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Project Insights Report

Leveraging A Physician-Driven Response to Medical Communication Skills Development for Newcomer Physicians

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ACCES Employment

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Executive Summary

Internationally trained physicians (ITPs) in Canada face systemic barriers to employment, including costly licensing exams, limited residency placements, a lack of recognition of foreign credentials, and weak access to professional networks. These challenges are compounded by financial strain, underemployment, and inequities affecting women, racialized groups, older physicians, and those whose first language is not English or French. As a result, fewer internationally educated physicians are working in healthcare than there could be, despite significant physician shortages and over six million Canadians lacking regular access to primary care.

The HELP program (Health English Language Pro) was developed to address some of these barriers through a peer-to-peer partnership model between volunteer and newcomer physicians. The program focused on improving English medical communication, understanding of the Canadian healthcare system, professional confidence, and social capital. Evaluation findings showed all newcomer physicians reported improved connections to the medical community. Almost all (95%) reported increased confidence in medical communication in English and understanding of the Canadian healthcare system. Both volunteers and newcomers generally felt their expertise was valued, though newcomers were more likely to see the relationship as an equal partnership.

Participants also benefited from practical learning tools such as role-play exercises, which were the most valued component. Communication modules and videos were also helpful. However, key barriers beyond the program remain, especially licensing constraints, financial costs, and a lack of transparent pathways into practice.

Overall, the findings show that integration is driven by access, relationships, and systemic constraints. The HELP model shows that structured, peer-to-peer partnerships can meaningfully support inclusion, improve readiness, and build professional networks, but broader system-level reforms are still needed.

KEY INSIGHTS

1. All newcomer physicians (100%) reported they were better connected to the medical community following the HELP program, compared to 45% before.
2. Newcomer physicians found it challenging to support themselves while seeking licensure and were often overqualified for non-clinical roles.
3. Almost all volunteers (91%) and newcomer physicians (90%) surveyed agreed that their expertise was valued in the partnerships they formed.

The Issue

Internationally trained physicians (ITPs) face systemic barriers to employment and professional inclusion in Canada. These barriers limit the healthcare system's ability to fully utilize internationally trained physicians' expertise.

Before they can work in Canada, ITPs are required to take expensive licensing exams. Medical licensure processes across Canada restrict the pool of newcomer physicians who can receive licences, while provincial and territorial governments can limit who can practise medicine. For instance, in 2025, the Government of Ontario aimed to restrict access to residency programs to those who attended an Ontario high school for two years, placing a major barrier to the main path to licensure for newcomer physicians.

Newcomer physicians' pass rates for licensure in Canada trend below those of Canadian-trained physicians. While some may need to build technical skills, communication and cultural differences are also a factor. These elements often fall outside the purview of employment programs and onboarding practices in healthcare. Social-emotional skills such as interpreting nonverbal communication, professional interaction, and cultural safety for Indigenous peoples and other patients in Canada can differ from those in newcomers' country of origin and impede their integration into Canadian healthcare systems.

In addition to provincial licensing and practice requirements, newcomer healthcare professionals face challenges in getting employers to recognize their international credentials and work experience. When newcomer physicians obtain employment in healthcare, they are often underemployed. Less than a third of Canada's 40,000 internationally educated permanent resident physicians are employed in professional healthcare occupations.

As a result of these barriers, Canadians are prevented from receiving the full benefit of newcomer physicians' skills. Canada is facing a serious shortage of doctors, especially in family medicine; employing more newcomers could significantly add to healthcare capacity to meet Canadian's needs.

To address these challenges, 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 newcomer physicians from all corners of the globe. 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.

HELP supports internationally trained physicians (ITPs) by improving medical English communication, cultural awareness, and social-emotional skills through partnerships with volunteer physicians. The program emphasizes a peer-to-peer partnership model rather than traditional mentorship, recognizing both participants as trained medical professionals. These partnerships provide newcomer physicians with insight into Canadian healthcare systems while fostering professional inclusion, shared identity, and mutual learning.

What We Investigated

This project tested the training and engagement frameworks that make up the HELP program with volunteer physicians and newcomer physicians and gathered additional feedback about the experiences of internationally trained physicians from June to November 2025.

The evaluation tested the relevance of HELP and its effectiveness in addressing:

1. 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?
2. 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?
3. 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?
4. What aspects of the HELP program did volunteer and newcomer physicians find most useful in addressing these barriers?
5. To what extent was the HELP program supportive of the broader goals of equity, diversity, inclusion and reconciliation?

Equity, diversity, and inclusion were central to the HELP project. The program aimed to improve workforce diversity and labour market outcomes for newcomer physicians through an anti-racism framework and a Gender-Based Analysis Plus (GBA+) approach that addressed systemic inequities.

The evaluation used literature review, interviews conducted by external researchers, consultations, and surveys to assess participant experiences, inclusion outcomes, barriers beyond licensure, alignment with equity and inclusion goals, and lessons learned from program implementation.

✔ What We're Learning

60 volunteer physicians and 60 newcomer physicians participated in the HELP program between June-November 2025.

Internationally trained physicians may feel confident in their general English skills while still benefiting from support to navigate the specialized language and communication expectations of Canadian healthcare settings

While most internationally trained physicians surveyed felt well equipped in their English language skills and few identified communication as a barrier to entering the workforce, the HELP program identified a need for more targeted support. Program staff, advisors and volunteer physicians pointed to gaps in medical terminology, pronunciation, abbreviations and the communication norms needed to interact with other physicians, patients and families. After participating in the program, 97% of newcomer physicians reported increased confidence in their spoken medical communication, suggesting that specialized communication support can address needs that may not be captured through self-assessments of general language proficiency.

The HELP program's peer-to-peer partnership model fostered meaningful professional relationships by recognizing newcomer physicians as colleagues rather than mentees

Almost all volunteer physicians (91%) and newcomer physicians (90%) agreed that their expertise was valued within the partnership. A majority of newcomer physicians (76%) and volunteers (56%) also reported that they viewed themselves as equal partners in the program. Satisfaction with the program was high among both groups, with 82% of newcomer physicians and 63% of volunteers reporting they were very satisfied with their experience. This shows the potential of programs such as HELP to engage participants by building on the existing expertise and professional identities of newcomers rather than positioning them solely as recipients of support. The peer-to-peer partnership model may also help foster mutual learning and stronger professional connections, which are important for successful integration into the Canadian medical community.

Interactive peer learning and role-playing activities were highly valued

Case scenarios were the most highly valued HELP resource, with 62% of newcomer physicians and 45% of volunteer physicians rating them as very helpful. After participating in the program, 97% of newcomer physicians reported increased confidence in spoken medical communication, and 95% reported greater confidence in understanding Canadian healthcare systems. The program also strengthened participants' professional networks, with 100% of newcomer physicians reporting that they felt more connected to the Canadian medical community after completing the program. Findings from the HELP program suggest that workplace readiness was effective through interactive, relationship-based learning opportunities that allow newcomers to practice communication skills and navigate real-world professional scenarios.

The HELP program strengthened newcomer physicians' confidence, workplace readiness, and sense of belonging within the Canadian medical community

After participating in the program, 97% of newcomer physicians reported increased confidence in spoken medical communication, while 95% reported greater confidence in understanding Canada's healthcare systems. The program also helped build professional connections, with 100% of newcomer physicians reporting that they felt more connected to the Canadian medical community after participation. These findings suggest that workforce integration requires more than technical knowledge or language proficiency alone.

The HELP program achieved high satisfaction among newcomer physicians, although experiences may have varied across demographic groups

While aggregate satisfaction metrics across the HELP program were exceptionally high, with 100% of newcomer participants reporting they were either "somewhat" or "very" satisfied, a granular analysis of demographic sub-groups reveals notable variances in the participant experience. Disaggregating the survey data by gender, age, and ethnicity highlights specific equity gaps that warrant targeted program adjustments.

The data indicate that the HELP program was highly effective for female internationally trained physicians (ITPs), who comprised the vast majority (74%). Approximately 89% of female participants reported being "very satisfied" with their experience. In contrast, male ITPs reported lower rates of high satisfaction, with 73% indicating they were "very satisfied."

Satisfaction rates also varied across different age brackets. Participants in their thirties represented the most highly satisfied cohort, with 82% reporting they were “very satisfied” with the initiative. Conversely, younger participants (those in their twenties) and older participants (those in their forties and fifties) reported a lower rate of high satisfaction, at a combined 67%.

The most pronounced variance in program experience appeared when analyzing participant satisfaction by ethnicity. While 92% of ITPs identifying with other ethnic groups reported being “very satisfied,” only 57% of Black newcomer physicians reported the same level of satisfaction.

Mobilizing retiring physicians solves a mutual need

The program tapped into a highly valuable, passionate, and underutilized workforce asset: retired Canadian doctors. Two-thirds (69%) of the volunteers were retired or partially retired. These individuals found the program highly rewarding because it fulfilled their psychological need to remain active and socially impactful during retirement, leading 85% of volunteers to pledge to return to the program.

Why It Matters

The HELP program highlights lessons that extend beyond a single employment initiative and speak directly to how Canada supports workforce integration for internationally trained professionals, particularly in healthcare.

Evaluation findings from the program suggest that internationally trained physicians (ITPs) may benefit from structured peer-to-peer partnerships that support them in becoming more proficient in medical English, increasing their knowledge and confidence and beginning to integrate into the Canadian medical community. The program demonstrated that newcomer physicians deeply value opportunities for professional exposure and guidance in navigating the Canadian healthcare environment. However, providing connection, improving Medical English, and support is only a partial fix.

Many barriers affecting ITP labour market integration are systemic rather than individual. Participants identified financial pressures, unclear pathways to licensure, limited access to residency and supervised practice opportunities, and difficulty building professional relationships as major obstacles to entering practice. These findings suggest that improving labour market outcomes for internationally trained physicians requires coordinated system-level responses alongside employment and training programs.

State of Skills: Leveraging the Skills of Newcomers

Navigating career and training decisions is especially complex for newcomers given the challenges they face learning new systems and unfamiliar workplace cultures. Career development support for newcomers should come early and often.

Read Thematic Report

Evaluation findings demonstrate that positioning volunteer and newcomer physicians as peers helped foster mutual respect, professional identity, and inclusion within the medical community. These relationships can contribute not only to improved confidence and communication skills but also to stronger social capital and a greater sense of belonging within the profession.

Overall, the HELP program provides evidence that structured partnership models have potential and play an important role in supporting newcomer physician integration. However, sustainable improvements in workforce participation for internationally trained physicians will also depend on broader systemic-level reforms that improve transparency, reduce financial and administrative barriers, and create clearer pathways into professional practice.

What's Next

With new funding from the Canadian Medical Association (CMA) Foundation, the HELP program now has a more stable and sustainable financial base. This support shows strong recognition from the medical community and allows HELP to expand beyond short-term funding cycles.

Alongside funding, professional associations and licensing bodies have provided endorsement, contributed to curriculum design, participated in consultations, and committed to volunteer engagement, aligning with their organizational goals to support physician workforce development and professional integration.

With this combined support, HELP is positioned to expand beyond physicians to other regulated health professions, such as pharmacists, using its established model as a foundation for broader workforce integration.

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

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