IMMIGRANT PHYSICIANS IN CALGARY

Doctors and other medical professionals arrive in Calgary as both immigrants and refugees. Facilitating their licensing to practice medicine would benefit them and all Calgarians.

The figure shows the number of new immigrants to Calgary with a background in healthcare, from 1999-2018. These include physicians and specialists, nurses, dentists, pharmacists, and other medical professionals. In 2018 alone, approximately 70 immigrant physicians arrived in Calgary under as economic immigrants, sponsored family, or refugees. Data from the federal government shows that approximately 300 immigrant physicians arrived in all of Alberta that same year.

Immigrant doctors represent a significant portion of family physicians and specialists in Calgary. Even more could be certified to practice as doctors or in other related professions, but face high financial and regulatory barriers upon arriving.

The federal government selects the majority of economic immigrants based on their work experience and education of applicants. Despite being selected for their qualifications, many newcomers find their work experience and education unrecognized upon arrival. This encourages many newcomers to take work for less pay, and jobs for which they are mismatched or overqualified. This is especially true for regulated professions, and in particular the medical field.

A foreign-trained medical doctor seeking to practice in Calgary must navigate a multi-step process involving up to four distinct medical bodies. This process involves three separate credential assessments (with the possibility of distinct outcomes), an official language test, two medical knowledge exams, and a Practice Ready Assessment, similar to a residency.

Some estimates have found that immigrant doctors may spend up to 42 percent of their annual earnings, and wait anywhere from 1-10 years to be recertified.

Currently, there are roughly 33 family doctors accepting patients for every 100,000 Calgarians. The mismatch between demand for healthcare and the supply of immigrant doctors may create medical “brain waste.” Long-term Calgarians as well as newcomers may benefit from initiatives to provide a clear and timely path to accreditation. COVID-19 is already influencing some bodies to consider what barriers to recertification are truly necessary. The British Health Secretary recently promised to “pick up” a proposal to expedite the qualification of refugee healthcare professionals. The Irish Medical Council is seeking refugees and asylum seekers with medical training to act as healthcare aids, temporarily waiving registration fees and expediting applications for those who wish to fully practice. Closer to home, the Governor of New York has issued directives allowing foreign-trained doctors to provide patient care. Alberta may wish to consider some of these proposals. The experience of refugee doctors with providing care under crisis conditions may prove invaluable.