FIP Global Situation Report on Pharmacy (GSRP)

Case study report

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Name of member organisation
Canadian Pharmacists Association (CPhA)

Country/region
Canada

Key issue & context

- **What proportion of pharmacists registered in your country over the past five years were non-domestic nationals, and what were their countries of origin?**

  Recent national data suggests that international pharmacy graduates (IPGs) make up approximately 25–30% of the licensed pharmacy workforce in Canada, with a significant portion entering the profession within the past decade. Common countries of origin include India, the Philippines, Egypt, Iran, Nigeria, and the United Kingdom.

- **How does workforce migration impact pharmacist distribution across urban vs. rural settings?**

  Workforce migration can exacerbate existing urban-rural imbalances. While most internationally educated pharmacists initially settle in urban centres, targeted provincial programs (e.g., Nova Scotia) have sought to incentivize rural placement.

- **What are the key pull factors attracting migrant pharmacists (e.g., salaries, career pathways, licensing processes)?**

  Key pull factors include Canada's high demand for pharmacists, expanded scope of practice, competitive salaries, and clear immigration pathways for skilled workers.

- **What challenges exist in integrating migrant pharmacists into the healthcare system?**

  Challenges include lengthy credentialing processes, variable provincial licensing requirements, limited support systems, and cultural/professional adaptation.

Data & evidence

- **What proportion of newly registered pharmacists in the last five years were internationally trained?**

Internationally trained pharmacists have made up approximately 25–30% of newly registered pharmacists in Canada in recent years, with year-over-year variation depending on provincial immigration trends and licensing capacity.

- **How long does it take for a migrant pharmacist to become fully licensed**

  On average, it takes 18-24 months for a migrant pharmacist to become fully licensed, depending on individual circumstances and access to bridging programs.

- **What percentage of migrant pharmacists come from low-/middle-income countries versus other high-income countries?**

  While comprehensive national data is limited, a strong majority of IPGs originate from LMICs such as India, Nigeria, and the Philippines. A smaller proportion come from high-income countries such as the UK, Australia, and parts of the Middle East.

- **Are there national or regional strategies in place to support migrant pharmacist training and licensure?**

  Nationally, programs such as the PEBC credentialing pathway and regional bridging programs (e.g., University of Toronto, University of British Columbia) support licensure. New initiatives like Nova Scotia's recruitment program and CPhA's national IPG Mentorship and Integration Program are also in place.

Challenges & policy response

- **What are the major challenges to workforce integration (e.g., credentialing, language, professional adaptation)?**

  Major challenges include credential recognition delays, high exam fees, English/French language proficiency requirements, and gaps in knowledge of Canadian pharmacy law and practice.

- **What government or professional initiatives exist to fast-track the integration of migrant pharmacists (e.g., mentorship programmes, licensing reforms)?**

  Government and professional initiatives include:
  - Nova Scotia's incentive program to recruit and license 100 IEPs with financial support up to $10,000 per candidate.
  - CPhA's IPG Mentorship and Integration Program, a national initiative connecting IPGs with experienced mentors and peer support.

- **How do training institutions and employers support migrant pharmacists in bridging knowledge gaps?**

  Bridging programs at Canadian universities support adaptation through coursework in ethics, law, communication, and clinical practice.

- **Have there been efforts to create mutual recognition agreements or standardised licensing pathways?**

While Canada does not have mutual recognition agreements for pharmacy licensure, discussions on streamlining credentialing pathways are increasing, particularly post-COVID.

- **Are migrant pharmacists overrepresented in specific roles or sectors (e.g., community vs. hospital pharmacy)?**

  IEPs are generally more represented in community pharmacy settings due to wider job availability and quicker employment access, compared to hospital settings which often require additional certifications or experience.

Outcomes & lessons learned

- **What impact has the integration of migrant pharmacists had on pharmacy workforce capacity, distribution, and patient care?**

  Migrant pharmacists play a crucial role in maintaining pharmacy workforce capacity, especially in urban and underserved areas. Their integration has supported continuity of care and expanded service delivery capacity.

- **Are there any successful programmes that have streamlined the entry and training of migrant pharmacists?**

  CPhA's mentorship program and Nova Scotia's initiative demonstrate success in improving IPG preparedness, confidence, and licensure progression.

- **Have there been unintended consequences of relying on internationally trained pharmacists (e.g., workforce imbalances, overqualification in specific roles)?**

  Reliance on internationally trained pharmacists, while beneficial, also raises equity concerns particularly when drawing professionals away from LMICs facing their own health workforce shortages.

Recommendations & future considerations

- **What policies or programmes could further improve the integration and retention of migrant pharmacists?**

  Policy improvements should include:
  - Faster credential recognition and exam scheduling
  - Nationally standardized bridging requirements
  - Financial support for training and relocation

- **What best practices could be applied in other countries with similar workforce challenges?**

  Best practices include provincial financial incentive programs (e.g., Nova Scotia), national mentorship models (e.g., CPhA), and targeted integration supports.

- **How can international organisations like FIP contribute to supporting workforce mobility and training?**

FIP can play a vital role by:

- Advocating for ethical recruitment standards
- Facilitating global knowledge-sharing on pharmacist mobility
- Supporting the creation of international frameworks for competency recognition and training harmonization

References

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