



ON THE PERIPHERY:

Barriers Facing Migrant Internationally Educated Health Care Professionals in Canada

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Executive Summary

Universal health care is a fundamental Canadian value which can be traced back as far as 1947. However, there is a shortage of health care professionals in the country. In addition to hiring professionals trained here, Canada will have to increasingly rely on internationally educated health professionals (IEHPs) to maintain the quality and effectiveness of the system, and its capacity to deliver.

IEHPs already have a significant presence in the Canadian health care system. According to a report by the World Education Services, IEHPs account for nearly 25% of the health care and social assistance workforce¹. Over the years, most IEHPs in Canada have entered into the country through Federal Skilled Worker Programs or Provincial Programs. A little over 6% of them have come in through the Refugees, Humanitarian Category². This report focuses on barriers faced by IEHP refugees and migrants in practising their profession in Canada.

The major challenges that they face are: (1) delays in foreign credential recognition and lack of Canadian work experience; (2) language competency issues and discrimination at the workplace; and (3) inadequate financial resources.

This report investigates key barriers and offers the following policy recommendations to mitigate them:

- Set up a nodal team to communicate, coordinate, and manage processes between the federal government and provincial governments to speed up the Foreign Credential Recognition (FCR) process.
- Before their arrival, support IHEPs' credential recognition by streamlining procedures related to licensure processes, immigration-related requirements, credential evaluation processes, financial literacy, expenses related to exams, and by providing opportunities to gain soft skills.
- Provide internships or placements for IEHPs that could support them to get jobs that match their expertise.
- Provide language- and culture-related training to IEHPs and monitor their progress.
- Introduce awareness programs to sensitize the existing Canadian workforce on issues such as race, gender, etc. to improve workforce integration.
- Provide financial assistance to IEHPs to cover the cost of their credential evaluation and other related costs.

List of Abbreviations

CPJ	Citizens for Public Justice
FCR	Foreign Credential Recognition
IEHP	Internationally educated health professional
IRCC	Immigration, Refugees and Citizenship Canada
N4	National Newcomer Navigation Network

¹ World Education Services. (2022). Addressing the Underutilization of Internationally Educated Health Professionals (IEHPs) in Canada: What the Data Does and Doesn't Tell Us. <https://knowledge.wes.org/rs/317-CTM-316/images/canada-report-addressing-the-underutilization-of-iehps-in-canada.pdf>.

² Government of Canada, Health Canada. (2023). Characteristics and Labour Market Outcomes of Internationally Educated Health care Professionals in Canada. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/characteristics-labour-market-outcomes-internationally-educated-health-care-professionals-canada.html>.

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About Citizens for Public Justice

Citizens for Public Justice (CPJ) is a national, progressive organization of members who are inspired by faith to advocate for social and environmental justice in Canadian public policy. It focuses on three key policy areas: poverty in Canada, climate justice, and refugee and migrant rights. The organization analyses policies on a wide range of issues in Canadian immigration through a rights-based public justice lens. Through research, policy monitoring, and publishing, it draws attention to the impact of legislative change on refugees and refugee claimants, and on the groups that privately sponsor them to come to Canada. It speaks out against policies that disregard the rights and pre-migration experiences of refugees and migrants in Canada. CPJ communicates its analysis and framing through public presentations, writing, advocacy, and workshops to audiences including public officials, media outlets, religious leaders, national coalitions, and CPJ members.

Introduction

A shortage of professionals in Canada’s health care system has been visible for a few years now, particularly since the COVID-19 pandemic. In 2022, it was reported that job vacancies increased across many sectors including the health sector³. The significant role that internationally educated health professionals (IEHPs) could play in bolstering Canada’s health care system can therefore no longer be overlooked.

According to one Health Canada study, IEHPs account for nearly a quarter of the health care and social assistance workforce⁴. According to the Canadian Census of Population, there were an estimated 259,695 IEHPs in Canada in 2021, most of whom had entered the country through Federal Skilled Worker Programs, provincial programs, or as family immigrants⁵. Slightly over 6% of the IEHPs came through the Refugees, Humanitarian Category. IEHPs face barriers on the pathway to licensure, facilitation issues, funding sources, insurance systems, differing provincial regulations, and integration into life and culture in Canada.

An investigation by the National Newcomer Navigation Network (N4) based on a demography of physicians and nurses found that major challenges include the “complex immigration system at both provincial and federal levels,” the high cost of licensure procedures, limited validity of the exams results, and “discrimination based on country of origin”⁶. This suggests that the challenges faced by IEHPs in practising their profession in Canada are rooted in structural and systemic barriers, which are explored in the next section.

Foreign Credential Recognition Process in Canada – a Brief Overview

The Foreign Credential Recognition (FCR) process is the legal and regulatory gateway for gainful employment of IEHPs across sectors in Canada⁷. Immigrants who want to work in Canada in regulated occupations—namely, those that require a license or a certificate, such as physicians and nurses—can only do so after their foreign educational qualifications or degrees are validated. FCR refers to the process of verifying the training, education, or work experience obtained by the applicant in another country to ensure that they meet Canada’s regulatory standard.

Most occupations in Canada are unregulated; nearly 20% of them are regulated. The approval authority for most regulated occupations lies with provincial and territorial governments. On the other hand, the authority to decide immigration status lies by and large with the federal government. Only when immigration status is

³ Miller, M. (2023). Annual Report to Parliament on Immigration. <https://www.canada.ca/content/dam/ircc/documents/pdf/english/corporate/publications-manuals/annual-report-2023-en.pdf>.

⁴ Frank, K., Park, J., Cyr, P., Weston, S. & Hou, F. (2023). Characteristics and Labour Market Outcomes of Internationally Educated Health Care Professionals in Canada. Health Canada, Ottawa. <https://www.canada.ca/content/dam/hc-sc/documents/services/health-care-system/health-human-resources/characteristics-labour-market-outcomes-internationally-educated-health-care-professionals-canada.pdf>.

⁵ Ibid.

⁶ Goodfellow, C., Zohni, S. & Kouri, C. (2023). “A Missing Part of Me:” A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals. *Alliance for Healthier Communities*. Retrieved May 23, 2024, from <https://www.allianceon.org/resource/Missing-Part-Me-Pan-Canadian-Report-Licensure-Internationally-Educated-Health-Professionals>.

⁷ Government of Canada. (2023). Learn more about foreign credential recognition in Canada. <https://www.canada.ca/en/employment-social-development/programs/foreign-credential-recognition.html>.

confirmed and a licence or certificate is granted can the applicant start practising their profession in the country. However, there is no fixed timeframe for this certification process.

IEHPs are then required to follow provincial and federal laws and regulations pertaining to their respective credential recognition processes. The time taken to get approval under FCR varies depending on the profession. There are many organizations that receive funds from the government to provide loans and other support services to applicants seeking to work in regulated occupations in Canada.

Funding Support for FCR

Early this year, the federal government announced up to \$86 million in funding to 15 organizations across Canada to increase capacity for foreign credential recognition of approximately 6,600 IEHPs⁸. However, it was reported that there were 90,000 unfilled positions in health occupations in the second quarter of 2023⁹, showing that the current efforts are still quite insufficient.

This financial support can help IEHP immigrants. The funding is directed at occupations like nursing, pharmacy, dentistry, laboratory technicians, and respiratory therapy, and is intended to: reduce barriers to IEHPs' foreign credential recognition processes, provide Canadian work experience for IEHPs, reduce systemic and administrative barriers, and facilitate labour mobility between jurisdictions.

Furthermore, the 2022-23 budget shows "an additional \$115 million over five years starting [in the 2022-23 fiscal year], and \$30 million in ongoing funding for the Foreign Credential Recognition Program, with the majority going to integrating health professionals who have been educated internationally into the Canadian workforce." This is in addition to the program's \$27.3 million of annual base funding¹⁰.

The federal government plans to invest \$198.6 billion over a decade to aid health care services in Canada, "including \$46.2 billion in new funding"¹¹. With this measure, the government hopes to reduce the wait time for IEHPs to join the workplace by striving "to provide licensure to qualified physicians and nurses within 90 days once source verification of credentials is confirmed and immigration approvals are in place"¹². Several provinces

⁸ Government of Canada, News release. (2024). Government helping 6600 internationally educated healthcare professionals work in Canada. Retrieved May 27, 2024, from <https://www.canada.ca/en/employment-social-development/news/2024/01/government-helping-6600-internationally-educated-healthcare-professionals-work-in-canada.html>.

⁹ Jones, A. M. (2024). Federal Government to Provide Funding to Speed up Credentialing of 6,600 Internationally Educated Health Professionals. Retrieved May 27, 2024, from <https://www.ctvnews.ca/health/federal-government-to-provide-funding-to-speed-up-credentialing-of-6-600-internationally-educated-health-professionals-1.6727224>.

¹⁰ Ibid.

¹¹ Government of Canada, News release. (2024). Government helping 6600 internationally educated healthcare professionals work in Canada. Retrieved May 27, 2024, from <https://www.canada.ca/en/employment-social-development/news/2024/01/government-helping-6600-internationally-educated-healthcare-professionals-work-in-canada.html>.

¹² Government of Canada. (2023). Federal, Provincial and Territorial Statement on Supporting Canada's Health Workforce. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/federal-provincial-territorial-statement-supporting-workforce.html>.

have also announced partnerships with the National Nursing Assessment Services for foreign educated nurses to speed up the licensing process to 11 weeks¹³.

Despite these aforementioned measures, the backlog is expected to remain considerable. As recently as 2022, a study found that there was a backlog of more than 2.4 million trained health care professional applications. According to that study, the Registered Nurses' Association of Ontario found that "roughly 26,000 nurses were 'ready and waiting' to work in Ontario", but could not do so because of the delay in approval of their international qualifications by their college, foreign credential recognition, and/or the possibility of change in their immigration status¹⁴.

Key Barriers in Canada for IEHP Refugees and Migrants

While there are several barriers for IEHPs in Canada, some key barriers are: (1) delays in gaining FCRs and corresponding problems related to obtaining work experience in Canada including internships, fellowships, residencies, and so on; (2) language and cultural issues; (3) discrimination against women and IEHPs from minority groups; (4) financial barriers relating to additional upskilling, FCR costs, living expenses, and the absence of jobs.

Acute delays in recognizing foreign credentials; challenges to gaining relevant work experience

The difficulties confronting IEHPs, refugees, and migrants wanting to taking up expertise-related jobs in Canada can be broadly classified into two categories: delays in FCR approvals and difficulty in gaining work experience.

Most IEHPs and organizations assisting them agree that, despite many efforts at reform over the years, the FCR process is still long and cumbersome¹⁵. In addition, for some IEHPs, there is also a lack of recognition of their foreign credentials, as their health care education is not recognized in Canada. This is a setback for them in terms of licensure and finding employment.

For those who have recognized qualifications, the processing time for IEHPs is much higher than that of Canada-educated health professionals. The licensing process is complicated and undergoing multiple assessments and exams at both the federal and provincial levels is financially draining, particularly for refugees and migrants. After a tough and long examination process, which includes CASPer (Computer-Based Assessment for Sampling Personal Characteristics) and English/French Language Proficiency tests, an even bigger hurdle awaits IEHPs: limited residency spots.

¹³ Jones, A. M. (2024). Federal Government to Provide Funding to Speed up Credentialing of 6,600 Internationally Educated Health Professionals. Retrieved May 27, 2024, from <https://www.ctvnews.ca/health/federal-government-to-provide-funding-to-speed-up-credentialing-of-6-600-internationally-educated-health-professionals-1.6727224>.

¹⁴ Bergeron-Oliver, A. (2022). Major Immigration Backlog in Canada Leaving Thousands of Trained Health-Care Professionals on the Sidelines. CTV News. Retrieved May 28, 2024, from <https://www.ctvnews.ca/health/major-immigration-backlog-in-canada-leaving-thousands-of-trained-health-care-professionals-on-the-sidelines-1.6015229>.

¹⁵ Rodriguez, E., & Glynn, T. (2022). "Work, Study, Pay Taxes, But Don't Get Sick: Barriers to Health Care Based on Immigration Status". Citizens for Public Justice. Retrieved May 16, 2024, from <https://cpi.ca/report/work-study-pay-taxes-but-dont-get-sick/>.

During the time of the COVID-19 pandemic, for instance, less than a quarter of international medical health care graduates (IMHs) were matched for a residency position, and 40% of internationally educated nurse applicants never completed the application process due to systemic barriers¹⁶.

Sara Asalya (2021) recounted the experience of an internationally trained physician, Fauzia, who had to work as a volunteer with different hospitals in order to stay in the field and gain all possible Canadian work experience¹⁷. Fauzia was assigned to greet patients and visitors coming to the hospitals, close and seal envelopes, and clean washrooms—the last job left her feeling humiliated. Such experiences often deter IEHPs from practising their profession. There are many IEHPs like Fauzia who continue to toil in work areas totally dissociated from their field of expertise purely because of the delays they encounter in the FCR process.

To be sure, both the federal and provincial governments have been making efforts to ease the work-related barriers that IEHPs face in the health care sector and speed up the accreditation process, in addition to providing funding and other dedicated support services to IEHP migrants. However, much remains to be done.

Language and culture: a major constraint in workforce integration

Proficiency in English or French is essential for those wanting to work in health care services in Canada. Many IEHPs are found wanting on this front. Lack of language skills is also a major barrier for them in integrating into the mainstream workforce. A study that examined the degree to which IEHPs were faring after licensure found that “many practitioners had become unemployed in their professions due to lack of language proficiency, cultural sensitivity and the need for traditional education”¹⁸. For IEHPs, securing a job after licensure is not always easy, but “a clinical placement significantly impacts the ease of securing a full-time position post-licensure”¹⁹. However, language and culture barriers make access to Canadian experience through internship or placement opportunities difficult.

Discrimination

Discrimination and/or racism in the workplace is also a reality of life for many IEHPs. Often, IEHPs are discriminated against at the workplace due to the perceived inferiority of their credentials, and bias in terms of lack of international recognition for the certificates from their home universities and health care institutions.

Women, racialized groups, and other visible minorities tend to face additional barriers to FCR as well as entry into the labour market. Traditional gender norms and an absence of supportive social networks become strong barriers when professional women attempt to integrate into the labour market. Women with children face

¹⁶ Asalya, S. (2021). Internationally trained health-care professionals unable to help in COVID-19 fight. Here's why. *Global News*. Retrieved May 24, 2024, from <https://globalnews.ca/news/7877049/health-care-professionals-international-covid-19/>.

¹⁷ Ibid.

¹⁸ Johnson, K., & Baomal, B. (2011). Assessing the Workforce Integration of Internationally Educated Health Professionals. Final Report by Canadian Society for Medical Laboratory Science (CSMLS/SCSLM), p. 1. https://www.csmls.org/csmls/media/documents/publications/CSMLS-KS-0001_WFI_Report_ENG.pdf.

¹⁹ Ibid, p. 12.

further challenges in securing childcare, balancing family responsibilities while completing their FCR, and job hunting.

Leaving a life behind often entails financial woes

People who migrate to Canada undoubtedly do so in search of a better life than the one they left behind. Most who come into the country must effectively rebuild their life, so financial constraints are a given for most IEHPs. These difficulties are exacerbated in the case of IEHP refugees and migrants who have often had to flee their homelands due to either persecution or conflict. In such cases, the financial burden that they face during the FCR process (multiple exams, licensure expenses, etc.) is considerable. This puts pressure on them to support themselves by finding work. Since finding health care-related experience is difficult, many of them end up in unrelated occupations. It is indeed an irony that at a time of significant labour shortages in the country's health care system, many qualified professionals remain unutilized or under-utilized due to systemic injustices. This is especially critical for women and minorities.

Policy Recommendations

The Canada Health Act (CHA or the Act) mandates that “all eligible residents of Canada” have access to insured health services²⁰. Given the shortage of health care workers in Canada, residents are faced with longer wait times for health care services, and therefore the government is unable to provide services as promised in the Act. In this scenario, IEHPs could emerge as a solution to this problem provided policies at the provincial and federal level are revised to ensure that: (1) the FCR process is streamlined, (2) employers, existing members of the workforce, and clients are sensitized to race, gender, and other bases of discrimination, while at the same time (3) migrants and refugees are offered access to language and other soft-skills training, and (4) financial assistance is offered to IEHPs to cover the costs of FCR and higher education/re-skilling in Canada.

Streamline FCR process further; cut approval timeframe

- Set up a nodal team to communicate, coordinate, and manage processes between the federal government and provincial governments. Lack of effective coordination between Immigration, Refugees and Citizenship Canada (IRCC) and the provincial and territorial bodies responsible for licensing is a key factor behind delays in approvals.
- Streamline the sharing and flow of documents. For example, sending documents by creating institutional emails reduces the time of waiting for the result of the evaluation.
- Support IEHPs' credential recognition before their arrival in Canada by providing access to supports such as career advisors and information on licensure processes, immigration-related requirements, credential evaluation processes, financial literacy, web-based software tools, expenses related to exams, and by providing opportunities to gain soft skills.
- Provide internships or placements programs that could help IHEPs get jobs related to their expertise.
- Organize online national and international programs for IEHPs in order to prepare them to complete sector specific requirements such as exams or language tests.

²⁰ Government of Canada, Canada Health Act. (n.d.). <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html>.

Provide language training; sensitize workforce through awareness programs

- Provide language- and culture-related training to IEHPs to prepare them for integration into the workplace and monitor their progress.
- Introduce awareness programs to sensitize the existing Canadian workforce on issues such as race, gender, and the validity of foreign credentials to improve workforce integration.

Appropriate financial assistance

- Provide financial assistance to IEHPs to cover the costs of their credential evaluation, internships and other related costs.
- Provide financial assistance in upskilling as required in terms of health care-related courses and skills in addition to language and cultural integration courses.

Conclusion

Seeking greener pastures, migrants and refugees continue to move to Canada. For most of them, it is a continuing struggle on many fronts. Economic, legal, health care, cultural, and familial structures wield enormous power over their lives. If government policies can make the workspace—and indeed all public spaces—a welcoming safe haven for newcomers (especially newcomers from non-western cultures), their lives would be vastly different. It could give them cause for optimism, support them in their quest to lead a more fulfilling life, and enable them to make important contributions to health care, scholarship, the economy, and culture in Canada.

It is also evident that, through appropriate policy changes relating to IHEPs, federal and provincial governments can address many of the problems plaguing Canada's health care system relating to workforce hiring and retention. For example, we can better coordinate between different levels of governments to simplify immigration processes, reduce the costs and times of pathway to licensure, address exam validity issues, and facilitate insurance access. Policies, supported by awareness campaigns, can also help mitigate discrimination against IEHPs based on race or country of origin.

Despite manifold efforts by the Canadian government to ease barriers to IEHPs practicing in the country's health care sector, there is still a big gap that remains to be filled. Notwithstanding the government's recent funding commitments, its institutional capacity for foreign credential recognition will still be inadequate, considering high levels of job vacancies, with a total of 90,000 unfilled positions in health occupations in the second quarter of 2023—not to mention the number of IEHPs who are in the country already (and many more who are likely to come in future) and are still awaiting approval to practice. More targeted funding will be needed for this purpose. Better coordination between provincial, territorial, and federal governments to manage and streamline policies can help ease systemic hurdles faced by IEHPs, improve their intra-province/intra-territorial mobility for work-related purposes, and help them gain Canadian work experience without delays. This will help in faster work and social integration of IEHPs in Canadian society, enhancing their contribution to Canada's economy and expanding the country's diverse social fabric.

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