Briefing Note to the Standing Committee on Health (HESA)

Topic: Impact of Immigration Policy on Healthcare and Barriers to Integrating Internationally Trained Health Professionals
Submitted by: Society of Rural Physicians of Canada (SRPC)

Executive Summary

Rural, remote, northern, and Indigenous communities continue to face significant physician shortages that limit access to primary care, emergency services, and ongoing management of chronic illness. Internationally trained physicians (ITPs) could help meet these needs, but federal immigration pathways and credential-recognition processes are not consistently aligned with provincial licensure or rural workforce requirements. Streamlining federal pathways for licensure-ready physicians and strengthening assessment and rural readiness supports would improve timely access to care for communities in need. The recommendations that follow focus on practical federal levers that support equitable healthcare access while respecting provincial jurisdiction.

1. Issue

Rural and remote communities experience recurring gaps in physician services, including limited primary care access, temporary emergency department closures, and reduced continuity of care. The Globe and Mail reported that Canada saw 47,500 ER closure days between 2019 and June 2025, almost all of which were in rural communities and many of which were related to physician shortages. These challenges undermine patient outcomes and place additional strain on local health systems and impact community wellbeing.

ITPS are essential to addressing these gaps. Many ITPs arrive with extensive experience and are ready to practice broad-scope generalist medicine—the foundation of rural healthcare. Yet federal immigration pathways and federal funding programs remain misaligned with rural workforce needs. Physicians who have already demonstrated eligibility for licensure with provincial regulatory authorities still encounter federal delays, unclear pathways, and administrative barriers, all of which slow rural recruitment.

The federal government holds primary responsibility for immigration policy and foreign credential recognition funding, giving it a direct role in shaping how quickly licensure-ready physicians can enter the workforce. Federal immigration policy and Health Canada programs can be better aligned to support the timely entry of licensure-ready physicians into rural practice while respecting provincial jurisdiction over licensure. By improving how these federal levers are designed and applied, Canada can strengthen the rural physician workforce and support more equitable access to care across the country.

2. Background and Context

2.1 Canada's National Physician Shortage

National shortages in family medicine and generalist specialties disproportionately affect rural, remote, and Indigenous communities. These shortages contribute to reduced continuity of care, greater reliance on emergency departments, avoidable transfers, and widening health inequities.

2.2 Role of Internationally Trained Physicians

ITPs have historically filled critical service gaps, particularly in rural generalist practice. However, navigation of immigration pathways, Practice Ready Assessment (PRA) programs, and licensure processes is complex, and assessment capacity has not kept pace with need.

2.3 Federal Responsibility

The federal government influences physician supply through immigration legislation (IRPA/IRPR), Labour Market Impact Assessment (LMIA) and LMIA-exempt pathways, permanent residence streams, Foreign Credential Recognition Program (FCRP) funding, federal–provincial agreements, and investments that support regulatory and assessment capacity. Better alignment of these federal tools with rural workforce needs would accelerate ITP integration.

3. Federal Immigration and Credentialing Pathways: Current State

Temporary and permanent immigration pathways, including LMIA-based work permits, LMIA-exempt permits, and Express Entry programs, provide routes for ITPs to enter Canada. While useful, these pathways are not designed specifically for physicians and do not consistently reflect licensure readiness or rural workforce needs. Assessments funded through the FCRP support some integration activities, but PRA capacity remains limited relative to demand.

4. Barriers to Integration of Internationally Trained Physicians

4.1 Immigration Barriers

ITPs encounter several barriers that slow or limit their ability to enter rural practice. At the immigration stage, federal pathways remain complex and are not tailored to physicians who have already demonstrated eligibility for provincial licensure. Processing delays and the absence of mechanisms to recognize licensure readiness contribute to avoidable waiting periods. The administrative requirements placed on rural employers can also be difficult for small clinics or hospitals to manage.

4.2 Credentialing and Assessment Barriers

Credentialing and assessment challenges further delay integration. PRA programs do not have sufficient capacity to meet the needs of provinces or the volume of qualified applicants, and rural placements within PRA pathways remain limited. For many ITPs, the sequencing of immigration steps and licensure requirements is misaligned, leading to periods in which physicians are unable to progress despite meeting regulatory expectations.

4.3 System Coordination Challenges

System coordination issues also contribute to delays. Immigration, credential recognition, and licensure involve multiple federal and provincial actors, and the absence of a coordinated approach means that information, timelines, and program design can vary significantly. This creates uncertainty for ITPs and contributes to inefficiencies.

4.4 Rural, Remote, and Indigenous Context

Rural and remote contexts introduce additional barriers such as limited housing availability, childcare gaps, spousal employment challenges, and fewer mentorship or team supports. For Indigenous communities, the need for culturally safe and contextually relevant care adds further considerations that are not consistently supported through existing federal programs.

5. Consequences for Rural, Remote, and Indigenous Communities.

Physician shortages drive service disruptions, reduce access to preventive care, delay diagnosis, increase avoidable transfers, and worsen health outcomes. These impacts are amplified in Indigenous communities already facing systemic inequities. Without timely physician recruitment and retention, community stability, economic viability, and trust in the health system continue to deteriorate.

6. Recommendations.

1. **Strengthen federal immigration pathways for internationally trained physicians by creating expedited, streamlined LMIA-exempt and permanent residence routes for ITPs who are eligible for licensure with a provincial medical regulatory authority.**
2. **Improve clarity, accessibility, and coordination of federal immigration programs for ITPs seeking to practice in underserved communities.**
3. **Invest in rural skills enhancement programs for ITPs preparing for rural generalist practice in Canada.**
4. **Enhance federal incentives and supports that strengthen retention of ITPs in rural and remote communities.**
5. **Support Indigenous-led physician pathways, recruitment, and retention initiatives.**
6. **Provide funding to expand national rural-ready Practice Ready Assessment (PRA) capacity.**
7. **Improve federal data systems to track the immigration licensure rural practice trajectory of ITPs.**

Conclusion

Rural, remote, northern, and Indigenous communities deserve equitable access to timely, comprehensive physician care. Federal immigration policy—supported by targeted financial investments—can play a decisive role in strengthening the rural physician workforce. By streamlining immigration pathways for licensure-ready physicians, expanding rural PRA capacity, supporting Indigenous-led initiatives, improving retention tools, and investing in rural skills development, the federal government can directly address barriers that fall within its jurisdiction.

The SRPC urges HESA to consider how federal immigration and related policy levers can be used more effectively to support rural health equity. With coordinated federal action, ITPs can transition more efficiently into practice, remain supported in rural communities, and contribute fully to improving health outcomes across Canada.

The SRPC stands ready to collaborate with federal partners to help advance these solutions.