INTERNATIONALLY EDUCATED HEALTH PROFESSIONS IN ATLANTIC CANADA

ABSTRACT

A number of factors may attract newcomers to Atlantic Canada. While health issues may not be the first that come to mind, if health provision is deemed to be below expected levels of service, this can discourage immigrants from moving in or residents from staying. Major disappointment and frustration are expressed about the non-availability of a family doctor, as well as the non-availability of, or uncertainty about, specialized care and surgical procedures. The attraction, and retention, of internationally educated health professionals is an obvious strategy to address shortfalls in specialized human health resources in the region. This article briefly reviews the state of health services in Atlantic Canada. It evaluates the combination of socio-cultural, economic-fiscal and professional hurdles that are faced by IEHPs who seek to practice in the region and introduces a region-wide research project that will seek stories and voices from IEHP respondents to illustrate and help understand the generic challenges that such professionals face.

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Background to immigration to Atlantic Canada

The general drift of the stories and narratives of migrants is typically one of excruciating decisions and choices involving people's life chances. Issues surrounding family, love, work, business opportunities and personal health are amongst the most common that punctuate such decisions and choices. A 2005 study of 320 recent immigrants and settlers to Prince Edward Island (Baldacchino 2006) confirms what probably holds true for Atlantic Canada generally: the key "pull factors" for drawing immigrants to the region are intimately connected to "quality of life" issues. These include hassle-free security, lower crime rates, slower tempo, shorter distances, lovely summers, and affordable housing. The same immigrants are also repulsed by the "push factors" associated with big city life or, especially in the case of refugees, various forms of discrimination.

As with nationwide trends, social factors trump economic ones when it comes to decisions about *coming* to Atlantic Canada; economic factors become ascendant when it comes to decisions about *staying* or not. Common words used by respondents in describing the decision to stay include: "job" (78 hits out of a database of 320 respondents), "family" (51 hits), "friends" (30 hits), "community" (23 hits), "employment" (21 hits), "quality of life" (13 hits), "happiness" (11 hits), "health" (10 hits), and "lifestyle" (9 hits).

"Major Concerns" with health care provision

Health, therefore, figures as one of the concerns of immigrants (Canadian and non-Canadian, men and women, and across all age cohorts) in deciding whether to stay in Atlantic Canada. It comes across as a "hygiene factor" (Herzberg et al. 1959), not high at all amongst the list of features that lure and attract newcomers to the region, but definitely a disincentive for immigrants (and locals) to stay when its provision is deemed to be below expected levels of service. This is claimed to be so particularly in relation to the staffing levels of doctors and of other health professionals. In fact, out of a battery of 18 issues, this factor was cited by the respondents in the 2005 P.E.I. study as the third most serious obstacle towards attracting other settlers to P.E.I. (the absence of suitable jobs and decent levels of remuneration were the top two most serious obstacles).

Concerns about health care reappear in the answers to another (this time open-ended) question in the 2005 P.E.I. study that solicited information about the main obstacle or problem towards attracting settlers to P.E.I. This time, the health issue is the fourth most frequently cited obstacle after work, fiscal and cultural issues. Twenty-four respondents claim dissatisfaction with aspects of health care provision in the province, especially with the non-availability of a family doctor, or with the non-availability of or uncertainty about specialized care and surgical procedures. Health care has many issues, but these two seem particularly salient to newcomers to P.E.I. and especially to Canadians moving in from other provinces.

The nature and quality of specialized care available on the island, as in Atlantic Canada generally, is of special concern to the aged and others who might actually or potentially need it, while the

non-availability of a family doctor cuts across gender, age and status groups. Such a situation leads to long waiting times, obliges traveling long distances to obtain specialist care, and possibly leads indirectly to serious incapacitation or death. Comments from respondents to the 2005 P.E.I. study included:

> Health care in Canada is a major concern. We maintained private health care in Europe, and the difference in quality and service is substantial. Fortunately we are in good health, but a couple of small issues have come up that clearly demonstrated the poor quality and service of the Canadian system. Tests that have substantial waiting times in Canada were done in Europe within days versus months. To get a doctor in P.E.I. takes over a year. Even when you get one, the fact that the facilities lack much of what we considered in Europe as normal technology was shocking. (Respondent #001)

> We have one of the most draconian health care systems in the country, and this is something I warn potential newcomers about (especially if they have families). We had a pilot project involving nurse-practitioners. For some unknown reason, this project was discontinued, and yet, nurse-practitioners work in every other province, and they have become essential to basic health care. (Respondent #003)

> If something happened to me here (such as a serious illness or a needed operation), I would not hesitate to go back to the U.S. to have a procedure performed. Health care is great here for small illnesses but for something like needing a CT scan or MRI, or an appointment with a dermatologist or other specialist, the wait times are pathetic. For example, I could have breast cancer and need a mastectomy but before I could get an appointment with a surgeon, the disease could have spread to my lymph nodes. This is unacceptable. People die on P.E.I. waiting. This bothers me. (Respondent #034)

> Health care issues. Not enough specialists because of the population and having to go off island (to Halifax or Moncton, for example) for treatment or surgery. That can put stress on a person who is ill. No one wants to travel three hours to be treated and have to pay the bridge, gas, hotel, etc. We need to fix this problem. (Respondent #146)

> P.E.I. is not Toronto nor Montréal, and nobody expects it to be. However, there are essential services one expects to have like the rest of Canadians. I was without a family doctor for two and a half years. And the doctor I have now is overworked, with no time to develop a relationship with the patient. I cannot see a family with young children waiting for a family doctor that long. It is just not acceptable. (Respondent #155)

> Since I have been living here, I find the length of time to see a medical specialist very, very long or even non-existent. There seems to be a reluctance on P.E.I. to even send a patient to a specialist, either because they are not available, the wait is too long or other reasons, whereas in Ontario, it is very common for a general practitioner to seek the advice of an expert in a particular field. Since we are getting older and will require more health care as we age, this is becoming a concern. (Respondent #183)

> There is a lack of accessible health care and inconsistencies with other provinces (such as with seniors in Ontario who have all medicines provided free of charge). (Respondent #231)

> I think the shortage in health care specialists is a big concern for a lot of people. I've spoken with a number of settlers over the past couple of years who have all expressed concerns at not being able to find a family doctor. (Respondent #298)

Social factors trump economic ones when it comes to decisions about coming to Atlantic Canada: economic factors become ascendant when it comes to decisions about staying or not.

Seeking internationally educated health professionals

The attraction and retention of internationally educated health professionals (IEHPs) would be an obvious and natural strategy to address shortfalls in specialized human health resources (HHRs). Given the increasing average age of the current Atlantic health workforce, the retirement of physicians and nurses at an unprecedented rate in the region, and the demographic shift towards a more aged and longer-living population, there is a need to increase the supply of trained professionals in all major areas including general family practice, various medical specializations, pharmacy, physiotherapy and medical laboratory technology. In the Atlantic region, Newfoundland and Labrador has, to date, been by far the most successful province in securing a substantial number of IEHPs as part of its physician and medical specialist complement. Almost half its doctors and almost one-third of its specialists have been educated outside Canada: statistics that are higher than the national average. In Nova Scotia, the Clinician Assessment for Practice Program, which assesses practice-ready family medicine physicians, has placed 30 new physicians into mentored

practice in communities throughout the province, but this relative success with physicians is not matched in other health professions. Thus, less than 2% of nurses in Atlantic Canada are IEHPs; the equivalent nationwide figure was 6.3% (2004 data) (CIHI 2005) (see Table 1).

The issue of licensure and assessment of IEHPs is quite complex and involves challenges that have economic, socio-cultural, educational and professional ramifications (Dauphinee 2005, Mazmanian 2006, ACHDHR 2004)

How welcoming is the host society?

One key issue concerns the ability of the host culture to accommodate those who come "from away" or (less disparagingly) "Atlantic Canadians by choice." Respondents to the 2005 P.E.I. study put their finger on what they describe, in unflattering terms, as a social conservatism, a quasi-racist clannishness of the host society that subtly excludes those who have "come here" and that also impacts on their employment and career options. This, along with the fact that Atlantic Canadian physicians tend to be amongst the lowest paid in the country (Audas, Ross and Vardy 2004, 20), is likely one of the main reasons that research by the Medical Association of Newfoundland and Labrador indicates that 75% of IMGs coming to the province only stay for two years, during which time they obtain Canadian qualifications, and then move to other provinces like Ontario (Audas, Ross and Vardy 2004 and 2005). As their 2004 report comments (Audas, Ross and Vardy 2004, 21), a strategy is needed that "attempts to fit individuals with the communities where they are apt to stay."

On this matter of "fitting in," a recent immigrant to P.E.I. (and one who is also a health professional) notes:

> I feel that I am "home." Many of the people I am close to here are also people who have moved here "from away." I've been discouraged many times since moving here because of the lack of opportunities to advance in nursing ... I once cut a clipping out of a newspaper which said it all ... not the exact quote but something like: "you may have been someone where you were before but you aren't there now." It is so true. People are not interested in how things are done anywhere else, regardless of how much more efficient they may be, nor are they interested in your past work experience and assets ... if you are an Islander with no experience, it seems that is better than being "from away" with a lot of it. I am well aware I'm not "from here" without people pointing it out over and over. Two nurses "from away" have committed suicide since I moved here ... numerous others have left because of frustration with the mistreatment they've felt. I have repeatedly felt like I've been through a beating since moving here ... however still my heart and soul want to be here. I once taped "Gallant" over my last name on my work name tag, and for those three months not one person turned their nose up at me, clicked their tongue or pointed out I did not have an Island name. I even had another nurse, who is an Islander, come up to me when a new nurse started, and said to "those people from away are not like *us*, they are so different." It was spoken in a degrading way, and she had no idea I was from away because I act like and feel like I've been here forever.

Other challenges

Other challenges are more job-specific, such as access being maintained through a tough, self-guarded, time-specific, and socially condoned credentialing and assessment process. Doctor shortages, in particular, are a significant social and political issue, and so they have enjoyed (or perhaps suffered) a high public profile. As a result, they have received the most national attention and funding (ACHDHR 2004).

The increasing number of IEHPs entering Canada has led to greater interest in the challenges they and their families face while integrating into Canadian (often rural and other under-serviced areas) communities and health care practice. These include challenges encountered early in the process of immigrating, the most important of which are difficulties in obtaining reliable information about licensing exams and assessment requirements, difficulties and delays in gaining foreign credential evaluation and verification, and the scarcity of mentoring and other pre-assessment supports and bridging opportunities.

Meanwhile, a number of ethical, social equity, and professional development issues have yet to gain the attention they deserve. Access and types of pre-assessment and assessment opportunities vary widely from province to province in Canada, creating significant regional disparities. Short-term training opportunities and longer-term educational opportunities remain difficult to secure and the selection policies used to determine eligibility are not fully transparent. Questions of equity in assessment and in employment contracts and conditions have barely

Table 1: IEHPs in Canada and the Atlantic Provinces.

	P.E.I Total	Number that are IEHPs	N.B. Total	Number that are IEHPs	N.L. Total	Number that are IEHPs	N.S. Total	Number that are IEHPs	Canada Total	Number that are IEHPs
Family physicians (data for 2003)	121	17	738	171	615	259	1,038	287	30,662	6,934
Specialists (2003)	74	12	486	98	360	113	920	237	28,792	6,352
Registered nurses (2004)	1,377	30	7,361	97	5,452	106	8,602	207	246,575	19,815

begun to be explored by social scientists; and, finally, the long-term career and professional integration prospects of IEHPs who are often employed in the most challenging of environments with reduced access to continuing training and professional development opportunities are rarely addressed. Without a greater commitment to addressing these issues, one risks creating a system of "indentured" health care professionals who may meet our immediate national health care worker supply needs, but will be unlikely to reach full professional status.

Lack of employment leads to lack of experience, and lack of experience leads to an inability to land any employment or secure success in assessment. This is a vicious cycle that afflicts many job entrants in various labour market segments and is compounded by the lack of mastery of required language skills. By way of example, internationally educated medical graduates (IMGs) tend not to perform as well as Canadian medical graduates on qualifying examinations. In 1999, the success rate for Canadian medical graduates in the three Medical Council of Canada (MCC) qualifying examinations was around 95%, while that for IMGs was a paltry 21% (Tyrrell and Dauphinee 1999, Audas Ross and Vardy 2004, 4). This is probably due to a combination of poor communication skills, cultural differences in previous learning styles and approaches to health care, age, and differences in the quality of medical school training (see Hall et al. 2004).

Beckoning research

A federally funded IEHP initiative, supported by Health Canada, is currently addressing these barriers and attempting to determine the gaps remaining within specific health care professions. As part of this study, research teams from the Atlantic Provinces have developed a standardized questionnaire to explore whether there are significant generic or shared features among the challenges faced by IEHPs as residents and professionals. This data generation phase, which is supported by Atlantic Connection funding, seeks to involve some 50 IEHPs from each province, eliciting information that speaks to socio-cultural, economic, professional and educational issues. Respondents will also be encouraged to share their narratives, explaining why they came and have (so far) stayed in Atlantic Canada, and to indicate what they see as the key challenges towards the attraction and retention of more IEHPs in the region. The second phase, scheduled for the summer of 2007, will involve detailed, face-to-face interviews with volunteer respondents, and hopes to benefit from funding from the Atlantic Metropolis Centre. The outcome of this study should provide much-needed data drawn from the newcomers themselves and would feed readily into ongoing public policy.

Conclusion

The challenge of "getting one's foot in the door" in the health field in Atlantic Canada is especially daunting for non-Canadians. The situation could lead to circumstances where IEHPs secure employment that does not match their professional skills. A trained gynecologist working as a translator, or a medical laboratory technician working as a chef, may seem unlikely, but these are the real-life situations of unlicensed IEHPs in P.E.I. and are likely replicated in other provinces.[1] As one foreign-trained unlicensed physician working as a pizza delivery man confided: "better a job that secures some regular income, than no job at all."

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Note

[1] Information obtained from a focus group of IEHPs convened by the P.E.I Association of Newcomers to Canada, Charlottetown, P.E.I., January 9, 2007.