HOW CURRENT GLOBALIZATION DISCOURSES SHAPE ACCESS

Professions and Trades Policy in Ontario

ABSTRACT

This article explores the impact of current neo-liberal and globalization discourses with respect to Ontario's Access to Professions and Trades (APT) policy. It reveals how framing APT as a solution to the skills shortage crisis, while facilitating training and assessment policies and programs, inhibits the development of other policies. This research shows how discourses circulate in a web centering on skills shortages, which limits immigrants' access to their professions, as well as the ability of policy developers to implement programs that remove systemic barriers.

MICHELLE P. GOLDBERG

Dr. Goldberg worked for 10 years in the Ontario Government researching access to professions and trades for internationally educated professionals. She teaches courses on politics and immigration at Ryerson University and at the Ontario Institute for Studies in Education at the University of Toronto. Her research examines how policy discourses interact to influence social reality.

Around the world we see the widespread circulation of globalization and neo-liberal discourses. No discipline is exempt. In the field of immigration, this discursive context links immigration to national economic interests and market-driven forces and business values, and reaffirms it as a 'public good' for all citizens. Discourses that reflect the competition for the "best" immigrants to provide the country with a competitive advantage in global markets are evident. The Conference Board of Canada issued a report in 1995 that showed that "competing to win in the global economy will require an ability to attract, retain, motivate and develop high-potential employees from a variety of ethnocultural backgrounds" (Taylor, 1995, p. iv). The federal government endorsed this position when it asserted that:

> Canada will require a highly-skilled workforce to sustain our economic growth and competitiveness…The funding announced today [Internationally Trained Worker Initiative] will help us reach that goal by enlarging the pool of talent in Canada. Ultimately, efforts like these will benefit all Canadians as it will help ensure our competitiveness in the knowledge-based global economy (Department of Human Resources and Skills Development, 2004).

Immigration policy reforms that took effect in 2002 are further evidence of this conceptual shift. The immigration framework changed from "absorptive capacity" to "human capital," a restructuring that emphasized the selection of highly skilled immigrants based on their individual value to the economy. Changes to settlement programs also shifted the focus to immigrants who can settle/integrate more quickly and with less need for government support. In sum, immigration and integration policy in Canada are now firmly linked to the limited individualistic framework of integration for economic purposes (Li, 2003).

In my work, I use the Ontario's Access to Professions and Trades (APT) policy as a case study for investigating how discourses circulate in a complex web of relationships that influence policy reality. Uncovering the way discourses are embedded in a context of globalization and neo-liberalism, and exploring their strategic connections with other discourses, is important to recognizing their impact on the policy process.

APT policy in Ontario is closely linked to national and international discourses on immigration, which are couched in a globalization discourse and neo-liberal ideology.[1] This discursive context – in combination with demographic challenges such as declining fertility rates, aging populations, increased diversity and immigration flows – constructs immigration as a policy lever to be used to solve the skill shortage dilemma. In 2002, the Minister for Human Resources and Skills Development Canada "repeatedly raised the issue of a shortage of a wide range of skills in Canada, with immigration as one of the solutions" (Crane, 2002). In 2004, "Canada's labour minister [said] the country may need to consider doubling immigration levels to help fill enormous gaps in its skilled workforce" (Cordon, 2004). This phenomenon is not unique to Canada as many countries around the world have been liberalizing immigration policies in an effort to fill labour and skill gaps (World Trade Organization, 1998).

At a primary level, the federal government lent authority to the "skill shortage" discourse when it announced its Internationally Trained Worker Initiative, promoting it as a way to "help address shortages of health-care professionals" (Citizenship and Immigration Canada, 2005). This discourse was further validated by many reports and committees (e.g., the Romanow Commission, 2002; the

Kirby Committee Report, 2002; the McKendry Report, 1999; The George Panel Report, 2001).

At the provincial level, the Ontario Ministry of Training Colleges and Universities (MTCU) explicitly asserts that APT is "part of the government's plan to address critical skills shortages" (MTCU, 2002a). The Ontario government firmly positions APT in this discourse:

> Attracting the world's brightest and best is part of the government's plan to manage skill shortages and keep Ontario competitive… These bridging programs will assist these talented immigrants in pursuing their careers and making full use of their skills and knowledge, contributing to economic growth and job creation (MTCU, 2002b).

Occupational associations have also added their voices, further disseminating and legitimizing the 'skill shortage' discourse. A national survey of family physicians revealed that 57.6% believe that family doctor shortages are the cause of significant access-to-care problems for their patients (College of Family Physicians of Canada, 1999). These associations also released their share of reports and press releases. In 1999, the College of Family Physicians of Canada issued a press release entitled, "Shortfall of family physicians threatens Canada's ability to meet health care needs" (College of Family Physicians of Canada, 1999).

The media were major players in disseminating the "skill shortage" message, exposing it to the public and elevating it to a crisis. Media have reported that medical care is in a state of emergency as "bed closures loom" (Canadian Press, 2004a), "provinces grapple with warnings that staffing shortages in emergency rooms and wards are a growing health risk," and "patients risk fractures and bedsores in hospital stays because there are no nurses to assist them" (Immen, 2004).

This context sets the foundation for a discursive web with "skill shortages" at its hub. I explore these discourses and their relationships to show how, taken together, they influence the types of local policies that are endorsed, as well as their impact on immigrant professionals.[2] Elsewhere, I have discussed this web, the methodology, and theory (see Goldberg, 2006b; Goldberg, 2005; Goldberg, in progress). In this paper, I focus on how the current discursive context facilitates specific policy solutions, such as assessment or training, while constraining others that focus on systemic change. Specifically, I examine the unintended impact of framing APT as a solution to the skill shortage crisis. The results reveal how multiple discourses operate to influence policy processes.

Assessment and training discourses in the APT Web

Training discourse

This discourse focuses on how the training of immigrant professionals comprises a major component of their identity (for example, immigrants are always referred to as "foreign-" or "internationally-" trained). Focusing on immigrant professionals as "foreign-trained" devalues their skills and experience as unknown and not "up to Canadian standards." It signals that if we admit immigrants, we will be lowering our "Canadian" standards: "we want to continue to reduce barriers to the recruitment, registration, training and education of doctors in this province. But…that does not mean the college would tolerate a **watering down of its stringent standards** (Dr. Barry Adams, an Ottawa pediatrician and president of the College of Physicians and Surgeons; as cited in Canadian Press, 2004b, my emphasis).

Social construction of the 'other'

The training discourse is used to separate Canadians into two groups, with immigrants depicted as the "other." In this discourse, a racialised dichotomy is constructed and an "us vs. them" mentality is promoted. The purpose of this social categorization is to portray the majority as a homogeneous ethnic group and the minority as the other (Erjavec, 2001). In the APT policy web, we clearly see the division between "foreign-trained" professionals on one side and everyone else on the other. "The whole country benefits when immigrants **and** internationally educated Canadians are able to make full use of their knowledge and experience" (Ministry of Health and Long-Term Care, 2005, my emphasis).

> This discourse perpetuates the perception that Canadian-born professionals should have the first choice in the labour market and that the foreign-trained should only get what is "left-over."

On one side, "foreign-trained professionals" are defined narrowly as racialised minorities, while on the other we have a broad group that includes: "foreign-trained Canadians," defined as individuals who are Canadian citizens first and then went abroad to train; "foreign-trained Ontarians," who trained in the United States, Western Europe, Australia, or South Africa "with first-class medical systems" (Francis, 2002); and Ontarians who studied in other Canadian provinces. As can be seen, the binary construct ignores incongruities, portraying the group that is distinct from "foreign-trained professionals" as unified and similar. It constructs unity in an imagined community by excluding "others" (Erjavec, 2001).

The promotion of this scenario constructs a version of reality that limits what is thinkable (Davies, 2005). It is used to distort and rearrange reality in order to justify racism against the other and unify the dominant group: "we should make it easier for doctors from the United States or Western European countries, where training is **similar** to Canada's, to practice medicine here" (Gannon, 2005). Furthermore, it is a ridiculous example "[when]

an American who went to Harvard medical school and is a fully qualified pediatric anesthesiologist [cannot practice] despite a huge shortage in his specialty without taking courses and sitting four expensive exams next year…. [It is also a] horror story… [when] a Canadian who obtains a medical education outside Canada cannot practice medicine here either, even if that education is in the United States or Western Europe, Australia or other countries with first-class medical systems. They are lumped in with those educated in India, Africa or Eastern Europe as foreign-trained doctors" (Francis, 2002).

This constructed binary perpetuates the fear that helping immigrants takes away jobs from the Canadian-born as it facilitates competition between groups and depicts equity as a zero-sum game. A Canadian Press article reports on one University of Ottawa medical student who expressed misgivings about foreign doctors being streamed into an already competitive system…"[he claimed] if the foreign doctors are competing with us certainly it will be more difficult for us." On the other hand, Hong noted, once the specialties are filled there are still family doctor positions that are open and he saw a place for foreign doctors there (Canadian Press, 2004b).

This discourse perpetuates the perception that Canadian-born professionals should have the first choice in the labour market and that the foreign-trained should only get what is "left-over." As confirmed by the federal Health Minister: "enrollment in nursing and medical schools has increased in recent years, but if there aren't enough Canadian graduates, foreign-trained doctors and nurses can fill the gap" (Bueckert, 2005).

[The] training discourse creates a deficit mentality where the identities of immigrant professionals are constructed as deficient, "in need of training," and "not up to Canadian standards." Their skills and experience are portrayed as unknown, suspicious and inferior.

Training policy

Neo-liberal discourses of "accountability," "reporting" and "evaluation" in the "skill shortage" web work together to facilitate training programs as the solution to APT. Bridge-training projects to upgrade individuals' gaps in training and job-specific language training are major initiatives of current governments. The Ontario Ministry of Training, Colleges and Universities (MTCU) has dedicated $5.8 million over the next three years to support 15 bridge-training projects (MTCU, 2005a) and the Ontario government and the federal government are jointly investing $3.4 million over two years to support 13 projects under the Enhanced Language Training Initiative (MTCU, 2005b). Data on the success of training programs report on easy-to-measure and report-upon statistics, such as how much funding is allocated, the number of courses offered, and how many immigrants took training or ultimately received a job.

While there are benefits reaped through training programs, the main difficulty in endorsing training as a key solution to the APT issue is that it implies that if immigrants arrive in Ontario, and take courses, they will succeed. Research suggests that it takes immigrants more than 20 years to catch up to the Canadian-born population in the labour market (Statistics Canada, 2003). When immigrants do not succeed after the course, the blame is laid on them personally and attributed to cultural deficiencies. In a liberal way, this discourse assumes that all people are equal and, thus, should be treated the same. Hence, if they are all treated the same they will have similar outcomes. This discourse advances an ideology of equal opportunity rather than of equal outcomes, and obscures the reality of systemic racism and discrimination. The impact of the discourse is that training is perceived as the means for solving the inequities in the labour market and that the policies of licensing bodies do not need to be changed. Furthermore, it justifies the lack of progress on the APT issue by limiting the need for social programs that could assist immigrants, "since the individual is responsible for taking care of him or herself and not dependent on society" (Davies, 2005, p. 9).

These courses also are assimilatory in that they encourage immigrants to abandon or "unlearn" their original knowledge and skills, including their language and culture, and adopt "Canadian" culture, values and language in order to integrate into the labour market and society. Immigrants themselves have come to realize that "becoming proficient in Canada's official languages and adapting to Canadian cultural norms are required ingredients for success" (Conference Board of Canada, 2004).

Another major problem with training courses is their variability in quality and outcomes (Lum & Nestel, 2005). Owen (1999) highlights how settlement and training courses are increasingly being framed in a discourse about standards, accountability and measurement. This increased focus on accountability mechanisms for the use of funds in settlement has diverted resources to monitoring and budgets, as well as measuring outputs of service instead of on service provision (Owen, 1999, see also Richmond and Shields, 2004). This mentality creates increased competition among service-providers, where the lowest cost is the desired outcome, but which may not produce the best product (Owen, 1999).

This training discourse also legitimizes government spending on training and policies for Ontarians. APT policies are constructed as training policies established to fill gaps left by skill shortages. For example, "we will build the world's best workforce by creating more opportunities in communities across the province **for all people, including the internationally trained**, to get the training and education they need to succeed [and APT will] create opportunity

for all" (MTCU, 2004). As such, the policy ends up benefitting Ontario citizens instead of immigrants. In this way, resources are redirected back to the dominant group serving to reinforce their privileged position.

In sum, this training discourse creates a deficit mentality where the identities of immigrant professionals are constructed as deficient, "in need of training," and "not up to Canadian standards." Their skills and experience are portrayed as unknown, suspicious and inferior. When distinct groups are labeled as different, it is difficult to argue that they deserve equality in the labour market. This ethnocentric position helps maintain group privilege in the Ontario labour market and hinders immigrant professionals as they attempt to gain access to licensure and employment.

Assessment discourse and policies

Other neo-liberal discourses such as "credentials and competency assessment," "standards," and "merit," which promote evaluation, accountability, testing, assessment and equivalency, are present in the web and led Ontario to develop policies such as the Academic Credential Assessment Service (ACAS). Under this "skill shortage" web, immigrants are defined solely in terms of skills, and assessment is advocated as the predominant means to solve the APT issue. Furthermore, under this discursive web, skills are constructed as something measurable, and skills are defined as equal to certified credentials. Value becomes defined by what is quantifiable and measurable. Anything that cannot be measured or quantified is not valued. Polices that attempt to measure and quantify immigrant skills and experiences against Ontario standards are endorsed. While ACAS is valuable for some professions, its development (in 2000) was the culmination of five time consuming years where the majority of provincial government resources in the APT Unit were dedicated to this process, thereby sacrificing time from other policies. As the New Zealand economist Hazledine, points out: "monitoring directly diverts resources from productive activities and, more insidiously, it fosters the sort of behaviour that it is supposed to prevent (Hazledine, 1998, p. 216; as cited in Codd, 2005, p. 203).

Assessment was the Ontario Ministry of Health's focus in solving the internationally-trained physician dilemma. The Ministry dedicated most of its APT focus to developing IMG Ontario, "a one-stop entry point for foreign-trained doctors to apply for assessment and training" (Ministry of Health and Long-Term Care, 2004). IMG Ontario is essentially an assessment service for International Medical Graduates (IMGs). It includes a series of exams that an IMG must pass (after passing the Medical Council of Canada Evaluating Exam and Test of English as a Foreign Language or Test of Spoken English), such as the equivalency exam (MCQ) and the Objective Structured Clinical Exam. The focus on assessment utilizes all resources, with little left for other types of policies or changes to the College of Physicians and Surgeon's licensing processes.

Summary of policy implications

The interaction of discourses in the "skill shortage" web has specific influences on local APT policy in Ontario. Policies that focus on training and assessment for all Ontarians (instead of immigrants) and that endorse short-term solutions are enabled, while those focusing on removing systemic barriers are constrained. These types of assessment and training programs individualize the APT problem and focus resources on monitoring and assessment, which deflects attention from policies that attempt to address the whole system. Furthermore, within this web, governments are blamed for the problem and labeled ineffective, thereby justifying a market mentality that includes smaller governments and requires less policy intervention or legislation to address the issue. "We have thousands of well-educated professionals who are underused due to the inability in our governments to properly deal with the issue" (Piatti, 2004).

I conclude that while situating APT as a solution to the "skill shortage" dilemma can increase public support and legitimize government action, we need to examine the unintended impact of framing policies in this way. It is important to problematize the taken-for-granted conceptions of the world and expose how this "truth" has been constructed through ideologically infused discourses.

Conclusion

Through my work, I have attempted to make sense of the messy reality of policy by using a new metaphor – the discursive web. The APT policy example provides a concrete and specific policy study through which to demonstrate how discourses interact. This is central to understanding the way in which discourse influences the policy process, which in turn influences social reality. The metaphor thus also:

- provides a way to understand the context in which the policy process takes place by highlighting the way in which policy is shaped by the historical, cultural, institutional and political factors, in which it is situated;
- demonstrates how the discursive context is made up of multiple and conflicting discourses that exist in complex relationships with each other;
- shows that while the state is a major discursive player in the policy process, it is not the only one;
- illustrates how multiple and often conflicting voices participate in the discursive web to influence the policy context;
- indicates that policies cannot simply be imposed from other jurisdictions, but that they enter into previously existing contexts that influence how they are addressed locally.

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Notes

[1] Globalization and neo-liberalism are widely used and contested concepts. Due to space limitations, I do not explore this entanglement here. See Tickell and Peck (2003) who understand globalization as a discourse or economic narrative and neo-liberalism as a political project. See also Goldberg (2006a) for a more complete discussion of globalization and neo-liberalism as the context for Ontario's APT policy.

[2] I limit this discussion to health professionals. Nurses and doctors fall within the top 10 occupations of immigrant arrivals (Citizenship and Immigration Canada, 2003), they are occupations highly publicized as experiencing skill shortages (Bueckert, 2005), and furthermore, according to the Statistics Canada 1996 Census, immigrants arriving with medical degrees are the least likely to be employed.