Mobility among foreign-trained professionals: Institutional disjunctions, from migrating to practicing a regulated profession

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General considerations

• The professional system aims at protecting the public regarding activities and services where risk is perceived as too important to skip its regulation.
• Our main question: how does the professional system assure this mandate AND open up to foreign-trained professionals (FTPs)?
• Neo-institutionalist perspective: aspiring to look at professional system and its environment (migration, training and employment institutions) as an ethnographic field, with its web of histories, knowledge and power claims;
Neo-institutionalism

• Varying, disputing interpretations (Rizza, 2008)
• Three main orientations, two rationalists and one constructivist:
  • 1) Institutions regulate (mainly economists)
  • 2) Institutions are normative (mainly sociologists, following Durkheim)
  • 3) Institutions are supra-individuals, cognitive apparels (mainly following Powell and DiMaggio)
Methodology

• Ongoing research since 2012
• PAPRICA: 2015 (SSHRC Partnership in development) with actors from professional system
• Initial data about France-Québec MRAs, enlarged to other FTPs in Quebec and elsewhere in Canada
• Qualitative analysis: interviews and documents from professional system (regulators, admission’s commissionner, etc.)
• Knowledge synthesis (SSHRC grant, 2017)
• Descriptive statistical analysis
Actors of Quebec’s professional system

Quebec’s National Assembly

Justice Minister

Office des professions du Québec

Conseil interprofessionnel du Québec

Admissions’ commissioner

46 regulating bodies enacting the Code des professions among 54 professions

Professions with exclusive exercise (constituted through specific laws) N = 28

- Ordre des ingénieurs du Québec
- Ordre des architectes du Québec
- Ordre des arpenteurs-géomètres du Québec
- Ordre des chimistes du Québec
- Ordre des géologues du Québec
- Collège des médecins du Québec
- ...

Professions with exclusive titles (constituted through patent letters) N = 26

- Ordre des urbanistes du Québec
- Ordre des technologues professionnels du Québec
- Ordres des infirmières et infirmiers du Québec
- Ordres des psychologues du Québec
- Ordre des conseillers en RH
- ...

...
Institutional context of MDs in Quebec

• Complex structure between Collège des Médecins du Québec, Recrutement Santé Québec and Health Ministry
• Opacity (how are residency positions attributed?) and frilosity towards possible innovations (fear of local candidates’ reactions)
• Actual very sensitive issue: revenue hikes
• Governance of medical profession under tension
• Pressure towards interprofessional collaboration
REMUNÉRATION ET EFFECTIFS DU RÉSEAU DE LA SANTÉ ET DES SERVICES SOCIAUX AU QUÉBEC

Infirmières

Auxiliaires et métiers

Médecins

$ (en milliards)  Nombre (en milliers)

Lisez la note : iris-recherche.qc.ca/publications/alternatives-sante
Table 1: Foreign-trained GPs per province

Proportion (%) of foreign-trained GPs per province

- **Québec**: 11.4% (2005), 10.2% (2010), 8.5% (2015)
- **Ontario**: 21.4% (2005), 25.5% (2010), 31.2% (2015)
- **Alberta**: 34% (2005), 37.1% (2010), 40.6% (2015)
- **Colombie-Britannique**: 27.8% (2005), 31.6% (2010), 33.5% (2015)
Table 2: Foreign-trained specialized MDs, per province

Proportion (%) of foreign-trained specialists

<table>
<thead>
<tr>
<th>Province</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUÉBEC</td>
<td>10.5</td>
<td>11.7</td>
<td>11.2</td>
</tr>
<tr>
<td>ONTARIO</td>
<td>26.2</td>
<td>26.1</td>
<td>25.9</td>
</tr>
<tr>
<td>ALBERTA</td>
<td>18.7</td>
<td>24.2</td>
<td>25.5</td>
</tr>
<tr>
<td>COLOMBIE-BRITANNIQUE</td>
<td>27.1</td>
<td>25.3</td>
<td>25</td>
</tr>
</tbody>
</table>
Institutional discourse and practices

• 1) Regulating organizations: protection of the public
• 2) Health ministry: financial, managerial and governance issues invoked
• 3) Immigration: positive with FTPs; detached
• 4) Training establishments: same as Health ministry
• 5) Employers: in this case, Health ministry
• 6) Regular local training system: forgotten factor
Canada’s medical residency system is leaving some graduates in limbo

A growing number of students, after years of study, aren’t getting the residency positions they need to become physicians.

By WENDY GLAUER | APR 04 2013

Robert Chu was a typical medical student in that he excelled at everything he did. He edited his high school newspaper and made it on the dean’s list in his undergraduate years. He volunteered to take notes for disabled students. After he got into medical school, he tutored hopefuls on the entry exam. “If somebody didn’t understand a concept, he was very good at explaining it to them in a manner that they could comprehend,” says his mother, Clara Chu.
Conclusions

• Common discourse on FTPs’ admission is dramatised to identify vilains
• Some institutional decisions, or lack of, are left unnoticed
• Relation between local candidates and FTPs is treated separately
• Protecting the public... selectively
Upcoming directions

• Complete analysis of data from PAPRICA (interviews, documents, statistics)
• FTPs from Maghreb
• Comparing admission in large vs small urban centres
• Analyse discourse from Quebec professionals in France

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References

Risk sociology

• Risk sociology (Sena, 2016): to go beyond *risk management* to target analysis of risk governance:
  – “Risk governance should examine the “complex web of actors, rules, conventions, processes and mechanisms concerned with how relevant information is collected, analysed and communicated, and how management decisions are taken”, especially “where there is no single authority to take a binding risk management decision, but where, instead, the nature of the risk requires the collaboration of, and coordination between a range of different stakeholders” (Renn, 2008, p. 9)."
  – Relational responsibility (interest of the public)