

# Canada: Thousands of foreign-trained medical staff prevented from assisting in COVID-19 fight

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Across Canada, thousands of foreign-trained doctors and medical staff are being prevented from joining the front-line fight against the COVID-19 pandemic because of the country's reactionary immigration system.

The numerous, onerous bureaucratic hurdles medical professionals trained in other countries must clear before being allowed to work, including the payment of tens of thousands of dollars for regulatory checks and certificates, has created a ludicrous situation in which highly qualified staff are not being permitted to assist Canada's overstretched hospitals, clinics, and long-term care facilities, even as the pandemic surges.

As of yesterday afternoon, there were more than 28,000 confirmed COVID-19 cases in Canada, and 1,006 deaths.

In 2018, Canada ranked near the bottom among the 35 OECD countries for the ratio of doctors to citizens, with just 2.8 doctors for every 1,000 people. Only seven countries, including the United States and Mexico, ranked lower. Austria topped the list, with 5.2 doctors per 1,000 people—i.e., nearly double the rate in Canada.

In Ontario alone, there are 13,000 foreign-educated doctors and 6,000 foreign-educated nurses who are not working in their fields, according to HealthForceOntario.

The Alberta Association of International Medical Graduates (AAIMG), which represents 1,000 physicians from 82 countries, says the lengthy Alberta licensing process means many foreign doctors have had to take up jobs in fields unrelated to medicine. Alberta has not relaxed its licensing requirements in the midst of the pandemic, although it would clearly be in the public interest to do so. Many rural communities in Alberta, throughout Canada's three northern territories, and in remote communities and indigenous reserves across the country lack doctors.

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research associate Robert Falconer says it can take up to a decade to get a doctor's licence in Alberta. "When you include the costs of things like tests and books, you're also looking at around \$14,000 to \$28,000 per doctor to get re-certified," he said. In the current situation, doctors are required to get several credential assessments, meaning all transcripts and work history must be submitted to up to four different regulatory bodies for review.

Where attempts have been made to modify this bureaucratic logjam, they have been ad hoc and disorganized.

Last Wednesday, the BC College of Physicians and Surgeons announced that it has fast-tracked a new bylaw to amend the province's Health Professions Act so that international medical graduates can apply for a supervised associate physician licence to join the fight against the novel coronavirus pandemic. The amendment is now in a mandatory two-week review period, and there is no word on when, or if, it will be approved.

Without any public announcement, the College of Physicians and Surgeons of Ontario (CPSO) began last month to issue a short-term 30-day licence, called a Supervised Short Duration Certificate, by triggering a provision in existing provincial legislation. Internationally trained medical graduates who have passed their exams to practice in Canada, or have graduated from school in the past two years, can now apply for a supervised 30-day medical licence in Ontario to help fight COVID-19. The short-term licence allows some foreign-trained physicians and domestic medical school graduates to practice under supervision at public hospitals, psychiatric facilities and Crown agencies.

CPSO issued its first licence through the program in mid-March. Those who get a licence can apply to extend

it an additional 30 days.

These temporary medical licences are the product of a provision within Ontario's Medicine Act that has been in place since the early 1990s. The provision exists so that CPSO can issue these temporary licences in situations like pandemics, when there may be a shortage of physicians. In a written statement, CPSO told CBC Toronto it is working to fast-track applications so that physicians can start providing care for patients as quickly as possible.

However, before applying for the licence, applicants must meet four onerous conditions. Applicants must have: graduated from medical school in Canada, the U.S. or a school that was, at the time of graduation, listed in the World Directory of Medical Schools; practiced medicine, graduated medical school or passed Medical Council of Canada exams within the last two years; provided confirmation of employment from one of the approved categories of facilities laid out in the Medicine Act, including public hospitals; and found an identified supervisor who is a licensed practicing physician prepared to act as their supervisor.

Thus far, few doctors have applied, most likely because they are unaware of the program. As of April 3, CPSO had received only 12 applications, and had approved 10 of them. However, the college couldn't say whether any foreign-trained doctors were among the 10 physicians who were issued temporary licences.

The failure of governments at all levels to effectively mobilize trained medical professionals to help combat the deadliest pandemic in a century provides yet another damning indictment of Canadian capitalism's utter indifference to human life as the coronavirus spreads. Despite having been warned time and again about the risk of a pandemic, and having had the experience of the SARS outbreak in 2003, no steps were taken in advance to facilitate the integration of foreign-trained doctors and nurses into Canada's chronically underfunded and understaffed health care system.

This failure will cost lives. Already, estimates suggest that 10 percent of all COVID-19 cases in Ontario are medical staff. As infection figures continue to rise, with the virus ripping through long-term care facilities across the country, the danger remains of the health care system being totally overwhelmed, not least due to a lack of staff.

Federal government epidemiologists project that between 11,000 and 22,000 Canadian lives could be lost over the course of this pandemic, which is the best-case scenario with the strongest control measures remaining in

force. If these controls are weakened, or the health care system is overwhelmed, those deaths could well spike to more than 100,000.

In addition to the ruling elite's negligent response to COVID-19, its refusal to allow foreign-trained medical professionals to practice is a direct product of Canada's reactionary points-based immigration system. Canada's immigration regulations, which are among the most stringent in the world, have been praised by the fascistic US President Donald Trump, who held them up as an example of policies he would like to implement.

Last month, Prime Minister Justin Trudeau announced an agreement with Trump to expand the Safe Third Country Agreement to include desperate asylum seekers who enter Canada from the US "irregularly." In a flagrant violation of international law, they will not be allowed to file an asylum claim in Canada, and will instead be automatically returned to the US and placed in the clutches of Trump's thugs in the Immigration and Customs Enforcement (ICE) service.

This move, long demanded by the Conservatives, the Coalition Avenir Quebec (CAQ) and other right-wing Quebec nationalists was justified on the pretext that the refugee claimants could spread the coronavirus. This standard trope of the right and far-right blithely ignored the fact that Canada's ruling elite has more than enough resources to provide safe quarantine for incoming refugees, which would have all but eliminated any threat of further infections.



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