

Immigration**Internationally trained physicians could alleviate shortages | Sergio R. Karas**By **Sergio R. Karas**

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(October 7, 2022, 9:38 AM EDT) -- Immigration, Refugees, Citizenship Canada (IRCC) continues to invite hundreds of thousands of foreign nationals to Canada every year. In 2021, IRCC admitted over 600,000 foreign nationals on study permits. This number does not include foreign nationals coming to Canada on a work permit or a visitor visa, or the over 430,000 permanent residents admitted in 2021. Despite the astonishingly high number of permanent residents and foreign students allowed into Canada, some of which are not productive for the economy, one area has been completely overlooked by the authorities and is a glaring deficiency that, if resolved, could make a positive impact on society.

Before the start of the COVID-19 pandemic, Statistics Canada reported that 14.5 per cent of Canadians aged 12 and older did not have a regular health-care provider when they required medical attention. This problem has been amplified, as the shortage of health-care providers continued to grow throughout the pandemic because of physician retirements.

Currently, there is an overflow of patients attending emergency rooms at hospitals, resulting in wait times averaging 20.7 hours in July 2022 due to the shortage of health-care professionals.

Nursing homes lack the necessary number of nurses as they have reported absences as high as 20-30 per cent during the pandemic. This is because staff have been ill or have decided to leave the profession due to stress and overwork. Nursing homes are currently relying on fast food chain workers to fill kitchen shortages and on hospitality industry workers to take on housekeeping and companionship roles. In addition, registered practical nurses (RPNs) believe that they can no longer continue to provide adequate care for patients due to insufficient resources, resulting in one in two RPNs leaving the profession.

Immigration backlogs also led to a shortage of health-care professionals in Canada. Many qualifying practitioners are waiting months for their permanent resident cards (PR cards), or years for a decision to be made on their residency applications.

In 2021, the Internationally Trained Physician's Access Coalition reported that there were more than 10,000 internationally trained doctors (ITDs) in Canada not working as physicians because they were unable to obtain the required certifications to practise in Canada because of an unwieldy bureaucratic credential recognition system. In my own practice, I had a client who was a professor of cardiology at one of the most prestigious hospitals in the U.S., who was restricted to advising other physicians only and not allowed to see patients in Ontario.

Many doctors and nurses who are trained in Canada leave for better opportunities in other countries like the U.S. where they can earn much higher incomes, or have chosen to retire. Research conducted by PhD students at Western University suggests that more than three million Ontarians could be without family doctors by 2025.

On Sept. 23, 2022, IRCC announced that the government of Canada is planning to make it easier for more ITDs working in a "fee-for-service" model to remain in Canada and obtain permanent residency by exempting them from current requirements of full-time employment. This is a model where medical professionals charge separately for each service they perform. While this may help address

some the shortages of medical professionals, it is a drop in the bucket, and much more should be done to encourage qualified physician immigration.

To tackle this crisis, IRCC must reassess its immigration priorities to increase the number of qualified foreign doctors and nurses entering Canada. More specifically, there should be an immigration program that is designed to allow ITDs to enter and practise in Canada without undue delay. For this to happen, IRCC needs to implement a process where medical practitioners are thoroughly vetted and can provide documentation attesting to the fact that they possess the requisite medical experience in advance of the immigration process. If applicants can provide the requisite documentation, they should then be allowed to gain Canadian experience with a work permit assisting hospital, nursing homes and urgent care facilities that are short-staffed, while completing the certification process under the supervision of Canadian physicians.

IRCC should consider implementing a program that is like the New Zealand Vocational Specialist Registration (VOC3). This program allows applicants wanting to remain in New Zealand, who have completed postgraduate medical training, hold a primary medical degree from a university, and meet other requirements equivalent to that of a New Zealand vocationally trained medical practitioner, to practise under supervision within 12 months after obtaining registration. If applicants have the qualifications, training and experience, they can practise within 18 months of obtaining registration. If IRCC implements a similar program to VOC3, this may alleviate the shortages in hospitals, nursing homes and urgent care facilities, while allowing ITDs to practise and obtain further experience in Canada, and eventually residency.

The Ontario government should also implement policies to make it easier for ITDs and other internationally trained medical professionals to practise under supervision to gain the requisite experience. This can be done by easing barriers for those who demonstrate the necessary credentials and verifiable foreign experience to practise in Canada such as, for example, shortening the residency period for family doctors from two years to one year. Those who have the qualifications and have been vetted should be given the opportunity to continue practising medicine.

Canada has an opportunity to address the looming medical professional shortages by implementing immigration policies to prioritize ITDs over other immigration categories utilizing the new powers that allow the minister of Immigration, Refugees and Citizenship to select immigrants based on their profession. IRCC programs exempting "fee-for-service" physicians to allow them to qualify for residency are fine but are not a solution to the acute physician shortages that will continue to plague our health-care system. Implementing programs like VOC3, should be considered to tackle this crisis.

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