



Communication, Collaboration, and Connection: Building an Action Plan for Change

Summit on the International Recruitment of Bilingual
Health Professionals

St. John's NL February 20-21, 2023

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Canada



LAND ACKNOWLEDGMENT

We acknowledge the lands on which we work are the traditional territories of diverse Indigenous groups, including the Beothuk, Innu, Inuit, and Mi'kmaq of this province.

ACKNOWLEDGEMENTS

Prepared by the Réseau Santé en français de Terre-Neuve-et-Labrador (Newfoundland and Labrador Francophone Health Network), in collaboration with the Réseau Immigration francophone de Terre-Neuve-et-Labrador (Newfoundland and Labrador Francophone Immigration Network).

PARTICIPATING AGENCIES

The NL Francophone Health and Immigration Networks wish to thank the participating organizations that attended the 2023 Summit:

- Government of NL, Department of Health and Community Services
- Government of NL, Department of Immigration, Population Growth and Skills
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- Central Health Regional Authority
- National Nursing Assessment Service
- College of Registered Nurses of NL
- Government of New Brunswick, Department of Health
- Government of Prince Edward Island, Health PEI
- Horizon TNL
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The Networks also wish to thank Dr. Manal Badi for sharing her story and experiences with immigration, qualification recognition, and community integration as a Francophone health professional in St. John's, NL.

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RECOMMENDATIONS

RECOMMENDATION 1: Best Practices

Creating a database that would **track best practices** and collect processes and outcomes related to successful programs would be more efficient, reduce duplication of effort and support increasing collaboration across different jurisdictions in Canada.

RECOMMENDATION 2: Create Shared Spaces, Shared Knowledge

Establishing **a regular process for sharing information** with key stakeholders. Face to face meetings such as an annual or semi-annual summit would allow stakeholders to build relationships, share information and learn from those with lived experiences of the application and accreditation processes they are working to improve.

RECOMMENDATION 3: Communicate

- 1. Create a promotional campaign focusing on heart and community beyond the job.**
 - The campaign would allow people to see the real community using real images, real people, real stories.
- 2. Develop a branding strategy using marketing and social media to focus on retention.**
 - The image should be a welcoming community, sharing storytelling successes.
 - Highlight multiple roles such as radiation therapist, nurse, etc. and use testimonials.
 - The campaign would demonstrate the benefits IEHPs bring to our communities.
 - The campaign would include everyday things such as food, music, dance etc.
- 3. Develop a strategic communications plan.**
 - Focus on the opportunities for rural work in the Atlantic Region.
- 4. Focus on targeted promotion, social media, attending fairs, career ads to build awareness of the province.**
 - Do a great ad for the health sector focusing on need and supply of health care workers in the region.
 - Focus on greater awareness of benefits re: living and working in our province.

RECOMMENDATION 4: Collaborate

- 1. Create opportunities to work together and share information.**
 - Bring all the players and decision makers together where they can talk about the necessary changes and also make decisions for developing an Atlantic approach to recruitment/retention of IEHPs (Internationally Educated Health Professionals).
- 2. Establish an Atlantic registry of health care workers to ensure easy access/easy education**

and to bridge knowledge.

- The strategy would be to create an Atlantic committee for recruitment of IEHPs and develop an interprovincial MOU to streamline the process.
 - Create an app for the process to be used by the to facilitate employment applications and the process for qualification recognition and evaluation.
 - Support creating a free market that allows, for example, a doctor in NS to be a doctor in any Atlantic province.
- 3. *Participate in Destination Acadie***, a big recruitment initiative led by Francophone representatives and recruiters from the Atlantic provinces to target the international recruitment in certain professions. Destination Canada is a similar Francophone event with a national scope.
- Ensure there is proper representation of the health sector. This is a high impact, low effort activity targeting bilingual professionals.
- 4. *Develop online sites for IEHPs*** and others to serve as a multi-sectoral portal and support connection and relationship building:
- Connect people easily: Simplify the process, create checklists for guidelines, reduce duplications and redundancies, and facilitate communication.
 - Build community profiles with activities for families including cultural, linguistic, etc.
 - Avoid stock photos and national park scenes. Show communities in all seasons.

RECOMMENDATION 5: Connect

- 1. *Survey newcomers to find out what matters to them***, find out what attracted them to come to NL and what is it they were/are looking for (all aspects). On completion of the survey, organization/employer can send information back to them and then fill gaps (i.e., connect them to social events, community supports).
- 2. *Invest in more promotion of the experience of newcomers.***
 - This would not only help welcome newcomers to the community, but it would also give direct feedback to the community and the employer on how to improve. It is important to highlight some of the hard things, as well as the great benefits, for newcomers.
- 3. *Create a mentorship program.***
 - This is inspired by the buddy system between equals. To help the IEHP integrate professionally; for example, an internationally educated nurse would be paired with an NL practicing and licensed nurse, etc.

INTRODUCTION

The NL Francophone Health Network (RSFTNL) was created as a part of a pan-Canadian network to improve the provision of French language health services. The RSFTNL aims to raise community awareness and access to French language health services, and occupies a strategic advisory role with its partners in the planning, organization, and integration of quality health services. One of the Network's primary goals is to improve the delivery of health services in French in NL by advocating for improvements in the recruitment and retention of bilingual health professionals.

The RSFTNL has significant concerns with respect to the current and future availability, quality, and consistency of French-language health services in the province. In addition, the recent global pandemic has resulted in a significant shortage of health care workers, which is putting great pressure on the health care system. Francophone communities are particularly affected by this shortage, as there are very few, and in some areas, no French-speaking health professionals in NL communities. As a result, Francophones in the province are experiencing problems with access to health care and increased risk of communication errors due to language barriers.

In recent years, demographic factors and the global pandemic have affected delivery of health services in Newfoundland and Labrador. The aging population, access to primary care, increased need for mental health services and the remoteness of rural communities are some of the major challenges facing the provincial health system. According to the provincial [Labour Market Outlook 2025](#), the health sector is one of the three sectors that will experience the greatest increase in labour needs by 2025.

A recent study (RSFTNL, 2018) on the assessment and recognition of qualifications of Francophone nurses demonstrated the need to develop a strategy for the recruitment and integration of bilingual health professionals to meet provincial health workforce needs and improve access to French language services. This strategy would aim to facilitate the assessment and recognition of qualifications for international candidates. To do this, the RSFTNL will need to work with the various sectors to encourage the exchange of ideas and develop a structured, multi-sectoral approach.

Most recently, the RSFTNL contributed to the public engagement process related to establishing a new health accord for the province. A key recommendation to the province was the development of a strategy for improving bilingual services within our provincial health system including: 1) Improving existing services and increasing the number of French language services offered and 2) Improving the recruitment and retention of bilingual staff ([Mémoire 2023 RSFTNL \[savoir-sante.ca\]](#)).

As a result, the RSFTNL and the Réseau Immigration francophone de Terre-Neuve-et-Labrador (NL Francophone Immigration Network, RIFTNL) organized a summit in February 2023 to bring together individuals representing education, health, immigration, employability, policy, and Francophone communities. The key goals were to identify key issues affecting recruitment and retention, and to

develop appropriate solutions for Newfoundland and Labrador.

CURRENT CONTEXT

Francophone Population

Francophones have been part of Newfoundland and Labrador since 1504. Today, there are about 5,515 Francophones in the province (census data, 2021) with 25,0945 NL residents identifying as bilingual. About half of Francophones are living in St. John's, while the rest primarily live in the Port-au-Port Peninsula, in Stephenville, Corner Brook, Labrador City-Wabush, and Happy Valley-Goose Bay.

When it comes to assessing the population for whom French language services are important, we note Newfoundland and Labrador has the highest proportion of Francophone immigrants, apart from Quebec (census data, 2016). Newcomers and refugees, who speak French as their second language and English as a third or subsequent language, and Francophone students from other provinces or territories, also receive health care services via reciprocal agreements.

The province's health system also provides tertiary care services to other French speaking populations. In Labrador West, a number of residents from Fermont, Quebec utilize health care services located in Labrador City-Wabush. Finally, the almost 6,000 residents of Saint-Pierre-et-Miquelon, the French-owned islands off the south coast, are able to access specialist services and treatment in St. John's (United Nations Data, 2019).¹ About 900 residents receive Medevac transportation for emergency services each year, and for which the province is compensated.

Newfoundland and Labrador

Minister Sarah Stoodley provided participants with an overview of what is happening in this province. She said current French language initiatives in this province include:

- Increasing access to services in French by piloting a health navigator at Eastern Health to help Francophones to navigate the system and by the addition of a French language Warm Line offered by Lifewise.
- The Franco-sant  post-secondary language skills program.
- The anticipated expansion of Francophone services expected with the new provincial health accord.

Ongoing recruitment and retention initiatives include:

- Making recruitment and retention of physicians a provincial priority, especially in rural areas.
- Creating a provincial recruitment and retention office.
- Supporting an International Medical Graduate Stream at the Faculty of Medicine at Memorial University (five seats in 2023).

¹ Population data sourced from <https://statisticstimes.com/demographics/country/st-pierre-and-miquelon-population.php>

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- Creating a pathway for students who are studying elsewhere to come back and work in rural and remote regions (i.e., bursaries, incentives for nurses, support for families of new medical graduates).
 - Expanding collaborative community practice teams.

Specific Responses – With respect to internationally-trained health professionals, the provincial government has been focusing on:

- Working with the regulatory bodies such as nursing and medicine to expedite licensing.
- Amending the provincial medical act to make it easier to get new people to practice.

“There is no single solution but a range of tactics. The more ideas the better.” – Hon. Sarah Stoodley, Minister of Digital Government and Service NL, responsible for Francophone affairs

Federal Focus

Senator René Cormier provided Summit participants with an overview of key efforts made by the federal government to support bilingualism in Canada. He said the federal government recognizes:

- The health sector is facing labour shortages and unsustainable pressure on the system.
- The lack of access to bilingual services increases risks and negative impacts on the health of Francophones.
- International recruitment is essential to increasing access and availability of French-language services.
- Enhanced language training is needed to support environments that are conducive to both official languages.
- A bilingual environment offers many benefits such as enhanced social communication skills.
- Bilingual individuals have higher education, lower employment, and higher wages, while also adding significantly to the Gross Domestic Product (GDP) outside of Quebec.
- A bilingual workforce that does not have a living environment that allows them to use their language skills is at risk of losing those language skills and he reminded attendees that social economic and cultural institutions are essential to maintaining bilingualism.

“All levels of government need to adequately support Francophone institutions. We need to collaborate to maintain and support vibrant communities, and we need to engage with people like you. Your contributions are important.” – Hon. René Cormier, Senator and Chair of the Standing Senate Committee on Official Languages

ISSUES & CHALLENGES

The Summit offered participants several opportunities to identify issues and challenges to successfully increasing recruitment and retention of IEHPs. These included a pre-summit survey and several onsite activities involving identifying concerns and documenting best practices. There was agreement that a

lack of action and the absence of sustainable solutions would result in poor retention and negative effects on communities. Specific issues causing concern included:

- Competition with other provinces.
- Red tape and paperwork (challenges with regulations, validation and licensing requirements, amount of time for application processing and approvals).
- Marginalization of newcomers (isolation, exclusion and lack of support in their new home communities).

Developing effective solutions

Participants identified key principles for moving forward:

- Recognizing that barriers are systemic and have a definite impact on effective recruitment and retention.
- Developing solutions that focus on information sharing (communication), collaboration, and connection (program and individual relationships).
- Creating an action plan that targets the systemic barriers faced by foreign trained French speaking health professionals who wish to work in Newfoundland and Labrador if change and progress are to be achieved.

Participants identified two immediate strategies that would help them, and their organizations, create effective solutions for recruitment and retention. The first is creating **a best practices inventory**. The asset mapping exercise (contained in Appendix C) generated a list of successful programs and strategies in Canada and globally. Creating a database that would track best practices and collect processes and outcomes related to successful programs would be more efficient, reduce duplication of effort and support increasing collaboration across different jurisdictions in Canada.

Some samples of best practices already identified are:

- Innovate with technology: PEI has a virtual reality (VR) platform where candidates can go on a site tour of the hospital and city. They send them headsets so that they can see where they would be working.
- Engage with community leaders: Central Health manages a community advisory committee which includes community leaders to discuss issues. They help welcome newcomers integrate in the community.
- Facilitate upgrading: Participants reported nurses in some jurisdictions have broader mutual agreements; they have already established the equivalencies; and they have identified the gaps for some specific countries. A 75-day internship to upgrade the deficiencies was given as a sample solution.
- Streamline identification of qualifications: Quebec and Manitoba hospitals have their criteria, send it to recruiters, and they can look for specific requirements in a database.
- Recognize newcomers have families: In Germany, when you enter the country, your spouse gets their visa approved at the same time to speed up the process.

The second was establishing ***a regular process for sharing information*** with key stakeholders. This could be a newsletter or web platform. While participants recognized the value of virtual meetings in maintaining connections, face to face meetings such as the summit would allow them to build relationships, share information and learn from those with lived experiences of the application and accreditation processes they were working to improve.

LIVED EXPERIENCES

Dr. Manal M Badi is an IEHP from Libya. She had always dreamt of coming to Canada and she chose Newfoundland and Labrador as the province in which to live with her husband and child. Dr. Badi applied for immigration through the express entry stream (federal skilled worker system). Applicants are awarded points for degrees, years of experience, languages, etc. Despite getting very high scores, Dr. Badi remained in the system for a year and a half waiting for security clearance. Dr. Badi described the many issues she faced in preparing and submitting her application:

1. Researching various options and rejecting two locations because of policies on headscarves.
2. Waiting for decision and not getting any information as to where she was in the process.
3. Needing to translate multiple documents for validation (education equivalency, etc.).
4. Completing lots and lots of paperwork such as preparing for her exams, applying for work (she needed the job before she could get the license to practice), looking for daycare, finding appropriate housing, updating her driver's license, and making travel arrangements.
5. Changes in requirements (husband is also physician but had to wait for two years before applying) and supervision.
6. Adjusting to working in a different culture, experiencing racism coupled with the pandemic while also being pregnant was especially difficult.

Dr. Badi arrived in September 2018, wrote her exam in November and applied for work in December. Waiting was also part of Dr. Badi's accreditation experience in Canada as she waited six months to hear back from the College of Physicians and Surgeons regarding her license to practice. Eventually Dr. Badi was hired at the Carbonear Hospital as rural practice is a provincial priority. One of her biggest challenges was finding suitable daycare for her children. Daycare spaces are scarce in rural communities; she could not get daycare for her child who was under the age of two; and her older child was bullied and faced racist comments. Dr. Badi eventually returned to living in St. John's so her children could go to a French language daycare. She continued to commute to Carbonear but was finding the driving hard, especially in winter.

Dr. Badi decided she wanted to work in St. John's after her second child was born as she could access more French services in the city. St. John's also has a larger Francophone community and being connected made the transition easier. This is an important issue for immigrants – that they need a

connection via language, culture, and community support if they are to stay and make a home here. She said that another reason for wanting to work in St. John's was that there were St. John's patients who were going to Carbonear so they could get French-Language care as there wasn't a family doctor in town who could look after them.

Dr. Badi said Nova Scotia returned to her list of possibilities even though it required a third exam and she wanted to stay in NL. She said she got help from the Network in getting approval for a transfer to St. John's as her original job was based on her working in a rural community. Had she not been allowed to work in St. John's, she would have had to leave. She said NS has a navigator with the NS office of recruitment to help health professionals find their way through the system and this is something NL should consider. Some of the requirements are onerous. While things have worked out for Dr. Badi – she has since received her Canadian citizenship – she said there is room for improvement, especially in helping IEHPs get settled in a new country.

BUILDING AN ACTION PLAN

Generating Solutions

Following the discussions on identifying existing assets and identifying new possibilities, the facilitator identified four key themes that would drive the development of responses that would support more effective recruitment and retention of international healthcare professionals. These were: Immigration, Employability, Professional and Community Integration, and Qualification and Recognition.

THEME I: IMMIGRATION

- Develop engagement model that encourages people to stay, (e.g., for Provincial Nomination Program, PNP candidates).
- Manage requests for information regarding the Atlantic Immigration Program, AIP, and other relevant programs more effectively.
- Establish a priority list of professions needed in NL – like the Priority Skills NL list but more detailed and health specific.
- Advocate for quicker access for employee and family member work permits, etc., like a package deal from Immigration.
- Increase awareness and engage with municipalities to support recruitment and retention.
- Promote a pre-departure program (e.g., the Francophone settlement service in Nova Scotia offers a pre-departure program, or the PASS program for nurses).
- Create a team dedicated to recruitment, integration and/or retention including recognition of achievements or training of international employees (e.g., NS Francophone daycare Le petit voilier, Quebec International, NL India initiative).
- Establish a settlement support process from landing on ground to creating a home and network in the community.

THEME II: EMPLOYABILITY

- Create a database and agreement with hospitals engaged in recruitment.
- Develop better data collection (know who arrives in NL and when, what skills they have, whether they have employment, etc.).
- Ensure hard to fill areas give better incentives, apply multisectoral approach.
- Develop an employability service for spouses.
- Focus on a specific country from which to recruit, based on postsecondary system and previous successes.
- Identify alternate pathways for employment (like the PCA alternate pathway for nurses).
- Ensure cultural training for newcomers (i.e., verbal and written communication, how to conduct an interview, workplace appropriate language).

THEME III: PROFESSIONAL and COMMUNITY INTEGRATION

- Collect information (data) from international communities already in NL to become familiar with their interests, needs, tastes, etc.
- Create a multisectoral settlement plan for new arrivals.
- Create a welcome committee to support newcomers and their families.
- Establish a point of contact – support workplace navigation for new employees.
- Focus on people who are already here (e.g., professionals who live here already but cannot practice because of recognition).
- Establish community advisory committees.
- Help newcomers find housing, particularly in rural/remote regions.
- Increase access to housing through housing shares between groups, linking with existing rental companies, etc.
- Establish long term internships in rural communities.
- More promotion of integration and community services, also create integration services for temporary residents to facilitate retention.
- Organize a Francophone welcoming communities project.
- Review Municipalities Newfoundland and Labrador actions and outcomes community document.

THEME IV: QUALIFICATION AND RECOGNITION

- Identify alternative pathways to employment while waiting on qualification recognition.
- Address timelines: take advantage of short-term competitive advantage.
- Review existing guidelines (focus on province to province or region to region).
- Increase understanding of qualification recognition process for candidates and employers, difficult to understand differences in processes between provinces, territories, and even other countries.
- Streamline registration processing via legislation like fair registration practices act.
- Document government to government deals, connections.

PRIORITY INITIATIVES

Participants were tasked with reviewing the ideas, concepts and examples they had generated. They needed to identify the priorities and outline what potential projects and opportunities exist in the future. Since there is a new five-year Official Languages Action Plan with funding opportunities through Health Canada and other entities on the horizon, the Networks plan to develop a strategy. Project ideas are needed, and the two Networks will be looking for project partners who wish to collaborate. The Networks' role is to lead and support the funded initiatives. For example, Eastern Health saw value in a navigator role for Francophone patients and the Network sought out the funding for the initiative.

Plans will include clear objectives, concise summaries, include a Francophone component, advance bilingualism, and improve access to French-language services and resources. Some previous projects are:

- A guide for newcomers on the healthcare system with roadmaps to access services.
- Support for bilingual health professionals through a free membership with opportunities for continuing education credits.
- Improving mental health services through bilingual resources and interpretation services.
- National project on early childhood health and development.
- Series of tools for international recruitment of bilingual health professionals.

Top contenders were brought forward for consideration. Based on the proposals brought forward, the priority responses contain clear themes:

- communications and marketing,
- collaboration to support program efficiencies (process streamlining and tool development such as web portal, app, interactive map), and
- human connection and leadership.

Communicate

- 1. Create a promotional campaign focusing on heart and community beyond the job.**
 - The campaign would allow people to see the real community using real images, real people, real stories.
- 2. Develop a branding strategy using marketing and social media to focus on retention.**
 - The image should be a welcoming community, sharing storytelling successes.
 - Highlight multiple roles such as radiation therapist, nurse, etc. and use testimonials.
 - The campaign would demonstrate the benefits IEHPs bring to our communities.
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- 4. Focus on targeted promotion, social media, attending fairs, career ads to build awareness of the province.**
 - Do a great ad for the health sector focusing on need and supply of health care workers in the region.
 - Focus on greater awareness of benefits re: living and working in our province.

Collaborate

- 1. Create opportunities to work together and share information.**
 - Bring all the players and decision makers together where they can talk about the necessary changes and also make decisions for developing an Atlantic approach to recruitment/retention of IEHPs.
- 2. Establish an Atlantic registry of health care workers to ensure easy access/easy education and to bridge knowledge.**
 - The strategy would create an Atlantic committee for recruitment of IEHPs and develop an interprovincial MOU to streamline the process.
 - Create an app for the process to be used by the to facilitate employment applications and the process for qualification recognition and evaluation.
 - Support creating a free market that allows a doctor in NS to be a doctor in any Atlantic province.
- 3. Participate in Destination Acadie,** a big recruitment initiative led by Francophone representatives and recruiters from the Atlantic provinces to target the international recruitment in certain professions, including health professions. Destination Canada is a similar Francophone event with a national scope.
 - Ensure there is proper representation of the health sector. This is a high impact, low effort activity targeting bilingual professionals.
- 4. Develop online sites for IEHPs** and others to serve as a multi-sectoral portal and support connection and relationship building:
 - Connect people easily: Simplify the process, create checklists for guidelines, reduce duplications and redundancies, and facilitate communication.
 - Build community profiles with activities for families including cultural, linguistic, etc.
 - Avoid stock photos and national park scenes. Show communities in all seasons.

Connect

- 1. Survey newcomers to find out what matters to them,** find out what attracted them to come to NL and what is it they were/are looking for (all aspects). On completion of the survey, organization/employer can send information back to them and then fill gaps (i.e., connect them to social events, community supports).
- 2. Invest in more promotion of the experience of newcomers.**
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- 3. Create a mentorship program.**
 - This is inspired by the buddy system between equals. To help the IEHP integrate professionally; for example, an internationally educated nurse would be paired with an NL practicing and licensed nurse, etc.

CONCLUSION

The Réseau Santé en français de Terre-Neuve-et-Labrador (Newfoundland and Labrador Francophone Health Network) believes the health status of Francophones living in Newfoundland and Labrador can be improved with the implementation of a few actions designed to improve and increase access to French language and bilingual services, including advocacy for consistent and immediate improvements in the recruitment and retention of bilingual staff.

The available research on recruitment and retention of internationally educated health professionals (IEHPs) has identified a number of issues impeding success. These include long delays for recognition and licensing, lack of supportive responses to integrate newcomers into communities, and inefficiencies in recruiting, hiring, and retaining IEHPs. The February 2023 Summit heard from participants on the challenges they face as agencies supporting recruitment. Listening to the experiences of individuals who participated in the current application process also added to participants' understanding of the complex issues faced by potential recruits and their families.

The Summit offered a process for evaluating issues and developing possible solutions. The results of the discussions, the generation of ideas, and the outlining of approaches resulted in the following:

1. Support for the development of a database of best practices and effective program approaches
2. Validation of an annual or semi-annual gathering in which agencies, key stakeholders and community partners could meet to evaluate progress and address barriers to success.

As well, participants identified recommendations for action focused on three guiding themes: communication, collaboration and connection. Lack of information, working in silos, and isolating recruits contribute to ineffective recruitment and lingering retention issues.

APPENDICES – SUMMIT MEETING NOTES

Appendix A: PRE-SUMMIT SURVEY RESULTS

As part of the work preparing for the summit, the RSFTNL and RIFTNL collected anonymous feedback on key issues relating to international health professional recruitment (IHPR) and desired outcomes for the summit.

Desired Outcomes – The top three responses were a new action plan, networking, and sharing best practices. These were followed by new partnerships and taking in new information.

Obstacles faced by IHPR – The top three issues were costs, wait times, and lack of support. Other key issues raised included access to bridging training, lack of information, language, misinformation, and the need for competitive salaries.

Reducing barriers – Responses to this question were detailed and varied. These included:

- Partnering with relevant organizations
- Providing support to health professionals trained abroad for evaluation/accreditation
- Developing tools (website, videos, diagrams of procedures, guides etc.) to support understanding of the process
- Removing fees for assessing the value of foreign diplomas
- Offering language courses in medical terminology (French to English)
- Sustainable funding supports and a coordinated effort of all actors to ensure efficiency, as well as identify and reduce barriers, throughout the process for the IEHPs.
- NNAS is in the process of streamlining its model so that it is more efficient and provides IENs with clear, credible information
- Offering more attractive salary conditions
- Meeting with political representatives
- Offering navigation support
- Setting policy and working closely with regulators
- Make more housing available, suitable and affordable across the province.
- (More promotion): “This province is invisible to both Canadians and foreigners.”
- Review recruitment processes

Preferred Partnerships – Participants identified a number of key relationships they wished to pursue. The leading connections included working with regulators and immigration to help reduce redundancy, and respondents referenced NNAS and the CRNNL. Other partnerships included:

- Networking with other provinces to learn of best practices across the country.

-
- Education partners (Francophone school district [CSFP], Department of Education, Memorial University) should highlight other learning opportunities so they can attract families
 - Government must advertise and promote access to services in French
 - Immigration officers must welcome Francophones and help them find out about services.
 - Network with other provincial agencies across Canada to learn best practices
 - Association for New Canadians and Municipalities
 - College of Physicians and Surgeons of NL
 - Government of Newfoundland and Labrador

Needed tools, information, or resources – The top two responses were: navigation accompaniment and creating directory of best practices. The next most frequent suggestion was more evidence, followed by recruitment and retention services that take into account the conditions of the candidate.

Additional thoughts – Participants recommended organizations advocate to provincial partners to:

- Focus efforts on international recruitment of bilingual personnel
- Facilitate procedures for equivalence of foreign diplomas (reduce amount of documentation, costs, wait times etc.)
- Create flexible strategies that go with global changes and the existing shortage of health personnel (incentivize recruitment and retention)
- We need a roundtable bringing together all sectors: health, immigration, education, economic development, tourism, arts – to develop a plan to attract people to NL. Information sharing is weak, accommodation is limited, cost of living is high, and salaries are not comparable.

Key takeaways – The survey provided a diverse range of responses. However, several important conclusions were evident. First, barriers are systemic and have a definite impact on effective recruitment and retention. Second, solutions must focus on information sharing and supporting collaboration between partners and agencies. Often, advocates may propose solutions that are beyond the scope of the organizations they are lobbying. Third, participants believe real change will come from meaningful action which targets the systemic barriers faced by foreign trained Francophone health professionals who wish to work in Newfoundland and Labrador.

Appendix B: FEARS

Participants identified their top concerns and fears regarding recruitment and retention of international health professionals. Participants identified the following key concerns: people will leave, impact on community, competition, exclusion, regulation challenges, validation of credentials, and the amount of time it takes.

People will leave <ul style="list-style-type: none"> ○ Recruitment increased but retention failed ○ They will leave in one year after recruitment ○ Newcomers returning back to their country or moving to other provinces ○ People won't like it here -- revolving door ○ Not understood at the hospital when I get old (age can lead to loss of second language, increasing language barriers) ○ Decisions made (policy changes) due to pressure vs evidence to support change (i.e. could lower standards) 	Impact on community <ul style="list-style-type: none"> ○ Disappearance of francophone communities ○ The lack of success that would lead to loss of French speaking community (Francophone community in NL is significantly composed of people from other countries and provinces) ○ That French will never be recognized or valued as a working skill ○ Nowhere for people to go when there is an emergency ○ The readiness of communities to receive them (availability in daycares and schools, settlement services, etc.)
Validation of credentials <ul style="list-style-type: none"> ○ The province won't recognize education ○ Education curriculum analysis comparing the education programs to Canadian standard ○ Policy changes could lower standards pressure vs evidence to support ○ That the province (government) does not/cannot facilitate the qualification recognition process in health (regulatory bodies control much of this) 	Exclusion <ul style="list-style-type: none"> ○ Newcomers not feeling welcome or supported when they arrive in NL ○ Lack of integration exclusion not feeling part of the team ○ Not feeling at home/ The reception/welcoming of newcomers
The amount of time it takes <ul style="list-style-type: none"> ○ Slow reduction of barriers in licensing ○ Move to Canada and cannot work in their field because of barriers ○ Stall in efforts to recruit will slow us down and we can't recruit enough to make a change ○ Optics (the way IHPR is perceived by the public, other countries, etc.) 	Competition <ul style="list-style-type: none"> ○ Pull from other provinces to poach professionals as we try to recruit ○ Competition for retention a big fear
	Regulation challenges <ul style="list-style-type: none"> ○ Licensure changes that limit healthcare recruitment in rural areas ○ Unrelenting and inflexible regulations cause people to leave ○ Licensure changes that limit healthcare workforce

Appendix C: ASSET MAPPING

As part of the asset mapping exercise, participants were asked to rank the biggest influence on success on recruitment of international health professionals. The top issue was education equivalencies, the second was retention, and the third was competition. Participants identified a broad range of activities that could be studied further and included in a directory or inventory of best practices for international health professional recruitment.

Group One

- Identification of qualification: Quebec and Manitoba hospitals have their criteria, send it to recruiters, and they can look for specific requirements in a database.
- Speed: Recruiters focus on the countries that have fewer obstacles and favouring countries that are easier to assess. Make a list of the countries with the criteria fast track or easier track.
- Upgrading: Nurses in Quebec, Manitoba, Saskatchewan have a broader mutual agreement; they have already established the equivalencies and identify the gaps. They have a 75-day internship to upgrade the deficiencies.
- Mutual/Peer Support: Use the students who have done the course and help them through the pipeline elsewhere, give yourself a second chance they may as well stay in the country.

Group Two

- Immigration model work visa: In Germany, when you enter the country, your partner gets their visa approved at the same time and that speeds the process up.
- Focus on family, not individual: Facilitate visa but also help get the spouse employed as well. The focus is on recruiting the family not the one person.
- Streamlining immigration through legislation: how to speed the process for regulated professions? We now have regulations in development (act passed last fall).
- Language: Canadian equivalency practice may not be good enough for CA standards, so the work experience is not being validated. Consult on streamlining regulatory bodies.
- Reminder: Public protection can't dilute anything that will harm the public.
- Increase staffing: Manitoba's Education Department has one person who looks after education equivalency re credentials for teachers. NL has one person who has to know everything, so the process is slow.

Group Three

- Apply a cohesive strategy for all areas; not piecemeal. Ask who can take the leadership of this.
- Understand where NL fits in the global context: What is NL place in the world? Apply an Atlantic approach which increases capacity and budget.
- Ensure consistency: There should be the same guidelines from region to region. For example, what about Atlantic licensure for doctors, nurses. If we streamline the approach, we can pool together the ability and our reach is expanded.

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- Why can't we copy what others do? The licensure is based on regulations which differs from province to province. We could mirror but every province has their own set of legislation and regulations. Build on Acadie's history of working together (compared to other regions). It is possible that focusing on the community side, we would have better luck.
 - Increase understanding: Why do differences exist in the provincial college regulations?
 - Build on existing processes: Reviewing qualification recognition process could lead to identifying an alternative pathway to similar employment (use their skill set in different contexts).

Group Four

- Work with municipalities to make sure the health efforts are reflected in the community. Apply a micro approach. For example, consider different scales — larger to smaller, smaller to larger.
- Focus on helping to keep temporary workers. Develop specific integration services for temporary workers (TWs).
- Focus on the whole and not a single component: an equivalent competencies centre would work on recognition. That is, if someone's partner is in health care, they could perhaps get access after arrival.
- Regionalize standards: Atlantic Canada has skills equivalencies to ensure accountants, early childhood workers are brought up to par on their French language skills.

Group Five

- Central Health community advisory committee example: They are managed by health authority and include community leaders to discuss issues. They help welcome newcomers integrate in the committee.
- Ensure research in the university is aligned with what the province needs. Memorial University has started combining research with real life issues in health, NL population data, and investigating qualification recognition. Use Memorial University to focus on issues the government and province are having with theoretical work they can provide us in data. Research for strategic allocation of human resources in health care could be interesting.
- Innovate with technology: PEI has a virtual reality (VR) platform where candidates can go on a site tour of the hospital and city. They send them headsets so that they can see where they would be working.

Appendix D: PRELIMINARY PLANS

Participants were tasked with reviewing the ideas, concepts and examples they had generated. They needed to identify the priorities and outline what potential projects and opportunities exist in the future. Since there is a new five-year Official Languages Action Plan with funding opportunities through Health Canada and other entities on the horizon, the Networks plan to develop a strategy. Project ideas are needed, and the two Networks will be looking for project partners who wish to collaborate. The desired outcomes are a directory of best practices and an action plan with future steps. Jacqueline Higgins says the Networks' role is lead and support. For example, Eastern Health saw value in a navigator role for Francophone patients and the Network sought out the funding for the initiative.

Plans should include clear objectives, concise summaries, include a Francophone component, advance bilingualism, and improve access to French-language services and resources. Some previous projects are:

- A guide for newcomers on the healthcare system with roadmaps to access services.
- Support for bilingual health professionals through a free membership with opportunities for continuing education credits.
- Improving mental health services through bilingual resources and interpretation services.
- National project on early childhood health and development.
- Series of tools for international recruitment of bilingual health professionals.

The goal of this exercise was for each group to submit a sure shot (easy to accomplish), a shot to the heart (something they feel passionate about), and a moon shot (an ambitious challenge). Participants then voted on the best ideas (see numbers next to each item). Items with the most votes are written in italics.

Group One

Sure shot (3) – Investing in human capital/leadership positions – IEHPs could bring their lens of coming to Canada and what they bring to the table. By putting internationally educated health professionals in those roles, they could be an inspiration to prospective candidates. This information could be used as a reference for recruitment staff. If a recruiter is hired, they should get training in the immigration process. There should be resources invested in recruitment staffing to bring that lens forward.

Shot to the heart (2) – There is a need for awareness of the regions and the province. People attend fairs and only see Montreal, Toronto and Vancouver. People think Canada starts at Halifax. Focus on targeted promotion, social media, attending fairs, career ads. Do a great ad for the health sector focusing on need and supply of health care workers in the region. We need to focus on greater awareness of benefits re: living and working in our province.

Moon shot (7) – Develop a branding strategy using marketing and social media to focus on retention. The image should be a welcoming community, sharing storytelling successes. IEHPs use social for that purpose; they highlight multiple roles such as radiation therapist, nurse, etc. and they use testimonials.

The campaign would demonstrate the benefits IEHPs bring to our communities. The campaign would include everyday things such as food, music, dance etc.

Shot to the galaxy (8) – Establish an Atlantic registry of health care workers to ensure easy access/easy education and to bridge knowledge. The strategy would create a website for all IEHPs and also create an Atlantic committee for recruitment of IEHPs and to sign an interprovincial MOU to streamline the province. Related to this concept is also the creation of an app for the process.

Group Two

Sure shot (7) – Destination Acadie is a big recruitment initiative led by Francophone representatives and recruiters from Atlantic provinces to target the international recruitment in certain professions, including health professions. This would be a good opportunity for everyone to attend to ensure there is proper representation of the health sector. This is a high impact, low effort activity targeting professionals.

Shot to the heart (11) – Create a promotion/campaign focusing on heart and community beyond the job. The campaign would allow people to see the real community (using real images, real people, real stories).

Moon shot (2) – Create a website for IEHPs and others to serve as a multi-sectoral portal.

Shot to the Galaxy (1) – Build community profiles with activities for families including cultural, linguistic, etc. Avoid stock photos and national park scenes. Show communities in all seasons.

Group Three

Sure shot (0) – Create a health-focused, multi service and multi-language connection for people in the communities to get what they need by phone, call 24/7. It is important there be a human to talk to, answer questions, etc.

Shot to the heart (14) – Survey newcomers to find out what matters to them, find out what attracted them to come to NL and what is it they are they looking for (all aspects). On completion of the survey, the program can send information back to them and then fill gaps (i.e., connect them to social events, community supports).

Moon shot (5) – Simplify the process, create checklists for guidelines, make sure they aren't duplicating anything, and facilitate communication.

Group Four

Sure shot (9) – Invest in more promotion of the experience of newcomers. This would not only help welcome newcomers to the community, but it would also give direct feedback to the community and the employer. It is important to highlight some of the hard things, as well as the great benefits of newcomers.

Shot to the heart (9) – Create a mentorship program. This is inspired by the buddy system between equals. You would integrate professionally; for example, an internationally educated nurse would be paired with an NL practicing and licensed nurse, etc.

Moon shot (2) – Build a city within a city including school, daycare, Francophone services, business communities similar to how the expatriate community built Canadian quarters in other countries (e.g. Qatar or Chinatowns in larger cities).

Group Five

Sure shot (4) – Contract with a communication/marketing specialist to develop a strategic plan and focus on the opportunities for remote work in the Atlantic Region.

Shot to the heart (7) – Support creating a free market that allows a doctor in NS to be a doctor in NL.

Moon shot (6) – Bring all of the players and decision makers together where they can talk about the necessary changes and also make decisions for developing an Atlantic approach to recruitment/retention of IEHPs.

Top contenders were brought forward for consideration. While low numbers indicate there are challenges re: development and implementation, they can also represent an opportunity for innovation. Depending on capacity, support for development and funding to finance initiatives, not all plans may be feasible to implement. The Networks can also combine elements from initiatives. Based on the proposals brought forward, the priority responses contain clear themes: communications and marketing, program efficiencies (process streamlining and tool development such as web portal, app, interactive map), and human capital and leadership.

Appendix E: PARTICIPANT FEEDBACK

The sharing of ideas was the most liked aspect of the summit's process. Participants also said they liked hearing about lived experiences, being able to dive deep into questions, and focus on creativity and innovation. The meeting space, the ambiance and the flexibility to move around was also highlighted.

Participants noted the absence of decision-makers in attendance. They felt more stakeholders should be involved including more IEHPs, higher government representatives (federal, provincial, and municipal), as well as non-government representatives such as employers and regulatory bodies (professional colleges). Suggestions for future summits included opening the topic of internationally education professionals in other fields, retention of Canadian and internationally trained professionals, having more people share their experiences regarding the process of immigration, and engaging the national Francophone immigration strategy.

Participants offered questions for future consideration:

- What does it mean to have a bilingual workforce?
- What else can we do?
- Who is going to take the lead?
- Can we narrow the scope on the tracks?
- Can we look at other points of view: the physician lens, nurse lens etc?
- What are others doing? Employers? Provinces?
- Can we meet online to ensure momentum? or shorter events to focus on specific issues?
- How do we inform others about the work we do?