

# Pathways for International Educated Health Care Professionals



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## LOCATIONS

Across Canada



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## Executive Summary

The World Health Organization estimates that the global shortage of health-care workers will reach 14 million by 2030. To address this shortage, the World Health Organization has promoted the integration of internationally educated health-care professionals (IEHPs) into health-care systems. IEHPs are skilled workers who have completed their education, training and accreditation in a country other than the one in which they are seeking to practice. IEHPs are crucial to addressing labour shortages and enriching the quality of care. In Canada, IEHPs make up 13% of those with a postsecondary education in health-related fields, but these professionals are underrepresented and underutilized.

IEHPs face a wide array of societal-, organizational- and individual-level barriers that inhibit their ability to continue in their careers in Canada. These include Canada's decentralized health-care system, which creates inconsistent credential recognition and licensure requirements across provinces and territories. At the organizational level, additional licensure regulations, limited residency or clinical placement opportunities, and the persistent demand for "Canadian experience" create significant hurdles. Organizations' weak equity, diversity and inclusion (EDI) practices and IEHPs' experiences of racism and discrimination further affect hiring, promotion and retention. At the individual level, barriers include challenges with language proficiency, adapting to Canadian sociocultural and professional norms, and the personal and emotional strain of migration and disrupted careers.

This report references both Canadian and international examples of best practices to show how IEHPs can be supported in Canada's health-care workforce. Countries that have made significant progress in IEHP integration, such as Australia, Ireland and the UK, have adopted innovative strategies to streamline credential recognition and create structured pathways for workforce integration. For example, in Australia, strong centralized leadership, employer-driven selection, and demand-driven migration, as well as investment in bridging programs and early credential recognition mean fewer than 5% of internationally trained nurses and 10% of doctors earn below the median income. This can be contrasted with Canada, where 70% of internationally trained doctors arriving between 2009 and 2016 earned less than half the median income of their Canadian-born peers.

In Canada, a growing number of organizational and regulatory innovations have aimed to address the opaque, fragmented and complex licensure process, such as pre-arrival preparation, mutual recognition agreements, competency-based credential recognition, and employer-engaged bridging programs and practice-ready assessments that enable IEHPs to build skills and demonstrate workplace readiness. Health-care employers have also taken important steps, including fostering diverse leadership and adopting inclusive policies; implementing human resource strategies such as targeted recruitment, mentorship and extended orientation; and building inclusive workplace cultures that strengthen retention and engagement.

Based on the research, the report recommends strengthening and scaling government initiatives to rationalize licensure requirements and refine targeted immigration approaches, with regulators focusing on demonstrated competencies rather than place of training. Employers are encouraged to adopt wraparound integration methods and embed robust EDI strategies to foster inclusive workplace cultures that recognize the contributions of IEHPs.

## KEY INSIGHTS

- 1** While 76% of IEHPs are employed, only 58% work in roles related to health care, with many taking on positions that do not match their expertise.
- 2** IEHPs face a complex set of barriers that must be addressed by all stakeholders in the health-care ecosystem including governments, regulatory bodies and employers. Significant barriers include inconsistent licensure requirements, systemic discrimination against IEHPs that affect their workplace experiences, and a lack of EDI-focused programming to help IEHPs transition into Canadian workplaces.
- 3** Both Canadian and international best practices provide strong examples of how IEHPs can integrate more seamlessly into the health-care system. International policies from countries like Australia, Ireland and the UK suggest structural changes for validating the credentials and qualifications of IEHPs, while organizational best practices from health-care employers suggest a strong need for EDI to be embedded into organizational policies and practices.

The world is facing a global shortage of health-care workers, which is projected to reach 14 million by 2030 according to the World Health Organization. Part of the World Health Organization's global strategy on human resources for health is to incorporate effective health human-resource planning strategies, which includes leveraging the potential of IEHPs.

Despite shortages in Canada's health-care workforce, IEHPs face significant barriers that prevent their integration. Systemic discrimination remains a major obstacle, with Black and racialized IEHPs experiencing inequities in employment and advancement. This is a significant issue given that most IEHPs (80.6%) are racialized, with the largest ethnic groups being Filipinos (25.5%) and South Asians (21.8%), followed by Chinese, Black, Arab

and West Asian populations.

Canada ranks seventh among member countries of the Organisation for Economic Co-operation and Development (OECD) for IEHP integration. Internationally trained physicians in Canada made up 24% of licensed physicians in 2021, compared to the OECD average of 18.9%. There has been progress in recruiting internationally educated nurses, but the share of internationally educated nurses is 8.8% in Canada, which is only slightly above the OECD average of 8.7%.

Canada lags behind other countries both in employing IEHPs and in facilitating IEHPs' pathways to employment. For example, in Australia, 10% of internationally educated medical degree holders earn below the median income. Compare this to Canada, where 70% of IEHPs earn less than one-half of the median income. Similar to Australia, Ireland is a leader in attracting and employing international medical graduates, who make up more than 40% of the country's physicians. Ireland's success stems from strategic policies and practices including international recruitment campaigns and streamlined licensure processes.

This report underscores that Canada has yet to fully harness the skills of IEHPs despite urgent health-care shortages. Drawing on both international and Canadian best practices, it identifies strategies to strengthen pathways for IEHP integration and ensure the health-care system is better prepared to meet future demands.



## **What We Investigated**

This report, prepared with the participation of organizations including Black Physicians of Canada, the Canadian Black Nurses Alliance and World Education Services, provides a comprehensive overview of the current state of IEHP integration in Canada and offers best practices that can further support integration. Drawing on existing data from Statistics Canada and the Organisation for Economic Co-operation and Development, we offer an international comparison of how Canada is faring compared to other countries in IEHP integration. This report draws on previous research to investigate the barriers faced by IEHPs, and offers Canadian and international examples of innovative, effective strategies for integration. The report concludes by using these findings to outline targeted, evidence-based recommendations for supporting IEHPs in Canada at the societal, organizational and individual levels.

## **What We're Learning**

As of 2021, IEHPs accounted for 13% of the Canadian population that has postsecondary education in a health-related field. However, within this population, only 58% of those employed are working in health occupations.

IEHPs in Canada face a complex network of societal, organizational and individual barriers to integration. Societal barriers include immigration policies that affect IEHPs' pathways to employment. As well, licensure regulations are uneven due to Canada's decentralized health-care system, making integration much more difficult. At the organizational level, Canada's evaluation of IEHPs' international credentials is inconsistent, and bridging programs lack the components to ensure licensure. Different health-care professions also have their own barriers. For example, physicians, nurses and pharmacists all face different barriers in recertification and licensure processes, as well as residency and placement opportunities. Systemic discrimination in Canadian workplaces present obstacles, such as employers' insistence on Canadian experience during the hiring process and discriminatory behaviour toward IEHPs in the workplace. For IEHPs at the individual level, barriers like language proficiency, cultural adaptation, and personal and emotional loss all pose significant challenges to integration.

Both Canadian and international examples of successful integration serve as best practices for IEHP integration. For example, Ireland has streamlined licensure regulations while the UK has developed bilateral agreements with several countries to recruit IEHPs. At the organizational level, regulatory innovations, like pre-arrival preparation, mutual recognition agreements and supervised licensing categories, have streamlined licensure processes, and embedding EDI into health-care workplaces has targeted the recruitment and retention of IEHPs. At the individual level, program delivery has carefully considered the needs of IEHPs through mentorship programs, trauma-informed program delivery, wraparound supports and soft skills training, as well as by leveraging technology in training.

## ★ Why It Matters

While IEHPs have great potential to contribute to Canada's health-care system, they face significant barriers that hinder their ability to enter the health-care workforce. Not only can IEHPs strengthen Canada's health-care system, they can deliver more inclusive care that meets the needs of diverse populations.

At the societal level, governments need to take a dual perspective—ensuring the quality and accessibility of health care while also removing unreasonable barriers for IEHPs, to safeguard against their exploitation. Licensure requirements should be standardized across provinces and territories to promote consistency, fairness and transparency in the recognition of international qualifications. The federal government should also support bridging programs, work-integrated learning opportunities and practice-ready assessments that provide demonstrable results. Furthermore, a national data strategy using disaggregated data should be developed to identify systemic gaps and inform more responsive program and policy development.



### **State of Skills: What Works for Newcomer Integration**

Despite the overall success of Canada's immigration system, a number of challenges persist. When compared to other nations, labour market mobility for newcomers in Canada is not as strong as other dimensions of migrant integration.

Interventions at the organizational level should target two major areas: licensure and enhancing EDI among health-care employers. Best practices for licensure include the following:

- investing in pre-arrival programs;
- developing mutual recognition agreements;
- increasing employer engagement in bridging programs;
- expanding the use of temporary or conditional licences to allow IEHPs to practice during the licensure process; and
- adopting competency-based credential recognition models over rigid equivalency standards.

Enhancing EDI among health-care employers involves six key dimensions:

- increasing IEHP representation in leadership;
- adopting EDI-focused human resources practices;
- fostering inclusive workplace cultures;
- using metrics and benchmarks to assess the progress of EDI initiatives;
- integrating EDI across core organizational functions; and
- building partnerships with to support IEHPs' career progression and retention in the workforce.

At the individual level, a wide variety of initiatives can promote the integration of IEHPs, including mentorship programs and wraparound supports. Training programs should also embed trauma-informed principles into their delivery, leverage technology to provide more tailored support, and integrate structured soft skills development in the curricula.

## **What's Next**

The Diversity Institute is continuing to work with a range of professional organizations to highlight barriers and identify opportunities, as well as explore ways to replicate and scale best practices.

Have questions about our work? Do you need access to a report in English or French? Please contact [communications@fsc-ccf.ca](mailto:communications@fsc-ccf.ca).

## How to Cite This Report

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