Integrating Internationally Educated Physiotherapists

Prepared by Keith Johnson —
Canadian Alliance of Physiotherapy Regulators &
Canadian Physiotherapy Association

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Steering Committee Members

Patty Brady – Human Resources and Social Development Canada
Tabasom Eftekari – Canadian Alliance of Physiotherapy Regulators
Pamela Fralick – Canadian Physiotherapy Association
Patrick Mackenzie – Citizenship and Immigration Canada
Jan Robinson – College of Physiotherapists of Ontario
Joan Ross – Nova Scotia College of Physiotherapists
Joseph Vibert – Canadian Alliance of Physiotherapy Regulators

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Canadian Alliance of Physiotherapy Regulators
1243 Islington Avenue, Suite 501, Toronto, Ontario M8X 1Y9
Telephone: 416-234-8800  Fax: 416-234-8820
www.alliancept.org
Demographic changes over the next 15 to 20 years are expected to profoundly affect Canada’s labour market. These changes present particular challenges for the physiotherapy community. As the general population ages, there will likely be an increasing demand for physiotherapy services. At the same time, pending workforce retirements within the physiotherapy community could put ever-increasing pressures on the supply of physiotherapy professionals. With this potential gap between supply and demand, it is important to have a comprehensive plan to ensure the public has continued access to vital services in the years to come. When formulating such a plan, it must also be recognized that the composition of the physiotherapy workforce is in a state of flux. At present, the majority of internationally-educated physiotherapists (IEPTs) registered to practice in Canada received their education in “Western” countries where English is commonly spoken. However, recent applications to the Canadian Alliance of Physiotherapy Regulators (The Alliance) show that increasing numbers of IEPTs are coming from source countries where languages and cultural norms are considerably different from our own. Taken together, these trends in both the demand for physiotherapists and the changing face of professionals entering the field, underscore the need for improved integration efforts to ensure a reliable supply of skilled and qualified physiotherapists in the coming years.
**Research Methodology**
Focus groups held in the provinces of Alberta, British Columbia and Ontario allowed for a better understanding of the challenges faced by IEPTs in Canada. The themes from these sessions informed the development of a quantitative survey which validated the salience of these barriers across a larger sample. A telephone survey of 150 physiotherapy employers was conducted across Canada. They were asked to describe their experiences and perceptions of working with internationally-educated physiotherapy professionals and their openness to potential internship/mentorship programs. Data was also commissioned from Statistics Canada to gauge the relative demand for physiotherapists across the country and highlight their geographic distribution. Internal data related to credentialling and exam performance complemented the above research.

**Research Findings**
This research was analyzed in an effort to reveal what factors/barriers most acutely affect the successful integration of internationally-educated physiotherapists into the Canadian health system. Eight such issues were identified.

Issue 1: Discrepancy in Pass Rates between IEPT and Canadian Graduates
Issue 2: Length of Time to Become Licensed
Issue 3: Language Skills (General and Profession-Specific)
Issue 4: Lack of a Support Network
Issue 5: Cultural Differences
Issue 6: Information Provided During the Immigration Process
Issue 7: Employment
Issue 8: Cost

**Recommendations**
These issues and supporting evidence were shared with a total of 57 representatives from government, the physiotherapy community and other related stakeholder groups as well as seven internationally-educated physiotherapists at a two-day Consensus Building Workshop held in Toronto, ON. Participants were asked to discuss the identified barriers to integration and propose solutions to mitigate their negative effect. All felt that any opportunities to work collaboratively with other professions facing similar challenges should be perused. Their input greatly influenced the nine key recommendations listed below:

**Language benchmarking, testing and training**
- Recommendation 1: Establish a physiotherapy language benchmark
- Recommendation 2: Develop a language test specific to the practice of physiotherapy
- Recommendation 3: Offer profession-specific language training courses

**Review of current operations at The Alliance**
- Recommendation 4: Conduct an audit of current evaluation services at The Alliance
- Recommendation 5: Investigate the feasibility of offering the Qualifying Exam by computer
- Recommendation 6: Develop an on-line pre-assessment tool

**Mentorship and bridging opportunities**
- Recommendation 7: Create a national mentorship program for IEPTs
- Recommendation 8: Investigate the development of a comprehensive bridging program for IEPTs

**Communication and information**
- Recommendation 9: Create a one-stop shop for information related to physiotherapy in Canada.
OVER THE NEXT 15-20 YEARS, THE POPULATION WAVE OF THE baby-boom generation will crest, leaving in its wake widespread retirements and consequent labour shortages throughout the economy. As a result, there will be mounting pressure on all industries to maximize resources and productivity in order to maintain necessary output levels. Citizenship and Immigration Canada estimates that by 2012, 100% of all net, new labour market growth will be the result of immigration (CIC, 2003). Boosting overall immigration numbers without corresponding changes in policy and programming is unlikely to meet our future labour needs. Research indicates that it can take a number of years after arriving in Canada for newcomers to become fully productive and self-sufficient. As the Canadian Labour and Business Centre has shown through an analysis of Statistics Canada data, the duration of this “transition penalty” has been increasing in recent years (CLBC, 2003). The impact of this includes and transcends economic considerations, affecting all facets of the personal well-being of individuals and families. As recent reports suggest, this disparity also has severe economic implications for the country as a whole. The cost of non-recognition of immigrant credentials and skills has been estimated to be from $2.4 to $15 billion annually (RBC, 2005; Reitz, 2001; CBC, 2001). As such, efforts need to be made now to better integrate newcomers into the Canadian workforce in order to safeguard the continued labour market and financial viability of our economy.

The physiotherapy profession is not immune to these pressures. Despite increases in the per capita supply of physiotherapy professionals over the past decade, preliminary evidence suggests that there remains a strong demand for physiotherapy services across the country.

“I was once called a ‘physiotherapist’ and I’d like to be called a physiotherapist in this country, the country that I choose to live in for the rest of my life.”

IEPT survey respondent
Moreover, the confluence of policy changes, an aging population and projected retirements are likely to accentuate this need over the coming years. However, demand pressure is not, and should not be the sole motivator for improving integration efforts. The economic and social well-being of the internationally-educated physiotherapist (IEPT) is paramount, and must be kept front of mind when formulating remedial action. The ability to work fully in one’s profession contributes directly to enhanced personal development, access to employment, and ultimately quality of life (CBC, 2001).

When developing and implementing new programs, special attention should also be paid to the needs of employers, as their involvement is fundamental to the integration process. In Canada, a large proportion of organizations employing physiotherapists are small to medium businesses which may lack the time and resources to fully assess the suitability of potential internationally-educated employees. As such, there may be a latent perception among some employers that hiring an IEPT necessitates additional guidance and supervision. Collaborative integration and training programs involving multiple stakeholders can help to address these concerns and accelerate the period from an IEPT’s arrival in Canada to their employment as a licensed/registered\(^1\) physiotherapist.

To this end, research conducted by the Canadian Alliance of Physiotherapy Regulators\(^2\) (The Alliance) in partnership with the Canadian Physiotherapy Association (CPA) and funded by Human Resource and Social Development Canada (HRSDC) under its Foreign Credential Recognition Program has been undertaken to better understand the experiences of IEPTs. This project is divided into two components. The first is a diagnostic phase aimed at describing the composition of the physiotherapy workforce and identifying key issues and barriers faced by IEPTs in the integration process. The second component is prescriptive in nature aimed at generating a series of priority activities that can be implemented to address these barriers.

The following summarizes the findings of the research conducted and associated recommendations proposed.

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\(^1\) References to licensing and registration by the provincial regulatory colleges are used interchangeably in this document as the terminology varies from province to province. Both terms refer to a physiotherapist having met the necessary criteria and legislative conditions to practice legally in a given province.

\(^2\) In addition to staff from The Alliance, the project’s Steering Committee includes representatives from the Canadian Physiotherapy Association, Citizenship and Immigration Canada, Human Resource and Social Development Canada and provincial regulators from Ontario and Nova Scotia.
Methodology: the meaning of integration

The primary objective of this study is to qualify and quantify the experiences of IEPTs in an effort to develop programs that could better facilitate their integration into the Canadian health system. However, in practice successful integration is a complex construct of numerous potential factors and can include everything from getting a driver’s license to opening a bank account. As such, a definition of the project scope is necessary at the outset of this investigation. For the purposes of this research, IEPT integration is understood to be a six-step process spanning an applicant’s arrival in Canada to their employment as a fully registered/licensed physiotherapist. A simplified representation of this process is provided in Figure 1. This initiative is therefore not strictly a regulatory exercise. Both research and remedial activities have, and will require the cooperation of related stakeholders including immigration authorities, professional associations, employers and IEPTs themselves.

The notion of improving the integration process presumes that advantageous modifications or additions can be made to the existing system. Analysis therefore focuses on an examination of each of the discrete steps illustrated below with an emphasis placed on describing the scope and effect of real and/or perceived barriers affecting IEPT integration.

1. Immigration to Canada
The process of immigrating to Canada is a time-consuming and complex undertaking. For the purposes of this discussion we are focusing solely on the timeliness and accuracy of the information provided to applicants related to the regulatory requirements of becoming a registered/licensed physiotherapist in Canada.

2. Review of Educational Credentials and Qualifications
The purpose of the credentialling process is to determine whether an applicant’s education and qualifications are “substantially equivalent” to that provided by Canada’s 13 accredited physiotherapy programs. The requirements of substantial equivalency are updated every 3-5 years through a series of best practice reviews; the Best Practices IV project is currently underway. To initiate the credentialling process, applicants are required to submit
a variety of documents to The Alliance. Upon receipt of a complete application and payment of $725, a credentialling officer will determine whether the application is a “precedent file”; this refers to a situation where The Alliance has already assessed the particular, year, program and academic institution from which the individual has graduated. Precedent files are generally processed in 12-14 weeks\(^4\). Evaluations of non-precedent files are often outsourced to a third party such as International Qualifications Assessment Service (IQAS) or World Education Services (WES) that has proficiency in determining academic equivalencies. These cases can take 22 weeks or longer to assess. Non-precedent files take substantially longer to process as a complete review of a given academic program’s physiotherapy content is undertaken. If it is determined that major differences exist in their education and qualifications relative to the Canadian standard, then the applicant is informed that their education is not considered substantially equivalent; no recourse exists for these individuals through The Alliance. If minor gaps exist, then applicants are given permission to enroll in a Prior Learning Assessment and Remediation (PLAR) program. The PLAR program allows applicants to provide proof of prior learning or upgrade their physiotherapy education by taking university courses that fill any identified deficiencies. This program costs the applicant an additional $400 and is valid for 2 years. Only after applicants have been approved by the credentialling department are they allowed to sit for the written component of the exam.

3. & 4. Exams

As per the Candidate Handbook provided to exam candidates, “the purpose of the Physiotherapy Competency Examination (PCE) is to determine that a minimal standard of practice has been demonstrated by Canadian educated and internationally-educated graduates of physiotherapy programs, before a license to practice physiotherapy is granted by a provincial/territorial regulator of physiotherapy. The PCE is designed to evaluate the essential skills, knowledge and abilities of physiotherapy practice. The skills that the examination is designed to evaluate include history taking, physical examination, data interpretation, clinical problem solving, treatment skills, ethics, safety, interviewing and communication. The examination covers the core clinical practice areas of musculoskeletal, neuromuscular and cardiorespiratory” (Alliance, 2007:4).

The PCE consists of two exams: the Qualifying Exam (QE) and the Physiotherapy National Exam (PNE). The QE, often referred to as the “written component”, consists of 200 multiple-choice questions administered

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\(^3\) Issuing a license or registration to practice physiotherapy in Canada is the responsibility of provincial regulators. All the provincial/territorial physiotherapy regulatory authorities except Quebec require that IEPTs complete The Alliance credentialling process and PCE as one requirement of registration/licensing.

\(^4\) Although the existence of a precedent file can help to expedite the evaluation of an applicant’s academic physiotherapy qualifications, the process of credentialling is still largely performed on a case-by-case basis. Credentialling officers must assess a number of individual attributes including: other academic transcripts (e.g. high school), language proficiency, authenticity of documentation, university research or thesis work and supervised clinical practice experience.
Integrating Internationally Educated Physiotherapists in a single, four-hour session. This exam is offered six times annually at locations across Canada and is administered in both English and French. Applications for this component from Canadian-educated students must be received by The Alliance approximately 3 months before the exam date. IEPTs may register for this component up until 1 month before the exam. Candidates are required to pass the QE before sitting the PNE. The current cost to write the QE is $675 CAD.

The PNE or “clinical component” is an objective structured clinical examination (OSCE) consisting of 16 stations where candidates interact with standardized clients. Candidates are evaluated by trained physiotherapist examiners, based on their ability to obtain a history, perform a physical examination and/or execute an appropriate intervention. Applications for this component from Canadian-educated students must be received by The Alliance approximately 5 months before the exam date; IEPTs can register up until 3 months before the date of the PNE. The exam lasts 4.5 hours and costs the candidate $1,100.

5. Licensing by the Provincial Regulatory College
All provinces except Quebec require that IEPTs successfully complete the credentialling process and pass the PCE before they are eligible for a license that allows for independent practice. Most provincial regulators will grant candidates a “temporary” or “interim” license after successful completion of credentialling or the QE; certain provinces will grant these licenses once IEPTs have successfully completed the credentialling process. This designation allows IEPTs to practice physiotherapy in a supervised setting. In some provinces this interim license is rescinded if the candidate fails a component of the PCE. Once they have passed the PCE, candidates can apply to their provincial regulator for independent, unsupervised practice. The regulator may request additional documentation before registering the IEPT to practice in their province.

6. Employment
After being licensed by one of the provincial regulatory colleges, the IEPT is allowed to begin practicing physiotherapy. Employment for physiotherapists in Canada is available in a range of settings, both publicly and privately funded.

Research Activities
The research phase of this project was conducted between February 20th and August 15th, 2006. During this time, both primary and secondary research activities were undertaken. A summary of the most significant activities is provided below.

Focus Groups
Between May 24th and July 1st, 2006, a total of six focus groups were held with IEPTs from the provinces of Alberta, British Columbia and Ontario. These provinces were selected as they are home to the majority of IEPTs residing in Canada. Each session was comprised of 6-10 individuals at different stages in the licensing process. Sessions were facilitated by a contracted researcher to ensure the complete comfort and anonymity of participants. IEPTs were asked to share their experiences regarding a variety of aspects of the integration process (i.e. immigration, The Alliance, seeking employment, provincial regulators, etc.). The themes generated from the focus groups were used to inform the development of a quantitative internet survey aimed at validating IEPT impressions across a larger sample. Focus group methodology and survey materials were vetted by The Alliance’s Ethical Review Committee.
**IEPT Internet Survey**

All candidates who applied to have their credentials and qualifications reviewed by The Alliance since 2003 were sent an invitation to participate in an internet survey. After correcting for obsolete contact information and e-mail bounce-backs, a potential sample of 560 contacts was realized. Of these, 274 chose to participate, equivalent to a response rate of 49%. In addition to background information related to their age, area of practice and country of education, IEPTs were asked to comment on the barriers they faced while seeking employment in Canada, and rate the appeal of certain potential remedial and support programs.

**Employer Telephone Survey**

A total of 150 physiotherapy employers across Canada were interviewed by an independent research firm and asked to describe their experiences and perceptions of working with internationally-educated physiotherapy professionals. The number of interviews allocated per province was calculated on a per capita basis. Of those who responded, approximately 77% were from private clinics with the remaining 23% from publicly-funded institutions.

**Provincial Regulator Questionnaire**

A two-page questionnaire was completed by representatives from all ten provincial physiotherapy regulatory bodies. Regulators were asked two sets of questions. The first was of an objective nature, aimed at collecting current and historical numerical data specific to IEPTs practicing in their province. The second set was subjective; regulators were asked to rank a list of drivers and issues they considered to be most relevant to the successful integration of IEPTs.

**Statistics Canada**

Data collected from the 2001 census specific to “Physiotherapists” (NOC D042) was commissioned from Statistics Canada. This information was broken down by geographic and demographic subcomponents to provide an overview of the physiotherapy workforce in Canada. Metrics related to overall participation and unemployment rates were used to gauge the strength of the profession relative to that of other health fields. Data describing “immigrant physiotherapists” helped to illustrate the distribution of IEPTs at a provincial and municipal level.

**Internal Data**

Extensive internal data were analyzed in an effort to characterize and validate the predominant themes of the focus groups and surveys. Credentialling information, dating back to 2003 in conjunction with exam data, were used to describe trends among IEPT applicants and highlight the differences in exam performance between domestically and internationally-educated cohorts.

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5 Standardized Clients are healthy people trained to present client problems in a standardized, reliable and realistic manner. They learn specific client scenarios or cases which are portrayed at one of the stations. Standardized Clients may present a client’s history, or demonstrate symptoms during a physical examination or they may question candidates regarding the problem they are presenting.

6 The registration of physiotherapists including IEPTs in Quebec is administered by the Ordre professionnel de la physiothérapie du Québec (OPPQ). Canadian-educated physiotherapists do not need to pass the PCE in order to become fully registered/licensed in New Brunswick. In all other provinces, Canadian-educated physiotherapists must also pass both components of the PCE before they are registered/licensed for independent practice by their provincial regulator.
As of 2005, there are a total of 17,179 physiotherapists in Canada who are registered and able to practice, approximately 80% of whom are female.

DATA COLLECTED FROM THE PROVINCIAL REGULATORY COLLEGES on an annual basis and from the regulator questionnaire distributed as part of this research provides a snapshot of the current physiotherapy workforce. Unless otherwise indicated, all statistics provided in this section are derived from these sources. Figure 2 details the current provincial distribution of physiotherapists. As of 2005, there are a total of 17,179 physiotherapists in Canada who are registered and able to practice, approximately 80% of whom are female. As expected, the majority are found in the most populous provinces. Those practicing in Ontario represent 37.3% of the total, Quebec 23.1%, British Columbia 14.3%, and Alberta 11.2%. The remaining six provinces collectively make up less than 15% of all registered physiotherapists in Canada.

A list of the most commonly reported clinical areas of practice is provided below (Figure 3). Physiotherapists may indicate multiple areas of practice to their provincial regulator. In 2004, 38% of all registered physiotherapists reported at least one of their areas of practice as “orthopaedics”, 16% as “general”, 8% as “neurology” and 6% as “sports”. All other clinical areas constituted less than 5% of the total.

Information capturing the major categories of physiotherapist employers is also collected by provincial regulators on an
Annual basis. Figure 4 outlines the ten most frequently reported categories reported in 2004. At that time 39% of all physiotherapists were employed in a private clinic, 29% in a general hospital, 9% in a rehabilitation facility and 6% by a home care agency. The remaining six categories each represent less than 5% of the total pool of employers. The most significant changes in the distribution of these categories since 1997 (when this data was first aggregated on a national basis) has been a decrease in the proportion in physiotherapists employed in a hospital setting (35%) and an increase in the number employed by private practice (37%). This shift is due in part to recent retrenchments in public funding for certain physiotherapy services, resulting in a consequent increase in demand for services offered in private clinics (Burnett, 2004).

Service Levels

Service levels in the context of this research refer to the per capita supply of health professionals within a given geographical area. In Canada, the total number of registered physiotherapists has been increasing at a faster rate than the overall population. Between 1996 and 2004 Canada’s population grew at an annualized rate of approximately 0.90%. During that same period, the supply of physiotherapists increased an average of 2.87% per year. These disparate rates have resulted in a gradual rise in service levels across the country over the past decade.

In 1996, there were 4.67 registered physiotherapists for every 10,000 Canadians; by 2004 this figure had risen to 5.45. Higher service levels are not necessarily an indication of imminent oversupply. In fact, workforce augmentation in the absence of a rise in unemployment could indicate the opposite; that there is a pent up demand for physiotherapy services in the population that has yet to be satisfied.

Individual service levels for all 10 provinces have been trending higher as well. Due to the confluence of growth in the supply of physiotherapists and a simultaneous contraction in the population, Saskatchewan (39.4%) and New Brunswick (37.4%) saw the greatest increases between 1996 and 2004. In contrast, PEI’s service level grew by only 2.8%. These inter-provincial differences are likely the product of a number of interrelated factors including government funding, availability of physiotherapy education programs and level of urbanization. However, a discussion on the background and development of these factors is beyond the scope of this report.

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7 Information from the provincial regulator questionnaire was combined with physiotherapy Health Human Resource (HHR) data collected on an annual basis. Where data for a specific year was unavailable, straight-line estimates were used.

8 Information from provincial regulators is combined with Statistics Canada census data and projections from 1996 to 2004.
there is anecdotal evidence to suggest there is a shortage of physiotherapists in the country but goes on to assert that “to date very little long-term physiotherapy human resource planning has taken place…”

Need for Physiotherapy

Determining the national “need” for physiotherapy is a complicated process only tangentially related to the central mandate of this project. While the ability to state outright that Canada is facing a serious shortage of physiotherapists, would undoubtedly add a sense of urgency to the findings and recommendations made herein, there is as of yet insufficient research in this area to make such a claim. A number of industry-specific studies have alluded to the dearth of Health Human Resources (HHR) data that exist for the physiotherapy profession. A 2002 publication by The Alliance, in conjunction with the Canadian Physiotherapy Association, states that there is “anecdotal evidence” to suggest there is a shortage of physiotherapists in the country but goes on to assert that “to date very little long-term physiotherapy human resource planning has taken place… Currently, gaps exist in the physiotherapy health human resources data collection” (Alliance & CPA, 2002:3).

In a recent article published in Physiotherapy Canada, Michel D. Landry tracked the increase in physiotherapists relative to population growth across Canada from 1991-2000. Echoing the sentiment of the Alliance/CPA paper, Landry concludes that while overall service levels have been increasing, “further research is needed to better understand the driving forces behind the wide difference in rates of health human resources across the provinces… to ensure appropriate health delivery” (Landry, 2004).

Need in the context of the physiotherapy profession is further complicated by issues of funding. That is to say, there is a difference between the physical demand for physiotherapy services within a given population and the actual number of practicing physiotherapists/associated services that are supported by the health system at any given time. The supply of physiotherapists working in a publicly-funded setting is predominantly the product of budgeting at the ministry of health level and varies from...
province to province (CPA, 2006). While driven in part by market forces, the number of physiotherapists practicing in private clinics can also be influenced by exogenous factors such as personal income demographics and the prevalence of insurance coverage. As such, it is the contention of the authors of this document that the public, government and the physiotherapy profession would benefit hugely from more research in this area.

Efforts need to be made to better estimate the actual need for physiotherapy services within the population such that budgeting and service delivery planning can better approximate “real” demand. The contention that physiotherapy HHR planning needs to be a multidisciplinary activity involving input and information from other related health care professions as well as the private sector is also supported (Burnett, 2004; CHSRF, 2003; HEAL, 2006).

With that said, a preliminary attempt has been made below to propose that relatively strong demand for physiotherapy services does currently exist in this country. The combination of robust employment data coupled with the prospect of an aging workforce suggests that this demand is likely to become more pronounced in the near future. The expeditious integration of IEPTs into the Canadian system can help to ensure a dependable and qualified supply of physiotherapists for years to come.

Examining labour force indicators is one fairly straightforward way of estimating the overall demand for a given profession. Participation and unemployment rates are particularly helpful in this regard. The former is regarded as an indication of how those in a given profession perceive their opportunities for employment. The latter reflects the percentage of those actively participating in the workforce who are unable to find employment.

As detailed in Figure 6, participation rates for physiotherapists are among the highest, and unemployment rates the lowest, of selected regulated health professions in Canada.

As per the most recently available census data (2001), there were a total of 16,435 individuals who described themselves as “physiotherapists” of which 15,760 were actively participating in the workforce (Statistics Canada, 2001). Only 170 of these census respondents described themselves as “unemployed”. This data suggests that current employment prospects for physiotherapists in Canada are favourable. Anecdotal evidence supports these statistics; 78.0% of physiotherapy employers surveyed across the country agreed with the statement that, “There is a shortage of physiotherapists in Canada and IEPTs fill that gap”.

“an aging client population with a growing desire to remain living independently in their own homes is expected to increase overall demand for physiotherapy services.”

Figure 6

Physiotherapist Participation

<table>
<thead>
<tr>
<th></th>
<th>Participation Rate %</th>
<th>Unemployment Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapists</td>
<td>95.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>96.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>95.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Medical Radiation Technologists</td>
<td>96.1</td>
<td>1.3</td>
</tr>
<tr>
<td>All Health Occupations</td>
<td>94.6</td>
<td>2.0</td>
</tr>
<tr>
<td>All Occupations</td>
<td>66.4</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Statistics Canada, 2001
Policy and demographic changes are also influencing the demand for physiotherapy services. In its overview of *Health Personnel Trends in Canada*, the Canadian Institute for Health Information (CIHI), cites a number of drivers that are likely to increase future demand: “a shift in health services delivery models from institutional care to ambulatory and community care”, “pressure to discharge patients earlier” and an “increased interest of employers in supporting early return to work” (CIHI 2004: 172).

CIHI also suggests that an aging client population with a growing desire to remain living independently in their own homes is expected to increase overall demand for physiotherapy services. Further research in this area can help to validate the extent and effect of these trends.

Despite a significant influx of new physiotherapists into the Canadian system over the past decade and a corresponding rise in service levels, there remains strong demographic evidence indicating that the workforce itself is aging. In 1998, 8.0% of all registered physiotherapists were over 55 years of age. At present, an estimated 12.1% of physiotherapists practicing in Canada are over 55 and can therefore be expected to retire at some point during the next 10 years (Figure 7). This percentage, as is the case in most health care professions, has been steadily increasing at an average rate of 0.7% per annum.

An aging workforce means that for the next 15-20 years, increasing numbers of physiotherapists will be retiring every year, necessitating a corresponding increase in the supply of new entrants into the system to maintain current service levels. In short, it is possible that whatever physiotherapy labour shortages we are seeing now may become even more apparent in the foreseeable future.

**Summary of Physiotherapy Workforce**

As of 2005, there are an estimated 17,179 physiotherapists registered in Canada. These individuals are employed both in the public and private sectors. The balance between these two employer groups has shifted in recent years with the delisting of certain publicly-funded physiotherapy services. For the past decade, the number of registered physiotherapists has been increasing at a faster rate than overall population growth. But despite increases in service levels, initial indications based on comparative workforce statistics suggest that substantial demand does exist for physiotherapists in this country. Moreover, the confluence of policy changes, pending retirements and an aging population are likely to increase the demand for new physiotherapists in the future.

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**Figure 7**

**Percentage of Physiotherapy Workforce Aged 55 and Over**

![Percentage of Physiotherapy Workforce Aged 55 and Over](image)
As of 2005, there are estimated to be a total of 2,315 IEPTs registered and able to practice in Canada, 72% of whom are female. This figure represents 13.5% of the total physiotherapy workforce. Figure 8 illustrates this distribution on a provincial basis. The bulk of registered IEPTs are concentrated in three provinces. Those practicing in Ontario represent 43.8% of the total, British Columbia 36.1%, and Alberta 12.4%. The remaining seven provinces are collectively home to less than 8% of all IEPTs in Canada.

Data provided by the provincial regulators specific to “country of physiotherapy education” is summarized in Figure 9. Presently, the majority of IEPTs practicing in Canada were educated in three source countries: the United Kingdom (41.1%), India (14.9%) and the United States (10.1%). Based on these figures, approximately three-quarters of those IEPTs currently registered in

![Figure 8: IEPTs Registered and Able to Practice (2005)](image)

![Figure 9: Countries of Education of Registered IEPTs (2006)](image)
Canada received their physiotherapy education in source countries where English is commonly spoken. Moreover, approximately two-thirds of these individuals are from “Western” countries where cultural norms are comparable to those in Canada.

However, further analysis suggests that this demographic makeup will begin to alter in the near future. Figure 10 shows the total number of applications received by The Alliance for review of academic credentials and qualifications from 1997-2006. While not all individuals who apply will ultimately become registered, practicing physiotherapists, this data indicates the possibility of a major shift in the demographic composition of Canada’s IEPTs. The proportion of applications from the UK (9.3%) is significantly lower than its current representation in the physiotherapy workforce; in contrast, applications from India (22.3%), the Philippines (13.9%), Iran (5.3%), Pakistan (5.0%) and Nigeria (2.4%) are considerably higher. As such, this latest wave of IEPTs will be categorically different than the one currently practicing. A shift away from “Western”, English speaking source countries necessitates a new approach to the way in which IEPTs are integrated into the Canadian health system. At a minimum, new programs acclimatizing IEPTs to Canada’s language and cultural norms will be needed to ensure that newcomers have the requisite soft skills to communicate with and effectively serve the public.

Figure 10
Credentialling Applications (1997-2006)

<table>
<thead>
<tr>
<th>Country of Education</th>
<th>1997-2001</th>
<th>2002-2006</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>18.8%</td>
<td>25.5%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Philippines</td>
<td>12.2%</td>
<td>15.6%</td>
<td>13.9%</td>
</tr>
<tr>
<td>United States</td>
<td>6.2%</td>
<td>14.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>9.7%</td>
<td>8.9%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Australia</td>
<td>5.2%</td>
<td>5.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Iran</td>
<td>7.4%</td>
<td>3.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>7.8%</td>
<td>2.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>5.6%</td>
<td>1.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Poland</td>
<td>3.2%</td>
<td>2.2%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2.6%</td>
<td>2.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Other</td>
<td>21.4%</td>
<td>17.6%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Alliance, 2006

In this context, “Western” countries include: Western Europe, USA, Australia and New Zealand.

Elizabeth McIssac has done extensive work with the Maytree Foundation and the Toronto Region Immigrant Employment Council (TRIEC) in the area of immigrant and poverty issues.
Data aggregated from the provincial regulator questionnaire specifically details clinical areas of practice for the IEPT cohort (2006). This information is compared with the most recently collected statistics describing the distribution of the entire registered physiotherapy workforce (2004) in Figure 11. On the whole, IEPTs specialize in clinical areas at relatively similar frequencies as their Canadian-educated counterparts. One area where there appears to be substantial variation (after adjusting for the discrepancy in the “other/unknown” category) is in the field of orthopaedics, where IEPTs are relatively underrepresented.

More significant discrepancies between the IEPT and Canadian-educated cohorts are evident in an analysis of location of employers. IEPTs are more often employed by home care and long-term care employers and are underrepresented in rehabilitation facilities and academic settings relative to the entire workforce. The remaining categories (General Hospital, Government Agency, Pediatric Facility, Private Practice and School Board) are statistically close to parity.

**Urban Prevalence**

Immigrants to Canada settle disproportionately in large urban centres. According to recent statistics, over 50% of those living in Toronto were born outside of the country; in Vancouver this figure is over 40% and Montreal and Calgary each have over 20% foreign-born (Statistics Canada, 2004). Elizabeth McIsaac\(^\text{10}\) describes the combination of economic opportunity, the presence of shared ethno-cultural community and the presence of previously settled family act as “magnets” which draw newcomers to our country’s biggest cities (McIsaac, 2003). The pattern of settlement among IEPTs would appear to be greatly influenced by these magnets. As per data from the 2001 census, there were a total of 16,435 individuals who listed their primary profession as “physiotherapists”. Of these, 13.6% of the self-reported physiotherapy workforce also identified themselves as “immigrants” (Statistics Canada, 2001). While not strictly equivalent to the number of IEPTs, information on immigrant physiotherapists appears to be sufficiently comparable for the purposes of commenting on

---

**Figure 11**

Clinical areas of practice for the IEPT cohort (2006).

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All PTs</td>
</tr>
<tr>
<td>Amputees</td>
<td>2%</td>
</tr>
<tr>
<td>Burns</td>
<td>1%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4%</td>
</tr>
<tr>
<td>General</td>
<td>16%</td>
</tr>
<tr>
<td>Gerontology</td>
<td>2%</td>
</tr>
<tr>
<td>Neurology</td>
<td>8%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>37%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>3%</td>
</tr>
<tr>
<td>Respirology</td>
<td>3%</td>
</tr>
<tr>
<td>Sports</td>
<td>6%</td>
</tr>
<tr>
<td>Other/ Unknown</td>
<td>17%</td>
</tr>
</tbody>
</table>

\(\text{Alliance, 2006}\)
settlement patterns. As discussed above, data collected by The Alliance indicates that 13.2% of registered physiotherapists received their education outside of Canada. Figure 12 lists the 13 Census Metropolitan Areas (CMAs) where more than 200 self-reported physiotherapists are resident. In all but three of the CMAs, the proportion of “immigrant physiotherapists” is higher than the national average of 13.6% and in some cases significantly so (Vancouver, Toronto, Hamilton, Victoria). These figures effectively demonstrate the propensity of IEPTs to settle in urban centres.

The implications of this distribution directly affect the scope and type of remedial programs that will be suitable. While this research is a national endeavour, it is likely that new initiatives will need to have a local focus in order to be both practical and cost effective.

---

<table>
<thead>
<tr>
<th>Census Metropolitan Area</th>
<th>Total PTs</th>
<th>Immigrant PTs</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto</td>
<td>2,450</td>
<td>970</td>
<td>39.6%</td>
</tr>
<tr>
<td>Montreal</td>
<td>2,080</td>
<td>275</td>
<td>13.2%</td>
</tr>
<tr>
<td>Vancouver</td>
<td>1,360</td>
<td>555</td>
<td>40.8%</td>
</tr>
<tr>
<td>Ottawa-Hull</td>
<td>785</td>
<td>155</td>
<td>19.7%</td>
</tr>
<tr>
<td>Calgary</td>
<td>635</td>
<td>145</td>
<td>22.8%</td>
</tr>
<tr>
<td>Edmonton</td>
<td>635</td>
<td>115</td>
<td>18.1%</td>
</tr>
<tr>
<td>Quebec</td>
<td>565</td>
<td>10</td>
<td>1.8%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>415</td>
<td>130</td>
<td>31.3%</td>
</tr>
<tr>
<td>Winnipeg</td>
<td>410</td>
<td>45</td>
<td>11.0%</td>
</tr>
<tr>
<td>Victoria</td>
<td>350</td>
<td>120</td>
<td>34.3%</td>
</tr>
<tr>
<td>London</td>
<td>310</td>
<td>70</td>
<td>22.6%</td>
</tr>
<tr>
<td>Halifax</td>
<td>275</td>
<td>50</td>
<td>18.2%</td>
</tr>
<tr>
<td>Kitchener</td>
<td>240</td>
<td>70</td>
<td>29.2%</td>
</tr>
</tbody>
</table>

*Statistics Canada, 2001*

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Figure 13
**Percentage of Total Exam Attempts by Internationally-Educated Candidates (1995-2005)**
Demand for Credentialling and Exam Services

The number of individuals who have applied to The Alliance for credentialling has increased markedly over the past decade. In 1997, 166 IEPTs submitted applications to The Alliance. In 2005 that figure grew to 269, equivalent to an average increase of 8.95% per annum.

Demand for exams by the IEPT cohort has grown exponentially over time. In 1997 there were a total of 27 IEPT attempts of the QE, in 2000 that number had increased to 93. In 2005 a total of 260 IEPTs sat for the QE, demonstrating an average annual increase of 84.4% since 1997. During that same period demand for the PNE grew at a rate of 19.5% per year. As a consequence, the proportion of IEPT attempts relative to all PCE attempts (i.e. Canadian-educated + IEPT) has increased as well. As illustrated in Figure 13, 1995 exam attempts for both the QE and PNE by IEPTs constituted less than 10% of the total.

By 2005, IEPTs were responsible for 30.6% of all QE attempts and 25.4% of all PNE attempts. This increase is the result of two reinforcing trends. Firstly, it follows that more credentialling applications eventually translates into more potential exam takers. Secondly, a gradual decline in pass rates for the QE means that a greater proportion of IEPTs have to write the exam multiple times in order to pass (see Issue 1).

Summary of IEPT Workforce in Canada

Two predominant trends emerge from the analysis of IEPTs in Canada. Firstly, the demographic composition of this group is in a state of flux. The majority of IEPTs currently registered received their physiotherapy education from “Western” source countries where English is commonly spoken. Recent applications to The Alliance show that there is a shift away from these source countries to applicants from countries where languages and cultural norms are considerably different than our own. We can therefore expect an escalating need for language and “cultural” training programs to ensure that these individuals are suitably prepared to practice in Canada. Secondly, the number of credentialling applications and exam attempts has increased over the past decade and is expected to continue to grow in the future. These increases will continue to put pressure on The Alliance’s ability to maintain appropriate service levels and processing times.
The following are the key issues and barriers affecting IEPT integration as determined by the research conducted herein. These were developed based on an analysis of all available data, both qualitative and quantitative with special attention paid to: the total number of individuals affected, the number of different parties affected (IEPTs, employers, regulators, etc.) and the relative strength of associated convictions and data. These eight issues and supporting research are provided below in no particular order.

Issue 1: Discrepancy in Pass Rates Between IEPT and Canadian Graduates

The fundamental purpose of the credentialling process is to determine whether an internationally-educated applicant has a physiotherapy education and associated qualifications which are substantially equivalent to that provided by Canada’s accredited universities. After an applicant successfully completes credentialling, the assumption is that they possess knowledge and skills commensurate with those of a Canadian graduate. The QE and the PNE are designed to test content that a recent Canadian physiotherapy graduate would have acquired. As such, one would presume, all other factors remaining equal, that scores between the Canadian and internationally-educated cohorts would be similar. However, the reality is quite different. Pass rates for both the QE and PNE are significantly lower for individuals who received their education internationally as compared with those educated in Canada. While QE pass rates for candidates educated domestically have remained steady, holding above 92% for the past decade, IEPT rates have fallen every year since 2000\textsuperscript{11}. At present, fewer than half of all IEPT QE attempts (48.5%) translate into passes (2005). Trends for the PNE are not downward sloping, but also warrant further investigation. From 1995 to 2005 PNE pass rates for IEPTs have averaged between 25.9% and 46.0% lower than their Canadian-educated colleagues. In 2005 only 57.2% of IEPTs passed the PNE as compared with 93.3% of those educated in Canada.
The consequences associated with low pass rates are obvious. Poor exam performance translates into multiple retakes for the IEPT candidate. This trend perpetuates a cycle whereby the candidate incurs increased out of pocket expenses for additional exams at a time when their income is likely to be limited. Moreover, due to the timing of exam offerings, multiple retakes mean that IEPTs may spend a great deal of time away from practicing physiotherapy, contributing to an erosion of their skills and knowledge which, in turn, makes it even more challenging to be successful on the exam.

Potential explanations for the discrepancy between Canadian educated and IEPT exam results are manifold. Some of the most likely factors include: general/profession specific language ability, cultural differences related to the interaction with clients (PNE), inexperience with the multiple choice format (QE), lack of resources to prepare for the PCE and time between graduation from a physiotherapy institution and writing the PCE. While the relative salience of many of these factors is testable, the effect of others can only be speculated on. A brief discussion of these factors and associated empirical evidence is provided below.

**Language and Culture**

Issues revolving around language ability and cultural differences are complex and multifaceted. Their relevance in this context cannot be overstated as they encompass all areas of the integration process. As such, separate sections have been devoted entirely to the importance of these topics (see Issues 3 & 5). Exam-specific research conducted as part of this initiative indicates that strong official language proficiency and cultural similarity

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**Figure 14**

Clinical Exam (PNE), and Written Exam (QE) Pass Rates (1995-2005)

![Chart showing pass rates from 1995 to 2005 for Canadian (Can) and International (IE) candidates.](chart)

11 The threshold to achieve a pass on the Qualifying Exam (QE) was increased in 2001.
positively influence PCE scores. As shown below (Figure 15), those individuals from “Western” source countries where either French or English is commonly spoken have historically performed better on both components of the PCE than candidates from other nations.

Admittedly this approach is somewhat problematic, as it does not account for test-taking similarities that may exist between “Western” countries which undoubtedly have a positive effect on overall scores. However, at a minimum, there appears to be sufficient evidence to suggest a causal relationship between cultural familiarity/language proficiency and exam performance. It is therefore probable that future programs directed at improving language skills and acclimating IEPTs to the cultural nuances of our health system will help improve overall pass rates.

“The number one request we get is for more practice questions, followed closely by study groups”. An Alliance employee

Exam Format

The multiple choice format of testing is less commonly used outside of North American institutions. Many of those educated internationally are not intuitively familiar with the concept of selecting “the most correct answer”. As one IEPT requested, “I wish the Alliance directed me to take a course or training on how to write multiple choice tests in Canada, for it is much different in my country”. It is likely that some fraction of the discrepancy between IEPT and Canadian-educated scores can be attributed to inexperience with this style of exam. A project is currently underway which will examine the extent to which this unfamiliarity plays a role. The College of Physiotherapists of Ontario, in partnership with The Alliance, McMaster University and ACCES\(^{12}\) is currently in the process of developing a series of educational modules aimed at improving test taking abilities for both the QE and PNE. A total of four modules are to be offered: i) Exam use and context in Canada, ii) Skill development in multiple choice exams, iii) Skill development in clinical exams and iv) Post exam follow up and support (CPO, 2006). This project will not focus on physiotherapy subject matter but will use relevant related content for

Figure 15

Average Number of QE and PNE Attempts to Achieve a Pass by Country of Education (2001-2006)
The objectives of this project are to significantly increase the overall IEPT pass rate and reduce the average number of retakes required to pass. If successful, this project could serve as a model for similar endeavours in other provinces where the IEPT numbers warrant and could also potentially be used in similar regulated professions.

**Preparatory resources**

There are presently relatively limited materials to help IEPTs prepare for the PCE. On The Alliance website, candidates have access to an *Orientation Resource* which describes the structure of the exam, provides a sample of practice questions, a lexicon of commonly used physiotherapy terms and a key reference list. Research indicates that IEPTs feel that these resources are insufficient. Survey recipients were presented with the statement, “There is a lot of information about the PCE and how to study for it or the topics on it”. Of the 123 respondents who had written all, or a portion of the PCE, only 17% agreed with this assertion. Staff in the exam department are often asked for additional study aids and supports. “The number one request we get is for more practice questions, followed closely by study groups”, states one Alliance employee. Many IEPTs are also of the opinion they are at a distinct disadvantage in their capacity to prepare for the PCE relative to their Canadian educated counterparts. One such individual opines, “I find it funny that [we are required to] pass the same exam Canadian students have been practicing for two years. They have all the information fresh in their minds and know pretty much what the exam is going to be about… We are just thrown in the lion’s den and expected to survive”.

**Time since graduation**

A factor which definitively contributes to lower IEPT exam performance is the period of time between a candidate’s year of graduation and date either component of the PCE is written. For both the QE and PNE, there is a strong negative

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12 ACCES is a community agency providing employment and training services for internationally educated individuals.

13 Studies by Rothman 2002, focused solely on the PNE or ‘clinical component’ of the PCE.
correlation between the number of times an IEPT needs to write the exam to pass and the length of time that has lapsed since their physiotherapy education. Validating research previously conducted, Figure 16 shows that the number of attempts required to achieve a pass for both exam components is much higher for those who received their physiotherapy education more than four years before writing either exam as compared with those candidates who graduated more recently (Rothman, 2002). There are two probable explanations for this trend. Firstly, the PCE is a test of general, entry-level physiotherapy knowledge that includes all clinical subcomponents of the profession. IEPTs who have been practicing for several years are more likely to have focused on a specific area, a tendency customary in health professions. As such, specific knowledge of other clinical areas may fade with the passage of time. Secondly, exam-taking skills deteriorate in the absence of practice. The longer an individual has been out of the education system, the less comfortable and proficient they presumably are at writing standardized tests.

**Issue 2: Length of Time to Become Licensed**

One of most common complaints among IEPT applicants is the length of time it takes from submission of their initial application to The Alliance to when they are able to be licensed for independent practice by their provincial regulator. Sixty-eight percent of all IEPT survey respondents disagreed with the statement, “The time it takes to become a physiotherapist in Canada is reasonable”. Operational metrics are instructive in this regard. For the purposes of this research we examined the duration of each subcomponent of this process: submission of documents, credentialling, PLAR (where required), and exam taking.
Submission of documents
Along with their application, IEPTs are required to submit a series of documents to The Alliance credentialling department for review in order to determine the level of equivalency of their physiotherapy education and qualifications. A checklist is provided by The Alliance to assist in this regard and the evaluation process does not begin until all necessary documents are received. Figure 17 details the average amount of time taken for applicants to submit all necessary documents from 2003 to 2006.

IEPTs in this sample took an average of 83 days to submit their required documents to The Alliance. While some delay is to be expected (i.e. waiting for transcripts to be sent from universities, translating and/or notarizing documents where necessary, etc.) in many cases, significant lag time can be attributed to imperfect communication between the applicant and the credentialling department. Despite extensive and detailed application information provided on The Alliance website, open-ended responses from the internet survey are replete with comments referencing confusion over the correct type and format of documents that were submitted for review. One internet survey respondent shares their experience in this regard: “The main delay for me was the fact that I had asked a JP [Justice of the Peace] to sign my documents instead of a notary public. This probably added on an extra two months to the process due to the slow communication methods and unclear letters. It was only made clear to me what was required when I actually spoke to a person from The Alliance on the phone.”

Credentialling
Once all necessary documents have been submitted, a credentialling officer begins the process of evaluating an applicant’s education and qualifications. Information provided on The Alliance website indicates that the assessment will take anywhere from 12 to 14 weeks to complete if a precedent file exists and 22 weeks or longer where there is no precedent. The amount of time taken to complete the credentialling process between 2003 and 2006 is illustrated in Figure 18.

The vast majority of cases, both precedent and non-precedent, were processed by The Alliance in six months or less; only 4% of all applications in the sample took longer.

Figure 18
Time taken by the Alliance to process an application once all Required Documents have been received (2003 - 2006)

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14 Provincial regulators are responsible for ensuring that registered/licensed physiotherapists maintain certain “essential competencies”, including a minimum level of knowledge in all clinical areas.
The average time taken to complete an assessment between 2003 and 2006 was 14 weeks (98 days). Under the current system, credentialling is a highly involved, time-consuming process with officers examining and evaluating a number of attributes specific to each applicant. As such, the process is extremely labour intensive and difficult to automate. With only two full-time credentialling officers on staff handling an average of 250 applications per year, it is doubtful that this process can be significantly expedited in its current form without significant changes to the credentialling protocols or an increase in manpower.

Prior Learning Assessment and Remediation (PLAR)

With some variation from year to year, approximately 40–50% of applicants are informed that they have gaps in their physiotherapy education which must be addressed before they are eligible to sit for the PCE\textsuperscript{15}. Typically these deficiencies include some combination of: independent/autonomous practice, evidenced-based practice, research, pharmacology, humanities, community-based care and health care in the Canadian physiotherapy context.

The PLAR program allows applicants to fulfill these requirements by taking an assortment of in-class and/or online university courses and self-study modules or by providing proof of prior learning. Figure 19 details the length of time taken to complete PLAR for those applicants who submitted their applications between 2003 and 2006. This period is not at all influenced by the pace or efficiency of The Alliance operations; it represents the time taken by IEPTs to fill any identified gaps in their education or qualifications. Moreover, Figure 19 is a reflection of the 63 individuals who finished all their PLAR requirements during that time. It does not include those who are still in the process of completing their required courses.

Although the scope and content of each individual PLAR program is highly variable as it is determined on an individual basis, nearly 60% of IEPTs in this sample were able to complete their requirements in under a year. On average, applicants during this period took 337 days (48 weeks) to finish their PLAR plans and become eligible to write the PCE.
Exams

Another common complaint among IEPTs relates to the frequency of exam offerings. Presently, the QE is administered six times annually and the PNE twice. Application deadlines for Canadian-educated candidates are anywhere from 3 to 5 months before the exam date. IEPTs are allowed to register within a month of the exam date for the QE and up until three months in advance for the PNE. As well, candidates who fail a QE attempt are not permitted to register for the next scheduled sitting; they must wait to write the following exam. As a consequence, failure on either component of the PCE can significantly delay a candidate’s entrance into the physiotherapy workforce. As one IEPT internet survey respondent noted, “It is a pain that the exam process takes so long. I understand the economic reasons for only having 2 clinical exams per year, but for me, I’d have preferred to sit it much sooner... Now we wait up to 12 weeks to get the result, so the whole process takes another 9 months before I can settle to a job as a fully registered PT.”

Figure 20 charts the time taken by candidates to successfully complete the PCE once their credentials have been approved. As shown below, on average it takes a candidate 179 days (26 weeks) from when they become eligible to write the QE to the time they make their first attempt.

While the research conducted herein provides no direct evidence which accounts for this significant delay, three potential explanations are postulated: IEPTs may have limited funds at this time of the process and must save up to afford the PCE fees, prospective exam candidates may not yet have arrived in Canada from their home country, and IEPTs may take time to practice their skills before attempting the exam.

Once a candidate has sat for their first attempt at the QE, it takes an average of an additional 282 days (40 weeks) before they successfully complete both components of the PCE and

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Figure 20

Time Taken to complete Exam Process, QE and PNE, & Time Taken to Write QE after Successful Credentialling

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* Time is counted from applicants’ 1st QE Exam date

15 Taken from annual operation reports by The Alliance’s credentialling department.
are eligible to apply to their provincial regulator for an independent practice license. In addition to the potential factors described above, this period is influenced by the timing of exam offerings coupled with the number of retakes an IEPT requires in order to achieve a pass.

When these components are aggregated, the time from credentialling application to completion of the PCE averages 642 days (92 weeks) for those who do not require a PLAR plan and 979 days (140 weeks) for those who do. Again, it should be reiterated that these figures are only averages; the duration of this process varies greatly with the qualifications, educational background and exam-taking proficiency of each candidate.

The primary responsibility of physiotherapy regulators in Canada has been, and will always be, to safeguard public interest by ensuring appropriate entry-to-practice and continuing competence standards. As a preferred service provider of the provincial regulatory colleges, The Alliance acts as a proxy of this responsibility. With that said, it is worth investigating opportunities to streamline current credentialling and exam operations without sacrificing the integrity of the system. Moreover, there are indications at the legislative level that regulatory bodies might be eventually forced in this direction. In Ontario, the Liberal Government recently introduced the “Fair Access to Regulations Act” which if passed, would see the creation of a Fair Practices Commissioner. This official, in conjunction with other tasks, would be responsible for ensuring that “Ontario’s 34 regulated professions… assess credentials more quickly” (OMCI, 2006). Expediting the evaluation process, whether voluntary or legislated, has obvious benefits. For the applicant, a shorter turnaround translates into less time spent away from practicing physiotherapy, resulting in sharper skills and greater employment income. This, in turn, benefits the public who are served by physiotherapists that have had little or no break in active practice.

### Issue 3: Language Skills

The significance of language skills pervades the entire process from immigration to employment of IEPTs in Canada. As discussed earlier, proficiency in this area allows for an easier time understanding the credentialling process and can improve a candidate’s chance of early success on the PCE. Language skills are also paramount in day-to-day service delivery. IEPTs need to fully comprehend the laws governing their profession, be able to effectively understand and communicate with their patients and maintain appropriate records (ORA, 2004).

Of the IEPTs who responded to the internet survey, 48.9% stated that their first language was one other than French or English (Figure 21 details the “first language” reported by survey participants). At present, credentialling standards require that if an applicant’s physiotherapy education was

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**Figure 21**

*First Language – IEPT Survey*

<table>
<thead>
<tr>
<th>Language</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>51.1%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>5.1%</td>
</tr>
<tr>
<td>Gujarati</td>
<td>4.8%</td>
</tr>
<tr>
<td>Hindi</td>
<td>4.0%</td>
</tr>
<tr>
<td>Farsi</td>
<td>4.0%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>3.3%</td>
</tr>
<tr>
<td>Spanish</td>
<td>3.3%</td>
</tr>
<tr>
<td>Malayalam</td>
<td>3.3%</td>
</tr>
<tr>
<td>Filipino</td>
<td>2.9%</td>
</tr>
<tr>
<td>Afrikaans</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other</td>
<td>16.4%</td>
</tr>
</tbody>
</table>
In contrast, language skills are not considered to be a significant issue by the internationally-educated cohort. IEPT focus group participants did not cite comprehension or communication skills as a barrier in the credentialling, examination, registering or employment processes.

According to The Alliance employees, language and comprehension issues can greatly delay the credentialing process. Often there are misunderstandings between credentialling officers and applicants regarding the protocols surrounding the submission of documents. For example, IEPTs are told that transcripts and other academic papers must be sent ‘directly’ to The Alliance from the issuing university. Many IEPTs have construed this to mean that the documents can be mailed ‘directly’ to them personally and then passed onto The Alliance. In some cases, the university may have to send the necessary papers multiple times before they are suitably received by The Alliance. It is often just a few words of miscommunication that can slow the process down significantly and burden the IEPT with additional and unnecessary costs. Referencing her own experiences with language comprehension one credentialling officer noted, “I will speak as slowly and clearly as I can and then ask the IEPT if they have understood what I am saying. They will repeat it back to me using exactly the same words that I did but then a couple of weeks later I’ll get another phone call about the same thing again”.

When asked to rank the importance of these “profession-specific language skills” as they relate to successful integration into the Canadian system out of 10 (1-low 10-high), eight of ten regulators responded with a “10”. This sentiment was reiterated in the survey of 150 physiotherapy employers. Respondents were asked to comment on the statement, “Official Language proficiency is an issue for individuals who are internationally educated in physiotherapy”; 68% either “strongly agreed” or “agreed somewhat”. This figure rose to 89% for the subset of those employers who either had IEPTs currently working for them or had hired at least one in the past.

In contrast, language skills are not considered to be a significant issue by the internationally-educated cohort. IEPT focus group participants did not cite comprehension or communication skills as a barrier in the credentialling, examination, registering or employment processes. This perception among IEPTs is consistent with recent research conducted in the area of internationally-educated health professionals in Ontario (SOW, 2004). As such, the challenge of remedial action in this area is twofold. First, measures need to be taken to convince IEPTs that their official language ability may need improvement and then once their buy-in has been secured, the design of, and enrollment in appropriate courses/programs can be facilitated.
### Issue 4: Lack of a Support Network

Individuals who have been raised and educated in the Canadian system have an intuitive sense of how to navigate our particular version of civil society. Social and familial connections grant these people access to personally advantageous information and opportunities not available to newcomers. The experience of the majority of IEPTs is categorically different. For the most part, the process of immigrating to Canada and seeking employment is a lonely and confusing process. This feeling of isolation is often compounded by lack of language ability and difficulty understanding Canadian cultural and legal norms (Wayland, 2006). Despite the existence of government resources and settlement organizations, the support network of the average IEPT is still relatively limited. Focus groups and surveys suggest that the effect of this isolation is felt most acutely in two areas: i) studying for the PCE and ii) becoming acclimatized to, and working in, the Canadian health system. These experiences are discussed in more detail below.

i) **AS DISCUSSED EARLIER, THE PCE HAS PROVEN TO BE A MAJOR stumbling block in the integration process for those educated internationally.** The general sentiment among IEPTs is that there are too few formalized support materials or resources available to prepare for the exams. Moreover, due to their recent arrival in Canada, many of these individuals have few if any professional contacts in the physiotherapy community from which they can seek advice or brush up on areas of practice they have not been exposed to since university. There are sections of the exam pertaining to ethics, safety and professional conduct which are specific to the Canadian experience. These are difficult to learn from written materials and are more easily gleaned through direct exposure to a working physiotherapy environment. The potential benefits associated with mentoring/interning on exam performance are described by one IEPT. “I was able to set up relationships with hospitals… to do an internship to review the cardiopulmonary areas of physiotherapy. This internship allowed me to bring my scores up significantly and I would highly recommend it for anyone in the position of being foreign trained and [having to] write the PCE.”

Finding colleagues to study with is also problematic given that IEPTs generally have limited contacts when they arrive in Canada. Only 20% of all IEPT survey respondents agreed with the statement, “I have friends or fellow students with which to form study groups”. Moreover, 82% of IEPTs surveyed considered the idea of “organized study groups to help with the PCE” to be helpful. Due to privacy and confidentiality issues, The Alliance is currently unable to act as an intermediary in this regard; individual contact information cannot be released to another IEPT.

ii) **THE NORMS AND INNER WORKINGS OF HEALTH SYSTEMS VARY FROM country to country.** The public interest is best served when IEPTs registered to practice in Canada are familiar with these particular characteristics. Previous research suggests that health professionals arriving from other countries would benefit from additional support in this area (SOW, 2004).

“**Sixty-six percent of all IEPT survey respondents agreed that “There are some unexpected costs involved in being a physiotherapist in Canada.”**

Positive steps have been taken in this regard over the past few years. The credentialling department has recently introduced *The Context of Physiotherapy Practice in Canada*, a self-study module explaining the history and operation of our health system. In some locations internship/mentorship programs have been implemented to assist in the acculturation process. However, on the whole the IEPT is left to fend for herself when it comes to acclimatizing to the intricacies of our professional health network. There is presently no comprehensive interface that effectively introduces the IEPT to the physiotherapy profession in Canada.

Empirical data indicates that a majority of IEPTs feel they would benefit from such a mechanism and that employers would be willing to support one. As part of the internet survey, IEPTs were provided with a list of hypothetical
integration programs and asked to rank their perceived value from 1 to 10 (1—not very helpful 10—extremely helpful). One such proposition read, “There should be some type of volunteering/internship/mentorship program to give me Canadian experience”. Of the 260 individuals who responded to this statement, 169 or 66% answered “10”; this number rose to 74% for the subset of those who indicated that their first language was neither English nor French.

On the other side of the issue, physiotherapy employers were asked whether their “organization would consider supporting a program that would provide internship or mentorship opportunities to IEPTs before they were licensed, so they can keep their skills current and learn about the Canadian system”. Of the 150 employers who responded, 111 (74%) answered “yes”, they would support such a program. Positive responses from the subset of those employers who had hired an IEPT in the past increased to 87%. Initial indications would therefore suggest that there is sufficient willingness on both sides to investigate the possibility of developing a comprehensive Canadian internship/mentorship program.

Institutionalized internships are particularly attractive as an element in the integration process as they have the potential of evolving into full-time employment. Career Bridge, an organization based in Toronto, matches internationally trained and educated workers with employers on an internship basis. Of the 315 internships created since its inception, 86% have translated into permanent employment, 55% of which were with the internship employer (Maytree, 2006).

### Issue 5: Cultural Differences

The definition and effect of cultural differences on the integration process is extremely difficult to describe and even harder to quantify. In an effort to clarify the practical meaning of this issue, provincial regulators were asked what, in their experience, cultural differences means in the context of physiotherapy. A sample of these definitions is provided below:

- “Differences within the physiotherapy profession. [For example,] in some countries a physiotherapist may practice under the supervision of a physician whereas in Canada, physiotherapists are considered independent practitioners.”
- “Restrictions as to patient contact for religious or other reasons.”
- “Customs, values and soft communication skills.”
- “Interpersonal relationships and communications. Norms about peer-to-peer versus authority-to-peer relations.”
- “What behaviours, expectations, traditions and norms are acceptable in the new environment.”

Based on these responses, the scope of cultural differences would therefore seem to include a number of aspects such as professional conduct, client interaction and general interpersonal skills. Like language proficiency, cultural understanding as per these definitions contributes to the overall comfort of both the IEPT and the client, essential in ensuring effective and appropriate delivery of services.

A majority of provincial regulators consider these factors fundamental to integration into the Canadian health system. On average, regulators rated the importance of

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16 0.7% of the employers surveyed currently offer an internship/mentorship program for IEPTs.
addressing cultural differences in the integration process 7.4 out of a possible 10 (with “10” being extremely important). Employer input was also solicited on this matter. As part of the telephone survey, individuals were asked “What are some of the disadvantages, if any, of hiring an IEPT”. The third most cited shortcoming referenced was “culture barriers with patients” with 12% of respondents indicating this was an issue. “Language ability” (38%) and “differences in education/training” (16%) were the two most common responses.

Teaching cultural nuances and norms in a formalized classroom setting can be difficult to do effectively. As research in this area has shown, this type of education is most easily transmitted via mentorship or internship programs where newcomers are exposed directly to a physiotherapy environment (Alboim, 2002).

**Issue 6: Information Provided During the Immigration Process**

Those who apply to immigrate to Canada under the “skilled worker” class are evaluated using a “human capital” approach. Points are awarded to prospective immigrants based on qualifications in six areas: official language proficiency, education, work experience, age, adaptability and whether they have secured employment prior to arrival (CIC, 2006). If an applicant’s score surpasses a predetermined threshold, then they may become eligible to immigrate to Canada. The current system does not require that those who declare their intended occupation as a physiotherapist have their credentials assessed before they are granted admittance, nor are applicants systematically informed of registration/licensing requirements.

Of the 179 survey respondents who immigrated to Canada, 96, or roughly half said that they were told by immigration authorities that physiotherapy is a regulated profession in Canada. Only 22.0% indicated that immigration authorities suggested they contact The Alliance. As a result, there is a large proportion of IEPTs who land in Canada before contacting any physiotherapy regulatory body. Consequently many arrive expecting to work as physiotherapists with little difficulty only to discover that the process of becoming licensed can be quite lengthy. This very experience is expressed by one IEPT, “Immigration Canada accepted my degrees and we came [to Canada] with lots of expectations, leaving our good jobs [behind] for better prospects. But now we are struggling, doing hard jobs just to survive… if I can get a job [in physiotherapy,] I will be the happiest person”.

Provincial regulators perceive this informational disconnect as a substantial barrier in the integration process. As part of the questionnaire, regulators were asked to rate the relative salience of “Communication of regulatory requirements to IEPTs by immigration authorities”. On average, regulators rated the importance of addressing this facet of the integration process 8.4 out of a possible 10 (with “10” being extremely important).

There are negative consequences associated with this type of imperfect communication. Many IEPTs will leave for Canada as soon as possible, operating under the assumption that they will be readily able to work as a physiotherapist upon arrival. As such, they may have prematurely left a physiotherapy job in their country of origin and become either unemployed or underemployed in Canada while waiting to have their credentials evaluated. During this time their physiotherapy skills and employment income are likely to wane. It therefore behooves applicants, where possible, to continue practicing in their home country and then travel to Canada once the evaluation process is completed. In this way, IEPTs can maintain their skills and earnings until they become eligible to apply for the PCE and then for registration with their
provincial regulator. As well, by remaining in their home country as long as possible, IEPTs can more easily facilitate the collection, translation and notarization of documents from their educational institutions and complete any additional university courses deemed necessary.

**Issue 7: Employment**

Employment as a physiotherapist registered to practice independently is the ultimate objective of the integration process. Expediting the progression from arrival in Canada to employment as a physiotherapist benefits a number of stakeholder groups: IEPTs are able to maximize their income and realize professional fulfillment; employers have access to a ready pool of qualified labour; and the public is served by skilled individuals from diverse backgrounds.

Research suggests that two very different employment experiences are being realized by IEPTs. The first is defined by those who are in the credentialling process or studying for either component of the PCE. These individuals are either unlicensed by provincial regulators, or depending on the province, eligible to work under supervision. As part of the internet survey, this group was asked whether they had been able to find employment in the “physiotherapy industry”. Potential jobs in this category included: physiotherapist, physiotherapist aide, physiotherapist assistant or another job in the physiotherapy workforce. Of those who responded, 52% in the credentialling process and 67% studying for the PCE had found work in the profession per this definition (Figure 22). These same individuals were also asked to comment on the relative ease or difficulty of finding these jobs. Only 18% of respondents described the process as “very easy”.

In contrast, survey data suggests that the experience of IEPTs who have passed the PCE is markedly different when it comes to finding employment. Ninety-two percent of respondents in this subcategory indicated that they had secured employment in physiotherapy. Moreover, 59% indicated that it was “very easy” for them to find these jobs. This duality is reinforced by employer perspectives. As part of the telephone survey, 150 employers across Canada were asked how likely they were to hire IEPTs for the following positions: licensed/registered physiotherapist, physiotherapist aide, physiotherapist assistant or clerical worker in a physiotherapy environment. Fifty-eight percent of employers are “very likely” to hire an IEPT as a licensed/registered physiotherapist. Fewer respondents indicated they were very likely to hire these individuals in other capacities: physiotherapy aide (41%), physiotherapy assistant (38%), and clerical support (27%).

On the whole, employers appear to be very supportive of IEPTs in the workforce. Ninety-seven percent of those surveyed agreed with the proposition that “IEPTs provide access to new ways of thinking”; 86% agreed that the ability to speak another language (other than French or English) is beneficial to clients; and 81% felt that their patients would be as comfortable receiving treatment from an IEPT as a Canadian-educated physiotherapist. Moreover, only 17% felt that they would have to devote time to “re-training” IEPTs.

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*Figure 22*

<table>
<thead>
<tr>
<th>Status</th>
<th>Employed in Physiotherapy</th>
<th>“Very easy” to find a job</th>
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<tr>
<td>Credentialling</td>
<td>52%</td>
<td>18%</td>
</tr>
<tr>
<td>Studying for PCE</td>
<td>67%</td>
<td>18%</td>
</tr>
<tr>
<td>Passed PCE</td>
<td>92%</td>
<td>59%</td>
</tr>
</tbody>
</table>

*Ninety-seven percent of those surveyed agreed with the proposition that “IEPTs provide access to new ways of thinking.”*
before they are eligible to apply for independent practice. This amount does not include other commonly experienced costs such as travel, translation of documents, language tests, transcripts, notary public fees, additional university courses and exam retakes which can total thousands of additional dollars. These expenses are incurred at a time when the IEPT’s income is limited as they have not yet been licensed for independent practice.

The weight of this financial burden may contribute to a number of undesired effects. It can deter qualified IEPTs from applying to The Alliance in the first place; it slows the pace of the integration process as IEPTs need to “save up” before they can afford the next step in the sequence; and/or it may cause IEPTs to remain underemployed in their profession as they are unable to set aside enough money to complete the process. An IEPT shares their frustration in this regard, “[Since] you cannot be working as a physiotherapist while most of the credentialling/exam process is occurring… there should be some way of paying these enormous fees after the process has been completed. $3,000 adds up to a lot when you are waiting to start work here”.

Alleviating this financial pressure is not easily done. As discussed earlier, IEPT demand for both credentialling and exam services has increased markedly in the past decade. The Alliance is a not-for-profit entity; credentialling and exam fees are calculated on a cost recovery basis. Therefore, unilateral cost reduction on the part of The Alliance without significant change to current operations or external financial assistance is impossible.

### Issue 8: Cost

A reoccurring theme in both the IEPT survey and focus groups relates to the financial cost of the integration process. Sixty-six percent of all IEPT survey respondents agreed that, “There are some unexpected costs involved in being a physiotherapist in Canada”.

At present, the average IEPT applicant, requiring a PLAR program can expect to spend $3,150 with The Alliance before they are eligible to apply for independent practice. This amount does not include other commonly experienced costs such as travel, translation of documents, language tests, transcripts, notary public fees, additional university courses and exam retakes which can total thousands of additional dollars. These expenses are incurred at a time when the IEPT’s income is limited as they have not yet been licensed for independent practice.

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<table>
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<td>CAN PT Module</td>
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<td>Written Exam (QE)</td>
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<tr>
<td>Clinical Exam (PNE)</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$3,150.00</strong></td>
</tr>
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THE SECOND PHASE OF THE “INTEGRATING INTERNATIONALLY-Educated Physiotherapists” project was consultative in nature, aimed at getting the best possible advice on how to ameliorate the barriers to integration identified in the diagnostic phase. These consultations culminated with the Consensus Building Workshop (CBW); a conference held to gain expert interpretation and input on the research conducted. To this end, a total of 57 representatives from government, the physiotherapy community and other related stakeholder groups as well as seven internationally-educated physiotherapists were invited to attend a two-day (November 30-December 1, 2006) facilitated workshop at the Bank of Montreal Institute for Learning located in Toronto, Ontario. The list of attendees included those individuals whose experiences could help inform the development of appropriate remedial action and those whose involvement would be essential in implementing new programs addressing the specific needs of the physiotherapy community. The CBW had two overarching objectives: firstly to vet and discuss the eight issues described above and secondly to propose remedial action aimed at mitigating the negative effect of these barriers.

To meet these objectives the CBW agenda was designed around two basic themes. Day one was informally branded as “What needs to be done?” with emphasis placed on brainstorming individual strategies to address the identified barriers to integration. Day two dubbed “How are we going to do it?”, focused on prioritizing the strategies developed on day one and discussing what steps and resources would be required to bring them to fruition.

During the first day of the CBW, participants were divided into a total of eight groups corresponding to the issues set out herein. Groups were asked to define the scope of the issue and recommend strategies to address the identified barriers to integration. A total of three “crossover’s” were held allowing for each group to broaden and deepen the work done by their predecessors. A headline summary of the preliminary strategies reported back in plenary
is provided in Figure 24 below. In an effort to focus
discussion on day two, the twenty-one individual strategies
were aggregated into six larger categories of action. These
included the development of:

- Profession-specific language benchmarking,
testing and training programs
- Internship and mentorship opportunities
- Audit of current evaluation processes at The Alliance
- Improved regulatory and professional information
at key contact points
- Employer engagement
- Bridging programs

A multi-voting exercise revealed that participants felt that a
review of current evaluation processes at The Alliance was the
most important of the consolidated strategies to implement.
Language, bridging and mentorship programs as well as
improved information were also considered to be priorities that
could help ameliorate the barriers identified in the diagnostic
report. Workshop participants were asked to conceptualize
the resources that would be required to realize these initiatives.
These consultations greatly influenced the form and content
of the recommendations included in this report.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Preliminary Strategies</th>
</tr>
</thead>
</table>
| Discrepancy in Pass Rates     | • Exam preparation course  
                                 | • Diagnostic/pre-assessment tool  
                                 | • Detailed data analysis of unsuccessful PCE candidates |
| Length of Time to Become Licensed | • Improve overall communication and quality of information on relevant websites  
                                 | • Establishment of an international, mutual recognition agreement for physiotherapy credentials  
                                 | • Audit and streamline Alliance evaluation processes |
| Language Skills                | • Health-care-specific language testing and training based on professional benchmarks  
                                 | • Address systemic language barriers throughout the integration process  
                                 | • Language supports: mentoring, on-line and off-line language samples, glossary of terms, self-assessment tools, etc. |
| Lack of Support Network       | • Creation of networking opportunities for both IEPTs and Canadian-educated PTs  
                                 | • A one-stop shop for information related to Canadian cultural, professional and educational resources |
| Cultural Differences          | • Mentorship programs  
                                 | • Bridging programs |
| Information Provided During the Immigration Process | • Referral information and fact sheets for immigration authorities on regulatory requirements for working as a PT in Canada  
                                 | • On-line self-assessment tool to gauge chances of becoming registered as a PT in Canada |
| Employment                    | • Employer engagement programs  
                                 | • A centralized job-posting board with associated labour market information  
                                 | • Mentorship programs as part of continued competency requirements |
| Cost                          | • Audit and streamline Alliance evaluation (i.e. credentialling and exam) processes  
                                 | • Increased disclosure to IEPTs of all costs involved in the integration process  
                                 | • Explore the possibility of third-party financing options (i.e. loans, scholarships, service contracts, etc.) |
There are certain principles which the authors of this document feel should be kept front of mind when formulating new programs aimed at addressing the barriers to integration set out above. While the issues described are extremely important to both the IEPTs involved and the physiotherapy community at large, the realities of geographical and resource limitations must be taken into account if remedial action is to be successful. There are currently just over 2,300 registered IEPTs in Canada primarily located in Ontario, British Columbia and Alberta; fewer than 8% work outside of these three provinces. As such, special attention must be paid to regional differences when determining the administrative composition of new programs. As well, opportunities to work collaboratively with related professions where possible should be investigated. In this way, partners can combine potential client groups allowing for improved access and economies of scale. The authors of this document also encourage that thorough due diligence be completed before the development of any project. Specifically, it is recommended that a review of similar programs currently in operation, relevant literature, best practices, potential partners and sources of funding (both public and private) be undertaken. Finally, it is strongly encouraged that the design of any new programs provide for a measurement and evaluation component. Only in this way can the relative utility of a new endeavour be gauged and subsequent adjustments made to achieve maximum benefit.

Language benchmarking, testing and training

1. Establish a physiotherapy language benchmark.
As evidenced by the responses to regulator and employer surveys, the importance of both general and profession-specific language proficiency in the delivery of physiotherapy services is paramount. Presently IEPTs only need to demonstrate the former to meet entry-to-practice requirements and as such often have difficulty coping with the clinical terminology commonly used in the workplace.
Before more appropriate standards can be developed, it is recommended that a third-party be contracted to establish a baseline of language use in the practice of physiotherapy. Elements of this initiative would include an assessment of how practitioners use language to: communicate with clients, keep patient charts/records, review professional journals/academic papers and dialogue with other health professionals and insurance companies.

2. Develop a language test specific to the practice of physiotherapy.

With baseline language requirements established per the above recommendation, it is proposed that a new test of language competency for the practice of physiotherapy be constructed similar to that developed for the nursing profession in Canada (CELBAN). This test should be widely offered such that national and potentially international access for all IEPTs is assured. In order to make certain that this new profession-specific test has the ultimate effect of improving the language abilities of IEPTs in the workplace, it is strongly encouraged that provincial regulators adjust current standards to include the new test as an entry-to-practice requirement.

3. Offer profession-specific language training courses.

It is recommended that a training program be made available for those IEPTs who are unable to meet the new profession-specific language requirements set out above. Skills taught would mirror those proficiencies used to establish baseline language requirements. Language courses could potentially be housed within a larger bridging program (see Recommendation 9).

Review of current operations at The Alliance

4. Conduct an audit of current evaluation services (i.e. credentialling and exam) at The Alliance.

Two types of audits are possible in this context, the first of which aims to answer the question, “Are we assessing the right competencies?” This necessitates an analysis of the content used in evaluation operations: specifically the educational qualifications and competencies required to determine substantial equivalency as part of credentialling standards and the types of skills and knowledge tested in the exams. This type of review is currently underway at The Alliance as part of the Best Practices IV project (credentialling) and the Analysis of Practice project (exam).

The second type of audit possible relates to process and investigates the question, “Are we carrying out the assessment process in the most effective and efficient way?” In practice, this consists of an investigation into how current operations could be streamlined in order to affect a more expeditious evaluation without sacrificing public safety. A process audit of The Alliance’s evaluation services function would include, but not be restricted to, a review of the following: process flow, efficiency, appropriateness of language used in communications, optimization of manpower and technology and customer service. Unlike an analysis of content which is currently underway, no resources or funding have yet been allocated to conduct a process audit of The Alliance’s evaluation services.

5. Investigate the feasibility of offering the Qualifying Exam by computer.

Presently, the average IEPT spends a significant period of time on exam attempts before successfully completing the PCE and becoming eligible for independent practice. This duration is primarily influenced by two factors: the frequency of exam offerings and the number of attempts required to achieve a pass. Offering a computerized QE
administered throughout the year at invigilated testing centers across the country, would help to address the first of these factors by affording candidates greater flexibility and potentially reduce the overall time taken to complete the exam process. In addition to accelerating the integration process for IEPTs, this modification would also be of benefit to the roughly 550 Canadian-educated physiotherapists who write the exam each year. Should a computerized version of the QE be successfully implemented in Canada, the feasibility of offering the exam overseas could also be investigated, allowing IEPTs to begin the exam process in their country of origin.

6. Develop an on-line pre-assessment tool. Many IEPTs are either unaware of the regulatory requirements involved in practicing physiotherapy in Canada or are surprised at the extent of remediation required to fill educational gaps. Rectifying these gaps under the PLAR program can take months or even years depending on the extent and number of educational deficiencies identified during the credentialling process. By offering an on-line pre-assessment tool accessible in their home country, IEPTs will be in a position to better evaluate their qualifications relative to Canadian requirements. This will provide them an opportunity to begin the remediation process before arriving in Canada or in some cases, self-select out of the process if they recognize that their qualifications are vastly different from current entry-to-practice standards.

Mentorship and bridging opportunities

7. Create a national mentorship program for IEPTs. At present there are few formalized mechanisms which effectively introduce and acclimatize IEPTs to the intricacies of professional practice. As a result, many of these individuals are isolated from the physiotherapy community and consequently have a difficult time familiarizing themselves with the nuances of the Canadian system: appropriate client interaction, cultural norms, safety issues, etc. Pairing IEPTs up with experienced, licensed practitioners before, during and after the licensing/registration process would afford them the opportunity to absorb these softer skills, thus accelerating the integration process. Like language courses, mentorship opportunities could be offered as a component of a comprehensive bridging program.

8. Investigate the development of a comprehensive bridging program for IEPTs. Bridging programs aimed at facilitating the integration of internationally-educated professionals have been successfully implemented in other health disciplines in Canada. These programs are operated within a university or community college setting and typically consist of a combination of language courses, academic/skill development, individual counseling, licensing exam preparation, job placement, mentorship opportunities and an introduction to professional practice in Canada. It is recommended that a study be undertaken to assess the feasibility of establishing a bridging program suited to the needs of IEPTs and investigate what components and content would be required to address the barriers identified in this report.

Communication and information

9. Create a one-stop shop for information related to physiotherapy in Canada. A centralized source of information hosted on the internet would provide IEPTs with consistent and up-to-date information on physiotherapy in Canada. This site would include information on: credentialling, exam and registration requirements, job opportunities, labour market data, links to professional associations and existing support programs for IEPTs. Immigration authorities could also be encouraged to refer potential IEPTs to this portal at the time of application to better inform them on the professional and regulatory requirements prior to arrival in Canada.


Canadian Alliance of Physiotherapy Regulators. Physiotherapy Competency Examination Blueprint. 2005.


Health Action Lobby. “Core Principles and Strategic Directions for a Pan-Canadian Health Human Resources Plan” March 2006.


Valued Regulator,

In December 2005, the Canadian Alliance of Physiotherapy Regulators (the Alliance) was awarded funding by the Government of Canada’s Foreign Credential Recognition (FCR) Program to conduct an analysis of the current physiotherapy workforce, focusing on issues affecting the integration of internationally trained physiotherapists.

As part of a year-long research initiative, the Alliance will be seeking input from key stakeholders across the country including all ten Provincial Regulatory Colleges. To this end, we have prepared a short, two-page questionnaire we are asking you to complete. In addition to gathering quantitative data relevant to the profession as a whole, we are also interested in your views on a number of qualitative aspects related to the integration of internationally-educated individuals into our health care system. This information will be aggregated and analyzed in conjunction with other primary research in a diagnostic report whose purpose is twofold:

i) to provide a snapshot of the Canadian physiotherapy workforce*; and,
ii) to highlight barriers, both real and perceived, faced by internationally-educated physiotherapists as they seek employment in Canada.

We would kindly ask you to fill out the attached questionnaire and fax it back to at 416-234-8820 by Friday June 30th, 2006. We understand that in some cases you may not have exactly the type or year of data requested in the attached tables. If this is the case or if you have any other questions please don’t hesitate contact myself, Keith Johnson at 416-234-8800 x27.

Your assistance in this matter is most appreciated.

Thank you in advance,

Keith Johnson
Project Manager –
Integrating Internationally Educated Physiotherapists

* Due to the numerous potential definitions associated with the term workforce, for the purpose of this analysis we are referring to those individuals who are currently registered and able to work as physiotherapists.
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<th>Age</th>
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<th>Country of Education</th>
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</table>

Please complete the chart below only for Internationally-Educated Physiotherapists that are currently registered in your Province.
In your experience, coupled with the interaction you have had with internationally-educated physiotherapists, what do you feel are the most salient factors related to the successful integration of internationally-educated physiotherapists into the Canadian system (rate importance from 1 low — 10 high).

Then indicate with an “X” which parties (if any) you feel have a significant role to play in resolution or implementation of those factors (check all that apply). Please feel free to add any additional factors in the blank spaces below that have not been included.

<table>
<thead>
<tr>
<th>Rate (1-10)</th>
<th>Regulators</th>
<th>Educators/Academia</th>
<th>Employers</th>
<th>Professional Associations</th>
<th>Government</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General Official Language ability (English/French)</td>
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<td>2. Profession-specific Official Language ability (charting, jargon, etc.)</td>
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<td>3. Consistency of regulatory information across key contact points</td>
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<td>4. Length of time required to become licensed</td>
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<td>5. Communication of regulatory requirements to IEPTs by immigration authorities</td>
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<tr>
<td>6. Availability of regulatory information in Home Country</td>
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<td>7. Practical Canadian work experience</td>
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<td>8. Mentorship programs</td>
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<td>9. Preparatory classes for the PCE</td>
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<tr>
<td>10. Fulfilling PLAR university course requirements</td>
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<tr>
<td>11. Cultural differences</td>
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<td>12.</td>
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<td>13.</td>
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</tbody>
</table>

* Please explain what cultural means to you in this context:
Appendix B: 
Employer 
Telephone Survey

Telephone Survey Introduction

[If dialing central number, with no name read…]
Hello. My name is ____________________________,
and I’m calling on behalf of The Canadian Alliance Of
Physiotherapy Regulators. I’d like to speak to the person
responsible for hiring physiotherapists at [insert name
of organization]

[If respondent does not know whom to put you through
to, say] I think this person is likely a manager of human
resources or a senior physiotherapist on your staff.
Can you provide me with the names and numbers
of both of these people:
Human Resources Name:__________________________
Sr. Physiotherapist:______________________________

[Ask to speak to the person and continue at the Name
Introduction. If you are given both names, ask to speak
to the Senior Physiotherapist first.] [If respondent is uncertain
or questions you at any time, say…]
My name is ____________________________.
I’m calling on behalf of The Canadian Alliance of
Physiotherapy Regulators – it is the professional organization
in Canada responsible for qualifying physiotherapists in
Canada so that they can practice. We need to find-out some
information regarding one of The Alliance’s programs and
initiatives. [If necessary…] I am not selling anything. [If name
is given, write-in and continue at name introduction]

[Name Introduction] Good morning/afternoon.
May I speak with_________________________ [Name on list].

If That Person Is On The Phone…

My name is ____________________________.
I’m calling on behalf of The Canadian Alliance of Physiotherapy
Regulators. The Alliance is conducting a survey on integrating
internationally educated physiotherapists into the Canadian
system. All responses are kept confidential. We want to speak
with employers to understand your opinions and experiences.
[If respondent says that they have never hired an internationally
educated physiotherapist, say “That’s OK, we are still interested
in your opinions for this survey.”]

This is part of a larger study The Alliance is conducting
concerning integrating internationally educated physiotherapists.
Anyone who participates in this study will be able to receive a
summary of the results of the study.
If necessary, arrange a call-back time:
Date: ______________________________________
Time: ______________________________________

If That Person Is Not On The Phone....
May I speak with _____________________________?
If put through, go up to “Person is on the phone” introduction. If
told that person is at another phone number or location, ask for
or write in new phone number:
New Phone Number: ________________________,
and call that person at the new phone number.
See Instruction Sheet if questions are asked.

Screener
Are you the person in your organization who is responsible for
hiring either physiotherapists, physiotherapy assistants and/or
physiotherapy aides?
☐ Yes Continue
☐ No Get name and number. Ask to speak to that person and
continue with Name Introduction

INTERVIEWERS – Read Slowly and
Read Verbatim

Before we begin, I need to obtain your consent to continue.
I am going to read you some information about the study,
and then ask if you agree to participate. All responses are kept
confidential. We will not make public who participated in the
study and what individual’s answers are. All responses are
reported in aggregate. You have the right not to answer any
questions, or to opt-out of the survey at any time — and I will
respect your wish to do so. If there is anything that is a concern
to you in this questionnaire, I have contact names of the
researchers involved that I can provide you with – and they
will answer your questions promptly. Knowing this information,
do you consent to this interview?
☐ Yes I consent to the interview
☐ No I do not consent [TERMINATE]
If necessary, be prepared to answer any questions that arise using
the information sheet in front of you.

Section One — Behaviour With Internationally Educated Physiotherapists

1.1a) To the best of your knowledge has the organization that you are working for now ever hired
an internationally educated physiotherapist?
☐ Yes ☐ No [Skip to Q2]
☐ Don’t know [Skip to Q2]

1.1b) Are there any internationally educated physiotherapists working in your organization now?
☐ Yes ☐ No [write in]
☐ Don’t Know

1.2) Thinking of your entire career in physiotherapy, have you ever worked with an internationally
educated physiotherapist?
☐ Yes ☐ No ☐ Don’t Know

1.3a) Regardless of your previous experience, how likely are you to hire an internationally educated
physiotherapist for a physiotherapist position?
☐ Very likely ☐ Somewhat likely
☐ Not very likely ☐ Not likely at all
1.3b) Why do you say that? [If respondent says something like *It depends on education/experience/qualifications* please ask them to assume that education/experience/qualification for a physiotherapist position are met]

1.4a) If you interviewed an internationally educated candidate who was not licensed but who you thought would be a good fit as a physiotherapist in your organization once they became licensed, would you be very likely, somewhat likely, not very likely or not likely at all to hire this person as… [see chart]

<table>
<thead>
<tr>
<th>1.4a</th>
<th>Very Likely</th>
<th>Somewhat Likely</th>
<th>Not Very Likely</th>
<th>Not Likely At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physiotherapy aide that does work around the clinic, but does not see patients</td>
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<tr>
<td>A physiotherapy therapy assistant that sees patients under supervision of a full physiotherapist</td>
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<tr>
<td>A clerical worker in the clinic</td>
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</tbody>
</table>

1.4b) Have you personally ever hired an internationally educated physiotherapist as an assistant or aide?
☐ Yes  ☐ No

1.5) If you were hiring an internationally educated physiotherapist to work as a full physiotherapist, what qualifications and qualities would you look for that may be different from others?

1.6) Would your organization consider supporting a program that would provide internship or mentorship programs to those internationally educated in physiotherapy before they were licensed, so that they can keep their skills current and so that they can learn about the Canadian system? [If respondent says, it depends on a number of factors, say I understand there may be many issues involved. At this point, we are just looking at whether there is general support for a program like this, where the details would be worked-out later.]
☐ Yes, willing  ☐ No, not willing
☐ I already support one [Skip to section 2]

1.7) Do you know of any programs like this already?
☐ Yes  ☐ No
Section Two — Attitudes Towards Internationally Educated Physiotherapists

2.1) Given everything you know, what would you say are some of the advantages, if any, of hiring an internationally educated physiotherapists? Anything else…. Can you think of other advantages… What else are you thinking of… [Probe exhaustively]

_________________________________________________________________________

_________________________________________________________________________

2.2) What would you say are some of the advantages, if any, of hiring an internationally educated physiotherapist? Anything else? Can you think of other advantages? What else are you thinking of? [Probe exhaustively]

_________________________________________________________________________

_________________________________________________________________________

2.3) What would you say are some of the biggest barriers that internationally educated physiotherapists face when becoming integrated into the Canadian system?

_________________________________________________________________________

_________________________________________________________________________

2.4) Are there any countries that you feel provide a physiotherapy education that is superior to Canadian physiotherapy education?

☐ Yes  ▶  ☐ Which countries (Programmer, we’ll provide list)  ☐ No

2.5) Are there any countries whose physiotherapy education program gives you cause for concern?

☐ Yes  ▶  ☐ Which countries (Programmer, we’ll provide list)  ☐ No
2.6) The following are some statements about internationally educated physiotherapists. Please indicate whether you agree strongly, agree somewhat, neither agree or disagree, disagree somewhat or disagree strongly with each of the following... [Interviewer/CATI – repeat scale every four statements] [ROTATE]

<table>
<thead>
<tr>
<th>2.6</th>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Neither</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official language proficiency is an issue for many individuals who</td>
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<tr>
<td>are internationally educated in physiotherapy</td>
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<tr>
<td>I have to provide more supervision of internationally educated</td>
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<tr>
<td>physiotherapists</td>
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<tr>
<td>I find internationally educated physiotherapists to be more</td>
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<td>experienced than those educated in Canada</td>
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<td>When I ask about salary expectations for internationally educated</td>
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<td>physiotherapists, their expectations are somewhat lower than</td>
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<td>Canadian trained physiotherapists</td>
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<td>There is a shortage of physiotherapists in Canada and internationally</td>
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<td>educated physiotherapists fill that gap</td>
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<td>My patients would feel as comfortable receiving treatment from a</td>
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<tr>
<td>Canadian trained physiotherapists and an internationally educated</td>
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<tr>
<td>physiotherapist</td>
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<tr>
<td>Internationally educated physiotherapists can give us access to</td>
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<td>new ideas, approaches and ways of thinking</td>
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<td>I think that I would have to spend too much time re-educating an</td>
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<tr>
<td>internationally educated physiotherapist to make it worthwhile</td>
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<tr>
<td>There should be some sort of practical internship component that</td>
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<tr>
<td>internationally educated physiotherapists should go through before</td>
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<td>they can work</td>
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<tr>
<td>The ability of those internationally educated in physiotherapy to</td>
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<td>speak a different language may be beneficial to my clients who also</td>
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<tr>
<td>speak that language.</td>
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<tr>
<td>I know that it is difficult for internationally educated</td>
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<td>physiotherapists in Canada, so I am willing to give them opportunities to ensure they get the help they need</td>
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</tbody>
</table>
Section Three — Provincial Regulators

3.1) I want to talk for a minute about your provincial regulatory college. The college in your province is responsible for setting “entry to practice standards” and registering PT’s to practice. Knowing this, do you think the provincial college is doing an excellent, good, fair or poor job at ensuring the quality of internationally educated physiotherapists that enter the Canadian marketplace?

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don’t Know

3.2) What else can your provincial regulatory college do to ensure the quality of internationally educated physiotherapists that come into the marketplace?

3.3) What else can be done generally to encourage you to consider hiring internationally educated physiotherapists?

Thank you! Those are all the questions I have. Can you provide me with an e-mail address so I can send you the summary in September. Please be assured that all information is kept confidential. This e-mail will not be given to anyone and will not be used for any other purpose than sending you the summary.

________________________________________

[Interviewer – READ BACK E-MAIL ADDRESS SLOWLY.]

Information Sheet

• Questionnaire takes no more than 10 minutes
• Confirm if necessary that you are not selling anything
• If they want to speak with someone at The Alliance at any time during the survey, have them call Keith Johnson at (416) 234-8800 x 27
• If asked how we got their organization’s name, say either from The Alliance itself or from The Yellow Pages.
• Summary will be available by late September
• All information is kept confidential. Results are only reported in aggregate, in numbers. To ensure confidentiality, in our data we do not pass-on anything that can identify you. That is, we only pass on your responses, we do not pass-on your name, company or phone number. We keep your e-mail here is a separate file from your responses. We will send you the summary, so that way the principal researcher and The Alliance will not know who participated.

• If calling from the Provincial Regulator list, and someone asks how you got their name, say “The Alliance asked the Provincial Regulator to provide some names and phone numbers of people who make hiring decisions at Physiotherapy Clinics. We got your name from the Provincial Regulator.”

• Note, if you are calling a specific person, and you are told that the person is not at that number, you can ask for the new number and call them there.

• If you are asked why you are calling before the number is given, say “The provincial regulator and The Canadian Alliance of Physiotherapy Regulators wanted me to speak to this person. We are doing a study on one of The Alliance’s programs and initiatives, and they indicated that I should speak with ________________ [name of person] for what I need.”
About This Survey

The purpose of this survey is to gather information that will help the Canadian Alliance of Physiotherapy Regulators better understand the experiences internationally educated physiotherapists have when they apply to practice physiotherapy in Canada. The survey is being administered by Thinklounge Market Research, a company that specializes in this type of work.

All responses to this survey are kept completely confidential, so we encourage you to be as open and honest as possible. Results from this study are only reported in groups. Individual responses and names are not revealed to The Alliance. Your involvement in this survey does not influence how The Alliance evaluates your credentialling application or your examination results in any way.

If you participate in this survey, and if you wish, we will send you a summary of the results of this research.

If you have any questions about this survey, you may contact:

- **Brian Baumal**, Thinklounge Market Research
  bb@thinklounge.ca or (416) 945-9557

- **Keith Johnson**, Canadian Alliance Of Physiotherapy Regulators
  kjohnson@alliancept.org or (416) 234-8800 x 27

Instructions

This survey takes 20 minutes to complete. While it is best to do the survey all at one time, if at any time you wish to quit, click on the **EXIT** button. This will properly log you out of the survey. Do not use the 'X' to close your browser window until you are properly logged out.

Navigation Instructions

Please do **not** use the BACK, FORWARD or REFRESH navigation buttons on your browser. Use only the survey buttons provided at the bottom of the page to navigate through the questionnaire.
Section One — Respondent Characteristic

The first few questions ask about your education, employment, home country and immigration.

1.1) What is your age?
- Under 19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55 and over

1.2) What is the highest level of education you have obtained by Canadian standards [Check one only]:
- A diploma from a College or Technical School
- An undergraduate or Bachelor’s degree from a University
- A graduate, Masters, or PhD degree from a University

1.3) Prior to applying to The Alliance, how many years’ work experience did you have as a physiotherapist? Enter Years.
- None – I applied to The Alliance directly from my physiotherapy program
- None – I did not work as a physiotherapist

1.4) Which best describes your last physiotherapy job before you came to Canada? [Check one only]
- A physiotherapy assistant or aide
- A physiotherapist, doing general work
- A physiotherapist, doing specialized work
- Being a manager or administrator of the place where you worked
- Other [Specify: ____________________________]

1.5) Is your first language… [Check one only]
- English
- French
- Other [Specify: ____________________________]

1.6) Prior to applying to The Alliance for your credential review, were you raised or educated in Canada?
- I was raised or educated in Canada
- I was not raised or educated in Canada

1.7) In what country did you receive your physiotherapy education? [Programmer – provide standard pull-down list of countries]

1.8) How long have you been in Canada?
- Under 1 year
- __________ Years

1.9) Where did you first hear about The Alliance:
- In the country where you received your education
- In Canada

1.10) How did you first hear about The Alliance? [Check One Only]
- Internet search
- From the school in my home country
- From someone I know who applied as a physiotherapist in Canada
- From a friend or relative already in Canada
- From Immigration Canada
- From one of the Provincial regulatory Colleges
- From The Canadian Physiotherapy Association
- Immigration Canada or a Government Organization
- Immigration or settlement agencies
- Other [Specify: ____________________________]

1.11) When did you start the credentialing process? [Insert from 1.11]
- In Canada
- In your home country

1.12) Why did you start credentialing? Please be as detailed as possible.

1.13) Given what you know now, where would it have been easier to start credentialing — in Canada or in your Home Country? [Check One Only]
- Canada
- Home Country
- I don't think it makes a difference

Why did you answer the way you did? Please be as detailed as possible.

1.14a) Where in the application process are you now? [Check one only]
- Gathering and submitting documents
- Credential review has begun and waiting for decision
- Enrolled in Prior Learning Assessment and Remediation (PLAR)
- Studying for either the written or clinical portions of the Physiotherapy Competency Exam (PCE)
- Waiting for results on either the Written or Clinical portions of the PCE
- Passed both the written and clinical portions of the PCE
If 1.14a=4 or 5
1.14b) Have you passed the written component of the PCE?
☐ Yes, I’ve passed it   ☐ No, I haven’t passed it
☐ I’m waiting for results

If 1.14b= No
1.14c) Thinking just of the written component, when you sit to write it, will it be…?
☐ 1. Your first time writing it
☐ 2. Your second time
☐ 3. Your third time
☐ 4. Your fourth time

If 1.14b=Yes
1.14d) Now that you have passed the written portion of the PCE, have you applied for your interim/supervised/temporary license?
☐ Yes, I’ve applied and I’m waiting for my license
☐ Yes, I’ve applied and I’ve received my license
☐ No, I have not applied

If 1.14a=4 or 5
1.14e) Have you passed the clinical portion of the PCE?
☐ Yes, I’ve passed it
☐ No, I haven’t passed it
☐ I’m waiting for results

If 1.14e=No
1.14f) Thinking just of the clinical component, when you sit to write it, will it be…?
☐ 1. Your first time writing it
☐ 2. Your second time
☐ 3. Your third time
☐ 4. Your fourth time

If 1.14a=6 or 1.14b=Yes or 1.14b= Waiting
1.14g) How many times have you sat for the Written Component of the PCE?
☐ 1 time   ☐ 2 times   ☐ 3 times
☐ 4 times   ☐ 5 times

If 1.14a=4 or 1.14e=Yes or 1.14e= Waiting
1.14h) How many times have you sat for the Clinical Component of the PCE?
☐ 1 time   ☐ 2 times   ☐ 3 times
☐ 4 times   ☐ 5 times

If 1.14a=6
1.14i) Now that you have passed the PCE, have you applied for your interim/supervised/temporary license?
☐ Yes, I’ve applied and I’m waiting for my license
☐ Yes, I’ve applied and I’ve received my license
☐ No, I have not applied

1.15) Thinking about where you are right now in the process, how many months has it taken you to get to this point from the time you first submitted your documents to The Alliance? _______ Months

1.16a) How long did you expect the process to take from the time you submitted your documents to The Alliance? _______ Months

1.16b) Where did you hear that it would take [Insert Answer from 1.16a]

1.17a) Have you registered with your Provincial Regulator?
☐ Yes, I have registered with them
☐ No, I have not registered with them

1.17b) Thinking about when you registered with your Provincial Regulator, were you asked to provide documentation that you had already given to The Alliance?
☐ Yes   ☐ No  SKIP TO NEXT SECTION

1.17c) What was this documentation?

Appendix C: IEPT Internet Survey
Section Two — Immigration

2.1a) Before coming to the country, did you have to go through Immigration Canada?
- Yes □ □ No □ SKIP TO SECTION 3

2.1b) What is your citizenship? [Programmer – provide a list]

2.2a) Were you the primary applicant
- Yes □ □ No □

2.2b) What class did you apply under when immigrating to Canada?
- Family Class □ □ Refugee Class □
- Economic Class – Skilled Worker □
- Economic Class – Business Immigrants □
- Economic Class – Live In Caregiver □
- Other [Specify: __________________________]

2.3) What did you list as your intended occupation when you applied with Immigration Canada?
- Physiotherapy □
- Other [Specify: __________________________]

2.4) Did Immigration Canada tell you that physiotherapy is a regulated profession in Canada?
- Yes, Immigration mentioned this □
- No, Immigration did not mention this □

2.5) Did Immigration Canada mention that you should contact The Alliance?
- Yes, Immigration mentioned I should contact The Alliance □
- No, Immigration did not mention this □

2.6) Did you use an immigration agent to help you when you applied to enter Canada?
- Yes □ □ No □ SKIP TO NEXT SECTION

2.7) Did your immigration agent tell you that physiotherapy is a regulated profession in Canada?
- Yes, the agent mentioned this □
- No, the agent did not mention this □

2.8) Did your immigration agent mention that you should contact The Alliance?
- Yes, the agent mentioned I should contact The Alliance □
- No, the agent did not mention this □

Section Three — Employment

3.1) What is your occupation now: [Check one only]
- 1. Practicing physiotherapist □
- 2. Physiotherapy Assistant □
- 3. Physiotherapy Aide □
- 4. Another job in a Physiotherapy environment □
- 5. Employed in healthcare, but not physiotherapy □
- 6. Another type of occupation altogether □
- 7. Supporting or raising your family □
- 8. Unemployed and/or looking for work □
- 9. Student □
- 10. Other [Specify: __________________________]

3.2) If 1-4 above, ask… Which of the following best describes where you work?
- Arthritis Society □
- Community health centre □
- Facility that assists developmentally delayed individuals □
- General hospital □
- Government/Official agency □
- Home care program □
- Industry □
- Long term care □
- Pediatric facility □
- Psychiatric facility □
- Rehabilitation facility □
- Retail □
- School board □
- University/college □
- Visiting agency □
- WCB/Worker’s Compensation Board □
- Other [Specify: __________________________]
3.3) If 1 above, ask... Which best describes how you got this job? [Check one only]
- I applied before I got my license and I was told that they would give me a job once I got my license
- I applied before I received my license and I worked as a PT Aide or Assistant for this employer and was told I would become a practicing PT once I received my license
- I applied after I passed the PCE or after I got my license

3.4) If 1-4, ask... How did you find this job? [Check one only]
- I found it through the newspaper
- I found it through another type of job listing service (e.g. through a school employment centre
- I used a recruiter or head-hunter
- Someone I know told me about it
- My employer was not advertising a job — I just gave them my resume

3.5) If 1-4, ask... Would you say that you had...
- A very easy time finding this job
- A somewhat easy time
- A somewhat difficult time
- A very difficult time

3.6a) If 5-8, ask... Did you look for a physiotherapy job before taking this job?
- Yes
- No

3.6b) If 5-8, ask... How easy is it to find a job in the physiotherapy field in Canada?
- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Don’t know

3.7) Do you think prospective employers give you as much consideration because you are an internationally educated physiotherapist?
- I get more consideration
- I get the same consideration
- I get less consideration

---

Section Four — Impressions Of The Alliance

This section is going to ask you some questions about your opinions of The Alliance. Please be assured that all your individual answers remain confidential and are only reported in aggregate with all other respondents.

4.1) Given everything that you have experienced so far, on a scale of 1 to 10 how satisfied are you with your dealings with the Canadian Alliance of Physiotherapy Regulators overall?

<table>
<thead>
<tr>
<th>Not Satisfied At All</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Very Satisfied</th>
</tr>
</thead>
</table>

4.2) Why do you say that? [Programmer, allow for very large text entries]
4.3) How satisfied are you with each of the following:

<table>
<thead>
<tr>
<th>4.3</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Very Satisfied</th>
<th>Not Satisfied At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>The length of time it took for your document review</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The credentialing process overall</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The length of time it took for credentialing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How The Alliance communicated with you</td>
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<tr>
<td>The Alliance's sense of organization</td>
<td></td>
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</tr>
<tr>
<td>The Alliance's overall ability to understand the unique situations faced by internationally educated physiotherapists like you</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How well The Alliance's website informed you about the application process</td>
<td></td>
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</tr>
</tbody>
</table>

4.4) How easy is it to get in touch with The Alliance?

- Very easy
- Somewhat easy
- Not very easy
- Not easy at all

4.5) How strongly do you agree with the following:

<table>
<thead>
<tr>
<th>4.5</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Very Satisfied</th>
<th>Not Satisfied At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Alliance does a very good job of making me aware of all the documents I needed to gather for my credential review</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Alliance does a very good job of making me aware of the proper format for all the documents I need to submit for my credential review</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4.6) Once you submitted your documents for the first time, did The Alliance ask you to provide additional documentation for review?

- Yes
- No [Skip to 4.8]

4.7) Did the Alliance request all these documents at once, or did it make several requests over different time periods?

- Alliance made all document requests at once
- Alliance made several requests over different time periods

4.8) [If 1.15 >= 3] Would you say the credentialing result you received was fair?

- Yes, it was fair [Skip to 4.10]
- No, it was not fair

4.9) Why do you say the credentialing result was not fair? Please be as detailed as possible:

4.10) Do you have any difficulty understanding the letters, documents and forms The Alliance uses in any of its communications to you?

- Yes
- No
### Section Five — Specific Issues

5.1) The following are some statements about becoming a physiotherapist in Canada. Please indicate whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly with each of the following. If you do not have experience with a particular statement, please check Don’t Know.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The time it takes to become a physiotherapist in Canada is reasonable</td>
<td></td>
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<tr>
<td>The time needed to do PLAR is acceptable</td>
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<tr>
<td>The cost of PLAR and any courses is acceptable</td>
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<td></td>
</tr>
<tr>
<td>The courses they want me to take in PLAR are useful</td>
<td></td>
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</tr>
<tr>
<td>In order for me to maintain my skills, it is important for me to have a job or mentorship in physiotherapy</td>
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</tr>
<tr>
<td>I have friends or fellow students with which to form study groups</td>
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<tr>
<td>I know how to keep up with the latest developments in Canadian Physiotherapy</td>
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<tr>
<td>It has been so long since I’ve been in school I’ve forgotten theory and how to study/write exams</td>
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</tr>
<tr>
<td>I know someone who can help me find a job in the physiotherapy industry</td>
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<tr>
<td>There is a lot of information about the PCE, how to study for it or the topics on it</td>
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<tr>
<td>There are some unexpected costs involved in being a physiotherapist in Canada</td>
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<tr>
<td>The Alliance is sensitive to my timing — they make decisions so I can meet deadlines for school, immigration or other key deadlines</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>The PCE was fair and easy to understand *</td>
<td></td>
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</tr>
<tr>
<td>Since I’ve worked for so many years, I have different insights into answering questions on the PCE than recent students *</td>
<td></td>
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</tr>
<tr>
<td>My Provincial Regulatory College helped me to navigate the process of how to become a licensed physiotherapist in Canada</td>
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<td></td>
</tr>
<tr>
<td>If 1.17 = Yes My Provincial Regulatory College was supportive during the registration process</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>If 1.17 = Yes Registering with my Provincial Regulatory College was straight-forward</td>
<td></td>
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</tr>
<tr>
<td>The information provided to me by my the Regulatory College was clear and comprehensive</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

* Ask if: 1.14a = 5 OR 1.14b = yes OR 1.14c > 2 OR 1.14e = Yes OR 1.14f > 2
5.2) Below is the list of items you just answered. [Programmer, show list] This time, put a 1 beside what you consider to be the biggest issue to you personally, a 2 beside the second biggest issue and a 3 beside the third biggest issue to you personally. [Programmer, do not let respondent move on until a 1, 2 and 3 have been placed beside 3 different answers]

5.3) Overall, would you say applying to be a physiotherapist in Canada has been:
- [ ] A very easy experience overall
- [ ] A somewhat easy experience
- [ ] A somewhat difficult experience
- [ ] A very difficult experience overall

5.4) Which statement do you agree with most… [Check one only]
- [ ] There were no delays in my applying to be a physiotherapist in Canada
- [ ] There were some delays in the process, but I expected there to be some delays anyhow
- [ ] There were significant delays but I was able to handle them
- [ ] There were significant delays that caused me worry and concern
Section Six — Solutions

6.1) Given that The Alliance wants to ensure the quality of physiotherapists in Canada, how long do you think the credentialing process should take? [write in] Months

6.2) The following are some actions that can be implemented. Use a 1-10 scale to indicate how helpful each of these improvements would be to you based on all the experiences you have had in becoming licensed as a Canadian physiotherapist. [Rotate]

<table>
<thead>
<tr>
<th>Not Very Helpful</th>
<th>Extremely Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

The Alliance should make it clearer what documents are required

The Alliance should provide clearer directions on the format that my documents should be in

Once The Alliance has my documents, they should tell me one time if there are extra documents I need to submit, instead of telling me many different times

To save time, it would be helpful for The Alliance to start my credential review even if all my documents are not submitted

The Alliance should implement an on-line tracking system for my documents, so I can see progress when I want, instead of having always enquire

The Alliance should be sensitive to deadlines that I have and work to give me decisions by critical dates

The Alliance should become more efficient so that it takes less time to go through the process

The Alliance should get a 1-800, toll-free number

The Alliance should return calls and e-mails faster than they do at present

Alliance representatives should visit different Canadian cities a few times a year

The Alliance should be more realistic in telling us how long the process takes

The Alliance should allow people to register for the PCE before credentialing is finished

There should be practice exams available to prepare candidates for the PCE

There should be study groups organized to help with the PCE

PLAR should offer more modules instead of university courses

There should be some type of volunteering/internship/mentoring program to give me Canadian experience

There should be better access to employers and job opportunities

6.3) Below is the list of items you just answered. [Programmer, show list] This time, put a 1 beside what you consider to be the most effective solution for you, a 2 beside the second most effective solution for you, and continue numbering with 3, 4 and 5. [Programmer, do not let respondent move on until a 1-5 has been placed beside 5 different answers]
Section Seven — Attitudes

7.1) Please indicate whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly with each of the following...

<table>
<thead>
<tr>
<th>7.1</th>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I love physiotherapy, and I will do everything it takes to practice in Canada</td>
<td></td>
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</tr>
<tr>
<td>Given the difficulties I’m facing, I may pursue another career besides physiotherapy</td>
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</tr>
<tr>
<td>Given the difficulties I’m facing, I may consider practicing physiotherapy in another country</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.2) Given what you know now, how likely would you be to recommend someone you know to apply to become a physiotherapist in Canada? Would you be...

- Very likely to recommend applying to be a physiotherapist in Canada
- Somewhat likely to recommend
- Not very likely to recommend
- Not likely at all to recommend applying to be a physiotherapist in Canada

Section Eight — Conclusion

Please feel free to add-in any additional comments you have [Programmer, allow for large responses here]

As a way of showing our appreciation for participating, we will send you a summary of results of this study. Check the box below if you wish to receive this summary.
- I want to receive a summary of results
This project is funded by the Government of Canada’s Foreign Credential Recognition (FCR) Program. The opinions and interpretations in this report are those of the authors and do not necessarily reflect those of the Government of Canada.