

# Entering professional practice through the France-Québec MRAs: findings and future prospective

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## Let's jump to conclusions

- **Once complementary formations have been prescribed, places have to be available (specially for health professions)**
- **Importance of informing workplaces and employers of French professionals' value, once admitted by professional order**
- **FTP's bring unique skills that can contribute, even only locally, to profession's evolution; unrecognized skills may be useful and contribute to professionalism**
- **Experienced professionals often have families, bringing further logistic levels to integration into local society (school for kids, job for wife/husband...). Although not among objectives looked after by professional system, these aspects have an important impact on success of entry into professional practice of FTP.**

## Presentation plans

- **Overview of MRAs, history and development**
- **Review of case studies: lawyers, nurses, doctors, pharmacists**
  - **Course of entry into profession through MRA**
  - **Research results**

**General questions**

**Concluding remarks**

# What are MRAs? a crash course (1st of 2)

## Entry into professional practice for FTPs...

### Traditional mode vs Innovating (MRA)

- **Traditional entry for FTPs**
  - mostly through individual evaluation
  - some profession-specific agreements establish some standardized compensation measures (engineers, doctors, nurses for example)
  - individual definition of steps to enter profession
- **Innovating through MRAs**
  - Examination of training correspondence and discrepancies
  - Analysis of professional practice contexts
  - If major differences: measures to compensate
  - Eligibility is then defined, alongside appreciation of similarities and differences
  - Entry into profession thus “collectively” granted

## What are MRAs? a crash course (2nd of 2)

- **Vast area of implementation**
  - **Seen as an alternative to basic harmonization**
  - **Can apply to goods, services, delivery of services, types of policies...**
  - **Governance without government?**
  - **Importance of confidence between actors**
  - **A race to the bottom? ... false alarm... (Schmidt 2007)**

## Legal context - Part I

- **First, a framework and 5 general principles**
  - **Protection of the public**
  - **Maintaining professional services' quality**
  - **Equity, transparency and reciprocity**
  - **Effectivity of mutually recognized professional qualifications**
  - **Proficiency in local language (French)**

## Legal context - is there a final chapter?

- **MRAs are living beings**
  - **Following the 5 principles: application in each national context**
  - **Looking at mutually facilitating mechanisms**
  - **Questioning apparent discrepancies in rules**
  - **“Learning by doing”**
  - **Annual bilateral follow-up meetings**

# France-Québec MRAs: a brief history

- **October 17, 2008: signing of MRAs' Framework Agreement**
- **Regulating bodies received a strong political command to actively negotiate to conclude with French counterparts, towards implementation**
- **Annex to Agreement specifies close timeframe to establish terms of specific Arrangements:**
  - **among 10 professions: had to be done by December 31st, 2009**
  - **other professions had to conclude by December 31st, 2010, or “before any other date as determined by the bilateral Committee”**

**In Quebec, Department of International Affairs is responsible of Agreement's implementation, in collaboration with Office des professions du Québec and other actors of the professional system**

**Each MRA had to be translated into specific rulings adopted by each professional organization**



# MRAs by numbers – How many professionals from France?

Professions	MRA is in effect since...	Number of received admission demands, 2012-2013		Number of delivered permits, 2012-2013		Number of delivered permits, total*	Number of Order members, 2013-2014
<b>Social worker</b>	4-15-2010	17	22	19	22	57	<b>12 101</b>
<b>Lawyer</b>	8-12-2010	22	17	18	14	70	<b>25 095</b>
<b>Doctor</b>	11-25-2010	56	50	29	32	98	<b>19 873**</b>
<b>Architect</b>	1-25-2011	n/d	11	12	13	41	<b>3 541</b>
<b>Pharmacist</b>	3-3-2011	34	43	5	15	23	<b>8 673</b>
<b>Nurse</b>	7-7-2011	251	366	213	190	572	<b>73 145</b>
<b>Engineer</b>	7-18-2013	n/a***	59	n/a***	38	38	<b>55 286</b>
<b>Proportion among 26 professions with MRA</b>		<b>380 / 485 (78,3%)</b>	<b>568 / 673 (84,4%)</b>	<b>296 / 334 (88,6%)</b>	<b>324 / 376 (86,2%)</b>	<b>899 / 1 033 (87,0%)</b>	<b>197 714 / 265 021 (74,6%)</b>

\* Most MRAs were effective earlier than 2012, therefore the total number may exceed 2012-2013 figures.

# Lawyers (1/2)

- **To become member of Quebec Bar:**
  - **Satisfy eligibility criteria (registered in a bar in France; accredited in France through one of two recognized diploma;**
  - **Success in the Quebec Bar examination (rules, ethics), offered in August and January**
  - **Payment of required fees (membership, insurance, etc.)**
- **Main differences:**
  - **Language**
  - **Art of pleading**
  - **Central role of Bar**

## Lawyers (2/2)

- **Recommendations from the case study:**
  - **Familiarize local employers to MRA's validity and value**
  - **Further inform and publicize candidates in France on immigration steps**
  - **Offer a training on language differences and professional practices (interrogating witnesses; art of building up a case before court sessions)**
  - **Review documentation before exam, to better prepare for daily law work and to the fact that candidates are experienced lawyers, not students**
  - **4-month optional formation should be made mandatory**

# **Nurses (1/2)**

- **Relatively simple procedure: national State diploma in France, simple uniform accreditation (unlike engineers); being registered by France's National Order; minimal recent practice;**
- **MRA is very effective, recent figures show constant influx, ca. 200/year**
- **Quebec health system constant in need of nurses**
- **13 weeks workplace training: no logistics issues**
- **Failure 3-4%**

# Nurses (2/2)

- **Main differences:**
  - **Professional practice has differing goals (right to refuse treatment)**
  - **Relations with other professionals**
  - **Hygiene rules**
- **Recommendations from the case study:**
  - **Salary issues – officially settled but not applied by every organisation**
  - **Differences in skills perception among colleagues, limiting integration of French nurses in the workplace**
  - **Window of brain gain through recognition and use of specialisation**

## Doctors (1/2)

- **To become member of Quebec Medical College:**
  - **Hold a State diploma delivered from a French University**
  - **Specialised in France in a sanctioned programme**
  - **Succeed in completing a 13 weeks adaptation stage**
  - **Being registered on France's national order**

**13 weeks stage: place according to priority, fixed by Health Department**

**If among priority, 1 000 \$ per week; if not, no payment**

**Job placement afterwards dependant of Health Department distribution of positions and workforce**

## Doctors (2/2)

- **Main differences:**

- Private in France vs public in Quebec: global paradox
- Organizational differences in work organisation, in medical vocabulary, and inter-professional relations
- Double earnings

- **Recommendations from the case study:**

- Stage a bit long, but useful
- First financial input comes 5 months after arrival; need to be able to sustain own needs in the meantime
- Blogs and social media are an essential source of specific information, important to disseminate among coming colleagues

# Pharmacists (1/2)

- **To become member of Quebec order of pharmacists:**
  - **Having legal aptitude to act as a pharmacist in France**
  - **Having obtained 1 or another of 2 official titles following formation in France**
  - **Completing one or another of the 2 compensation measures included in MRA**
    - **Formation (16 months) and stage**
    - **Exam, much shorter formation and same stage**
  - **No salary during 16 months' formation**
  - **Might be paid as technical assistant, limiting professional integration**



# Pharmacists (2/2)

- **Main differences:**
  - In Quebec, more clinical role in hospital practice
  - More responsibility regarding patients' health status
  - Differing work organisation
- **Recommendations from the case study:**
  - Necessity to have Canadian residence to get into formation or exam makes procedures unduly long
  - Need to review compensation measures to better meet integration needs of French pharmacists
  - Logistic difficulties in finding formation places
  - Shortage of pharmacists (especially institutional) favors institutional arrangements to shorten entry into profession

## General remarks

- **Surprise! Language can be an issue (different terms and use of terms)**
  - **Can be supplied by a simple guide to everyday use of terms, mostly professional**
  - **Further than language, culture...**
    - **A second, more subtle layer of surprises**
- **Importance of coordinating with all actors involved, from the start (case of doctors and pharmacists, compared to nurses)**
- **Business case to be valued with institutional actors**

## Back to conclusions

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- Questions, comments ?



- Thanks for your attention !

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