MALATEST

Future Skills Centre

Health English Language Pro: Leveraging a Physician-Driven Response to Medical Communication Skills Development for Newcomer Physicians

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FSC is a forward-thinking centre for research and collaboration dedicated to preparing Canadians for employment success. We believe Canadians should feel confident about the skills they have to succeed in a changing workforce. As a pan-Canadian community, we are collaborating to rigorously identify, test, measure, and share innovative approaches to assessing and developing the skills Canadians need to thrive in the days and years ahead. The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint ADE, and Signal49 Research.

Executive Summary

Newcomer physicians face systemic barriers to employment into and professional inclusion from Canadian healthcare systems. In addition to the licensing requirements of provincial regulatory bodies, newcomer healthcare professionals face challenges in getting employers to recognize their international credentials and work experience. Newcomer physicians that are unable to continue practising medicine after immigrating often cope with identity loss, status anxiety and other psychosocial barriers to success.

ACCES Employment developed the Health English Language Pro program to partner experienced volunteer physicians practicing in Canada with newcomer physicians to help them develop communication competency, soft skills and professional connections to succeed within Canada's healthcare systems.

The Future Skills Centre funded the Health English Language Pro: Leveraging a Physician-Driven Response to Medical Communication Skills Development for Newcomer Physicians project from June to November in 2025. This project tested training and engagement frameworks with 60 volunteer physicians and 60 newcomer physicians and gathered additional feedback about the experiences of internationally trained physicians through community consultations and interviews.

R. A. Malatest & Associates Ltd. (Malatest) conducted an independent rapid evaluation of the project to assess the extent to which project objectives were met and, where possible, to assess the impact of the project activities on the short-term outcomes associated with the project. This evaluation analyzed data collected through surveys of program participants and volunteers, community consultations with internationally trained physicians, and interviews with program participants, staff and advisors.

The program is well designed to address barriers newcomer physicians experience related to communication skills, cultural understanding and professional connections to the Canadian medical community. The program facilitated fruitful partnerships between newcomer and volunteer physicians and effectively supported transitioning newcomer physicians into the Canadian workforce.

Key Insights

- Programs such as this are necessary across Canada due to the need for physicians, the barriers faced by newcomers and the decentralized nature of Canadian healthcare systems.
- Less than a third of Canada's 40,000 permanent resident internationally trained physicians are employed as healthcare professionals, while six million Canadians lack regular access to primary care.
- All newcomer physicians surveyed reported they were better connected to the medical community after participating in the program; whereas before almost half (45%) of newcomer physicians reported not being connected the medical community in Canada to any extent.
- Newcomer physicians increased their workplace readiness and gained professional connections.

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1. Introduction

1.1 The issue: Barriers to employment for internationally trained physicians

Internationally trained physicians (ITPs) face systemic barriers to employment and professional inclusion in Canada.[1] ITPs face challenges in getting employers to recognize their international credentials and work experience. Before they can work in their fields in Canada, ITPs are required to take expensive licensing exams and have limited access to residency placements in addition to immigration processes.[2] Even if they can afford them, there are bottlenecks that limit the numbers that can join the medical community. Provincial medical licensure processes restrict the pool of ITPs that can receive licensure and enter practice.

Note on terms:

- **Internationally trained physicians (ITPs):** ITPs are physicians that completed their qualifying medical training outside Canada.
- **Newcomer physicians:** ITPs that arrived in Canada within the last five years.

In this report, "newcomer physicians" refers to those involved in the program, while "ITPs" refer to internationally trained physicians more generally.

In some provinces, these bottlenecks are growing tighter. In 2025, the Government of Ontario aimed to further restrict access to residency programs to those who attended high school in Ontario, virtually eliminating access to the main path toward licensure for ITPs in the province.[3]

Some groups of ITPs are particularly disadvantaged to obtain employment as physicians. These groups include women, racialized groups, especially newcomers from Asian countries and Latin America, those whose first language is neither French nor English, and those over 50.

When ITPs obtain employment in healthcare, they often face underemployment.[4] ITPs that are unable to continue practising medicine after immigrating often suffer identity loss, status anxiety and a range of other psychosocial barriers to success.[5]

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[1] Statistics Canada. (2023) "Characteristics and Labour Market Outcomes of Internationally Educated Health Care Professionals in Canada" www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/characteristics-labour-market-outcomes-internationally-educated-health-care-professionals-canada.html.

[2] Canadian Institute for Health Information (2024) "Internationally educated health professionals" www.cihi.ca/en/the-state-of-the-health-workforce-in-canada-2022/internationally-educated-health-professionals

[3] Nicholas Keung (2025) "'Discriminatory and devastating': New Ontario rule for medical residency that would exclude most immigrant physicians sparks outrage" Toronto Star. 16 October 2025. www.thestar.com/news/ontario/discriminatory-and-devastating-new-ontario-rule-for-medical-residency-that-would-exclude-most-immigrant-physicians/article_efa7668a-1ad9-4eba-ae6f-9f1f6290ca6f.html. This action has since been stayed by court order.

[4] Turin TC, Chowdhury N., Lake D. (2023) "Alternative Careers toward Job Market Integration: Barriers Faced by International Medical Graduates in Canada" International Journal Environmental Research and Public Health. 20(3):2311. doi:10.3390/ijerph20032311.

[5] C. Goodfellow, S. Zohni, C. Kouri (2023) "A Missing Part of Me:" A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals [Final Report]. Ottawa, ON: National Newcomer Navigation Network.

ITPs pass rates required for licensure in Canada trend below those of Canadian-trained physicians.[6] While some ITPs may need to build technical skills before obtaining licensure, communication and cultural differences are also a factor and often fall outside the purview of employment programs and onboarding practices in healthcare. Soft skills such as interpreting nonverbal communication, professional interaction, and cultural safety for Indigenous and other patients in Canada can differ from ITPs country of origin and impede their integration into Canadian healthcare systems.[7]

As a result of these barriers, Canadians are prevented from receiving the full benefit of ITPs' skills. As more than six million Canadians lack regular access to primary care,[8] employing more ITPs could significantly add to healthcare capacity to meet Canadian's needs. Less than a third of Canada's 40,000 internationally educated permanent resident physicians are employed in professional healthcare occupations.[9]

> "We would like to become part of the solution" (ITP in Winnipeg community consultation)

1.2 Project description: A professional language assistance and partnership program

ACCES Employment (ACCES) is an Ontario-based charitable organization that helps people from diverse backgrounds overcome barriers to employment and integrate into the Canadian job market. ACCES launched the Health English Language Pro (HELP) program in 2024. The program started as a volunteer initiative with Dr. Eva Grunfeld. Dr. Grunfeld's rewarding experience of helping a Syrian refugee prepare for licensure in Canada inspired her to create a program to support ITPs from all corners of the globe.[10] After connecting with ACCES Employment, ACCES and Dr. Grunfeld worked closely with a range of medical community stakeholders, including volunteer physician advisors, to develop the HELP program.

The HELP program aims to assist newcomer physicians by increasing fluency in English language medical terminology through engagement with volunteer physicians. Rather than focusing on licensing requirements, the program develops language and soft skills related to communication and cultural

www.newcomernavigation.ca/en/about-us/resources/documents/SiteReport-Feb2023.v5.pdf; Jelena Zikic, Soodabeh Mansoori & Viktoriya Voloshyna (10 Jul 2024): Alternative career pathways of skilled migrants: looking for new meanings amid starting again, European Journal of Work and Organizational Psychology, DOI: 10.1080/1359432X.2024.2376297.

[6] Age appears to be a factor in success rates for residency programs but could also be a proxy for cultural adaptability. See Lawrence E.M. Grierson Mathew Mercuri Carlos Brailovsky Gary Cole Caroline Abrahams Douglas Archibald Glen Bandiera Susan P. Phillips Glenna Stirrett J. Mark Walton Eric Wong and Inge Schabort (2017) "Admission factors associated with international medical graduate certification success: a collaborative retrospective review of postgraduate medical education programs in Ontario" I Nov 2017, 5 (4) E785- E790; DOI: 10.9778/cmajo.20170073.

[7] C. Penney, S. Zohni, C. Kouri (2023). Tapping Canada's Hidden Health care Talent Pool: Tips and Tools to Recruit and Retain International Experience. Final technical report. Ottawa, ON: National Newcomer Navigation Network.www.newcomernavigation.ca/en/our-tools/resources/documents/EmployerToolkit-Jan2024.Final-En.pdf.

[8] Canadian Medical Association. "Why do internationally trained doctors face barriers working in Canada?" www.cma.ca/healthcare-for-real/why-are-there-doctors-canada-who-dont-practice-medicine.

[9] Statistics Canada. (2023) "Characteristics and Labour Market Outcomes of Internationally Educated Health Care Professionals in Canada" Table 1. www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/characteristics-labour-market-outcomes-internationally-educated-health-care-professionals-canada.html.

[10] Eva Grunfeld (2022) "Friends" Canadian Medical Association Journal, August 15. doi: 10.1503/cmaj.220242.

awareness. The program matches newcomer physicians with volunteer physicians to give newcomer physicians direct access to volunteer physicians' Canadian experience to help ITPs develop greater medical language and communication competency. With these competency enhancements, newcomer physicians can better understand and succeed within Canada's diverse and complex healthcare systems.

Rather than presenting these relationships as mentorships, ACCESS envisions these relationships to be partnerships where newcomer physicians are recognized as peers as both parties are fully trained medical professionals. Elsewhere in medicine, mentorship often connects physicians and students and entails specific responsibilities for physicians beyond what volunteers provide in the HELP program. Partnerships in the program were intended to develop structured, supportive spaces where volunteer physicians share their knowledge of medical terminology, healthcare communications and structures of healthcare systems. Partnerships between volunteer and newcomer physicians aimed to foster a sense of common identity as physicians to broaden newcomer and volunteer participants' perspectives and advance inclusion. Through the partnership, both parties could benefit: newcomers developing the communication and soft skills required to transition to the Canadian healthcare sector; volunteer physicians experiencing a rewarding relationship and potentially earning continuing medical education credits through the Royal College or College of Family Physicians.[11]

For the 2025 iteration of the project funded by the Future Skills Centre (FSC) and covered by this evaluation (June to November), volunteers supported newcomers by applying the HELP program's resources including a library of modules, case scenarios for role playing exercises, videos for guidance on conversations starters and other general resources. Volunteers committed to virtual meetings for one hour per week over 12 to 16 weeks.

1.3 Intended outcomes

Over the short-term, the HELP program aimed to:

- Increase newcomer physicians' English medical terminology.
- Raise newcomer physicians' awareness about Canadian healthcare systems.
- Develop newcomer physicians' personal and professional relationships with others in the Canadian healthcare sector (social capital).
- Increase newcomer physicians' confidence in their capacity to work in the Canadian healthcare sector.
- Support Canadian-trained physicians taking an active role in integrating newcomer physicians into the Canadian medical community.

While the partnerships were intended to benefit participants, the project also aimed to develop new resources and collected evidence of program efficacy through the evaluation.

Over the medium-term (six months to one year after current FSC-funded project), the HELP program aimed to:[12]

[11] Following the terms used by the project, in this report the matches between volunteer and newcomer physicians are referred to as partnerships. This is not intended as an assessment of the quality of the relationships formed While this evaluation examines the extent to which newcomer physicians' intended outcomes are achieved, it does not assess volunteer physician's intended outcomes.

[12] The medium- and long-term goals presented are based on the HELP program's theory of change model, which is presented in the Appendix.

- Develop newcomer physicians' sense of identity in the Canadian medical community.
- Develop newcomer physicians' agency for their career in Canada and their options for pursuing a career in healthcare.

By achieving these aims, over the long-term, the HELP program may increase the number of ITPs securing employment as physicians in Canada but doing so is not an explicit goal of the program.

2. Evaluation Methods

Malatest conducted an evaluation of ACCES' activities in delivering the HELP program to assess the extent to which program objectives were met and short- and medium-term outcomes were achieved.

2.1 Evaluation design

Where possible, the evaluation sought to leverage existing data collection tools and processes. Before the evaluation began, ACCES had developed intake and exit surveys for HELP participants and had contracted external researchers to conduct interviews with stakeholders. In particular, the Institute for Better Health, a research and innovation organization inside a community-based teaching hospital in Ontario, was contracted to interview ITPs, while York University was contracted to interview HELP participants.

Quantitative data: Malatest worked with ACCES to modify their intake and exit surveys of newcomer and volunteer physicians to collect data for the evaluation. Malatest recommended adding some survey questions and suggested modifications to others.[13] Malatest developed survey questions to collect individual responses from ITPs through the community consultations administered by ACCES through their community-based partners. ACCES administered the surveys and shared anonymized results with Malatest for analysis.

Qualitative data: Qualitative feedback was collected from ITPs and other stakeholders. Malatest and ACCES worked together to develop a discussion guide for community consultations with ITPs online and in person across Canada. ACCES shared resulting data, which Malatest summarized and analyzed. ACCES developed guides for interviews with HELP program participants and other ITPs, and shared reports on these interviews with Malatest. ACCESS and the Institute for Better Health designed the interview guide for ITPs. Malatest reviewed the guide and found it to be robust. Malatest developed an interview guide and conducted interviews with HELP staff and volunteer physician advisors to the program.

A brief summary of data collection is included in Figure 1. Additional details, including data collection tools, are included in the Appendix. Data were collected between May and November 2025.

Figure 1: Summary of data collection

FSC's strategic questions*	Evaluation questions	Data collection	Purpose
17. How can skill-based programs best accommodate the need to involve communities served by such programs in co-designing programs and participating actively in their implementation and evaluation? What are the most significant barriers that need to be overcome in ensuring the full participation of	To what extent did volunteer physicians take an active role in integrating foreign-trained physicians into the Canadian medical community. • Did they find it rewarding?	• Intake surveys with newcomer physicians (58 completions; response rate: 97%) and volunteer physicians (55 completions participants; response rate: 92%) • Exit surveys with newcomer physicians (39 completions) and volunteer physicians (40	To assess: • Newcomer and volunteer physician satisfaction with the plan they co-create, the process of its development, and the support materials available through the program • Volunteer physician experiences of positive

[13] Some of the modifications to the surveys that Malatest suggested, such as the scales used, could not be implemented because of the surveys already completed. Recommendations for additional changes to the surveys are included in section 4.2.

communities served by such programs?		completions)	outcomes
21. What aspects of Canadian work experience are key drivers for newcomer outcomes? What are the most effective ways to support newcomers to learn the transferable soft skills or employability skills that are in high-demand in Canadian workplaces? What are the key barriers preventing newcomer women from participating more fully in the labour force? What approaches would help overcome these barriers? How can we enable service providers to adopt more evidence-based practices? How can we increase awareness of newcomer support services?	To what extent did newcomer physicians: • increase English language skills related to medical terminology • learn about Canadian healthcare systems • develop social capital in the Canadian healthcare sector • increase confidence in their capacity to work in the Canadian healthcare sector? What are the most significant barriers, beyond licensing, to newcomer physicians' participation in the Canadian medical community? • To what extent are the goals of HELP aligned to address these barriers? What aspects of the HELP program did volunteer and newcomer physicians find most useful in addressing these barriers? To what extent was the HELP program supportive of the broader goals of equity, diversity, inclusion and reconciliation?	• Short literature review • Interviews with HELP participants (9 participants, including 6 newcomer and 3 volunteer physicians) • Interviews with other ITPs (8 participants) • Six regional consultations with ITPs (54 participants) • Intake surveys with newcomer physicians (58 completions; response rate: 97%) and volunteer physicians (55 completions participants; response rate: 92%) • Exit surveys with newcomer physicians (39 completions) and volunteer physicians (40 completions)	To identify: • Newcomer physician experiences of barriers, including those related to membership in other equity-deserving groups • Volunteer physician perception of barriers To assess: • Newcomer physician experiences of positive outcomes • Newcomer physician experience of inclusion • Development of camaraderie between newcomer and volunteer physicians • Lessons learned in implementation of the program

* FSC identified 27 strategic questions to gather evidence and insights on key problems and opportunities in upskilling, reskilling, job transition, and innovative approaches to skills development in projects funded in 2025. This project contributes to answering questions 17 and 21.

Equity, Diversity, Inclusion & Reconciliation

Equity, diversity and inclusion were central to the HELP project. Achievement of the project objectives, by their nature, contributed toward increasing workforce diversity and improving the labour outcomes of newcomers to Canada. Further, equity, diversity and inclusion principles are embedded throughout the HELP program's design and implementation. The HELP program applies an anti-racism framework and has been examined through a Gender-Based Analysis Plus (GBA+) lens, ensuring that program structures actively address systemic inequities.

While the focus of the project was on helping newcomers, the evaluation also collected data on how well the project met the intersectional needs of members of other equity-deserving groups. Thus, the evaluation endeavoured to determine the extent to which different groups within newcomer physicians

had different needs or experiences. As noted above, previous studies have found that women, older people, and people from racialized groups are more likely to have difficulties integrating into the Canadian medical workforce. As such, the evaluation collected demographic information including recency of immigration, ethnicity, language, age, and gender.

As for reconciliation, while the program did not directly serve Indigenous peoples, the program supported reconciliation in supporting newcomer physicians in understanding Indigenous health inequities in Canada. These topics were covered in the resources developed by ACCES to be used by volunteer physicians. These resources were developed with care to minimize the potential for secondary trauma among newcomer physicians who may also have experiences of colonization before immigrating.

2.2 Limitations and other considerations

Data collection for the evaluation was sound.

Response rates for the intake surveys were high (above 90%) and completions of the exit surveys were well above targets for the evaluation. However, some data were incomplete. Demographic data on participants was incomplete because some participants completed surveys before Malatest's recommended changes were implemented. In addition, data reported by researchers at York University were incomplete because the researchers did not have time to analyze and report on all HELP participant interview data collected during the evaluation period. However, sufficient results were available for the purposes of the evaluation through the partners' report that was shared with Malatest.

Ideally, to be impartial, evaluation should be conducted independently of the project. However, most of the data was collected by ACCES or their partners, rather than collected by the evaluator. The impact may be minor as ACCES' partners conducted their research independently and Malatest took the lead in collecting data for some lines of evidence.

Further, much of the data collection tools were already designed when the evaluation began. Again, the impact may be modest as Malatest advised ACCES on almost all data collection tools. There were exceptions, however. Malatest was not able to contribute to the design of interview guides for HELP participants because of the ethics approval process of the researchers at York and the compressed timeline of the project and concurrent evaluation.

3. Evidence and Insights

ACCES completed all their planned activities, met or surpassed all their targets and achieved all their objectives for the project. The HELP program assisted newcomer physicians to become more proficient in medical English, to increase their knowledge and confidence and to begin integrating into the Canadian medical community. Volunteers found the program worthwhile and rewarding.

Figure 2: Achievement of project objectives

Objective	Extent Achieved
1. Newcomer physicians increase English language skills related to medical terminology	• Achieved
2. Newcomer physicians learn about Canadian healthcare systems	• Achieved
3. Newcomer physicians develop social capital in the Canadian healthcare sector	• Achieved
4. Newcomer physicians increase confidence in their capacity to work in the Canadian healthcare sector	• Achieved
5. Canadian-trained physicians take an active role in integrating foreign-trained physicians into the Canadian medical community	• Achieved

3.1 Activities conducted

ACCES successfully recruited 60 volunteer physicians and 60 newcomer physicians to create 60 new partnerships in the HELP program, meeting their targets for 60 of each. In addition to matching volunteer physicians to newcomer physicians, ACCES created new resources for the partners to use. ACCES also surpassed their targets for resource development, as shown in Figure 3.

Figure 3: Resources developed

Type of resource	Target	Created
Resource modules	5	5 new, plus edited existing modules
Medical case scenarios	10	10
Video guides to curriculum and onboarding	10	12

3.2 Engagement and population served

Newcomer physicians

The HELP program primarily served female newcomers in their thirties or forties. About three quarters (74%) of HELP program participants were women.[14] As a program serving internationally trained physicians, all participants served by the HELP program were immigrants. Almost all (92%) arrived in Canada within the last five years. Almost half (45%) were in their thirties, about a quarter were in their forties (24%), with smaller proportions in their twenties (13%) or over fifty (18%).

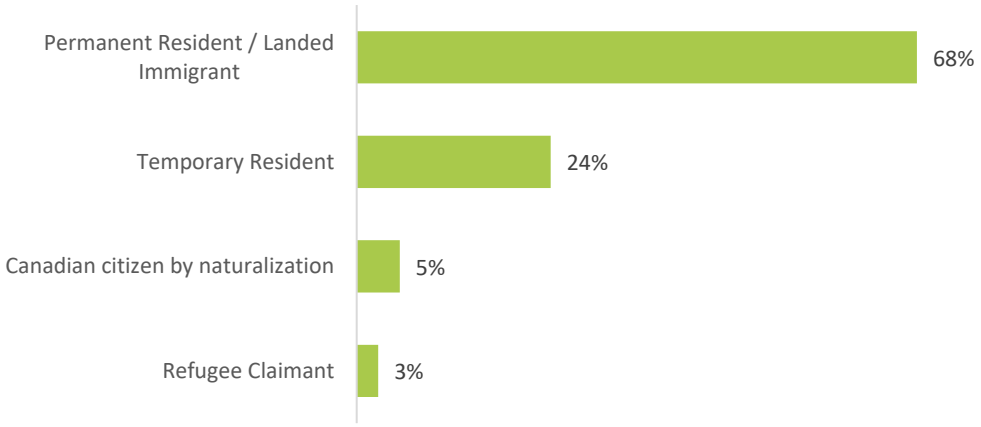
Most newcomer physicians were permanent residents

More than two thirds (68%) of newcomer physicians were permanent residents or landed immigrants (people who have been granted the right to live in Canada permanently by immigration authorities).

[14] The remainder were men.

About a quarter were temporary residents (people who have been granted the right to live in Canada temporarily). Few were naturalized citizens or refugee claimants (see Figure 4).

Figure 4: Newcomer physician immigration status at intake



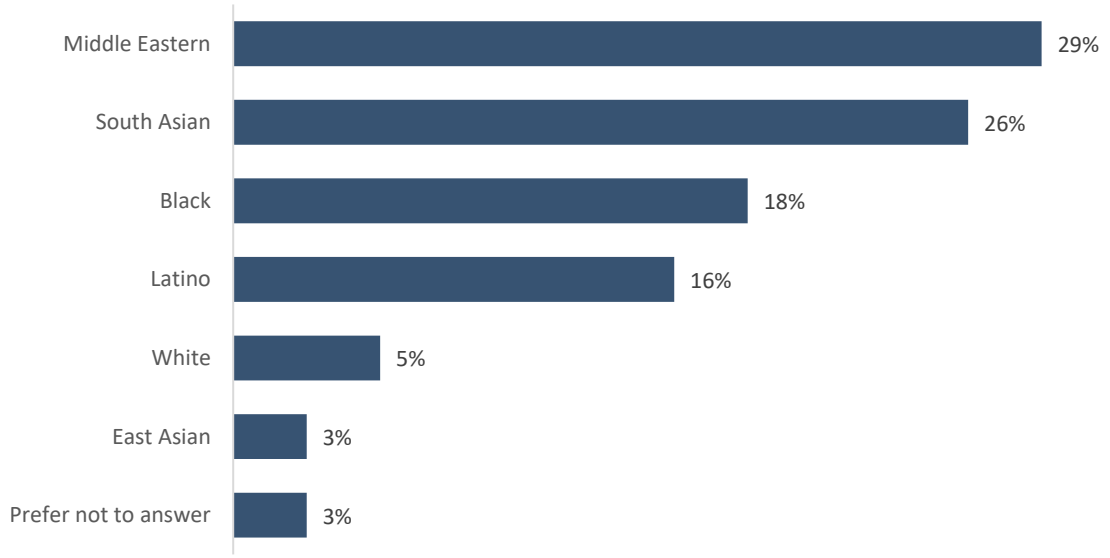
n=38

While 60 partnerships were formed, and 58 newcomer physicians completed intake surveys, some did so before demographic questions were added.

Most newcomer physicians were people of colour

More than nine in ten newcomer physicians identified as people of colour. Almost a third (29%) of newcomer physicians identified as Middle Eastern (such as Arab, Persian or West Asian). About a quarter (26%) identified as South Asian (such as East Indian, Pakistani, Bangladeshi, Sri Lankan or Indo-Caribbean) (see Figure 5).

Figure 5: Ethnicity of participating newcomer physicians



n=38

Multiple responses could be selected but none did so.

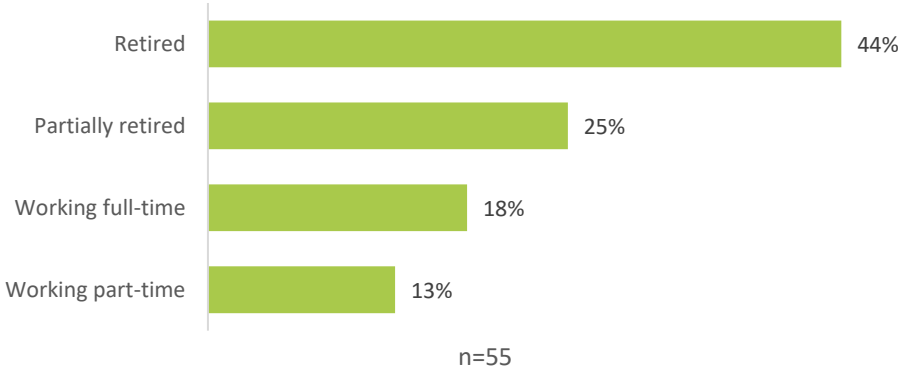
Volunteer physicians

Volunteer physicians in the HELP program were split between men (47%) and women (53%). All were Canadian citizens. Most were born in Canada (71%) and the remainder (29%) were naturalized citizens.

Most volunteer physicians were retired.

Two thirds of volunteer physicians were retired (44%) or partially retired (25%). Only 18% were working full-time (see Figure 6). Almost all (83%) of retiree volunteer physicians had retired within the last five years.

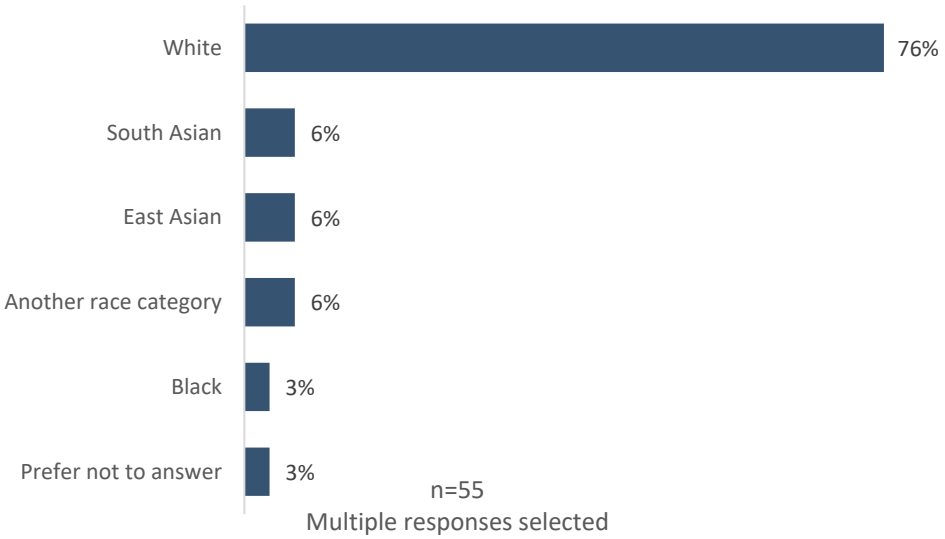
Figure 6: Employment status of participating volunteer physicians



Most volunteer physicians were not people of colour.

About three quarters (76% of cases) of volunteer physicians identified as White. Fewer identified as belonging to other ethnic groups (see Figure 7).

Figure 7: Ethnicity of participating volunteer physicians



3.3 Key drivers of newcomer outcomes: Barriers to inclusion

Responds in part to FSC question 21: What aspects of Canadian work experience are key drivers for newcomer outcomes? What are the most effective ways to support newcomers to learn the transferable soft skills or employability skills that are in high-demand in Canadian workplaces? ***What are the key barriers preventing newcomer women from participating more fully in the labour force?*** *What approaches would help overcome these barriers? How can we enable service providers to adopt more evidence-based practices? How can we increase awareness of newcomer support services?*

ITPs not participating in the HELP program identified significant financial barriers to becoming licensed to practice medicine in Canada. ITPs found it difficult to connect with physicians and reported that information about licensure was not widely accessible beyond the HELP program.

ITPs did not think language, communication or cultural differences formed significant barriers, but acknowledged gaps in their knowledge of Canadian healthcare systems and preparedness to work as physicians in Canada.

Pursuing licensure is financially challenging and left ITPs vulnerable

ITPs related that they struggled financially while seeking licensure. In interviews and community consultations, ITPs reported that the fees to write exams are high.[15] While some provinces offer financial supports, by covering exam fees or offering loans, most do not. In community consultations, ITPs reported that they found it challenging to support themselves while seeking licensure because they were often overqualified to be hired into non-clinical roles. In the community consultations, ITPs reported that they had little option but to take roles that did not allow them to use their full skillsets, such as personal support workers. These jobs offered low wages and few hours. Interviews with ITPs indicated that those with caregiving responsibilities, such as women with children, prioritized employment over pursuing their medical careers, further delaying licensing exams.

The financial struggles ITPs faced made them vulnerable to being taken advantage of. In community consultations, ITPs described how some clinics used ITPs as free labour, requiring three to six months of volunteering before the clinic would consider offering paid employment. In interview, one ITP explained:

> "At every step of the way [toward licensure]…I felt that they were just trying to make money off us because we are so desperate to get into our career path" (interview with licensed but non-practising ITP)[16]

Accessible pathways and service navigation support are hard to identify and access

Canada lacks a predictable and transparent process for internationally trained physicians to transition into the healthcare system. ITPs did not necessarily know what resources exist, or how to access them. Most ITPs did not know how to navigate the system or even how to find help in doing so. A majority of

[15] The fee for writing a certification exam for family medicine can be more than $4,000. "Pathways to Licensure for ITPs (IMGs)" (2025) National Newcomer Navigation Network. www.newcomernavigation.ca/en/our-tools/pathways-to-licensure-for-itps-imgs.aspx.

[16] Data from interviews with ITPs comes from the final report of ACCES's partner that conducted the interviews, The Moonshot Collaborative for Translational Health Equity "Digital Narratives of Newcomer Physicians (DiNNP): Mapping a Journey of Integration and Well-being" (2025) Institute for Better Health, Trillium Health Partners.

ITPs (63%) were unaware of programs available to support them. Even more (78%) were unaware of the HELP program.

Access was further limited for those without permanent residency status. There are some informal online groups where ITPs share information with one another, but considerable confusion remains about the required certification for different positions.

The decentralized nature of Canadian healthcare systems precludes having a central licensing portal and makes it difficult for ITPs to navigate licensing requirements. In the community consultations, ITPs reported that there was considerable confusion about the certification required for different positions, a point exacerbated by the requirements varying by province. Even within a province, there are multiple pathways governed by various institutions. For instance, the Royal College of Physicians and Surgeons licences specialists through a standard pathway, but there might be multiple additional ways of getting into practice as specialists in different provinces.

ITPs reported that most regions across Canada lack employment and navigation supports for internationally educated healthcare professionals (other than nurses). In some regions, such as British Columbia, New Brunswick and northern Ontario, ITPs in community consultations had been unable to find any services specifically for ITPs. Areas where supports are more readily available include Toronto, where ACCES is based, and Calgary, where the Alberta International Medical Graduates Association is based.

In interviews, ITPs indicated that information on licensing processes was fragmented. While the general requirements for licensing across Canada have been identified, no organization puts the information in one place. As the specific paths available keep changing, the challenge is not only collating the information but constantly keeping the information current. For example, HELP staff noted that the Medical Council of Canada published an e-book about licensing but some information was outdated by the time it was published.

However, some questioned whether a national approach would even be desirable. In interviews, HELP staff explained that creating a centralized bridging process would likely be even more restrictive than current processes because the highest required among the jurisdictions would become the national standard. Thus, a national approach could close the accessible pathways that currently exist. If an ITP does not qualify for a licensing option in one province, they might be able to access a different pathway in another province. Licences are not transferrable across provincial boundaries, but there are fewer barriers for those licensed in another province or territory.

ITPs face challenges in establishing personal and professional connections within the Canadian medical community, with resulting losses to their self-identity

Given the lack of accessible information, ITPs may turn to their peers for support. However, in the community consultations, ITPs described their lack of personal and professional connections to other physicians. ITPs commonly related trying to approach physicians for assistance and being rebuffed or ignored. More than three quarters (78% of cases) indicated they had tried and failed to connect with physicians. In some areas, ITPs reported that there is no mechanism for ITPs to share information or to meet other ITPs.

> "I thought I was the only [ITP] here" (ITP in Saint John, New Brunswick)

Without connections to the medical community, ITPs found it challenging to maintain their sense of identity as physicians. In interviews, ITPs described not practicing medicine was akin to abandoning their chosen path and resulted in a loss of self-esteem.

ITPs did not perceive their English skills or cultural differences as significant barriers to the Canadian healthcare workforce

More than half (62%) of ITPs surveyed as part of the community consultations self-reported being well equipped in their English language skills. In fact, none indicated they did not have sufficient English language skills. Few (6%) reported experiencing communication or cultural barriers. However, self-assessments of language and communication skills may not be accurate. As noted in the next section, volunteer physicians in the HELP program noted in interviews that newcomer physicians need more assistance improving their language skills than the newcomer physicians think they do.

ITPs recognized some deficiencies in their knowledge of Canadian healthcare systems, but reported being prepared to work as physicians

ITPs surveyed as part of the community consultations were split on whether they were well equipped in their knowledge of Canadian healthcare systems, with the plurality (33%) indicating neutral. Nonetheless, most (62%) reported they were prepared to work as physicians in Canada.[17] Those who had been in Canada for one to two years were more confident in their preparedness to work as a physician compared to those who had been here longer, perhaps indicating overconfidence in their fluency and underestimation of the cultural differences.

3.4 Key drivers of newcomer outcomes: Forming partnerships to integrate newcomer physicians

Responds in part to FSC question 17: ***How can skill-based programs best accommodate the need to involve communities served by such programs in co-designing programs and participating actively in their implementation and evaluation?*** *What are the most significant barriers that need to be overcome in ensuring the full participation of communities served by such programs?*

The HELP program's partnership model enabled volunteer physicians to develop newcomer physicians' language skills while helping newcomers develop peer relationships with volunteers. Volunteers' active participation is crucial to building successful partnerships.

Volunteer physicians were actively involved in integrating newcomer physicians into the Canadian medical community.

Implementing the HELP program depends on the active participation of volunteers. The HELP program's partnership model was designed to meet the needs of newcomers, while establishing boundaries on what was expected of volunteers. In interviews, staff and advisors explained that volunteer physicians would not be inclined to help newcomer physicians become licensed but were well-placed to convey communication norms and workplace expectations. Thus, the HELP program facilitates the formation of partnerships between newcomer and volunteer physicians structured around strengthening medical English and knowledge of cultural and communication norms in Canadian healthcare systems.

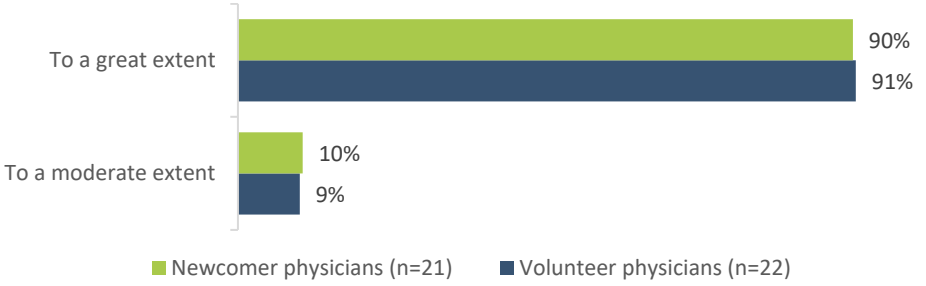
[17] The questionnaire asked respondents the extent they were prepared to work. Some respondents may have interpreted "prepared to work" as willingness to work.

HELP program staff and advisors explained in interviews that while volunteer physicians are not expected to assist newcomer physicians with licensing requirements or finding employment, the program relies on volunteers directly contributing to integrating newcomer physicians into the Canadian medical community. In addition to the direct assistance volunteers provided to newcomer physicians, having volunteer physicians actively involved, staff explained, helped the medical community understand the issue and advocate for policy changes to lessen barriers. Interviews with participants indicated that volunteers gained awareness of the barriers newcomer physicians face and observed the resilience required.[18]

The HELP program's partnership model is unique

Unlike the mentorship programs usually found in the medical community, which generally elevate mentors above their proteges, HELP volunteer physicians engaged newcomer physicians as peers. Almost all volunteers (91%) and newcomer physicians (90%) surveyed agreed that their expertise was valued in the partnerships they formed.

Figure 8: Agreement that their expertise was valued



Interviews with participants showed other ways the program is unique. While bridging programs for ITPs exist in some provinces, such as Nova Scotia's Welcome Collaborative, none use a peer-to-peer partnership model.[19] Other employment and language programs:

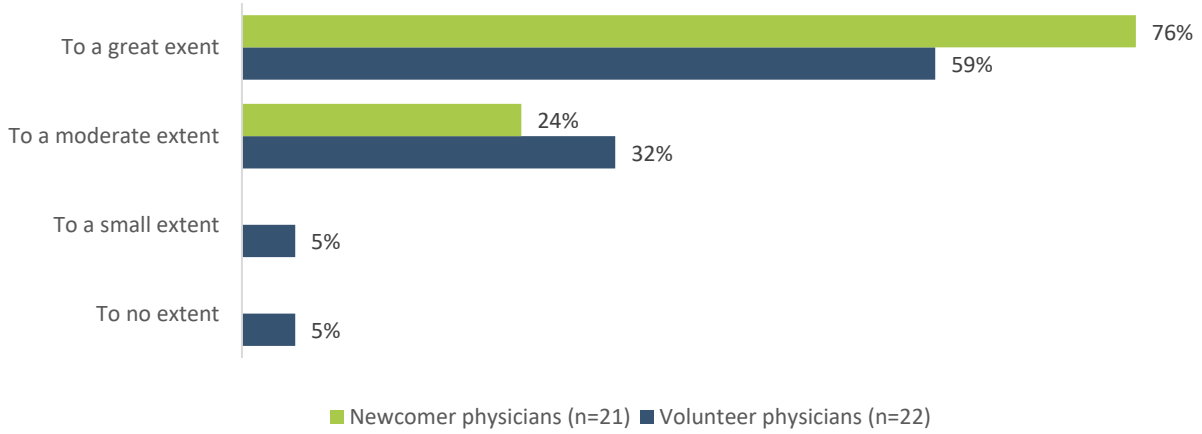
- Are not provided as one-on-one support
- Are not necessarily available to immigrants before they become permanent residents

Newcomer physicians reported that they were equal partners with volunteers but some volunteers were less sure

Most newcomer physicians agreed that they were equal partners; fewer, but still a majority of volunteers agreed. After participating in the HELP program, fewer volunteer physicians (56%) than newcomer physicians (76%) reported that they were equal partners in the HELP program, (see Figure 9).

[18] Findings from interviews with HELP participants are derived from the report prepared for ACCES by York University researchers: Jelena Zikic and Soodabeh Mansoori (2025) "Communication Partnerships for Greater Professional Belonging: Qualitative Exploration of HELP Program."
[19] IMG Bridging Program. 2026. The Welcome Collaborative, College of Physicians and Surgeons of Nova Scotia. welcomecollaborative.ca/img-bridging-program/.

Figure 9: Agreement that volunteer and newcomer physicians were equal partners



In interviews, some volunteers indicated that their partnerships were more one-sided than they expected. In particular, some volunteer physicians reported that some newcomer physicians were less ready to work in partnership due to basic language barriers.

Volunteers found participation in the program rewarding

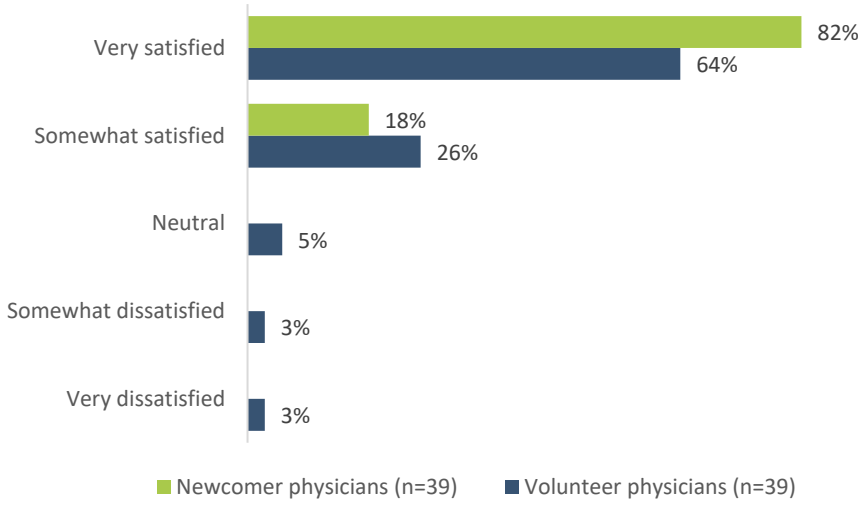
Interviews and survey results indicated that volunteer physicians found their experiences with the program rewarding, particularly those who were close to retirement, or partially retired. In interview, Dr. Grunfeld commented that she had not anticipated the number of physicians eager to contribute to the program. She explained that physicians who are retiring are accustomed "to making a contribution to their community and being very engaged and very busy." After participating, more than three quarters (85%) of volunteer physicians said they would be willing to participate in the program again as volunteers. Only a couple of individuals said they would not be interested.

Both newcomer and volunteer participants were satisfied with the HELP program

Most (82% of) newcomer physicians were very satisfied with their experience in the HELP program, and the remaining 18% were somewhat satisfied. Fewer, but still most volunteers were satisfied. Almost two thirds (63% of) volunteer physicians surveyed were very satisfied with their experience in the program. Only a few reported being dissatisfied or neutral (see Figure 10).[20]

[20] Only one respondent indicated they were very dissatisfied, and this individual may have chosen that option by mistake. Their other responses indicated they found the support their partnership received from ACCES employment very helpful and they were willing to volunteer again.

Figure 10: HELP participant satisfaction



3.5 Key drivers of newcomer outcomes: Strategies for work readiness in the HELP program

Responds in part to FSC question 21: What aspects of Canadian work experience are key drivers for newcomer outcomes? ***What are the most effective ways to support newcomers to learn the transferable soft skills or employability skills that are in high-demand in Canadian workplaces?*** *What are the key barriers preventing newcomer women from participating more fully in the labour force?* ***What approaches would help overcome these barriers?*** *How can we enable service providers to adopt more evidence-based practices? How can we increase awareness of newcomer support services?*

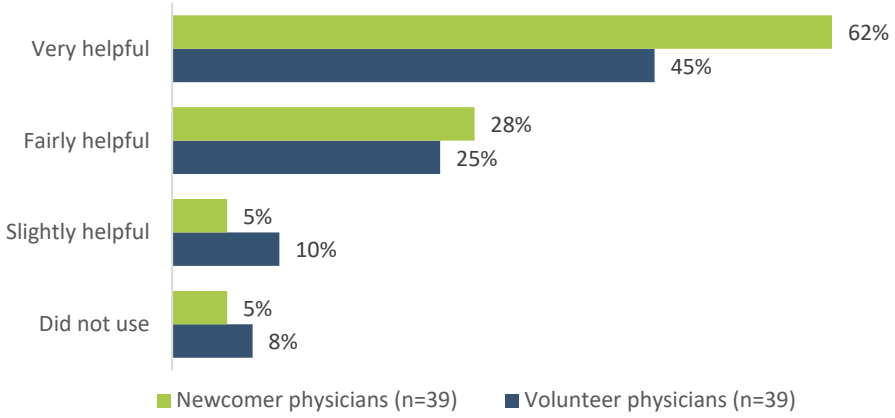
Most newcomer and volunteer physicians found all HELP resources useful. Newcomer physicians rated the resources to be more helpful than volunteers rated them. Both newcomer and volunteer physicians found the case scenarios to be the most helpful and the most commonly used resource. In fact, a few newcomer and volunteer physicians used only the case scenarios. The videos were the least used resource, both by newcomer and volunteer physicians.

The resources provided by the HELP program were designed to assist newcomers in developing communications skills more broadly than just improving their medical English. The resources aimed to convey communication norms and workplace expectations in Canadian healthcare workplaces. Strategies for developing communication skills used in the program included case scenarios, communications modules, video guides, and other general resources.

Roleplaying exercises were the most helpful strategy used in the HELP program

Case scenarios simulated patient interactions through roleplaying exercises. Both volunteer physicians and newcomer physicians rated the case scenarios as being more helpful than other resources provided through the program. Almost two thirds (62%) of newcomer physicians and almost half (45%) of volunteer physicians found the case scenarios very helpful. None found them unhelpful (see Figure 11).

Figure 11: Helpfulness of case scenarios

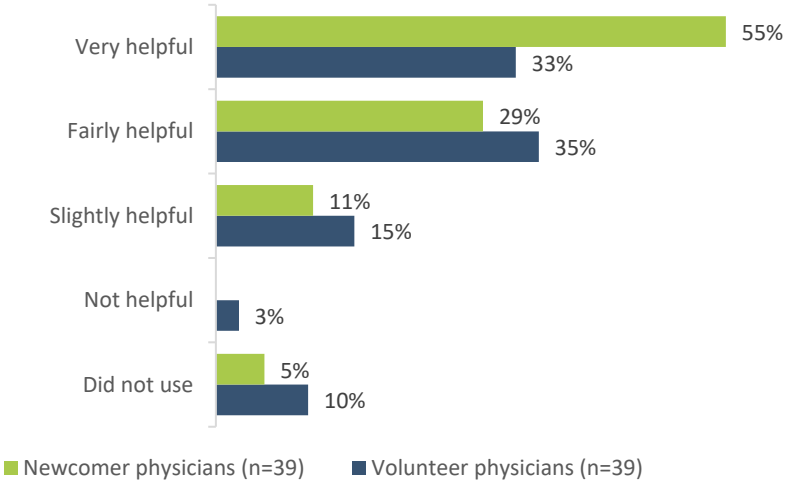


In interviews, volunteers reported that they found the case scenarios provided helpful structure for discussions with newcomer physicians. Volunteer physicians indicated that the subject matter highlighted cultural differences with privacy, patient-centred care and diversity. Newcomer physicians reported that the roleplaying exercises helped them learn cultural norms for Canadian medical practice around a range of sensitive topics, including sexual health for teens, informed consent and patient involvement in medical decision-making.

Communications modules were less highly rated but still well appreciated

The communications modules provided by the HELP program were primarily text-based resources that highlighted specific issues in the practice of medicine and discussed workplace expectations such as communication norms between medical staff. For example, one module explored issues of hierarchy and collaboration with nurses and other healthcare professionals and expectations to collaborate with other medical professionals (such as physiotherapists), as well as potential cultural differences that might affect these norms and expectations. More than half (55%) of newcomer physicians and a third (33%) of volunteer physicians found the modules very helpful (see Figure 12).

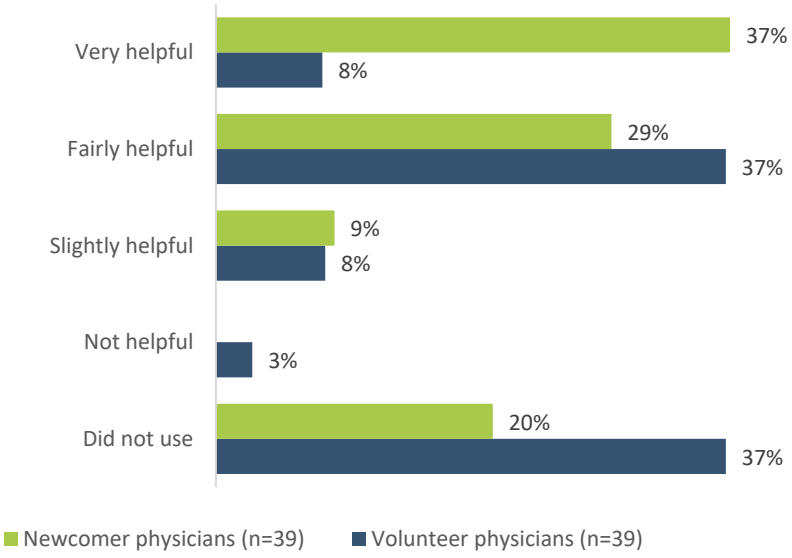
Figure 12: Helpfulness of modules



Newcomer physicians found the videos more helpful than volunteer physicians did

The videos cover a range of topics, including hospital profiles, volunteering, interviewing and cultural competence.[21] The videos were the least used and least well-rated resource both by volunteer and newcomer physicians, but newcomer physicians were more likely to use and value the videos than volunteers. More than a third (37%) of newcomer physicians found the videos very helpful, whereas only 8% of volunteer physicians found them very helpful. In fact, more than a third (37%) of volunteer physicians reported not using the videos at all (see Figure 13). Volunteer physicians may not be aware of how helpful the videos can be for newcomer physicians.

Figure 13: Helpfulness of videos

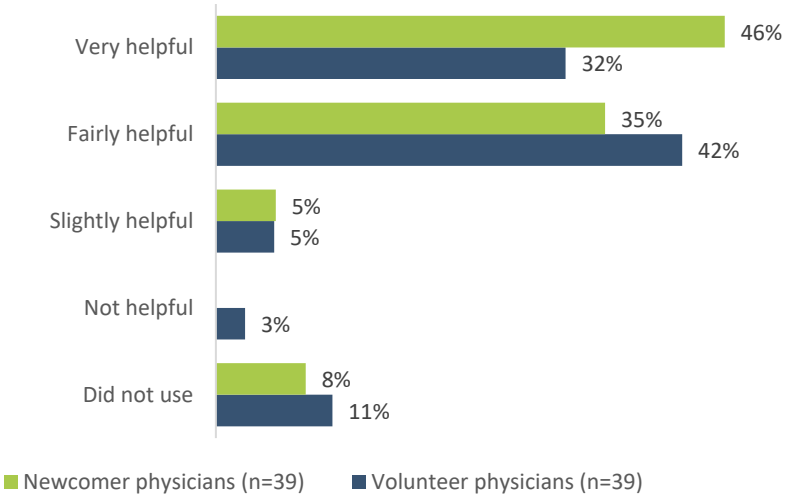


General resources were also helpful

General resources included information on pathways to licensure and other relevant sources. Almost half (46%) of newcomer physicians and about a third (32%) of volunteer physicians reported that the general resources were very helpful. A further 32% of newcomer physicians and 42% of volunteer physicians said the general resources were fairly helpful (see Figure 14).

[21] The videos are available on YouTube under the HireIEHPs channel: www.youtube.com/@hireiehp4916/videos.

Figure 14: Helpfulness of general resources



3.6 Newcomer outcomes: Skills, knowledge, confidence and connections gained through the HELP program

Responds to FSC question 21: What aspects of Canadian work experience are key drivers for newcomer outcomes? ***What are the most effective ways to support newcomers to learn the transferable soft skills or employability skills that are in high-demand in Canadian workplaces?*** *What are the key barriers preventing newcomer women from participating more fully in the labour force?* ***What approaches would help overcome these barriers?*** *How can we enable service providers to adopt more evidence-based practices? How can we increase awareness of newcomer support services?*

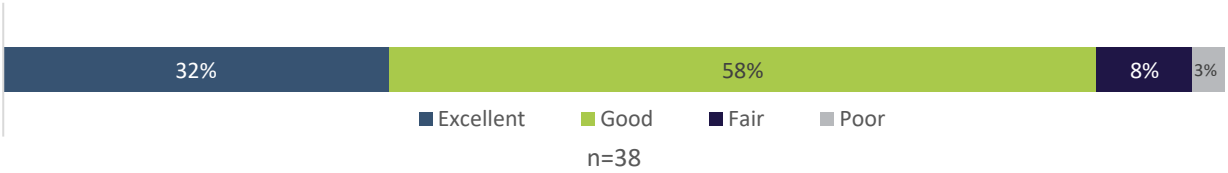
Through the HELP program, newcomer physicians gained confidence in their medical English, their knowledge of Canadian healthcare systems, their ability to apply for jobs, and a sense of inclusion in the Canadian medical community.

Newcomer physicians improved their medical English communication skills through the HELP program

HELP program staff and advisors identified medical English as a core need of newcomer physicians. In interviews, staff and advisors reported that familiarity with English medical terminology, pronunciation and abbreviations are not covered in ESL courses. Being able to demonstrate the capacity to speak physician to physician while using the correct technical terms is a key part of demonstrating competency. Staff and advisors reported that newcomer physicians are even more likely to struggle communicating with patients and their families who do not know what they need or are unable to understand technical language.

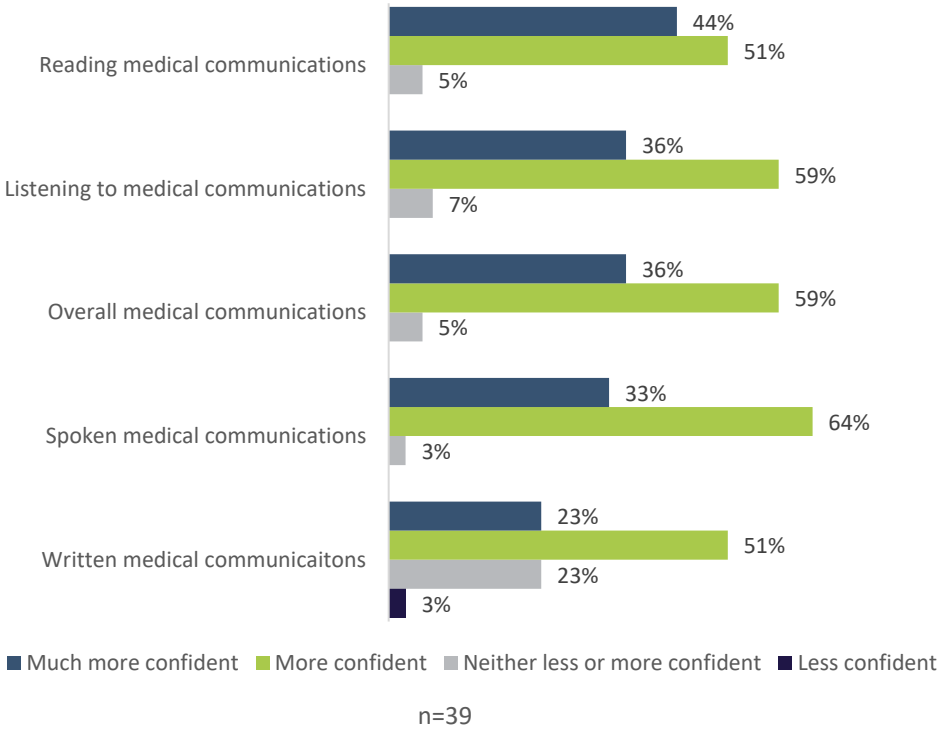
Despite thinking they already had a good command of medical English, newcomer physicians reported improvements through the program. Before participating in the HELP program, almost all (89%) newcomer physicians reported good or excellent knowledge of English medical terms in their field.

Figure 15: Self-assessed knowledge of medical English before the HELP program



After participating in the HELP program, newcomer physicians had increased confidence in their English communications skills. For overall medical communication, listening to medical communications and reading medical communications, 95% reported their confidence increased, and for spoken communications, 97%. Fewer, but still the majority of newcomer physicians (74%) reported increased confidence in written communications.

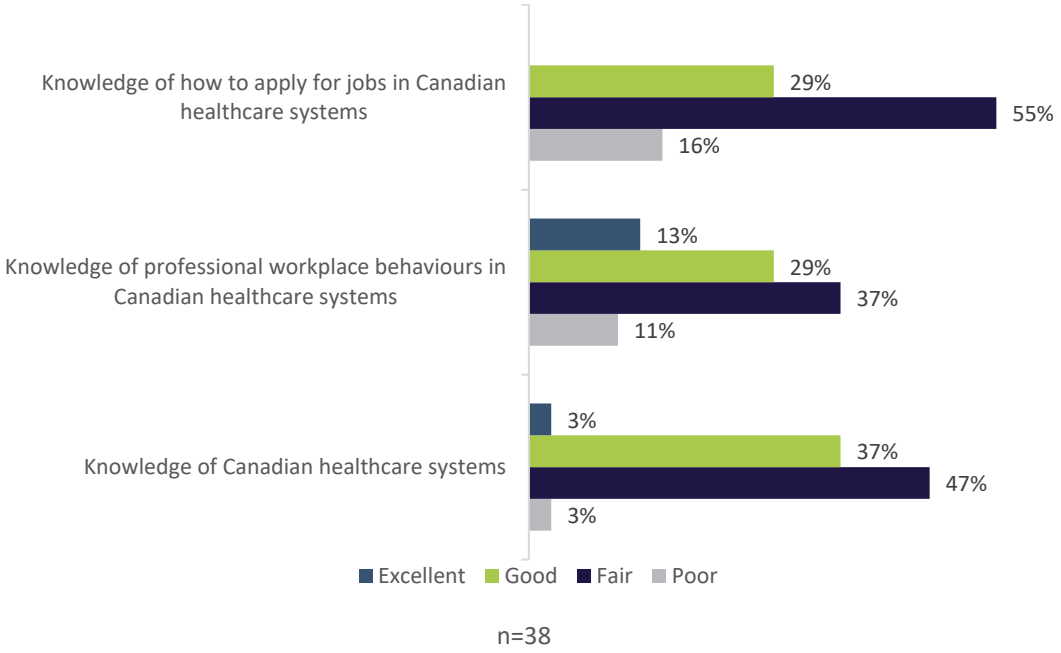
Figure 16: Change in confidence in communications skills after the HELP program



Newcomer physicians increased their workplace readiness through the HELP program

Before the HELP program, newcomer physicians acknowledged gaps in their understanding of Canadian workplace expectations and healthcare systems. Through the surveys, more newcomer physicians rated their knowledge of professional workplace behaviours as fair (37%) than good (31%), and only 13% rated it as excellent. More than half (55%) rated their knowledge of how to apply for jobs in Canada as fair, and almost half (47%) rated their knowledge of Canadian healthcare systems as fair (see Figure 17).

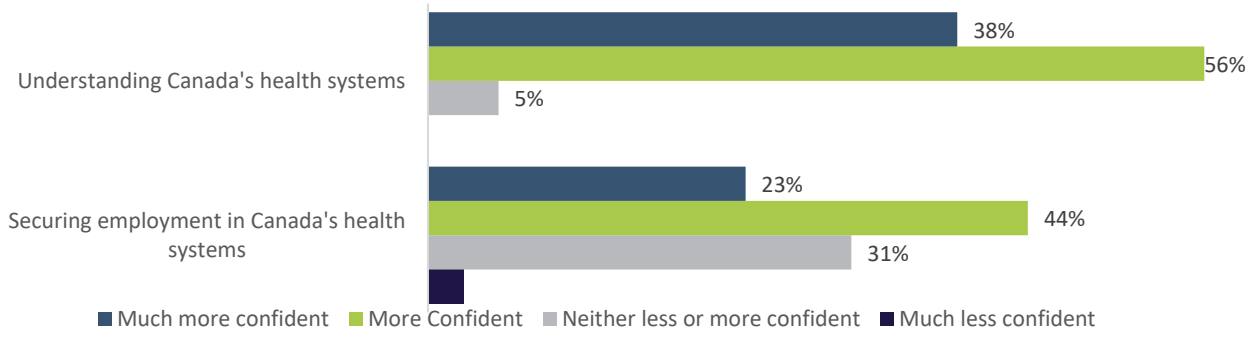
Figure 17: Self-assessed knowledge before the HELP program



n=38

After the HELP program, almost all (95%) newcomer physicians reported having more confidence in their understanding of Canada's healthcare systems, and 67% said they had more confidence in securing employment in Canada's healthcare systems (see Figure 18).

Figure 18: Confidence in understanding and capacity to secure employment after the HELP program

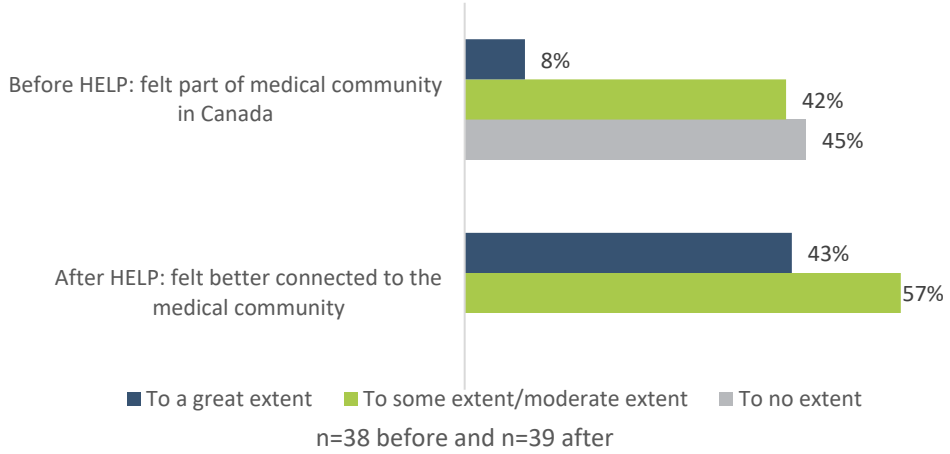


n=39

Newcomer physicians gained professional connections through the HELP program

Before the HELP program, almost half (45%) of newcomers reported not being part of the medical community in Canada to any extent. After the HELP program, all (100% of) newcomer physicians surveyed reported that they were better connected to the medical community.

Figure 19: Increase in sense of inclusion in Canadian medical community



Interviews with HELP participants indicated that newcomer physicians regained their sense of identity through connecting to the medical community:

> "Participants emphasized that beyond learning medical language and communication skills, the program provided a supportive space to regain confidence in their professional identity and to establish some basic sense of connection to the medical community, even if only temporarily."[22]

3.7 Impact on equity, diversity, inclusion and reconciliation

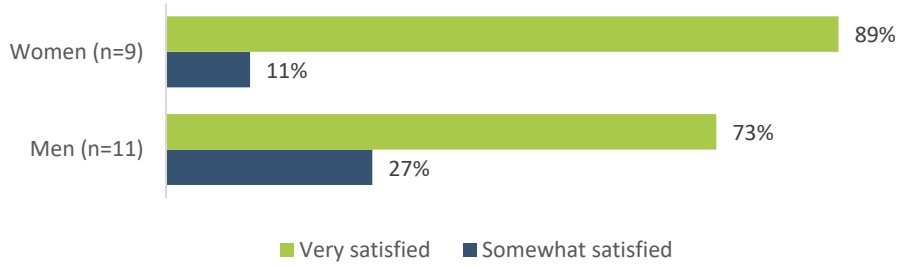
The main demographic of the HELP program, newcomer women in their thirties and thus are members of at least two equity-deserving populations. The data suggest that these participants were well served by the program. All newcomer participants were somewhat or very satisfied. The relatively modest number of participants makes it difficult to determine whether different groups had different experiences with the program. But the analyses below suggest some differences may exist among some subgroups.

Both men and women were satisfied with their experiences in the HELP program

A slightly higher proportion of female newcomer physicians (89%) were very satisfied, compared to 73% of male newcomer physicians who were very satisfied.

[22] Jelena Zikic and Soodabeh Mansoori (2025) "Communication Partnerships for Greater Professional Belonging: Qualitative Exploration of HELP Program."

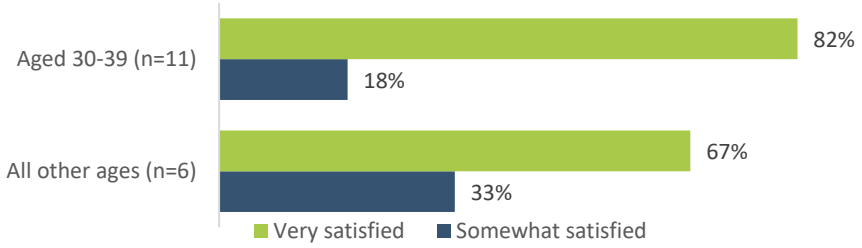
Figure 20: Gender differences in newcomer physician satisfaction



Newcomer physicians in their thirties were highly satisfied with the HELP program

Most (82%) of newcomer physicians in their thirties were very satisfied. Newcomer physicians not in their thirties (younger or older) were less likely to indicate that they were very satisfied, albeit with two thirds (67%) saying they were very satisfied.

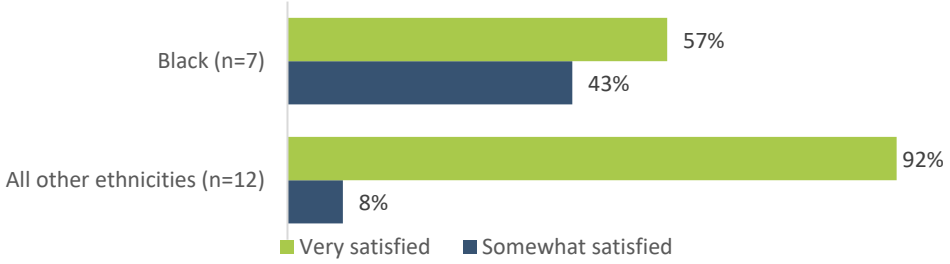
Figure 21: Age differences in newcomer physician satisfaction



Black newcomer physicians were somewhat less likely to be highly satisfied with the HELP program

Just over half of Black newcomer physicians (57%) indicated they were very satisfied (57%), compared to 92% of those identifying with other ethnicities.

Figure 22: Ethnic differences in newcomer physician satisfaction



4. Lessons Learned and Recommendations

4.1 Lessons learned

Newcomer needs and desires require active management to set realistic expectations and respect the boundaries set by volunteer physicians. Support staff at ACCES were integral to managing newcomer expectations and facilitating matches to create successful partnerships.

Balancing the needs of the newcomer and the volunteer physicians is an ongoing challenge

Interviews and surveys indicated that expectations of newcomers and volunteers did not always align. In interviews, staff and advisors reported that they continued to correct the misperception that the program provides mentoring and to communicate the difference between partnership and mentorship. Interviews with HELP program participants showed that some partnerships were more like mentorships than some volunteers wanted. Volunteers reported that some partnerships afforded more learning for both volunteer and newcomer physicians, while others were more one-sided with volunteers providing guidance and feedback. Some volunteer physicians indicated that some newcomers were less fluent in English, meaning that they may have benefited from more plainly communicated expectations.

Exit surveys with newcomer and volunteer physicians suggested there were some discrepancies between newcomer and volunteer preferences for the number and frequency of sessions. Almost half (44%) of newcomer physicians would prefer more than twelve sessions, whereas almost half (48%) of volunteer physicians would prefer fewer than twelve sessions.

Staff supports are important to the success of the program

Program staff explained that creating a successful partnership was not as simple as matching newcomer physicians to volunteers. Program staff supported the partnerships on an ongoing basis by:

- Meeting with the newcomer and volunteer physicians to make sure they understood the limits on time and available supports.
- Clearly outlining what the program offers to both parties.
- Matching volunteers to newcomers based on needs and attributes. If the fit is not working, program staff may reassign volunteers and newcomers.
- Providing additional employment services and supports (such as tools to tailored job searches). Newcomer physicians are highly educated, but dedicated support people with specific knowledge are needed to help navigate the steps with them.

Perhaps as a result of these activities, interviews and surveys confirmed that ACCES staff were an important part of the success of the HELP program. Most (62% of) newcomer physicians and more than half (51% of) of volunteer physicians surveyed found support from ACCES staff very helpful, and none said the support was not helpful.

4.2 Recommendations

The success of the HELP program can inform the development of similar programs assisting newcomer professionals and the integration of other healthcare professionals into the Canadian workforce. Further enhancements to the HELP program could be facilitated by improvements to the evaluation tools.

While participants were satisfied with their experiences in the program, improvements could be made and participants may have useful suggestions.

The HELP program could be further scaled up nationally or replicated in other provinces and territories to assist more newcomer physicians

In interviews, HELP program staff noted that the impact of the program correlates directly with the number of partnerships formed. Scaling up the HELP program to form and support more partnerships would require three things:

- Volunteers,
- A communications strategy to recruit them, and
- Sufficient support staff

Dr. Grunfeld commented that increasing the number of volunteers is as easy as writing a "little blurb in the Ontario Medical Association newsletter." Staff and advisors reported that ongoing outreach or communications with medical associations across the country could easily supply volunteers for the program.

Thus, scaling up the program would be dependent on additional resources to support staff to run the program. HELP staff and advisors interviewed indicated that ACCES could further scale up their program if they had access to longer term (1–3 year) funding.

The HELP program could be modified to assist newcomer medical professionals in other fields

The program could be extended or replicated to assist newcomers with other international training with transitioning to work as professionals beyond physicians in Canada. For example, as ACCES has proposed, the HELP program could be extended to assist internationally trained pharmacists. Pharmacists face similar challenges and could similarly benefit from resources to help them through a partnership model such as the HELP program.

ITPs could provide more assistance to one another through the HELP program or similar mechanisms

The HELP program has created communities of practice through online discussion forums, both for newcomer and volunteer physicians. Interviews with HELP program staff indicated that more could be done to provide opportunities for ITPs to share information and to assist at various stages of integration into Canadian healthcare systems. In their analysis of interviews with HELP participants, ACCES' partners suggested putting newcomers more in contact with one another and volunteers more in contact with one another.[23]

More ITPs could be recruited as volunteer physicians to help their fellows. To facilitate this, ITP volunteers may need to be recruited at an earlier state in their careers, rather than as retirement is approaching, and through different outreach channels. One of the people interviewed for the staff and advisor interviews reported that they initially heard about the program through a Facebook group for women physicians, and that they thought some ITPs would find the time to volunteer with the program regardless of they were near retirement or not if they knew about it. Thus, it could be beneficial for the program to expand recruitment strategies beyond medical associations.

Continue to refine the evaluation process to further improve the program

Future evaluations of the HELP program could be improved by collecting more directly comparable data through intake and exit surveys and using standardized agreement scales. For example, volunteer intake

[23] Jelena Zikic and Soodabeh Mansoori (2025) "Communication Partnerships for Greater Professional Belonging: Qualitative Exploration of HELP Program."

surveys measured preparedness at intake, while exist surveys measured confidence. In addition, in the newcomer physician intake and exit surveys, knowledge of professional workplace behaviour in Canadian healthcare systems before and after participation could be compared by using the same questions with the same scales.

ACCES might also consider creating unique anonymous IDs to link intake and exit survey data, which would not only allow for paired sample comparisons, but also require asking demographic questions only once.

Additional suggested refinements to the survey questions:

- Move questions about differences between the country in which newcomer physicians trained and in Canada from the intake to the exit questionnaire.
- Add open-ended questions inviting suggestions for improvement to newcomer and volunteer physician exit questionnaires.
- Add a follow up question to the newcomer and physician exit questionnaires asking for the reasons why they were satisfied or dissatisfied with their involvement in the program.
- Add a question to the volunteer physician exit questionnaire asking what outcomes they experienced from the partnership.
- Add a province question to intake and exit questionnaire (especially if scaling up the program to more regions).
- Provide multiple response options when asking about time taken to develop skills and knowledge.
- Restricting response options when asking about year of graduation or birth to four-digit numbers rather than allowing any input.

Continued collection of demographic information from newcomer and volunteer physicians may shed further light on possible differing needs of groups and the degree to which they are being met. For example, some subsets of newcomer physicians might benefit from resources tailored to transition into specific types of employment. Further, feedback from participants could yield insights as to why some groups might have been less satisfied than others, and how best to address those differences.

It may also be helpful to compare newcomer physicians' self-reported English language proficiency and volunteer physicians' assessments of them to better understand the needs of both groups and how the program is meeting them.

With the long-term objective of the project in mind, tracking the long-term career outcomes for participating newcomer physicians is advised. This could be accomplished by requesting permission from participants to contact them in the future or asking them to contact the project when they become licensed or secure employment as healthcare professionals.

5. What's Next

FSC's support of the HELP project in 2025 contributed to structuring the evaluation of the program, to refining delivery tools, and documenting outcomes. All core assets developed with FSC support are being actively used by ACCES Employment. These assets include expert-reviewed healthcare communication guides, structured role-play frameworks, and video onboarding and orientation tools. These assets continue to be refined with a focus on continuous quality improvement within the project.

Following the end of FSC funding, HELP secured ongoing baseline funding from the Canadian Medical Association Foundation. ACCES Employment's funding from the Foundation signals strong sector recognition of the value of HELP from within the medical profession. This funding supports program continuity, further development of physician-to-physician learning materials, and sustained engagement of volunteer physicians. In addition to this core funding, ACCES Employment has also received initial approval from corporate donors to expand HELP's impact.

Looking ahead, ACCES Employment intends to build on the HELP model by adapting it for other regulated healthcare roles facing similar systemic integration barriers, such as internationally trained pharmacists and other allied health professionals.

Appendix

Additional details on evaluation methodology

The evaluation assessed the effectiveness of the program in assisting newcomer physicians in improving their professional English skills and knowledge of Canadian healthcare systems and increasing their social capital in the Canadian medical community and their confidence in their capacity to work in the Canadian healthcare sector. The evaluation also assessed how well the program overcame barriers ITPs experience in gaining employment in the Canadian healthcare sector. Data collection methods incorporated both qualitative and quantitative methods.

Evaluation questions

The project aimed to develop and to test supports for newcomer physicians to develop employability and communications skills to find employment in the Canadian healthcare sector. In particular, the project aimed to develop resources for knowledge mobilization and to test them to develop evidence-based knowledge products for long-term impact.

Five key evaluation questions were developed to align with FSC's strategic questions in consultation with ACCES:

1. To what extent did newcomer physicians:
   - increase English language skills related to medical terminology
   - learn about Canadian healthcare systems
   - develop social capital in the Canadian healthcare sector
   - increase confidence in their capacity to work in the Canadian healthcare sector?
2. What are the most significant barriers, beyond licensing, to newcomer physicians' participation in the Canadian medical community?
   - To what extent are the goals of HELP aligned to address these barriers?
3. What aspects of the HELP program did volunteer and newcomer physicians find most useful in addressing these barriers?
4. To what extent did volunteer physicians take an active role in integrating foreign-trained physicians into the Canadian medical community.
   - Did they find it rewarding?
5. To what extent was the HELP program supportive of the broader goals of equity, diversity, inclusion and reconciliation?

These questions informed revisions to the program's intake and exit surveys and the development of the guides for interviews with program participants and other ITPs, the community consultation discussion guide and the staff and advisors interview guide.

Lines of Evidence

Data collection methods included intake and exit surveys of newcomer and volunteer physicians in the HELP program, interviews with HELP program participants and other ITPs, community consultations with ITPs, and interviews with staff and advisors to the program. The table below summarizes the data collected through each line of evidence.

Figure 23: Detailed summary of data collected

Evidence	Respondents	Information collected	Sampling
Intake survey of newcomer physicians	n=58	Demographic information on newcomer participants; experiences, skills, knowledge and confidence before participation.	ACCES administered the survey via Survey Monkey. Some (34%) completed the survey before questions supporting the evaluation were added.
Intake survey of volunteer physicians	n=55	Demographic information on volunteers, previous experience.	ACCES administered the survey via Survey Monkey. Some (38%) completed the survey before questions supporting the evaluation were added.
Exit survey of newcomer physicians	n=39	Demographic information; newcomer satisfaction with the program; skills, knowledge and confidence gained.	ACCES administered the survey via Survey Monkey.
Exit survey of volunteer physicians	n=40	Demographic information, volunteer satisfaction with the program.	ACCES administered the survey via Survey Monkey.
Interviews with HELP participants	n=9*	Newcomer and volunteer satisfaction with the program, challenges experienced and suggestions for improvement.	ACCES' partners at York University conducted the interviews.
Interviews with other ITPs	n=8	Challenges newcomers experience.	ACCES's partners at the Institute for Better Health conducted the interviews.
Community consultations	n=54	Challenges newcomers experience, services available in different regions.	ACCES conducted the consultations in cooperation with four regional partners.
Interviews with staff and advisors	n=3	Relevance and ongoing need for program, sustainability of program, challenges, suggestions for improvement, lessons learned and success factors	ACCES invited staff and advisors to participate and Malatest conducted the interviews.

* While 15 interviews were completed, the report available summarized findings from 9 interviews.

Surveys of newcomer and volunteer physicians

Intake and exit surveys were designed by ACCES, reviewed by Malatest, and conducted by ACCES. Malatest reviewed their existing surveys and suggested modifying some questions and adding more to collect demographic and other information to aid the evaluation and provide comparable data for FSC. ACCES was already conducting intake surveys for newcomer and volunteer physicians when they started working with Malatest, and some participants completed exit surveys before they were revised. About a third (34%) of newcomer physicians completed the intake survey before the additional questions were added. A slightly higher proportion (38%) of volunteer physicians completed the intake survey before more questions were added. A bit more than half of newcomer (54%) and volunteer (55%) physicians completed the exit survey before more questions were added. Almost all participants completed intake surveys: 97% of newcomer and 92% of volunteer physicians, slightly below their target of 100% (or 60 of

each). About two thirds of participants completed exit surveys during the evaluation period (39 newcomer and 40 or volunteer physicians), significantly above their target of 10 to 15 each for newcomer and volunteer physicians.

Community consultations

ACCES conducted six community consultations with ITPs in cooperation with regional partners. The regional partners were Medical Graduates Association in Calgary, Saint John Newcomers Centre in New Brunswick and the City of Greater Sudbury in Ontario. A total of 54 ITPs participated in the community consultations.

Figure 24: Community consultation participation

Location	Date	Partner or focus area	Participants
Vancouver, BC	Saturday, June 28	Umbrella Multicultural Health Co-op	12
Calgary, AB	Monday, July 28	Alberta Immigrant Medical Graduates Association	13
Saint John, NB	Tuesday, August 12	Saint John Newcomers Centre	12
Sudbury, ON	Monday, August 25	City of Greater Sudbury	8
Online	Monday, September 29	No formal partner, but focused on ITPs in Winnipeg	5
Online	Tuesday, September 30	ITPs in the greater Toronto area	4

Malatest and ACCES worked together to develop the format of the consultations and the discussion guide to gather individual perspectives as well as perspectives emerging through group discussion.

The community consultations included surveys of participants, completed on paper by participants in the in-person consultations and through PDFs by online participants. Malatest tabulated these results to identify baseline data on job readiness, access to similar or related programs and awareness of the HELP program, which yielded some statistical information on ITPs more generally.

Interviews with ITPs and HELP participants

ACCES conducted two sets of interviews. These included interviews with HELP program participants by researchers Jelena Zikic and Soodabeh Mansoori at York University, and interviews with other ITPs by the Moonshot Collaborative for Translational Health Equity at the Institute for Better Health, Trillium Health Partners.

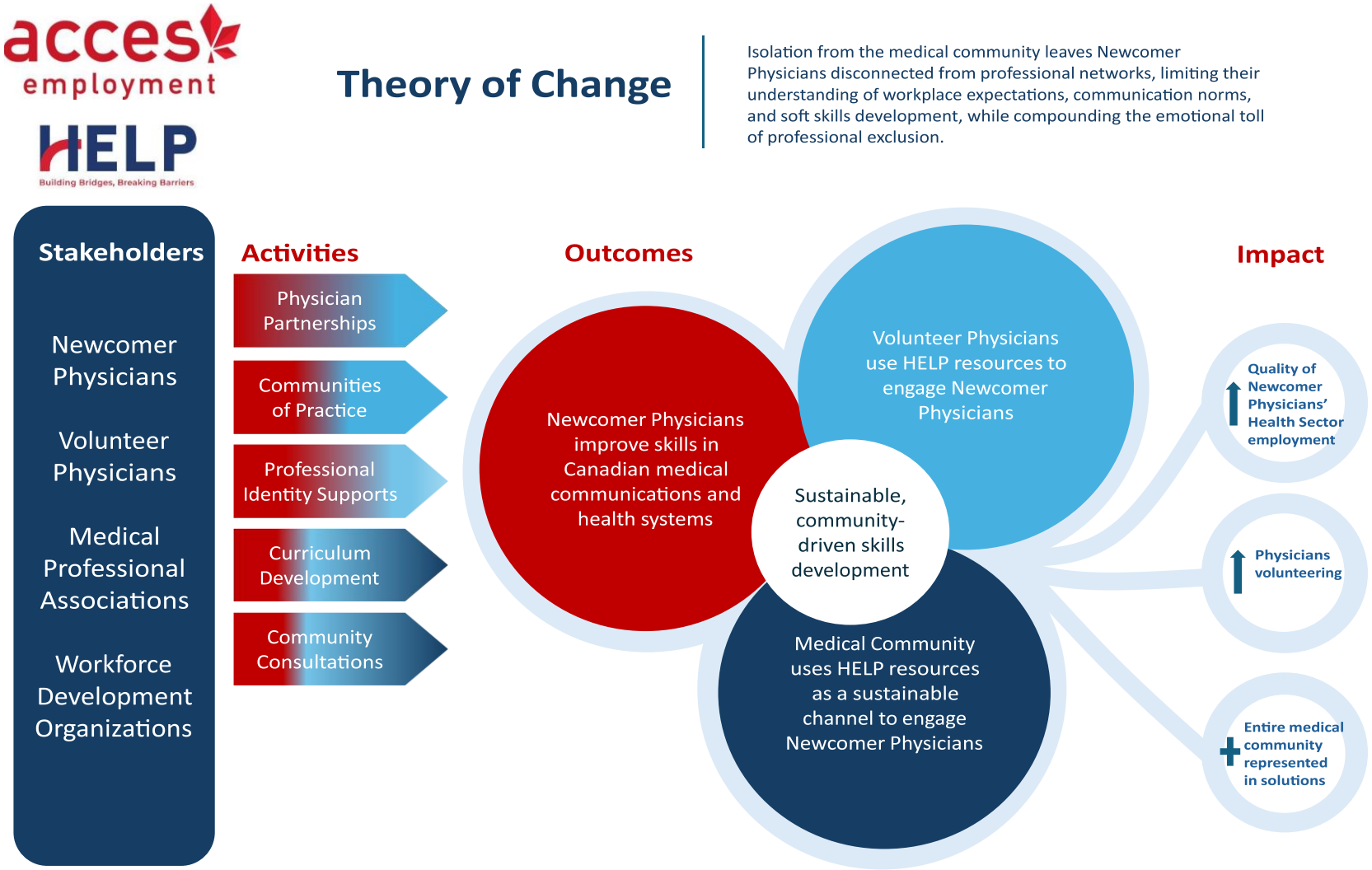
From July-September, ACCES contracted York University to interview 15 HELP program participants. A preliminary summary from nine of those interviews was shared with Malatest. These interviews discussed participant satisfaction with the HELP program from newcomer (n=6) and volunteer (n=3) physicians.

ACCES also contracted the Institute for Better Health to interview eight internationally trained physicians (ITPs) not in the HELP program, each for a series of three interviews. A $50 honorarium was provided to

ITPs for each of three one-hour semi-structured interviews conducted over Teams. These interviews discussed barriers ITPs experienced in entering the Canadian healthcare sector, including before they immigrated and transitioned into employment as licensed physicians or alternative career paths. Four participating ITPs had pursued licensure, and four transitioned into alternative careers in health. Recruitment for these interviews was purposive, with ACCES selecting interviewees to represent a diversity of trajectories, pathways and circumstances.

York University and the Institute for Better Health developed interview guides required for these interviews. Malatest reviewed the guide for the Institute for Better Health interviews but did not have the opportunity to review the guide for the York University interviews due to restricted timelines and the need for ethics approval of their interview guides. York University and the Institute for Better Health analyzed the interview transcripts and prepared reports for ACCES on their findings, which Malatest used to inform the evaluation.

Figure 25: Theory of change



Data collection tools

Newcomer Physician Intake Survey

BASELINE INFORMATION

1. In what year did you graduate medical school?
   - _____
   - Prefer not to answer
2. In which country did you graduate medical school?
   - _____
   - Prefer not to answer
3. Medical area(s) you that you would like to develop greater communicative competency within
   - _____
     _____
4. Are you currently:
   - Working full-time in a field other than healthcare
   - Working full-time in a non-licensed position in healthcare
   - Working part-time in a field other than healthcare
   - Working part-time in a non-licensed position in healthcare
   - Unemployed
   - Other please specify: _____
5. How did you hear about HELP?
   - A settlement organization
   - A community organization
   - A community member
   - A professional organization
   - Social Media
   - ACCES Employment
   - Other please specify: _____
6. After arriving in Canada, how would you rate your level of professional interactions with Canadian physicians?
   - Not Helpful at all
   - Slightly Helpful
   - Somewhat Helpful
   - Very Helpful
   - Extremely Helpful
   - N/A— No professional interactions with Canadian Physicians
7. To what extent do you feel you are part of the healthcare community in Canada?
   - To no extent

- To some extent
- To a great extent
- Do not know or prefer not to answer

BARRIERS TO PARTICIPATION IN CANADIAN HEALTHCARE SECTOR

8. How would you rate knowledge in the following areas?

	Poor	Fair	Good	Excellent	Do not know or prefer not to answer
A. English medical terms in my field					
B. Canadian healthcare systems					
C. How to apply for jobs in the Canadian healthcare system					
D. Professional workplace behaviour in Canada					

9. To what extent are the following aspects of healthcare different in Canada than the country where you graduated medical school?

	To no extent	To some extent	To a great extent	Do not know or prefer not to answer
A. Relationship with patients				
B. Relationship between physicians and other healthcare workers, such as nurses or orderlies				
C. Appointment scheduling				
D. Cost of medical services				
E. Waitlists for specialists				
F. Mental health concerns				
G. Understanding of health and wellness				

10. Prior to taking part in the HELP program, have you taken any courses or engaged in any other training to improve your English language skills?

- No
- English as a Second Language (ESL) or Language Instruction for Newcomers to Canada (LINC) general English language courses
- English as a Second Language (ESL) or Language Instruction for Newcomers to Canada (LINC) healthcare-specific English language courses
- General English language courses at a college or university
- Healthcare-specific English language courses at a college or a university
- Other please specify: _____

11. In what other ways is healthcare different in Canada than the country where you graduated medical school?

- _____
  _____

- Do not know or prefer not to answer

12. How prepared do you feel to be partnered with a Volunteer Physician to improve your medical English?

    - Not very prepared
    - Not prepared
    - Neutral
    - Prepared
    - Very prepared

DEMOGRAPHICS

13. In Canada, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian", etc.

    Which race category/categories best describe(s) you?

    Select all that apply.

    ☐ Black (African, Afro-Caribbean, African-Canadian descent)
    ☐ East Asian (Chinese, Korean, Japanese, Taiwanese descent)
    ☐ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
    ☐ Indigenous (First Nations, Métis, Inuit descent)
    ☐ Latino (Latin American, Hispanic descent)
    ☐ Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
    ☐ South Asian (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
    ☐ White (European descent)
    ☐ Another race category please specify: _____

    - Prefer not to answer

14. What is your citizenship or residency status in Canada?

    - Canadian Citizen (by birth)
    - Canadian Citizen (by naturalization)
    - Permanent resident/Landed immigrant (a person who has been granted the right to live in Canada permanently by immigration authorities)
    - Temporary resident (a person who has been granted the right to live in Canada temporarily)
    - Refugee claimant
    - Other please specify: _____
    - Prefer not to answer

15. In what year did you arrive in Canada?

    - _____
    - Prefer not to answer

16. In what year were you born?
    - _____
    - Prefer not to answer
17. What best describes your gender? Please select only one.
    - Man
    - Woman
    - Gender non-binary (including gender fluid, genderqueer, androgynous)
    - Two-spirit
    - Transgender
    - I would like to self-describe: _____
    - Prefer not to answer

Volunteer Physician Intake Survey

1. In what year did you graduate medical school?
2. Where did you complete medical school?
    - Dalhousie University
    - McGill University
    - McMaster University
    - Memorial University
    - Northern Ontario School of Medicine University
    - Queen's University
    - Toronto Metropolitan University
    - Université de Montréal
    - Université de Sherbrooke
    - Université Laval
    - University of Alberta
    - University of British Columbia
    - University of Calgary
    - University of Manitoba
    - University of Ottawa
    - University of Saskatchewan
    - University of Toronto
    - Western University
    - Outside of Canada, please specify country and year licensed in Canada: _____
4. Medical area(s) for which you can help with communication

5. Are you currently:
    - Working full-time
    - Working part-time
    - Partially Retired

- Retired (please let us know how long you have been retired) _____

6. How did you hear about HELP?

   - From another physician
   - In the press
   - Academic Institution
   - Professional Organization
   - Social Media
   - ACCES Employment
   - Other (please specify) _____

7. Have you had any previous experience supporting internationally-trained physicians?

   - No
   - Yes (please describe this experience briefly) _____

8. Have you had any previous experience supporting others in developing English language skills?

   - No
   - Yes (please describe this experience briefly) _____

9. How prepared do you feel to support a Newcomer Physician in improving their medical English?

   - Not very prepared
   - Not prepared
   - Neutral
   - Prepared
   - Very prepared

10. In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian", etc.

    Which race category/categories best describe(s) you?

    Select all that apply.

    - ☐ Black (African, Afro-Caribbean, African-Canadian descent)
    - ☐ East Asian (Chinese, Korean, Japanese, Taiwanese descent)
    - ☐ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
    - ☐ Indigenous (First Nations, Métis, Inuit descent)
    - ☐ Latino (Latin American, Hispanic descent)
    - ☐ Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
    - ☐ South Asian (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
    - ☐ White (European descent)
    - ☐ Another race category please specify: _____
    - Prefer not to answer

11. What best describes your gender? Please select only one.

- Man
- Woman
- Gender non-binary (including gender fluid, genderqueer, androgynous)
- Two-spirit
- Transgender
- I would like to self-describe: _____
- Prefer not to answer

12. What is your citizenship or residency status in Canada?

- Canadian Citizen (by birth)
- Canadian Citizen (by naturalization)
- Permanent resident/Landed immigrant (a person who has been granted the right to live in Canada permanently by immigration authorities)
- Temporary resident (a person who has been granted the right to live in Canada temporarily)
- Refugee claimant
- Other please specify: _____
- 99: Prefer not to answer

If previous response = 03 thru 05, ask

13. In what year did you arrive in Canada?

- _____
- 99: Prefer not to answer

Newcomer Physician Exit Survey

1. Did you complete at least 12 sessions?

- Yes
- No
- Do not know or prefer not to answer.
- If no, why not:

2. How many sessions do you think are best?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- More than 15
- Do not know or prefer not to answer

3. What frequency of sessions do you think is best?

- Once per week
- More than once per week
- Less than once per week
- No specific frequency
- Do not know or prefer not to answer

4. Which meeting format do you prefer?

- In-person sessions
- Virtual sessions
- Either is okay
- Do not know or prefer not to answer

5. Your partnership with a Volunteer Physician received support from an ACCES Employment staff member. Did you find the support you received to be helpful?

- Not at all helpful
- Slightly helpful
- Fairly helpful
- Very helpful
- Do not know or prefer not to answer

6. The HELP program includes a variety of resources to help you have meaningful and productive conversations, including Modules, Case Scenarios and Videos. Which of these resources did you use, and how helpful did you find them?

	Did not use	Not at all helpful	Slightly helpful	Fairly helpful	Very helpful	Do not know or prefer not to answer
Case Scenarios						
Modules						
Videos						
General resources						

7. HELP was designed to support you in feeling more confident in your medical communications. After having taken part in HELP, how has your confidence in your medical communications changed?

	Much less confident	Less confident	Neither less or more confident	More confident	Much more confident	Do not know or prefer not to answer

Overall medical communications						
Spoken medical communications						
Written medical communications						
Listening to medical communication						
Reading medical communications						

8. Your partnership with a Volunteer Physician primarily aims to improve your medical communication, but it might have improved your understanding Canada's health systems and employment options in the health sector. How has participation in the HELP program affected your confidence in:

	Much less confident	Less confident	Neither less or more Confident	More confident	Much more confident	Do not know or prefer not to answer
Understanding Canada's health systems						
Securing employment in Canada's health systems						

9. How satisfied are you with your experience in HELP?

- Very dissatisfied
- Somewhat dissatisfied
- Neutral
- Somewhat satisfied
- Very satisfied

10. We would like to know more about your willingness to engage with HELP in the future. This questionnaire is anonymous. This question is for evaluation purposes only. Program staff might engage you at a later date about future engagement with HELP without knowledge of the answers provided here.

	Yes	No	Maybe
I would like to recommend pre-existing materials to HELP			
I would like to contribute to creating new HELP materials			
I would be willing to submit a program testimonial			
I would be willing to support HELP through volunteering in the future			

11. To what extent do you agree with the following statements?

	To no extent	To a small extent	To a moderate extent	To a great extent	Do not know or prefer not to answer
A. The volunteer physician and the newcomer physician are equal partners in the HELP program.					
B. My expertise was valued.					
C. Because of HELP, I feel like I am part of a community of physicians					

12. In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian", etc.

    Which race category/categories best describe(s) you?

    Select all that apply.

    ☐ Black (African, Afro-Caribbean, African-Canadian descent)
    ☐ East Asian (Chinese, Korean, Japanese, Taiwanese descent)
    ☐ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
    ☐ Indigenous (First Nations, Métis, Inuit descent)
    ☐ Latino (Latin American, Hispanic descent)
    ☐ Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
    ☐ South Asian (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
    ☐ White (European descent)
    ☐ Another race category please specify: _____
    • Prefer not to answer

13. In what year did you arrive in Canada?

- _____
- 99: Prefer not to answer

14. In which country did you graduate medical school?

- _____
- 99: Prefer not to answer

15. In what year were you born?

- _____
- 99: Prefer not to answer

16. What best describes your gender? Please select only one.

- 01: Man
- 02: Woman
- 03: Gender non-binary (including gender fluid, genderqueer, androgynous)
- 04: Two-spirit
- 05: Transgender
- 77: I would like to self-describe: _____
- 99: Prefer not to answer

Volunteer Physician Exit Survey

1. Did you complete at least 12 sessions?

- Yes
- No
- Do not know or prefer not to answer.
- If no, why not:

2. How many sessions do you think are best?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- More than 15
- Do not know or prefer not to answer

3. What frequency of sessions do you think is best?

- Once per week
- More than once per week
- Less than once per week
- No specific frequency

- Do not know or prefer not to answer

4. Which meeting format do you prefer?

- In-person sessions
- Virtual sessions
- Either is okay
- Do not know or prefer not to answer

5. Your partnership with a Newcomer Physician received support from an ACCES Employment staff member. Did you find the support you received to be helpful?

- Not at all helpful
- Slightly helpful
- Fairly helpful
- Very helpful
- Do not know or prefer not to answer

6. The HELP program includes a variety of resources to help you have meaningful and productive conversations, including Modules, Case Scenarios and Videos. Which of the following resources did you use, and how helpful did you find them?

	Did not use	Not at all helpful	Slightly helpful	Fairly helpful	Very helpful	Do not know or prefer not to answer
Case Scenarios						
Modules						
Videos						
General resources						

7. After having taken part in HELP, how confident do you now feel in supporting newcomer physicians to improve their medical English?

- Not confident
- Neutral
- Somewhat Confident
- Confident
- Very confident
- Do not know or prefer not to answer

8. How satisfied are you with your experience as a Volunteer Physician with HELP?

- Very dissatisfied
- Somewhat dissatisfied
- Neutral
- Somewhat satisfied
- Very satisfied

9. To what extent do you agree with the following statements?

	To no extent	To a small extent	To a moderate extent	To a great extent	Do not know or prefer not to answer
A. The volunteer physician and the newcomer physician are equal partners in the HELP program.					
B. My expertise was valued.					
C. My participation in the HELP program actively contributed to my partner's professional development.					

10. We would like to know more about your willingness to engage with HELP in the future. This questionnaire is anonymous. This question is for evaluation purposes only. Program staff might engage you at a later date about future engagement with HELP without knowledge of the answers provided here.

	Yes	No	Maybe
I would like to recommend pre-existing materials to HELP			
I would like to contribute to creating new HELP materials			
I would be willing to submit a program testimonial			
I would be willing to support HELP through volunteering in the future			

11. In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian", etc.

    Which race category/categories best describe(s) you?

    Select all that apply.

    ☐ Black (African, Afro-Caribbean, African-Canadian descent)
    ☐ East Asian (Chinese, Korean, Japanese, Taiwanese descent)
    ☐ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
    ☐ Indigenous (First Nations, Métis, Inuit descent)
    ☐ Latino (Latin American, Hispanic descent)
    ☐ Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
    ☐ South Asian (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)

- ☐ White (European descent)
- ☐ Another race category please specify: _____
- Prefer not to answer

12. What is your Canadian immigration status?

- Canadian Citizen (by birth)
- Canadian Citizen (by naturalization)
- Permanent resident/Landed immigrant (a person who has been granted the right to live in Canada permanently by immigration authorities)
- Temporary resident (a person who has been granted the right to live in Canada temporarily)
- Refugee claimant
- Other please specify: _____
- Prefer not to answer

13. What best describes your gender? Please select only one.

- Man
- Woman
- Gender non-binary (including gender fluid, genderqueer, androgynous)
- Two-spirit
- Transgender
- I would like to self-describe: _____
- Prefer not to answer

14. Have you completed any previous partnerships in the HELP program prior to this one?

- Yes
- No

15. If yes, how many partnerships have you completed in HELP?

_____

16. Has your satisfaction with the HELP program changed between the first partnership that you completed and the partnership that you most recently completed? If so, how?

HELP Program Community Consultation—Facilitation Plan

Introduction (5 minutes)

Welcome! I want to thank you all for participating in this community consultation. (Introduce all the staff in the room—their roles. Thank Umbrella for the support)

Our purpose today is to learn about and share our understanding of:

- How internationally trained physicians integrate into the Canadian medical community
- How those pathways differ across Canada (we are doing consultations across Canada)
- How best to support internationally trained physicians in integrating into the Canadian medical community

With your permission, to evaluate the HELP program, today's discussions will be noted and a summary will be shared with R.A. Malatest & Associates (Malatest), an independent research company. The notes will be used only to prepare the summary for Malatest and destroyed when Malatest's analysis evaluation has been completed.

General Information

Confidentiality. Any recorded/written data from these consultations will not be shared outside of the ACCES team. Individuals will not be identified in any report resulting from this study. Only anonymized data will be included in reports for this evaluation. We also ask that you similarly maintain the confidentiality of what is said during the group discussion.

Voluntary participation. Your participation in this discussion is voluntary. You may stop participating at any time. You do not have to answer any questions that you do not wish to answer. You may withdraw from the group at any time with no consequences.

Ground Rules

- We encourage everyone to share their thoughts and experiences, but there's no obligation to answer every question.
- Feel free to engage directly with each other's comments — this is meant to be a conversation
- Please share what feels authentic to you. There is no need for the group to agree or reach a consensus.
- Our role is to guide the conversation and keep us on track. While the facilitators will mostly step back to allow for open discussion, we may occasionally step in to help us stay focused and on time.

Today's Agenda

First, we'll begin with introductions. We'll ask everyone to briefly introduce themselves.

We'll start by inviting you to share your personal experiences — your journey as internationally trained physicians, the challenges you've faced, the progress you've made, and your hopes moving forward. During this time, we are going to ask you to complete a short survey to collect basic demographics, understand initial familiarity with HELP and licensing pathways and capture some baseline data.

Next, we'll move into a discussion on regional differences. In new breakout groups, we'll explore how the process of integrating into the Canadian healthcare system may differ across provinces and territories, and what specific barriers or supports exist in your region. We'll ask each group to highlight key experiences and insights that will help inform program development.

Finally, we'll focus on the HELP program itself. You'll have the opportunity to share your thoughts on how useful the program has been, your experiences accessing any of its resources, and any suggestions for improvement. Once again, we'll ask groups to report back on the most important insights gathered during the discussion.

Throughout the session, your feedback will help inform the ongoing development of the HELP program and contribute valuable perspectives for the program evaluation.

Are there any questions before we get started?

1. Pre-Discussion Survey (10 min) (on paper to be collected by facilitator/staff—need 15 hard copies)

1. From which medical school did you graduate?

2. What year did you arrive in Canada?

3. Before being contacted for this consultation, were you aware of the Health English Language Pro program from ACCES Employment?

4. Are you aware of any other programs that support internationally trained physicians in your region?

Please list any programs you are aware of:

5. How prepared do you feel to work as a physician in Canada?
6. How well connected are you to the Canadian healthcare community now?

   a. Do you currently work in healthcare, and if so in what capacity?
   b. Do you envision yourself becoming licensed to work as a physician in Canada?
   c. How do you feel about pursuing non-licensed work in healthcare?
   d. Are you able to meet the people you need to, to find employment in Canadian healthcare?

7. How prepared do you feel to work as a physician in Canada?

   a. Do you have the necessary English language skills to work in your field?
   b. Do you know enough about how Canadian healthcare systems work?
   c. Have you been able to adapt to the cultural practices of medicine in Canada?
   d. If you are working in the Canadian healthcare system, how long did it take to develop the necessary skills and knowledge, and what helped?

2. Welcome & Introduction (15 min)

- Icebreaker:
    - Your first name
    - The medical specialization you trained for
    - The most complicated word or phrase you had to learn in your medical education

3. Regional Pathways Mapping (30 min) Create new Breakout groups — ask participants to go to a different table

- **Identify current supports (10 min):** Groups work to create a list of as many supports for newcomer physicians in their areas as possible on flipcharts. Group members mark down how many of them knew of each support to show the strength of awareness of those supports in the group. (collected on flipchart paper)
- **Group Discussion (20 min):** (table facilitator takes notes)
    - In your opinion or experience, how useful are programs that are meant to support internationally trained physicians in returning to practice?
    - In your opinion or experience, how accessible are programs that are meant to support internationally trained physicians in returning to practice?
    - Aside from licensing, what other barriers have you experienced as you have worked to integrate into the Canadian medical community in your region?

- Does your region present any unique challenges for newcomer physicians?

4. Wellness Break — 15 minutes

5. Partnering and Mentorship (35 min)

- **Individual Reflection (15 min):** provide copies of the question guide—(1 for each participant. Collect after completion)

  1. What barriers do you think there might be for licensed physicians in volunteering to support newcomer physicians?

  2. What barriers have you experienced in trying to get support from licensed physicians in your licensure and employment journeys?

  3. Supports that licensed physicians offer to newcomer physicians can be offered in both one-on-one format or in group formats.

    - In what circumstances would one-on-one supports be more appropriate?
    - In what circumstances would one-on-one supports be more appropriate?

  4. In what other ways could volunteer licensed physicians support newcomer physicians to get more integrated into the medical community?

- **Group Discussion (20 min):** (provide copies of the question guide. Scenario 1 first, then Scenario 2. table facilitator takes notes. Collect documents at end)
  - Imagine the following scenario:
    - Scenario 1 — You have the opportunity to be mentored by a licensed physician in Canada.
      - What do you think you and your mentor would do? What would you hope the goals and outcomes of this scenario might be?
    - Scenario 2 — You have the opportunity to create a partnership with a licensed physician to practise your medical English language and communications.
      - What do you think you and your partner would do? What would you hope the goals and outcomes of this scenario might be?

6. Moving Forward & Closing (30 min)

- **Quote boards (15 minutes):** posted around the room
  - Each board lets you send a message to someone:
    - A newcomer physician who will be landing in Canada six months from now
    - A newcomer physician that just arrived in Canada
    - The Minister of Health
    - A licensed physician that is waiting to support a newcomer physician
- Wrap up (15 minutes)

7. Lunch and Networking

ACCES - HELP Program Project Team Interview Guide

Thank you for speaking with us today about the ACCES HELP program. Malatest, an independent third-party evaluator, is assisting ACCES in understanding how best to support newcomer physicians in learning Canadian medical communications to further their employability in the Canadian market. Data collected through these interviews will be analyzed by Malatest and used to improve ACCES's work and other similar projects. The interview will take approximately 30 minutes depending on your responses.

More about this study:

Healthcare language and communication is complex and nuanced. Health English Language Pro (HELP) creates partnerships between newcomer physicians and experienced volunteer physicians with a focus on helping newcomers practise medical terminology in English and familiarize themselves with Canadian healthcare communication and systems. During the evaluation, Malatest will hear from project participants as well as industry and academic organizations. No individual responses will be reported. Your responses will be protected *as per* Canada's *Privacy Act*. Management of the information collected through this study will be compliant with Government of Canada's *Policy on Service and Digital*. For Malatest's privacy policy, please visit: www.malatest.com/privacy-policy/.

If you have questions about this research, e-mail fscevaluations@malatest.com or call (toll-free) 1-855-688-1131.

1. What was your role with the HELP program?

2. To what extent is there a continued need for support for newcomer Canadians?
   Probes:
   - To what extent is there a need for English language skills assistance related to medical terminology?
   - How about help learning about Canadian healthcare systems?
   - To what extent do newcomer physicians still need help developing social capital in the Canadian healthcare sector?
   - How about help increasing their confidence?
   - How important is it that volunteer physicians take an active role in integrating internationally-trained physicians into the Canadian healthcare community?

   a. Can you share some sources on statistics about the needs of newcomer physicians with us?

3. What are the success factors and lessons learned from the project implementation and delivery to date?
   a. (Ask if relevant to role.) What did you learn from the community consultations?
   b. (Ask if relevant to role.) What did you learn from the digital ethnographies?
   c. Were there any unexpected impacts or outcomes from the project?

4. Currently, most volunteer physicians are not internationally trained. Do you think the program might change or be improved by recruiting internationally-trained physicians to act as volunteers?
   a. In what ways would having internationally-trained physicians help?

5. How could the HELP program become self-sustaining in terms of administration and budget?
   a. How could the project be scaled up? (Either to help more internationally trained physicians, or to include internationally trained pharmacists.)

6. What challenges remain and how they might be addressed?
   a. What changes would you suggest to increase the impact of the program?
   b. What is the prognosis for internationally trained physicians without changes to licensing requirements?