Migrant Brain Drain:

Canada's Problem with International Medical Graduates

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Introduction

In our current post-industrial society, one central immigration issue that often gets dismissed is how low international transferability of skills affects the labour market. Although this is not a vital flaw that only plagues Canada's immigration policies, it is important to note that they have done very little to provide for these highly skilled immigrants that they depend on. International education and experiences from developing countries are often dismissed by employers and Canada's public policies. Despite the current labour market necessitating highly skilled immigrant workers, the hurdles that they must jump to gain the same amount of hierarchical position is of an improbable standard. This then results in brain drain, also known as brain waste. Although brain drain has always been a problem since the rise of globalization, it can be said that the new century has experienced this phenomenon more than previous generations (Wanner 2001, 417). So, this begs the question, how has brain drain affected skilled migrant workers in Canada? This essay is meant to examine the effects of low international transferability of skills and how it affects not only the migrants but Canada as a whole. Although it affects most industries, ultimately, the main discourse shall focus on Canada's immigration policies and its lack of support towards healthcare professionals.

What is Brain Drain?

To clarify, brain drain is not a Canadian-specific issue. For brain drain to occur, there must be some pull or push factors at play. Brain drain occurs when highly skilled immigrants who come from low-income and middle-income countries migrate to more developed, higher-income countries (Lofters et al. 2014, 81). What is interesting about Canada, in comparison to other countries, has a rather low density of physicians, with around 210 per 100,000 people (Lofters et al. 2014, 82). Although it is above developing countries, it is deemed

low density based on the economic status of the country. So, knowing that Canada has these problems, they resort to creating pull factors to entice internationally trained highly skilled migrants. They are provided with the hope of financial remuneration, better health care infrastructure, and living and working environments (Lofters et al. 2014, 82). This is unfortunately not the whole truth. Canada has all those pull factors but attaining them as an immigrant is a difficult task. When highly skilled immigrants move to Canada in hopes of transferring their skills, they are often let down due to brain drain. Their skills are often underutilized or not utilized at all when applying for jobs in the new host country. While brain waste is more abundant in the healthcare field, other job fields perpetuate a similar cycle. In the ever-growing knowledge economy, the importance of experience and credentials has reached an all-time high (Wanner 2001, 417). As a consequence, because of the connotations that lower-income countries have, employers do not see the true value of their skills. For example, when new migrant physicians move to Canada with the intent of being a doctor, one of the many requirements is doing 2 years of residency. That requirement is not practiced in countries outside of Canada; thus, immigrant physicians must compete with other Canadian medical professionals to attain these coveted residency spots. According to the Canadian Federation of Medical Students, “Provincial and territorial Ministries of Health determine the total number of residency positions available, the specialties in which they are available, and the proportion open to CMGs [Canadian medical graduates] versus IMGs” (Mann 2021). In 2011, amongst 1,800 applicants in Ontario, there were only 191 available residency spots available (Lofters et al. 2014, 82). Only 6% of non-Canadian immigrants found success in attaining those spots (Lofters et al. 2014, 82). The mixture of prejudicial attitudes, discriminatory practices, and the lack of government accommodation results in these migrants losing out on high-paying positions. Preventing these

immigrant workers from attaining jobs that match their skill levels, not only does it financially affect the worker, but it prevents them from fully contributing to Canada's labour market. These migrant workers are then left with lower-skilled jobs that Canadian natives refuse to take up, thus wasting their skills. Later in this essay, examples will be provided to show how this affects the individual and Canada as a whole.

Understanding Brain Drain Through Different Perspectives

When studying immigration policies, it is easy to get caught up with the statistics and qualitative data that have been provided to you. These immigrants can often be dwindled to how they can contribute to Canada's economy. It is important to understand that brain drain impacts not only the financial stability of an individual but also induces negative mental health trends. In a study conducted by a team of researchers at the University of Toronto, they surveyed hundreds of immigrant healthcare physicians and workers searching for healthcare positions in Canada. The initial pull factors that enticed them to immigrate to Canada included: "socioeconomic or political situations in their home countries (50.9%); better education for children (43.3%); concerns about where to raise children (40.0%); quality of facilities and equipment (23.6%); and opportunities for professional advancement (23.4%)" (Lofters et al. 2014, 84). Immigrants can often be reduced to statistical data sets, but it is important to note that these people are multifaceted. The current narrative that these people are solely here to steal jobs is objectively false and is often used as a scare tactic by conservative politicians who want to push for tighter immigration policies. Canada has always been built on immigrants and their contribution to the labour market. Alas, the Canadian government has provided this façade of a life that immigrants could receive but has failed to deliver.

Later in the survey, a portion of the respondents was asked if they had any extra comments regarding Canada's immigration policies. Most of the participants focused on how difficult it was to immigrate to Canada. Some personally felt as if "…they were misinformed as to their actual chances of obtaining a residency position in Canada.…many reported assuming that they would easily be able to find employment in medicine and expressed anger that their assumption was incorrect" (Lofters et al. 2014, 85). Several stated that they were ashamed of taking low-skilled jobs like delivery services and taxi driving instead of being in the healthcare field that they always wanted to be a part of. One female respondent expressed that "... due to survival jobs they lose their skills and get trapped into vicious survival cycles. They get depressed, they get diabetes and other diseases. They come to treat other people but they get sick themselves" (Lofters et al. 2014, 86). These highly skilled workers have resorted to working at gas stations to take care of their families since they struggle with finding residency spots. One response showed clear regret in immigrating to Canada:

> ... issuing a visa to an IMG like me to work as a security guard is simply a mockery of the immigration dream. I immigrated to ensure a secure future for my two daughters who lost their mother in 2009. By immigrating to be a security guard at the age of 52, I have betrayed my poor nation, which made me a doctor with taxpayers' money. Also, by throwing into the garbage my long 25 years of experience and knowledge of medicine I have committed a crime to myself. [Male, aged 50+ years] (Lofters et al. 2014, 86).

But as previously stated, immigrants are multifaceted. Not all of them feel as negatively about the existing policies compared to their counterparts. Some say they are grateful for the opportunity since it is a better situation than they would have back in their home country. The main consensus from these respondents is that they wish that there could be agencies that would

help them navigate through the healthcare system, as well as more transparency with the reality of immigration as a healthcare worker.

Another aspect of brain drain that should be mentioned is the racial aspect of job-education mismatch and wage discrimination. In a study conducted in 2019, three researchers examined the vertical (overeducation), horizontal (relatedness between educational field and job), and full mismatch (both horizontal and vertical) amongst male racial minorities, white native-born Canadians, and white immigrants (Banerjee et al. 2019, 647). What they concluded was that these three variables do not have to explain a large proportion of the immigrant/native-born wage gap (Banerjee et al. 2019, 666). They believe other factors such as "devaluation of foreign work experience, lack of language fluency, and employer discrimination" play just as much of a part in the wage disparity (Banerjee et al. 2019, 666). It can be understood that language boundaries are much more important than the ability to do a job well. While vertical and horizontal mismatch does not disproportionately affect immigrant workers, full mismatch does have a detrimental effect on racial minority immigrants. This shows that full mismatch has the most significant effect on highly skilled racial minorities and their ability to economically integrate into Canada (Banerjee et al. 2019, 667). These results are not news. It only reinforces previous studies conducted by other researchers in 2016 (Banerjee et al. 2019, 66). The problem is that despite Canada being perceived as progressive as opposed to their North American neighbors, these statistics prove that there has been little to no positive development within Canadian public policy and employer bias.

From these conclusions, it is to be understood that brain drain is not only a policy issue in Canada but an assimilation issue due to existing personal prejudices imposed on racial minorities. The continuous theme amongst both research studies presented relates to Canadian

natives discounting foreign education and work experience. Although Canadian policies have a significant role in helping these immigrants attain jobs in their fields, there are internal biases within employers that affect immigrant brain waste. Unnecessary requirements provided by Canada that devalue international education and work set a precedent that validates further problems between the employer and a highly skilled immigrant. If the Canadian immigration system can question the validity of international work experience and education, why can't employers and businesses do the same? All of this accumulates to brain drain as highly skilled immigrants must settle for less than what they are worth.

Highly Skilled Healthcare Workers and the COVID-19 Pandemic

When the COVID-19 pandemic inevitably hit Canada, one of the biggest problems they faced was the doctor shortage. This severely impacted both populous provinces and the rural areas of Canada. Because the pandemic warranted emergency healthcare assistance, one would think that this could expedite the credential process for immigrant physicians coming into. Unfortunately, that was not the case for most of the provinces. The federal government does not have jurisdiction over healthcare policies and responses. These laws are under provincial jurisdiction, which is why the COVID-19 response and healthcare debacle were different throughout the nation. During the pandemic, British Columbia and Ontario adopted the associate position model which was first piloted in France (Macdonald-Laurier Institute 2020). The associate position model entails that when a healthcare professional with international experience wants to practice in these provinces, they are provided with a restricted license (Macdonald-Laurier Institute 2020). They can attain positions in hospitals that are like associate positions (Macdonald-Laurier Institute 2020). This means that they are allowed to give the same care to patients as regular doctors but under the supervision of a fully licensed professional

(Macdonald-Laurier Institute 2020). In picture picture-perfect world, this might have led to validating these migrant physicians' credentials. Unfortunately, that is not the case.

Even during the pandemic, migrant physicians, who wanted to help with doctor shortages, were still bound by Canada's public health policies. The process to attain certification is needlessly long, expensive, and burdensome for international medical graduates (or IMGs). For an IMG, becoming a practicing doctor requires a mandatory written and practical exam that can cost between $1,500 to $2,500, a difficult English fluency test, and 2 years of residency (Khan 2021). The College of Physicians and Surgeons of Ontario claimed that if these requirements were met as well as confirming that they have secured employment at a hospital, they will then grant IMGs full licenses (Warburton 2020). According to Robert Falconer, a research associate at the University of Calgary, attaining all these credentials can take from 2 to 10 years (Macdonald-Laurier Institute 2020). In addition to that, it can cost as much as $28,000 (Mann 2021). It is noted that IMGs coming from the United States, Australia, the United Kingdom, and Ireland do not need to complete mandatory written and practical exams as well as an English fluency test (Macdonald-Laurier Institute 2020). These exams mainly target non-English speaking countries. During the pandemic, the process was not as easy as expected despite being a national health emergency. In Ontario, to be approved for a thirty-day license, applicants must have a secured position in a hospital (Mann 2021). In one instance, an IMG called human resources to attain a position at the Queensway Carleton Hospital and the University of Ottawa hospitals (Mann 2021). Each facility that he applied to said that IMG positions were not open. Queensway Carleton Hospital confirmed that they did not hire physicians under short-term licenses (Mann 2021). By the summer of 2020, it was reported that

only two dozen IMGs were licensed and hired by hospitals in Ontario (walrus). In British Columbia, there were zero IMG hirings (Mann 2021).

Trying to justify the lack of accommodations these IMGs attain in Canada is rather difficult. Stating that it is necessary to screen and certify IMGs does not feel like a substantial enough reason to refuse their help during a dire situation. To understand the extent of such negligence, we shall compare Canada's doctor shortage response to other developed countries. In an interview with Robert Falconer, he gave a rundown of how several countries tackled staff shortages in hospitals. In New York and New Jersey, the governors of both states allowed IMGs to provide patient care without a license or very minimal requirements. In New York, if an IMG has one-year post-graduate training, they are allowed to be on the frontlines. In New Jersey, as long as they are licensed in a different country they do not need to be reaccredited to work in hospitals. Another example he provides is Ireland's response. The Irish Medical Council waived the registration fees for immigrants. While IMGs are waiting for the recertification, they are not just left on standby. Hospitals hire them in lower-tier associate positions before they are fully licensed, thus minimizing brain waste. They also went out of their way to expedite each certification as it was a national priority. This is reflective of the certification process of Sweden and Norway. Norway's process only takes around 60 days while Sweden is not far off with a total of 120 to 150 days. IMGs who want to work in rural areas are also prioritized as they have less physician-to-patient density.

The major problem that plagues the current Canadian public health system is the provincial reluctance to hire IMGs in hospitals. It was a detriment during the pandemic, and it will inevitably be a larger problem in the future. There have been recent studies that confirmed that 170,00 patients in Ontario lost their family doctors in the first six months of the COVID-19

pandemic (DeClerq 2022). The Royal Bank of Canada (RBC) confirms that Canada will be short of approximately 44,00 physicians before the end of the decade (Ovid 2022). With 17 Canadian medical schools only limiting 3,000 admissions per year, there needs to be a shift towards IMGs. Unfortunately, there has been a grossly disproportionate number of IMGs that do not end up with residency positions. According to RBC, “more than 90 per cent of the roughly 2,100 applications who went unmatched in the past three years were international medical graduates” (Ovid 2022).

Conclusion

Reforming a severely broken system should be quite easy when looking at the facts of the matter. Allocating more residency positions to IMGs is no longer an option but a must. Compared to other social democratic countries, Canada has been behind in attaining and maintaining IMGs within the public health sector. It is detrimental that Canada not only attains these workers but also makes sure they stay for the long term (Pires 2015, 3). Whether it is to provide manpower during public health emergencies or increase healthcare workers in rural areas, it only leads to a net positive for individuals and Canada as a whole. At the same time, these atrocious fees that IMGs pay to get recertified need to be waived or discounted. It is unfair for these immigrants to be on the receiving end of a financial burden when they come to help with a crisis that Canada itself made. Brain drain needs to be addressed in Canadian public policy as it inhibits highly skilled immigrants from reaching their full potential. This is harmful to an individual’s mental health but presents a much larger structural problem within the Canadian immigration system.

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