COVID-19 AND CANADA'S UNDERUTILIZED INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

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There is growing evidence of the disproportionate negative economic and health impacts of COVID-19 on immigrant, racialized, female, and low-income Canadians, many of whom live in densely populated areas and perform essential frontline work.[1] This recession, unlike previous ones, is hitting women and precarious workers in service sector industries hardest and quickly. Women represented 63% of workers who lost jobs in March. In some industries, such as health care and social assistance, women accounted for almost 100% of those who lost jobs.[2]

According to the 2016 census, fully a third of the nurse aides, orderlies, and patient service associates in Canada are immigrants, and 86% are women.[3] The frontline workforce in the long-term care (LTC) sector, in particular, is largely female, immigrant and racialized: 86% of workers in nursing homes and 89% in home care are women. Racialized women make up 33% of nursing aides, orderlies, and patient service workers, and 38% of home support workers, housekeepers, and related occupations.[4] This makes racialized women – many of whom may be immigrants (though corroborating data are less readily available) – particularly vulnerable given the high rates of COVID-19 infection among both long-term care residents and those who care for them.

At the same time, a large number of internationally educated health professionals (IEHPs) in Canada is licensed to practice in other countries and many of them have raised their voices to say that they wish to be mobilized within Canada to support the country's COVID-19 response. In March 2020, internationally educated doctors Ayesha Mohammad and Ali Mahdi launched a petition on Change.org[5] that (as of early June) had garnered nearly 35,000 signatures. The petition reads, in part:

> "We are a significant community of international medical graduates in Canada who are ready and well prepared to work in the Canadian medical field. Many

1 Public Health Ontario. "COVID-19 – What We Know So Far About..." *Social Determinants of Health*. May 24, 2020.

2 Scott, Katherine. Behind the Numbers Blog, CCPA. "Women bearing the brunt of economic losses: One in five has been laid off or had hours cut". April 10, 2020.

3 Statistics Canada. StatsCan, COVID-19: Data to Insights for a Better Canada: Turcotte, Martin and Savage, Katherine. "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations". June 22, 2020. www150.statcan.gc.ca/n1/en/catalogue/45280001202000100036.

4 Block, Sheila., Simran Dhunnha. Behind the Numbers Blog, CCPA. "Face to face with COVID-19: How do we care for care workers?" April 6, 2020.

5 www.change.org/p/international-medical-graduates-in-canada-responding-against-COVID-19

> of us have worked in different medical specialties for years, and most of us are going through the examination process... Given the prevailing and unprecedented circumstances at the heart of the global emergency posed by the coronavirus outbreak, we are coming forward to willingly volunteer, hands-on, without expectation of pay, so we can alleviate frontline workers during this time of crisis."

The Change.org petition caught the attention of Canada's media. Stories of IEHPs working in the health and long term care systems, as well as those facing barriers to using their healthcare skills, are once again on the public radar. The COVID-19 crisis has led to a call from IEHPs to be able to contribute their skills as part of the pandemic response. It has also reopened a conversation that has largely stalled in Canada in recent years about ensuring that IEHPs have equitable access to licensure pathways and that Canada's healthcare system is not losing out on their skills and experience.

THE NUMBERS: CANADA'S UNDERUTILIZED IEHPS

The numbers tell a very clear tale of a large and vastly underemployed IEHP workforce in Canada. In April 2020, Statistics Canada published a new study[6] in its COVID-19 series: *Adults with a Health Education but Not Working in Health Occupations*. Using 2016 census data for people aged 20 to 44, the study looks at the *underutilization* of individuals in Canada with health expertise – including: Canadian born workers, immigrants who earned their highest levels of education in Canada, and immigrants who received their health education abroad. The study defines "underutilization" as "people with postsecondary education in a health-related field who are not employed or work in non-health occupations that require no more than a high school diploma". According to the report, in the third quarter of 2019, about 40,000 health care jobs in Canada went unfilled. More than half of these positions were assistant level and technical jobs – essential roles in the fight against the pandemic. Another 30% were in nursing.

However, the report shows that only 40% of immigrants educated abroad are working in health occupations, compared to 58% of Canadian-born individuals with a health education and 55% of Canadian-educated immigrants; 47% of immigrants who got their health education abroad are underutilized. The statistics show higher rates of underutilization in women compared to men, and among visible minorities compared to white populations.

This intersectionality is reflected in the fact that among immigrants educated abroad, underutilization rates were highest in nursing (34%), a largely feminized workforce, followed by medicine (12%), and pharmacy (8%). A June 2020 Statistics Canada report shows that in the Toronto, Vancouver, and Calgary census metropolitan areas, over 70% of nurse aides, orderlies, and patient service associates were immigrants and over 80% of these were women. Across Canada, 25% of immigrants in these occupations held at least a bachelor's degree, compared to only 5% of non-immigrants. 44% of these immigrant workers had a degree in a health-related field compared to 22% of non-immigrants. Of the immigrant workers with a health-related degree, fully 69% held a degree in nursing.[7]

INITIATIVES FOR ACCESS

The issue of underutilization and barriers to access for IEHPs and other immigrants in regulated professions is chronic and well documented. As early as 1988, the Ontario government appointed a Task Force on Access to Professions and Trades that issued the ground-breaking *Access!* report. Yet, it wasn't until the early 2000s, owing to a combination of effective advocacy inside and outside government and to concerns over personnel shortages health care, that a moment of political will emerged and a range of IEHP initiatives were undertaken across the country.

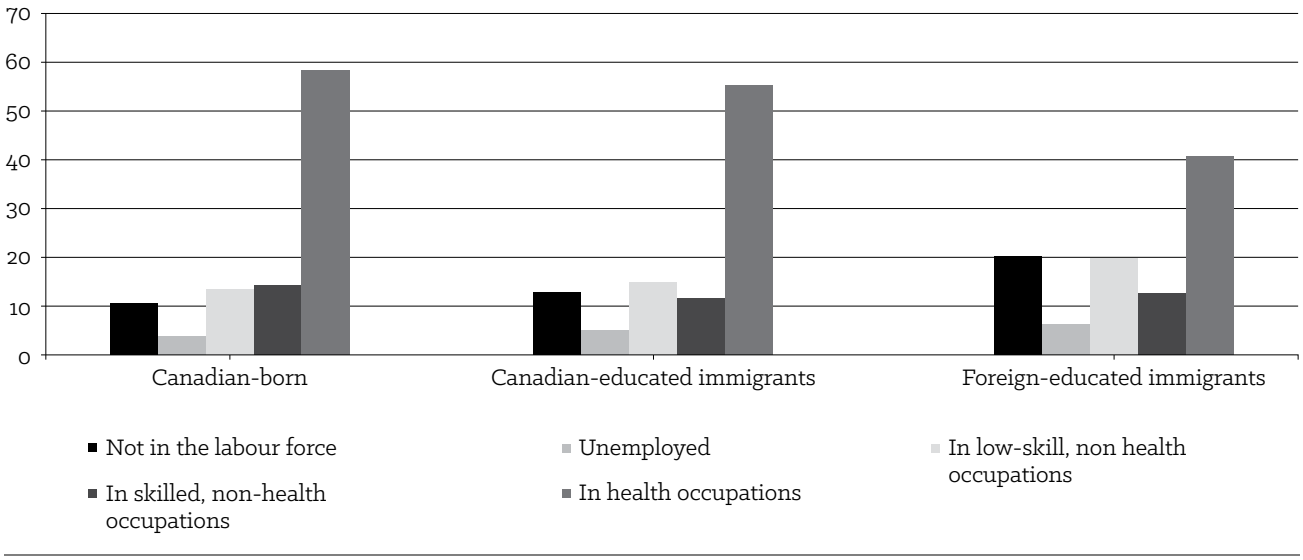
In 2002, Health Canada convened the National Task Force on Licensure of International Medical Graduates (IMGs) – a term which comprises both immigrant physicians already licensed in other countries and Canadians who travel abroad to obtain a medical degree. The Task Force brought together the complex array of federal and provincial licensing and medical education players to identify challenges and recommend solutions. The number of spaces in medical residency programs designated for IMGs in Ontario, for instance, increased from only 15 to 200, roughly where it remains today despite increasing numbers of those spots now being occupied by returning Canadians who studied medicine abroad.

Bridging programs were developed to support nurses, pharmacists, medical lab technicians, midwives, and others. These programs facilitate licensure through occupation-specific language training; exposure and orientation to the

6 Statistics Canada. StatsCan, COVID-19: Data to Insights for a Better Canada: Hou, Feng and Schimmele, Christoph. "Adults with a health education but not working in health occupations". April 29, 2020, c.

7 Statistics Canada. StatsCan, COVID-19: Data to Insights for a Better Canada: Turcotte, Martin and Savage, Katherine. "The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations". June 22, 2020.

GRAPHIC 1: EMPLOYMENT STATUS OF YOUNG ADULTS, AGED 20 TO 44 WITH POSTSECONDARY EDUCATION IN HEALTH FIELDS, BY IMMIGRATION STATUS AND COUNTRY OF EDUCATION, 2016



Source: Statistics Canada, 2016 Census of Population.

TABLE 1: PEOPLE WITH A POST-SECONDARY EDUCATION IN A HEALTH-RELATED FIELD

People with a post-secondary education in a health-related field	Underutilization rate
Immigrants educated outside Canada	**47%**
Indigenous peoples	39%
Visible minority population	39%
Immigrants who received their highest level of education in Canada	33%
Women	31%
Canadian-born individuals	28%
Men	27%
White population	27%

Source: Statistics Canada, Adults with a Health Education but not Working in Health Occupations, 2020.

Canadian workplace; support in preparing for licensure exams; and support in entering the labour market. World Education Services (WES) was brought to Ontario to establish academic equivalency assessment services. Loan programs were established to help IEHPs pay for licensure exams, tuition for bridging programs, and other related expenses. And in 2006, Ontario passed the Fair Access to Regulated Professions Act and established the Office of the Fairness Commissioner; Manitoba, Nova Scotia, and Quebec followed suit in 2008/2009. Alberta recently created a similar structure.

While these interventions have had a demonstrably positive impact and helped significant numbers of IEHPs practice in Canada, the Statistics Canada report clearly shows that the problem is far from solved. The personal and societal costs of underutilization are paid not only by IEHPs and their

families, but also by our health care system, our economy, and our society. We continue to have thousands of IEHPs sitting on the sidelines, unemployed or working in jobs that do not make best use of their healthcare skills and education. Many of them, given adequate access to assessment and bridging opportunities, would be able to show their readiness to meet the necessarily rigorous Canadian standards.

CAN THE COVID-19 CRISIS OPEN NEW WAYS FORWARD?

In March 2020, as the COVID-19 pandemic unfolded, WES, the Ontario Council of Agencies Serving Immigrants (OCASI), and the Toronto Region Immigrant Employment Council (TRIEC), responded to the Ontario government's call for ideas to fight the pandemic. The proposal was a call to action for key stakeholders to develop a strategy to mobilize Ontario's IEHPs in the response to COVID-19. At that time, Ontario was preparing for the kind of surge unfolding in Italy and nearby in New York state. The initial focus in Ontario and other provinces was to encourage retired and out-of-service professionals to register on government and professional recruitment portals in anticipation of extreme personnel shortages in hospitals. After some initial challenges, the Ontario government portal was adjusted to allow IEHPs to identify their professional health care backgrounds as well.

While the surge of cases in Canada did not overwhelm our hospitals, the pandemic has unfolded with tragic consequences in long-term care facilities, particularly in Ontario and Quebec. LTC facilities are under unprecedented strain. Hundreds of these homes across the country have dealt with outbreaks, large numbers of deaths, as well as extreme shortages of personal support workers and nursing and medical personnel to care for infected patients.[8] In response to urgent requests for help, the federal government took the unprecedented step of deploying the Canadian Armed Forces to support LTC homes. Ontario has begun to pair hospitals with LTC homes to support infection control and manage outbreaks.

The calls for major reform of Canada's LTC system are coinciding with renewed calls to address the ongoing structural issues that prevent so many of Canada's IEHPs from putting their skills, education, and experience to work here. WES and our partners are exploring ways to best leverage this synergy. Much like the early 2000s, this is a moment when renewed political will can create new opportunities for innovative partnerships and solutions to bring Canada's vastly underutilized, highly skilled IEHPs into the mainstream of our health care system. This is the time to re-ignite a national conversation about how to continue to advance systemic changes that will move more IEHPs to licensure and into the health care workforce – where they want to be, and where Canada needs them.

8 *Toronto Star*. 82% of Canada's COVID-19 deaths have been in long-term care, new data reveals. May 7, 2020.