Higher Education Quality Council of Ontario
Conseil ontarien de la qualité de l'enseignement supérieur
An Agency of the Government of Ontario

Stakeholder Summary

Funding, Lack of Clinical Placements are Challenges for International Health Bridging Programs

Internationally educated health professionals (IEHPs) are those who have completed health care training in another country, but who may not have the educational, professional or language requirements to be licensed to practice in Canada. Bridging programs are designed to meet the unique needs of these professionals by providing occupation-specific training on the Canadian and provincial health care systems and standards to meet licensing and employment requirements. A new study by the Higher Education Quality Council of Ontario (HEQCO) examines seven bridging programs and finds that while they are all quite different, they face the common challenges of finding quality clinical placements for students and stable, long-term funding.

Project Description

Multiple Case Study Evaluations of Postsecondary Bridging Programs for Internationally Educated Health Professionals examines four Ontario bridging programs that serve allied health professionals facing current or projected labour shortages. The study also examined three Alberta-based bridging programs. The case studies involved document reviews, student focus groups, student surveys and follow-up interviews, as well as interviews with program stakeholders. Approximately 50 IEHPs and 30 program stakeholders participated in the research. Additionally interviews were conducted with 15 sector experts from national government agencies, regulatory colleges and professional associations.

Findings

While not all programs offered clinical placements for students, those that did faced difficulty finding placements for students. Bridging programs must compete for spaces with regular, full-time health programs, and employers with no IEHP experience are often reluctant to offer placements, believing that these students require more work than a Canadian-trained student. Programs that did not offer clinical placements cited the difficulty of securing space as a reason that they were not available as part of the training.

Many programs start with pilot funding, which provides the support needed to develop the program, but is not a steady, ongoing funding stream. After pilot funding, programs are expected to rely on student tuition fees. However, factors outside of a program's control, like labour market demand and immigration policies, can lead to fluctuating enrolment numbers. Requiring programs to have a plan for sustainable funding before receiving start-up funding might help solve some of the financial challenges.

The bridging programs examined had significant differences in duration, timing, structure and content, but all had the common goal of assisting IEHPs to become licensed to practice in their respective province and become competent health practitioners. While the stakeholders and experts offered a

number of potential indicators for evaluating the success of bridging programs, measuring and tracking these indicators remain challenges.

The potential role of regulatory colleges in improving bridging programs is heavily debated. Regulatory colleges are responsible for setting the standards necessary to practice so they would be a potential partner in the design and delivery of these programs to make sure they are meeting the needs of the sector. They also understand many of the common gaps in knowledge and training IEHPs have when they arrive in Canada. However, regulatory colleges are not mandated to provide education, so there is typically little room in their budgets to act in an advisory role, creating a potentially lost opportunity.

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