

Qualified but Excluded: Dismantling Systemic Barriers in Foreign Credential Recognition and Employment



FIRESIDE CHAT PANELISTS



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Personal Journeys of Recredentialing in Canada

Question: *Can you please briefly describe your accreditation journey since arriving in Canada to where you are today, and highlight one or two key steps or moments that shaped your experience?*

Dr. Sana Omer: I am from Pakistan and lived in the Middle East (West Asia), before arriving in Canada in September 2019 — during COVID — with my children. Since the pandemic, it has limited my ability to contribute professionally, mainly because I was not licensed to practice medicine in Canada. During this period, I have been navigating the credentialing and licensing process with guided support from AIMGA (Association of International Medical Graduates of Alberta).

One of the biggest challenges that shaped my experience was **the financial cost** of getting reaccruited. I lived from paycheque to paycheque, and competing life priorities forced me to reschedule my exams based on my finances rather than my exam preparedness. **It took me about a year to gather the funds needed to register for and complete the required exams.** Canadian reaccruiting is even costlier than in the US. The application and exam fees were approximately \$6,000, making Canada one of the most expensive countries globally for physician credentialing. Because of these costs, I had to be strategic in deciding which exams to concentrate on based on what I could afford at the time.

Dr. Victor Bamisaye: I am not sharing my story as an individual story, but as a representative of many lived experiences similar to mine. A key difference in my journey was that I had access to and received the right information early on. In my first week of

arriving in Canada, I registered with AIMGA, which helped me map out my accreditation pathway step by step. Regardless of my two years of experience in psychiatry, I learned that this was considered insufficient in the Canadian context, meaning I would need formal retraining. AIMGA introduced me to Windmill, an organization that provided crucial financial support through loans to help international medical graduates cover exam and licensing costs, where I was granted a loan. So for me, **access to the right information and financial support sped up my accreditation journey.**

However, a particularly difficult moment came midway through my process when the government of Ontario introduced a mid-cycle policy change affecting immigrant IMGs' (International Medical Graduates) eligibility for residency programs. The Black Physicians Association of Canada and many other organizations successfully challenged the policy in court. This allowed me to keep pursuing licensure and residency in my chosen specialty. This prompted a deeper reflection: while Canada is known for its openness to newcomers, how meaningful is that promise if systemic inequities remain and policy shifts can unpredictably reshape access to opportunity?

Question: *As a foreign-trained lawyer, could you share a bit about your own journey navigating the licensure process and entering into practice as a lawyer? What was most challenging about the process for you personally?*

Kene Ilochonwu: I lived in Nigeria and Scotland before coming to Canada. The financial barrier to recredentialing led to family separation. Going back to school, even though I had years of work experience, took a heavy toll on my life. I initially focused on applying for jobs related to my legal background. One of the first roles I applied for was a policy analyst position within the government. At an early stage in the process, I received an email notifying me that I had been screened out. I followed up and raised a complaint to better understand the decision.

Through that process, I learned that my application had been excluded due to a legal federal government policy established by Supreme Court Jurisprudence, which gives Canadians citizens priority in certain public sector hiring processes. **Discovering this was a significant moment in my journey because it highlighted how immigration status and licensing intersect with employment access in ways that aren't always transparent.** Collective advocacy and public campaigns are the way forward to push for change.

“Starting Over”: A System of Uncertainty and Fragmentation

Question: *Looking back at the process now that you have successfully matched to residency, which stage of the journey was the most challenging, and why?*

Dr. Sana Omer: Coming to Canada felt like starting over for me—both personally and professionally. I had to unlearn and relearn many things, which required a great deal of

discipline, resilience, and adaptability. This unfair situation can either make or break a person with lifelong consequences. When combined with the financial pressures of the accreditation process, this made the journey particularly challenging.

But the most challenging part of my journey has been the separation from family and the uncertainty of the lengthy processes. I was made to run all over again and made to pay for it. In reflecting on the system, **I suggest that categorizing internationally trained professionals and setting a differentiation in exams, based on their prior experience and training,** rather than putting everyone through the same lane, or starting from scratch.

Dr. Victor Bamisaye: I lived and worked in several countries, such as Ukraine, Poland, Kenya, and Nigeria, before coming to Canada, so the experience of starting over was not unfamiliar to me. The most difficult part, however, was finding the right resources, because **there was fractured information and a lack of structured support to help with the transition.**

The question is not whether ITPs (Internationally Trained Professionals) can adapt, but whether adequate resources exist to support that adaptation. I consider myself fortunate that I contacted AIMGA as soon as possible. I advocate for the following of a uniform federal process. An end-to-end plan and international provisions can help internationally trained professionals integrate socially and economically, which eases the burden of starting over and makes an enormous difference, as well as helping the Canadian economy.

Question: *As someone who recently navigated the system, what has felt the most uncertain for you in the process?*

Dr. Victor Bamisaye: My greatest uncertainty came when the government of Ontario introduced a mid-cycle policy change affecting IMG eligibility for residency programs. Although the courts ultimately allowed IMGs to continue in the process, many candidates had already abandoned their applications, and their hopes for that cycle were effectively lost. Additionally, Calgary—where I have since settled—does not have a spot for IMGs to train as psychiatrists, which is something I hope changes in the near future.

That experience reinforced the importance of speaking up, because **advocacy truly does influence outcomes and bring about change.** It also shows that the fight gets easier if it is fought together, as the sharing of lived experiences impacts the listener beyond the simplicity of the shared facts.

Strategic Imperatives for Equitable Systems

Question: *From your perspective, what needs to happen to make sure the committee's recommendations actually lead to real change for internationally trained professionals,*

instead of just staying as policy?

Kene Ilochonwu: The provincial government needs to be serious about the committee recommendations; otherwise, nothing will change the regulatory bodies. The committee submitted 11 policy recommendations to the government, one of which includes limited-scope licensing. An example of these absurd policies includes the need to redo English language tests every two years. To illustrate the inconsistency in the system: When I immigrated to Canada, I did not have to take an English language exam like IELTS. I simply wrote an essay demonstrating my ability to communicate effectively in English.

As a solution, internationally trained doctors, who are still awaiting their credential recognition, can work as medical assistants. This will help them to stay connected to their field of expertise, and the Canadian health system would benefit from their work experience because they would be better at their work than fresh medical assistant graduates. **What is needed now is genuine commitment — both from provincial governments and regulators— to implement the recommendations with the seriousness and accountability they deserve.**

Question: *Based on your experience as an FCAC member, what real progress have you seen, and who should be responsible for making more progress happen? Who has the most power to make this happen?*

Kene Ilochonwu: I have seen very little to no progress in this matter so far. This shows that change requires persistent advocacy. We, discriminated individuals and their allies, must continue speaking out, and issue-based strategic voting is the only way forward to bring any change and push for meaningful reform.

Question: *From the perspective of the Alberta Foreign Credential Recognition Advisory Committee, how do the recommendations reflect the broader systemic barriers experienced by internationally trained professionals from regulated professions? How hopeful are you that we will move forward in this area?*

Deidre Lake: The recommendations of the FCAC are not surprising for anyone familiar with the Foreign Credentials Recognition work. **Credential recognition is not solely the responsibility of regulators — it is an entire ecosystem involving multiple steps, actors, and systems that sustains the problem.**

Everyone has a role to play. **One key recommendation is competency-based assessment.** Currently, physicians applying for residency must complete multiple assessments to prove competency. There are three different assessments, for example, to assess professional attributes and if one does not match on their first attempt, they must repeat these exams year after year until they either match or give up on matching. If we were to combine competency-based assessments with limited-scope licensure opportunities like what they've done for IENs, this approach would assess individuals

where they are in their careers, allowing for better utilization of their skills within the healthcare system.

I advocate for better integration/transition pathways for internationally trained professionals. Canadian-born citizens do not understand the sacrifices and struggles foreign-born Canadian residents face to establish themselves and contribute to the economy. I was picked up from the airport by an Uber driver, who was an internationally trained doctor who had worked with the WHO and is an AIMGA member. He wondered why he could not do lower-risk medical work, like immunization, instead of deskilling himself by driving an Uber. The medical field has a long history of exclusion, and I see that happening again in another form today. So, I do advocate for competence-based assessment and for building an ecosystem to support integration in a true sense.

Pathways to Better Integration in Canada

Question: *Based on your journey over the past 7 years, what processes or policies would you like to see changed based on your lived experiences?*

Dr. Sana Omer: There is a strong need for a structured bridging program for IMGs.

While Canadian experience is often required, there is no consistent or formal pathway to help IMGs gain that experience meaningfully. Although the pressure of attending networking events resulted in fatigue, I appreciated the mentor connections made through AIMGA and think that internships or clinical observerships can help more than attending networking events.

A well-designed bridging program would support integration and help IMGs contribute more quickly to the healthcare system and reduce the overall cost to the government. More avenues like training support, exam prep support, mentorship, interview prep. can help achieve better and faster integration. These professionals are already trained and experienced, and many do not need to incur additional debt to repeat medical education.

Question: *Based on the committee's findings and recommendations, what policy or structural changes do you believe could make the most immediate difference in improving pathways for internationally trained professionals, particularly in professions like medicine?*

Deidre Lake: Equal access given to everyone is essential. Right now, there are two tiers of physicians in Canada: Canadian-educated and internationally educated. **Treating ITPs with respect costs nothing.** These professionals are not a financial burden on governments because they are already educated. Canada did not invest or pay for the education of ITPs, but it can benefit from their services and expertise by giving them fair access to the system. Investing in ITPs is worth the return on Investment for the Canadian economy.

Residency seats for IMGs are extremely limited and vary widely by province. Expanding these opportunities would make a meaningful difference. The system is set up for Canadian graduates and gives them favourable access, as Canadian medical graduates can apply to all seats across Canada, whereas IMGs are limited by the number of seats they can apply to, areas of specialty, and where they reside, as programs are placing more and more restrictions on eligibility.

Eligible IMGs should be able to apply to all IMG designated seats across Canada. I'd argue, if we are truly interested in the best person for the position all those eligible, meaning both CMGs and IMGs, would be able to apply to all available seats, and we'd remove the 2-tiered system we have in place currently, as all applicants must be permanent residents or citizens of Canada to apply. IMGs are also subjected to a return of service following their training as one of the strategies to get physicians where they are needed.

Alberta, in particular, is a leader in the licensing process compared to other provinces, which is important to highlight given the number of Associate Physician and Practice Ready Assessment opportunities there are available here for IMGs. There is more to be done, but Alberta is continuing to make positive strides forward.

Question: *We've heard powerful perspectives tonight—from lived experience to institutional and policy viewpoints. If you could identify one structural change, whether in policy, regulation, or employment practices, that would significantly improve access and fairness for internationally trained professionals in Canada, what would that change be and why?*

Dr. Sana Omer: The doctor-to-patient ratio should be examined the same way student-to-teacher ratios are. **Unnecessary repetitive English language exams every 2 years, costly credentialing exams, and lengthy processes lead to the systemic deskilling of ITPs.** Simplifying credential recognition, reducing costs, and streamlining licensure would improve outcomes not just for physicians, but for the healthcare system overall.

Dr. Victor Bamisaye: There is a need to increase the number of residency seats and create more slots for ITPs, and it won't take away from the Canadian Medical Graduates slots. This action would have an immense return on investment for the Canadian economy. **Canada's population is growing, and opportunities should reflect that reality.** For example, the University of Alberta has typically only offered one to two psychiatry residency slots for IMGs per year.

Kene Ilochonwu: Every committee needs an Ombudsperson for ITPs, a neutral advocate whose role is to support and safeguard internationally attained professionals through decision-making processes, so that the advocacy for equitable access is not left to non-profits alone.

Deidre Lake: I agree with Kene, an ombudsperson is needed for both individuals and

system accountability. In the most recent residency cycle, administrative omissions prevented 40 applicants from even being considered in Alberta in an application process that has been described by applicants as The Matrix as it involves multiple portals, deadlines, and documentation. After advocating for those applicants, I was removed from the committee - the AIMGP Steering Committee- an outcome that raises serious questions about accountability and transparency within the system, particularly since I was invited to the committee for the purpose of advocacy and as a non-voting member.