

ITPs: A DIVERSE, UNDERUTILISED SKILLED HEALTH HUMAN RESOURCE

A Report On The Findings Of The ITPO ITPs Backgrounder Survey

AUGUST 11TH, 2022



Internationally Trained Physicians of Ontario

PREFACE

ABOUT ITPO

[Internationally Trained Physicians of Ontario \(ITPO\)](#) is a federally incorporated non-profit organisation whose mandate is to work towards the integration of Internationally Trained Physicians (ITPs) into the Canadian health system. ITPO advocates and provides resources for all ITPs across Canada.

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EXECUTIVE SUMMARY

There is a significant healthcare worker shortage in Canada. There are approximately 5 million Canadians without a family doctor (1), with more than 1 million people without a family doctor in Ontario alone (2). Inadequate or unavailable primary care will negatively impact the health of all Canadians, and unfortunately, marginalized populations will experience the impact disproportionately. Healthcare worker shortages across the country are also leading to Emergency Department (ED) closures and earlier retirement of physicians (3,4). The COVID-19 pandemic has accelerated what would have become an inevitable issue without timely, efficient, and equitable policies to address the healthcare workforce shortage (5,6).

Despite the healthcare worker crisis in Canada and the impact on the state of the Canadian healthcare system, Internationally Trained Physicians (ITPs) remain underutilised in the healthcare system. When seeking to quantify this underutilisation, the large gap in data surrounding ITPs becomes apparent. [The Internationally Trained Physicians of Ontario \(ITPO\)](#) recently conducted a survey that highlights the diversity of this pool of physicians. The results highlight how diversity in culture, clinical experience and expertise with certain medical conditions and patient groups make ITPs well suited to help rebuild the Canadian healthcare system and achieve equitable healthcare for all Canadians.

Without action, the indirect impacts of the pandemic on these areas will continue to worsen rapidly:

1. The quality of healthcare and access to healthcare for marginalized populations, including Indigenous Peoples and the immigrant population that continues to grow.
2. The backlogs of surgical procedures and testing.
3. The wait times to see specialists.

4. The preventive programs including cancer and chronic illness screening.
5. The management of chronic illnesses and secondary/tertiary prevention.

The incorporation of qualified ITPs is a significant part of the solution. However, numerous pieces must be put in place for this to become a reality.

1. A multistakeholder table, that includes ITPs, to develop policies that lead to the equitable and efficient incorporation of skilled ITPs into the Canadian Healthcare system.
2. Implement a Regulated Clinical Assistant Program in Ontario that acts as a steppingstone to a licensure pathway and expand and amend these programs in provinces where they already exist.
3. Implement the Practice Ready Assessment Program Canada-wide and expand these programs in provinces where they already exist.
4. Provide an equitable increase in the number of residency spots for ITPs via the Canadian Resident Matching Services (CaRMS), especially in the areas of greatest need.

INTRODUCTION

The Internationally Trained Physicians of Ontario (ITPO) want to help address the issue of insufficient/lack of data surrounding the diversity of ITPs in Canada. As Canada continues to experience a significant Healthcare worker shortage, ITPO believed that it was an ideal time to gather data on the background of ITPs. The Policy, Advocacy and Research (PAR) committee at ITPO designed a simple survey with both open-ended and closed-ended questions to gather qualitative and quantitative data. The survey was launched on May 10, 2022, on the Google Forms platform and was distributed via email networks, partner networks and social media platforms. After two months, there was a total number of 324 respondents. We hope that the survey findings will help highlight and support the value of incorporating more ITPs into the Canadian Healthcare system. This survey has highlighted the diversity of the ITP population and the reasons they are well suited to be a part of rebuilding the Canadian healthcare system.

FINDINGS & DISCUSSION:

THE DIVERSITY OF ITPS

BACKGROUND

Immigrants have always been significant contributors to Canadian society, bringing about population growth and economic development (7). Many immigrant groups have contributed to building modern Canada, from the first French settlers, through newcomers from the United Kingdom, Central Europe, the Caribbean, and Africa, to immigrants from Asia and the Middle East. Canada still receives a considerable number of immigrants every year.

Currently, annual immigration in Canada approximates over 400,000 new immigrants – one of the highest rates per population of any country in the world (8). As of 2021, there were more than eight million immigrants with permanent resident status living in Canada - roughly 21.5 percent of the total Canadian population (8). Knowing the positive impact of immigrants, Canada aims to welcome 431,645 new permanent residents in 2022, 447,055 in 2023 and 451,000 in 2024 (9). This report will show that the growing multicultural Canadian society will continue to benefit from the contribution of ITPs, especially as COVID-19 continues to have a devastating impact on the Canadian economy and health system (7).

THE ITP SITUATION

ITPs face lengthy, tiresome and challenging processes to become licensed in Canada. The percentage of practicing physicians who received their medical degree outside of Canada has remained relatively stable since 2015, ranging from 25.7% in 2015 to 26.4% in 2019 (10). This means that despite the increase in population, increasing health needs and increasing immigration of skilled human resources of which ITPs are a part, Canada is still not increasing the number of ITPs that become practicing doctors. According to the World Education Services, there are at least 13,000 ITPs in the provincial database of Internationally Educated Health Professionals (IEHPs) seeking licensure in Ontario (11) and due to poor data collection surrounding ITPs, this data is imperfect. Despite success in required examinations and assessments, only 33% of International Medical Graduates (IMGs) were matched in the 2022 R1-Canadian Resident Matching Service (CaRMS) match, compared to 77% of Canadian Medical Graduates (CMGs) (12).

The Practice Ready Assessment program only exists in some provinces (7 of them) and does not exist in Ontario. A very limited number of licensures are achieved through this route per year, approximately 124 in 2021 according to the Medical Council of Canada. This data is not readily available publicly.

THE IMPORTANCE OF CULTURAL COMPETENCE AND SENSITIVITY IN HEALTHCARE

Cultural sensitivity is an important aspect to consider regarding patient care. There is much agreement that the level of cultural sensitivity that patients perceive in health care positively influences their adherence to treatment and, ultimately, their health outcomes ((13,14). It has also been asserted by some researchers that low adherence to recommended treatment behaviours among ethnically and racially diverse patients is to some degree due to limited levels of culture-related knowledge, skills, experience, and awareness demonstrated by their health care providers (15). ITPs come from different countries with variable and rich cultures, beliefs, and languages and, therefore, can offer the Canadian Health System the cultural competence and sensitivity that it would benefit from.

WHAT ITPS CAN OFFER

The ITPO Internationally Trained Physicians (ITPs) Backgrounder Survey obtained 324 ITP respondents originating from 59 different countries (Figure 1). Therefore, ITPs possess the diversity and tacit knowledge that is needed to achieve

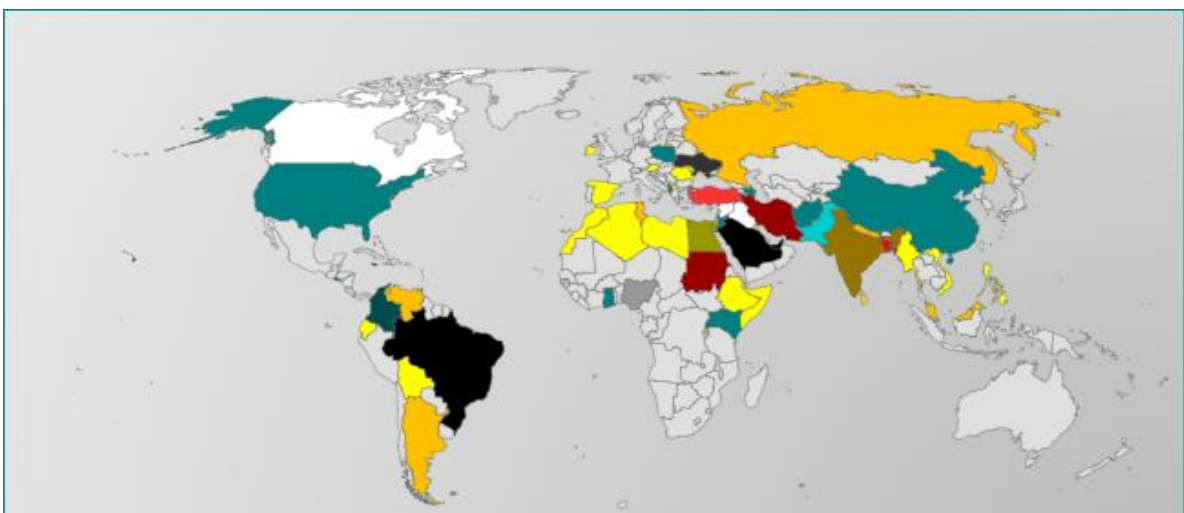


Figure 1: Map showing the country of origin of all 324 survey respondents

culturally tailored patient-centred care to our rapidly growing immigrant population.

The survey also showed that most ITPs speak more than 1 language. 37% of the respondents documented that they speak 2 languages, 24% speak 3 languages and 15% speak 4 languages (Figure 2).

The top 3 languages spoken by survey respondents were English, French, and Punjabi (Figure 3), which are in the top 5 languages spoken in Canada (16). Additionally, ITP respondents spoke all the other languages that are the 10 most spoken languages in Canada, including Arabic, Spanish, Chinese languages, other South Asian languages and more (17).

This is an asset to the Canadian health system. Their rich cultural backgrounds and language knowledge will significantly help to deliver care not only to the already existing Canadian population but also to new immigrants over the next few years.

Figure 2: Pie chart showing the number of languages spoken by survey respondents

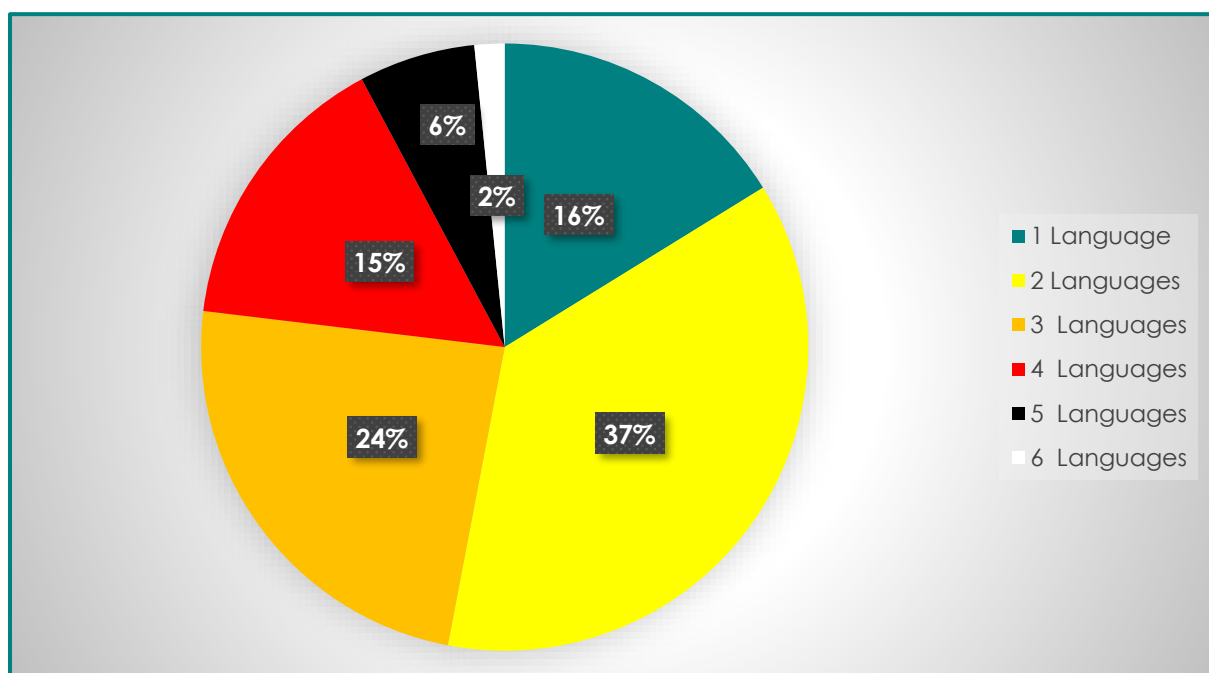
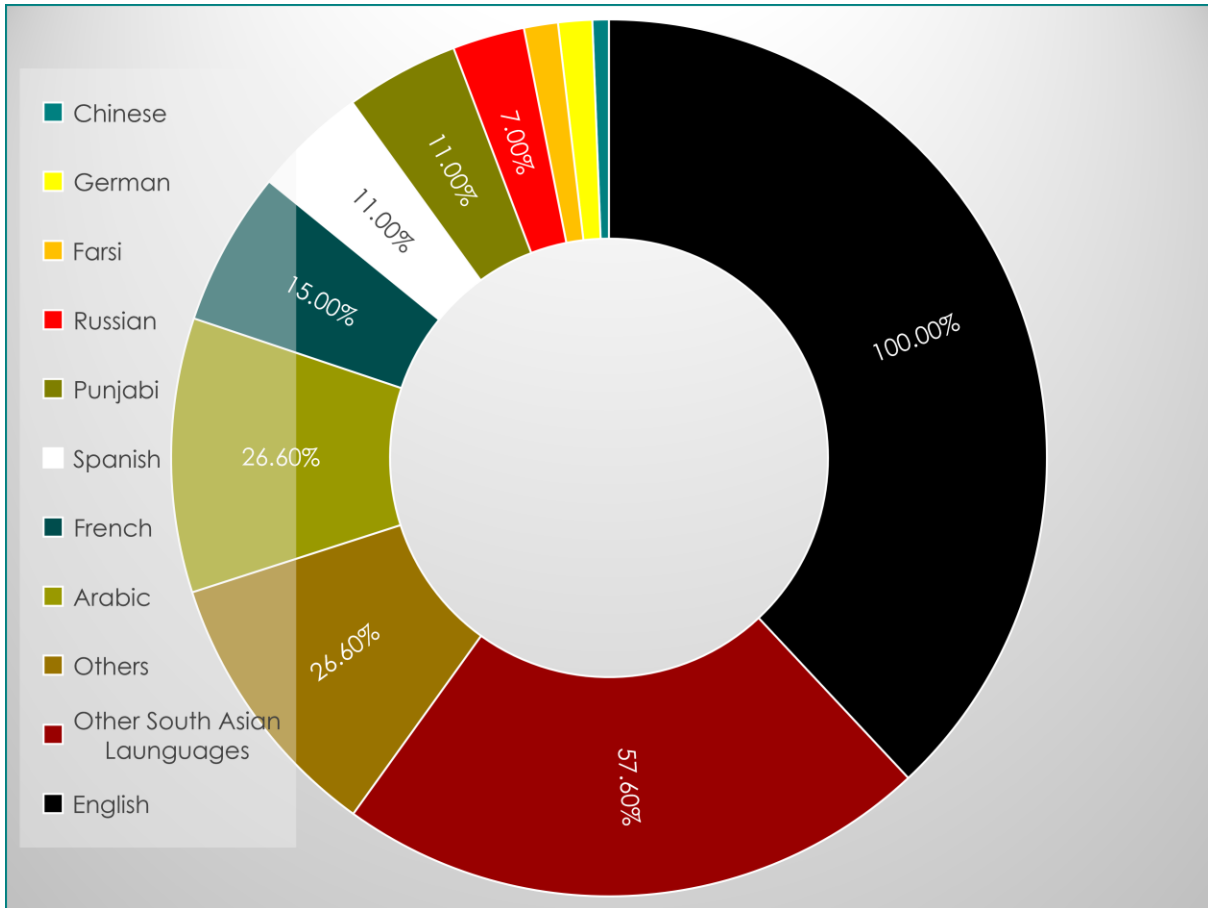


Figure 3: Sunburst chart showing languages spoken by survey respondents



THE ROLE OF ITPS IN ADDRESSING HEALTH INEQUITIES

BACKGROUND

We are fortunate that in Canada, we have access to universal health care; however, it does come with its own disparities in terms of access and funding models that lead to many health inequities across the country (18).

Indigenous Canadians have an increased risk of type 2 diabetes, respiratory illnesses including Chronic Obstructive Pulmonary Disease (COPD), tuberculosis, mental illnesses and heart disease, among others. While it is challenging to quantify numbers due to limited data, we do know that living conditions and limited access to critical health care resources, along with high smoking rates, may add to the increase in these illnesses (19).

Poor mental health outcomes, including increased rates of suicide (which is six times higher than the non-Indigenous population), addiction and emotional distress are linked to the intergenerational effects of Residential Schools, government policies that create and perpetuate social determinants of mental illness, poverty, unemployment, housing, and food insecurity (20).

THE SITUATION IN RURAL CANADA

Rural family physicians (RFPs) play a crucial role in providing health care to approximately 6 million Canadians living in rural areas. To serve their needs, practitioners are often required to consider broad-based medical care with a greater scope of practice, services and procedures that may be found in urban family medicine (21).

When taking into consideration that rural communities often have limited resources and manpower, many RFPs are susceptible to burnout (defined as feeling stressed, exhausted and unhappy). This can be due to factors including work overload, isolation, increased stress or work dissatisfaction, among others, with eventual outcomes including intent to leave rural practices (21).

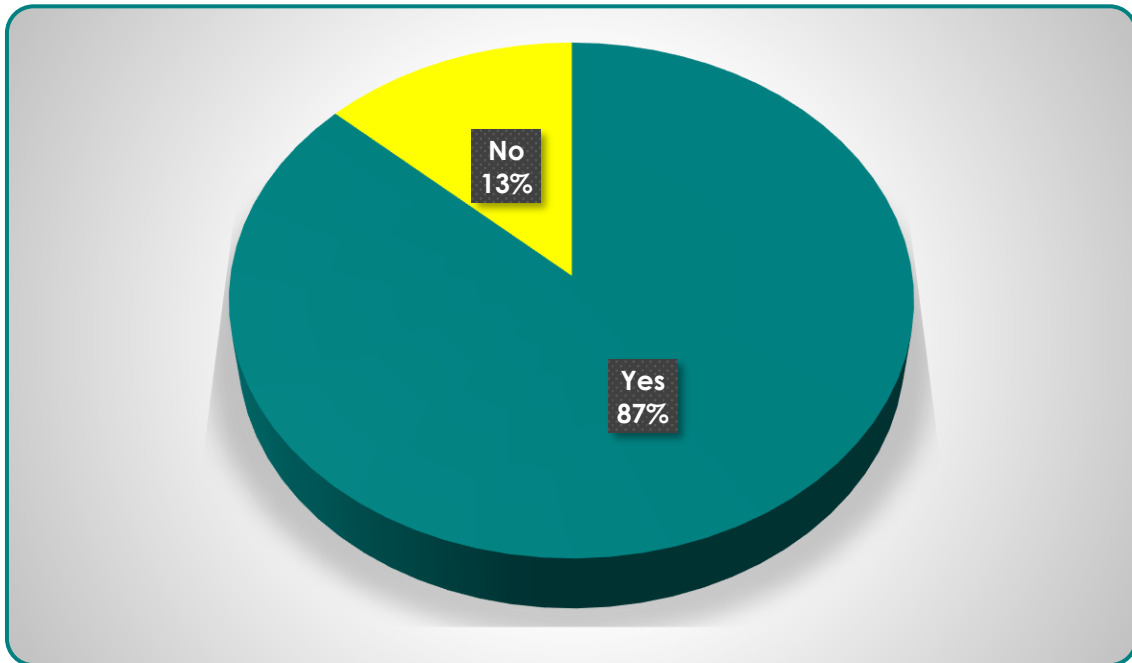
While burnout is common among medical professionals, those working in rural communities are at higher risk. This, in turn, leads to many RFPs restricting their scope of practice or leaving their practice altogether, thus worsening the physician shortages in these communities. The current demands on RFPs related to COVID-19 have caused an additional strain on an at-risk group of providers, increasing the need for practitioners (21).

These issues are particularly critical in Northern Ontario, with long wait times, inadequate access to care, inadequate mental health resources among others (20). Some communities in Northern Ontario have only 50% of the total number of physicians that they need, and the number of physicians in these communities continues to decrease for some of the reasons outlined above (22).

ITPS ARE WILLING TO SERVE RURAL COMMUNITIES

The ITPO ITPs Backgrounder Survey shows that of the 324 respondents, 86.8% were willing to relocate to northern and/or rural communities in Canada to work in the healthcare sector (Figure 4).

Figure 4: Pie chart showing survey respondent willingness to relocate to northern and rural communities



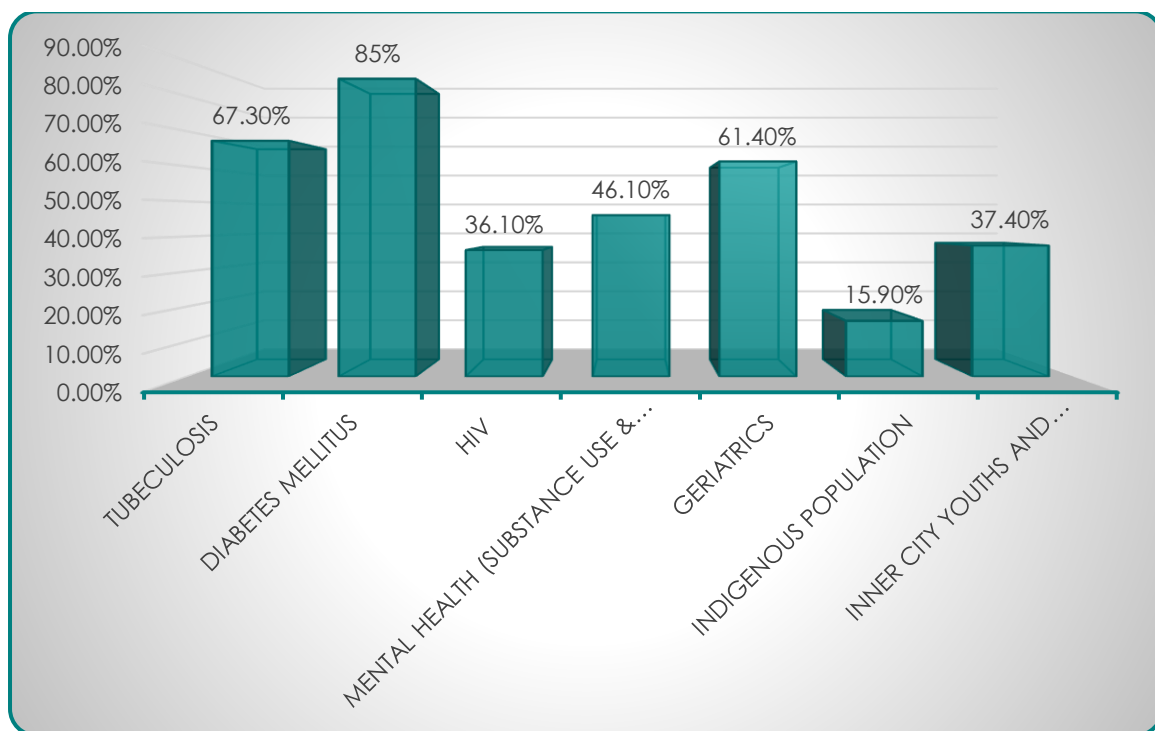
The survey also identifies that ITPs have vast clinical experience working with marginalized populations and the healthcare issues that disproportionately affect them (Figure 5). 46% of survey respondents had experience working with mental health, substance abuse and addiction and 37% had experience working with inner city/low-income communities. This is relevant at a time when the Mental Health Commission of Canada reports that People with low income or who are unemployed/laid-off report increased substance use and higher rates of anxiety, depression, and suicidal ideation(23).

Mortality rates in First Nation people with diabetes is estimated at 19.5 per 100,000 versus 13.3 per 100,000 in the general population and diabetes-related complication rates are 2–5 times higher than in the general population (24).

85% of our respondents have experience treating diabetes and 16% have experience with Indigenous populations.

ITPs' willingness to relocate and their experience in managing illnesses in developing nations and rural communities make them well suited to help. One could argue that it is unethical not to utilise their knowledge and clinical skills to increase the supply of healthcare professionals in the Canadian healthcare system and help to address health inequities, especially in the rural and Indigenous communities.

Figure 5: Bar chart showing experience of survey respondents with health issues in marginalised populations



BACKGROUND

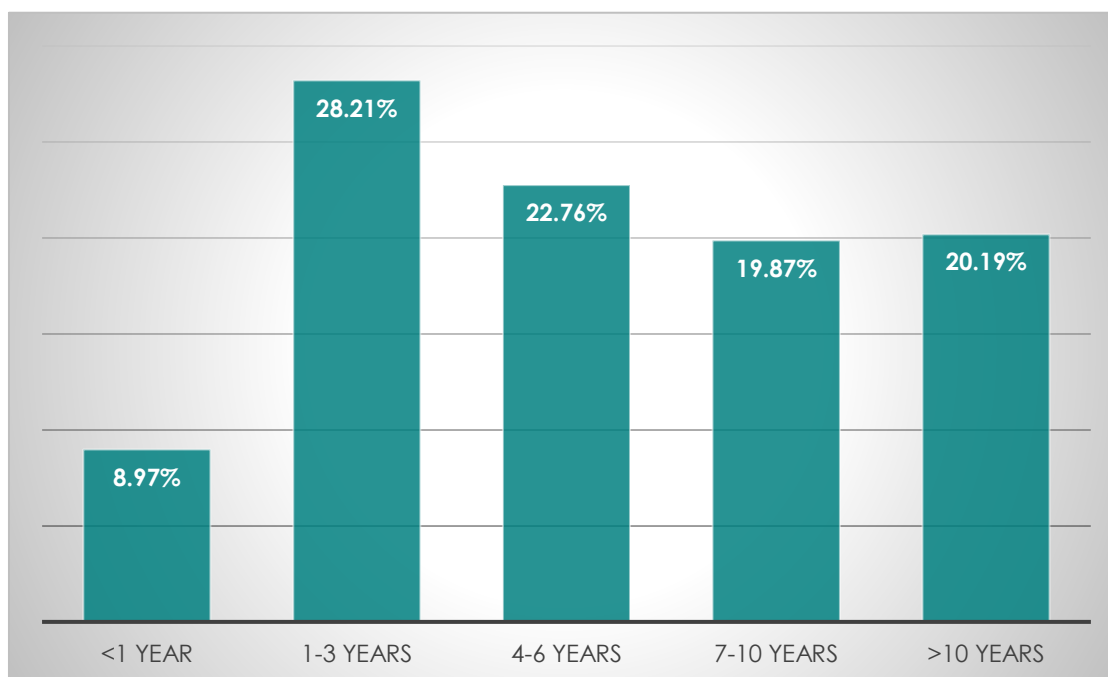
Some areas in health care needed more attention prior to the pandemic; mental health (25), geriatric care, and preventative care and the pandemic only exacerbated the issues (5,6).

Many persons have neglected their health during the pandemic due to fear of visiting medical facilities, inadequate medical staff, virtual-only primary care in many cases and a halt on preventative/ screening programs. This led to thousands of undiagnosed cancers and undiagnosed and inadequately managed chronic illnesses (6,22). Now there are huge backlogs in surgical procedures and a further increase in already long wait times for specialists. In Ontario, there are currently 22 million backlogged services including doctor's visits, surgeries and testing (26).

UNDERUTILISED HEALTH HUMAN RESOURCE

Fortunately, there are many experienced ITPs in Canada who are well suited to help within these areas of greatest need as we work together to rebuild a strong healthcare system and aim to provide excellent and equitable healthcare to all Canadians. ITPO's ITPs Backgrounder Survey reveals that over 60% of ITPs have more than 3 years of experience, with more than 20% having greater than 10 years of clinical experience (Figure 6). ITPs are one of the underutilized groups within Canada (27,28).

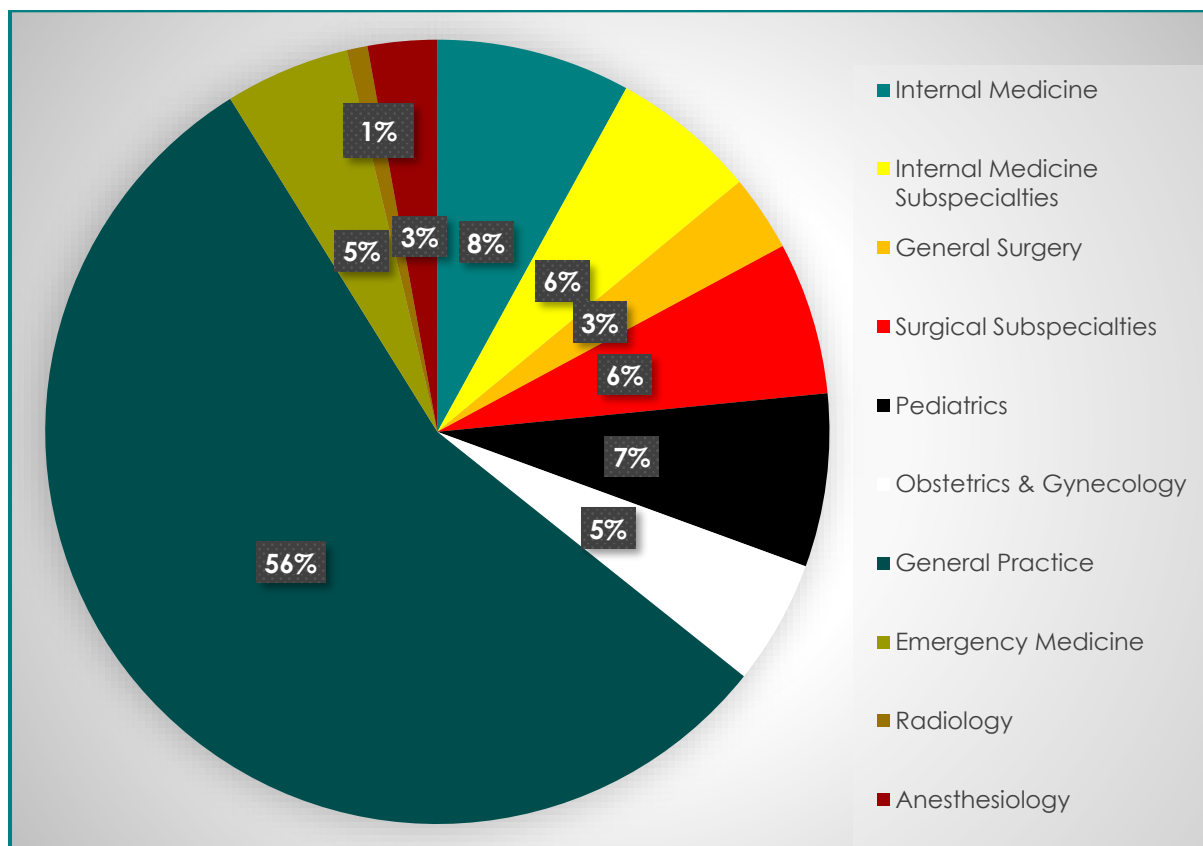
Figure 6: Bar chart showing years of clinical experience of survey respondents



As the number of Canadians living without a family physician continues to increase, and the number of healthcare workers available to work in preventative programs, including health promotion and screening, continue to decrease, there will be a greater need for urgent and emergency services (29). Emergency rooms are already closing in different regions across the country (3,4). Without immediate action, this situation will undoubtedly continue to worsen. 5% of the ITPs that responded to ITPO's ITPs Backgrounder Survey have experience working in emergency medicine (Figure 7).

The 2019 Ipsos survey revealed that 6 in 10 Canadians were concerned about the shortage of health professionals, including family physicians. The situation has gotten much worse over the past 3 years, with many family physicians reaching retirement age, some retiring earlier than previously planned due to burnout and some practices reducing their patient load to as much as 50% due to insufficient staff (28). Greater than 50% of the ITPs from ITPO's ITPs Backgrounder Survey have worked in Family Medicine (Figure 7).

Figure 7: Pie chart showing some areas of clinical practice of survey respondents¹



The baby boomer population has either retired or is retiring soon. In 2021, the baby-boomers started turning 75 (30). Therefore, this already dire situation will only get worse. The Canadian senior population is expected to increase by 68% between 2017 and 2037 (31) and so will the health issues that affect them including hypertension, heart disease, cancer and diabetes (32). This will worsen the physician shortage and increase the need for a stronger focus on senior care. Our survey indicates that 61% of ITP respondents had experience in managing geriatric patients and their associated illnesses. 62% of ITPO's ITPs Backgrounder Survey respondents have experience managing the geriatric population (Figure 5).

¹ Internal Medicine Subspecialties= cardiology, haematology, infectious diseases, nephrology, neurology, pulmonary medicine, rheumatology
 Surgical Subspecialties=cardiothoracic surgery, head and neck surgery, neurosurgery, ophthalmology, orthopaedic surgery, paediatric surgery, vascular surgery, transfusion medicine, venerology

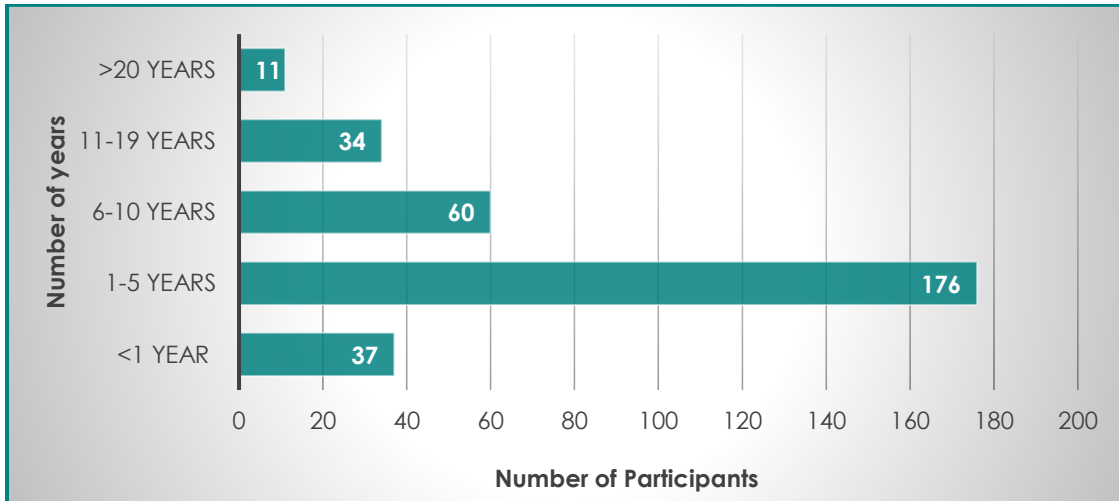
With the pandemic having had a heavy impact on mental health, the role of the almost 50% of respondents with experience in mental health and substance abuse management is clear (Figure 5). Another feature of the effect of the pandemic on mental health comes in the form of physician burnout. One study finds that 75% of Internal Medicine physicians reported burnout during the pandemic (33). They also reported longer work hours, loneliness and lower feelings about career fulfilment. All this while 14% of our survey respondents have experience in internal medicine and its subspecialties (Figure 7).

Finally, the experience in general surgery and a myriad of surgical subspecialties (9%) and internal medicine and medical subspecialties (14%) (Figure 7) reported, can help to clear the current backlog (26). This evidence suggests that ITPs are currently a wasted skilled human resource.

ITPS ARE CANADIANS TOO

It seems that sometimes the policymakers forget that ITPs are Canadians too. 74% of ITPs have been residing in Canada for between 1-10 years (Figure 8). Once ITPs pass the licensure exams that have been put in place by regulatory bodies to ensure that they have the knowledge and skills to practice safely, there should no longer be barriers to practice. There is an obvious urgent need for physicians across the country in various areas of practice and there are numerous skilled and experienced ITPs ready and willing to fill the gap and help to improve Canadian healthcare. All Canadians deserve equitable access to healthcare.

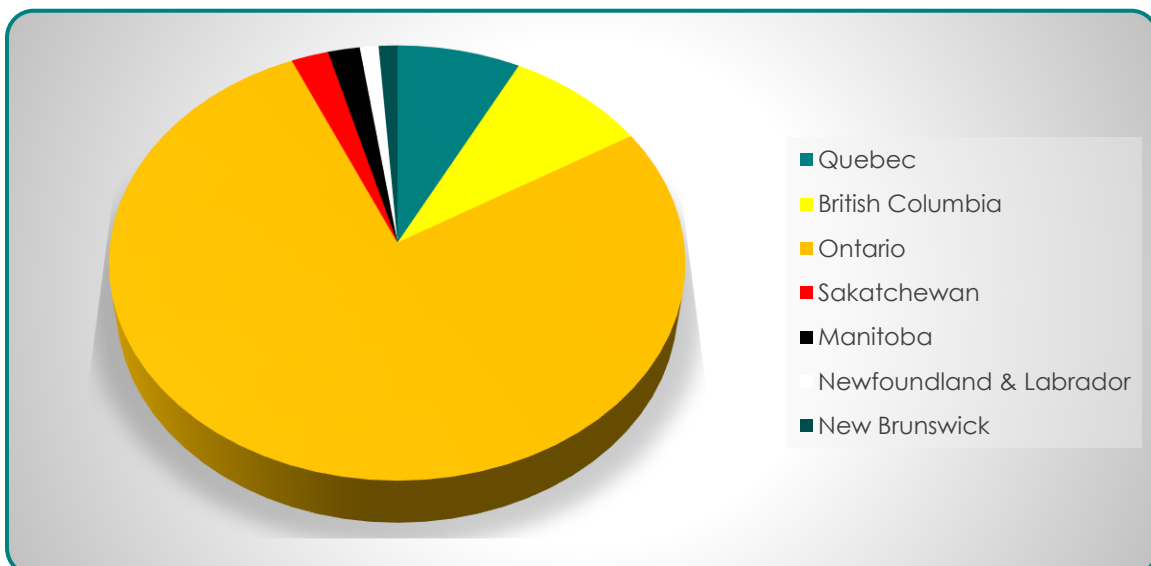
Figure 8: Bar chart showing years survey respondents have lived in Canada



ITPS IN ONTARIO

Ontario is not only behind in doctor-patient ratio nationally but also globally (34). There are currently 1 million Ontarians without a family doctor, while 67% of the respondents to the ITPO ITPs Backgrounder Survey reside in Ontario (Figure 9) and possess a wide range of clinical knowledge and skills and are ready and willing to help to improve the health of all Ontarians. Every year, approximately 1000 ITPs migrate to Canada, with approximately 400 residing in Ontario initially (35). Therefore, this pool of qualified ITPs will only continue to grow.

Figure 9: Pie chart showing province of residence of survey respondents



There are safe and effective pathways for ITPs to be licensed to work as physicians in Canada. Some of these pathways have been effectively used in other provinces across the country, including British Columbia, Nova Scotia, Alberta and Manitoba. Ontario does not have a [regulated Clinical Assistant program](#) and a [Practice Ready Assessment program](#). These pathways would help to extend physicians and incorporate ITPs who have already completed postgraduate training in family medicine/ general practice and subspecialties much quicker in the healthcare workforce, respectively.

There is a significant healthcare worker shortage now, and this situation is worsening rapidly, therefore, Ontario needs to put policies in place to implement these short-term solutions now. Having all the policy makers and stakeholders sitting at one table is the most transparent and efficient way to get this done in a timely manner.

CONCLUSION

There is a healthcare crisis in Canada. There is a large pool of well-qualified and trained Internationally Trained Physicians who are willing and able to be incorporated into the healthcare workforce. All Canadians deserve access to equitable health care. ITPO believes in working together as Canadians to rebuild the health care system. A multistakeholder committee, that includes ITPs, needs to be formed to address these issues in an efficient and equitable way.

RECOMMENDATIONS

1. A multistakeholder table, that includes ITPs, to develop policies that lead to the equitable and efficient incorporation of skilled ITPs into the Canadian Healthcare system.
2. Implement a Regulated Clinical Assistant Program in Ontario that acts as a steppingstone to a licensure pathway and expand and amend these programs in provinces where they already exist.
3. Implement the Practice Ready Assessment Program Canada-wide and expand these programs in provinces where they already exist.
4. Provide an equitable increase in the number of residency spots for ITPs via the Canadian Resident Matching Services (CaRMS), especially in the areas of greatest need.

APPENDICES



Health Care



- Median waiting time of 25.6 weeks between referral from a general practitioner and receipt of treatment in 2021 - longer than the wait of 22.6 weeks reported in 2020
- More complex chronic illness, mental health and addictions are trending up

ITPs have up to 30 years of experience with a mean of 6.9 years



ITPs have experience in 42 different specialities



Did You Know?

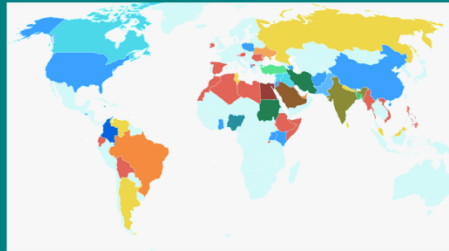
- The total number of doctors in northern Ontario is decreasing
- 1,715 in 2018 to 1,700 in 2019
- Some communities have half the number of physicians they need
- On the other hand, 86.8 % of ITPs are willing to relocate to Northern and rural communities

INTERNATIONALLY TRAINED PHYSICIANS BACKGROUND



86.8%

ITPs are willing to relocate to northern and rural communities



ITPs Originate from 59 different countries

Languages Spoken



16% speak 1
37% speak 2
24% speak 3
15% speak 4
6% speak 5
2% speak 6

Years of Independent Clinical Experience

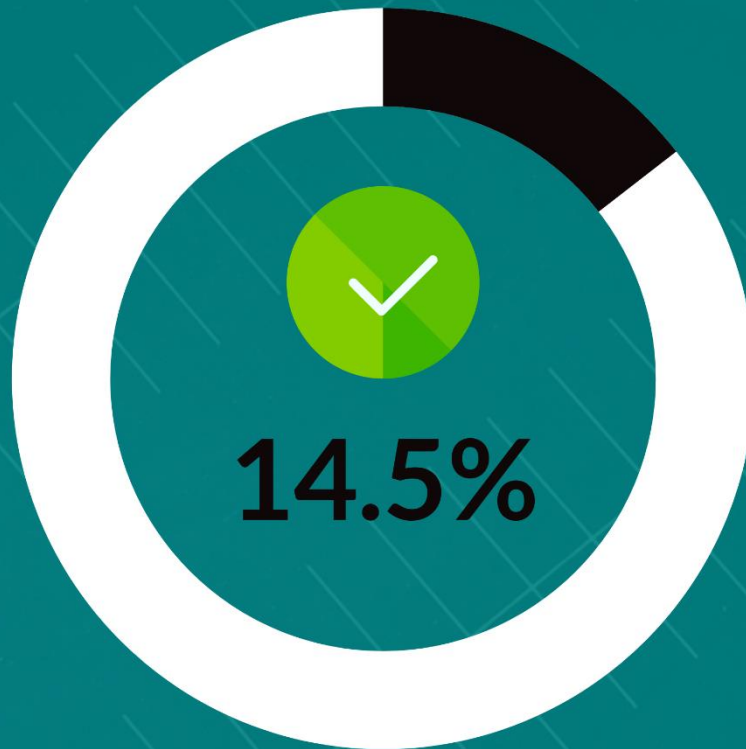
up to 30 years

with a mean of 6.9 years

Experience in 42 different specialties



- Anesthesiology
- Cardiology
- Cardio thoracic surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Hematology
- Infectious Diseases
- Intensive Care
- Internal Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Pathology
- Pediatrics



14.5% of Canadians reported living
without a family doctor
On the contrary, 61% of ITPs have
experience in Family Medicine

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