individualized supports, including resources for exam prep, in-person exam options and funding supports
- Increase the number of residency spots for IMG and accept IMG experiences from other countries
- Offer volunteer ‘observer-ship’ positions (for example two to three years in position), then offer them a practical exam
- Have options to work under a physician (for example as a physician assistant) as a way to learn the system

Profile 4. Settled international medical graduate (IMG)

Demographic profile:

- Male, mid 40s
- Family physician who was trained in West Africa and Northwest Europe
- Moved to Canada to be with his wife
- He is a practicing family physician in Western Canada

Goals and motivators:

- To support the recruitment and retention of internationally trained physicians in Canada
- Provide advice through local and provincial forums on the retention of IMG
- To support provincial projects related to reducing financial strain for IMG
- “It’s time for the system to understand what it takes to retain IMG”

Challenges and obstacles:

- There is a lack of physicians in rural and remote communities – and many urban-trained physicians are not well-prepared for a rural lifestyle
- Most family physicians have young families, and the system isn’t ready to support them

Lessons learned:

- Recruitment never stops and it’s not as important as retention - the needs of IMG must be understood
- Communities are key in supporting the retention of IMG by addressing social determinants of health
- Clear structures are need in support of the clinical transition for IEPs in the healthcare system
- Psychological safety and leadership training are key workplace retention strategies

Profile 5. New internationally educated nurse (IEN)

Demographic profile:
- Female, early 30s
- Internationally trained nurse from South Asia with three years of experience in a hospital
- Moved to Canada recently; lives in an urban area and is waiting for her husband to join her
- Working as a CCA (via work permit) in the home and community care sector in Atlantic Canada

Goals and motivators:
- To complete the NCLEX-RN exam by spring 2024 and become a licensed nurse in Canada
- To become a nurse working in the Canadian healthcare system (hospital setting preferred)
- To become a permanent resident of Canada; work and live in Atlantic Canada

Challenges and obstacles:
- Cost of living, including for transportation and to pay for training and education
- Length of time to become a permanent resident in Canada

Their 'ideal' pathway:
- Provide emotional supports and opportunities for work and career advancement – "If they can support us, we can find a future here" and "If we get good support, we can survive here"

Profile 6. New internationally educated nurse (IEN)

Demographic profile:
- Female, mid 30s
- Internationally trained nurse from South Asia with 10 years of experience in a government hospital
- Moved to Canada in 2020; her family joined her in 2023
- Working as a CCA in the home and community care sector in Atlantic Canada; lives in a rural area

Goals and motivators:
- To become a registered nurse and work in a hospital setting (ER preferred)
- To advance in her career and become a nurse practitioner
- To become a permanent resident of Canada; work and live in Atlantic Canada

Challenges and obstacles:
- Housing and transportation are the main issues in a rural area
- Length of time to become a permanent resident in Canada

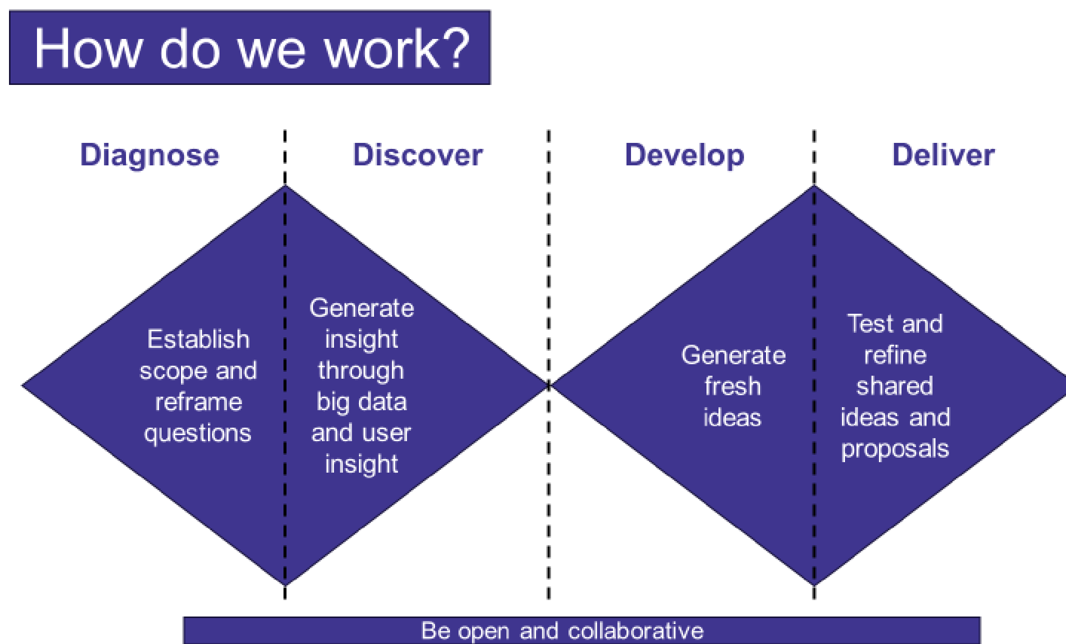
Their 'ideal' pathway:
- To complete the English proficiency exam, NCLEX-RN exam, and become a permanent resident
- Have your family nearby and the emotional and workplace supports throughout the licensure journey

Appendix B: Policy Lab Methodology

Forty-one participants from across Canada (38 participants from Atlantic provinces, two from Central Canada, one from Prairie provinces) collaborated to support the development of policy considerations for the retention of internationally educated healthcare workers (IEHW) in Canada. The policy lab was a hybrid event (participants attended both in person and virtually) that took place over 1.5 days in January 2024.

The policy lab process adopted a double-diamond style methodology to collaboratively create policy tools. This process puts the people using and applying policies in the centre of the design. It involves using creative approaches (including adapted liberating structures techniques) to explore the issues more widely (divergent thinking) and then focusing on potential solutions (convergent thinking). The hybrid policy lab used a systemic design approach to policy development that enabled participants to fully understand the system and leverage points to develop policy which works for those who make, implement and experience policy.

Figure 1. A visual of the double-diamond methodology which has been adapted and popularized by the UK Design Council



Adapted from Design Framework © U.K. Policy Lab, used under Open Government Licence v3.0

Gathering data and evidence: A literature review was conducted, as well as a policy scan of Canadian and selected international policies to gain an understanding of background evidence, key issues and policy options. In addition, 20 key informant interviews were conducted to deepen our understanding. From this background, eight change ideas and opportunities were developed for validation and refinement by the lab participants.

A range of facilitation tools and techniques were used throughout the 1.5-day policy lab to discuss and develop policy solutions, including the following activities and liberating structures: hopes and fears, TRIZ, conversation café, prototyping, idea on a page, pitches and 15% solutions.

Leaning on the design thinking approach to problem solving, the following steps were taken:

1. **Key informant interviews**: We conducted interviews with 20 people including IEHW (new and settled), policy-makers and health leaders, leaders from Atlantic regional health authorities, researchers, subject matter experts, regulatory and community representatives to learn what they do and need in relation to supporting IEHW and further our understanding of appropriate policy solutions and/or multi-sectoral strategies to support IEHW retention.

2. **Development of profiles of IEHW**: We applied interview insights to create a set of sample profiles that illustrate the characteristics of actual IEHW. For new IEHW, we identified their 'ideal pathway' for retention in Canada. For settled IEHW, we identified what works best to support their retention in Canada.

3. **Identification of change ideas and opportunities**: A conversation café activity was used to delve into the eight change ideas and opportunities. Additional ideas emerged and are captured in the detailed policy considerations. The change ideas and opportunities were then assessed by policy lab attendees using an impact matrix and dotmocracy (via Slido) activity. Three preliminary 'big ideas' for policy solutions emerged as a result.

4. **Prototyping of policy solutions:** Each of the four potential policy solutions were tested through prototyping, in which policy lab attendees were asked to turn these solutions into actionable ideas. The supporting steps, roles and responsibilities of partners and the associated timelines were identified for each of the four potential solutions. This helped everyone to iron out inconsistencies and identify blind spots and made the policy considerations more rigorous and responsive to on-the-ground realities.

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