The College of Physicians & Surgeons of Manitoba

STRENGTHENING INTEGRATION INTO PRACTICE

A report of CPSM's working group on the experiences of International Medical Graduates entering practice in Manitoba



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Executive Summary

Internationally Trained Physicians (ITPs) and International Medical Graduates (IMGs) are an essential part of Canada's physician workforce and play a particularly important role in sustaining access to care in Manitoba, including in rural, remote, and underserved communities. At the same time, evidence reviewed by CPSM and the experiences shared by Manitoba physicians show that ITPs and IMGs have often faced significant barriers when seeking registration and licensure, transitioning into practice, and remaining in Manitoba over the long term. CPSM established the IMG Working Group in 2024 to better understand these complex issues and to identify practical regulatory responses that would support improvements, including to ensure safe, fair, and effective entry into practice in Manitoba.

Mandate: The Working Group's mandate was grounded in CPSM's public-interest responsibility and its obligations related to patient safety, fair registration practices, and the need to promote respectful, culturally safe, and supportive practice environments. It was also grounded in CPSM's legislated mandate to work in consultation with government towards achieving access for the people of Manitoba to adequate numbers of qualified and competent medical practitioners.

The Working Group completed five interconnected streams of work over a two-year period under the mantra of moving from problem identification to practical regulatory action. It reviewed relevant literature and publications, held focus groups with IMGs and ITPs practicing in Manitoba, developed and administered a survey of CPSM registrants, supported the development of a new orientation program, and developed a Standard of Practice for Entering Practice in Manitoba. Together, these activities provided CPSM with a stronger understanding of the barriers experienced by ITPs and IMGs as well as the supports needed to improve integration, retention, and professional practice, and represented first steps in making necessary improvements.

Deliverables: A detailed analysis of survey results prepared by Dr. Ada Man is provided at **Part II** of this report. The new orientation program and Standard of Practice for Entering Practice in Manitoba and related Contextual Information are described in **Part III**. Recommendations are at **Part IV**.

Registration and licensing: ITPs and IMGs bring substantial prior training and experience, but many encounter complex registration pathways, limited access to practice-ready assessments (PRAs) or post-graduate training opportunities, and variable mentorship and supervision experiences. These findings signal a need for clearer information about registration pathways, an evidence-informed review of existing requirements, efficiency and simplification where appropriate, and improved mentorship and supervision supports for those entering practice. Findings also support continuing our work to modernize licensure pathways to better enable recognition of demonstrated competencies, remove unnecessary barriers, and accommodate differing scopes of practice, all while ensuring safe integration into Manitoba's healthcare system.

Orientation and onboarding: Survey respondents across the board reported inconsistent onboarding and orientation to their practice settings. Findings revealed a strong interest in having practical support to help better understand the Manitoba health system, CPSM's regulatory expectations, local clinical workflows, prescribing and documentation practices, referral and transfer processes, billing and practice models, and professional expectations related to self-regulation, reporting, CPSM's complaints processes, and continuing professional development.

Community integration: Survey respondents signalled a significant desire for community and system orientation. The Working Group heard evidence that workplace culture is a significant factor in successful transition to practice. Many physicians described the value of supportive colleagues, mentorship, constructive feedback, and clear expectations. On the negative side, survey and focus group results identified challenges with working conditions and misalignments between training and job demands and concerning experiences of discrimination, racism, differential treatment, harassment, unclear reporting pathways in the transition period.

The literature review as well as focus group and survey findings indicate that successful integration cannot be understood only as an individual registrant's responsibility; it also depends on the practice environment, leadership, team culture, the availability of safe and effective supports, and an **approachable and trusted regulatory environment.**

In response to what was learned: A new orientation program was developed for physicians entering practice in Manitoba, which was first delivered in January 2026. The orientation was designed to provide practical, system-specific information and to support safer and more confident entry into practice. Its content was shaped by the Working Group's evidence and includes Manitoba's health system, CPSM's role, standards and practice directions, complaints and duty-to-report obligations, cultural safety and reconciliation, interprofessional communication, prescribing, documentation, referrals, billing and practice models, physician wellness supports, and other topics identified as important to an effective transition into practice.

A new Standard of Practice for Entering Practice in Manitoba has been developed and was approved by Council on June 24, 2026 - with an effective date of November 1, 2026. The Standard clarifies expectations for registrants entering practice and for the registrants, physician leaders, and teams receiving them during this critical transition period. It emphasizes respectful interprofessional relationships, orientation, supervision, mentorship, feedback, cultural safety, anti-racism, wellness, and psychologically safe practice environments. This content reflected the Working Group's conclusion that successful transition to practice is a shared responsibility.

This report concludes with recommended next steps, including for the maintenance and evaluation of the orientation program, implementation of the Standard of Practice, development of plain-language regulatory resources, supporting onboarding and mentorship expectations, improved data collection, continued engagement with ITPs and IMGs, and collaboration with health-system partners to address system adaptability, workplace culture, reporting, discrimination, and retention.

IMGs and ITPs

For the purposes of this report, the terms International Medical Graduate (IMG) and Internationally Trained Physician (ITP) are used to describe medical doctors whose undergraduate medical education or postgraduate training occurred outside Canada. These terms are sometimes used differently across organizations. In practice, they include both medical graduates who immigrated to Canada after education and training abroad and Canadians who completed medical education outside Canada before returning to seek training or licensure.

The common feature for IMGs and ITPs is that they often enter Canadian practice through additional training, assessment, registration, or orientation processes that differ from those experienced by medical doctors who completed their undergraduate medical education or postgraduate training in Canada. However, this is otherwise a highly heterogenous group.

The terms IMG and ITP do not capture the wide variation in career stage, specialty, scope of practice, jurisdiction of training, clinical experience, language and cultural background, familiarity with Canadian systems, immigration and settlement circumstances, or registration pathway. Some are recent graduates seeking postgraduate training, while others are experienced independently practicing physicians with years of specialist or generalist practice (this group is more aptly described as ITPs[1]). Some trained in systems closely aligned with Canadian expectations, while others come from systems with different regulatory structures, clinical workflows, resources, disease burdens, and communication norms.

For the purposes of this report, it is important to consider that the diversity among IMGs and ITPs means that registration pathways and supports for practice should not assume a single IMG or ITP experience; rather, they should be flexible enough to recognize prior competence, identify genuine transition needs, and support safe integration into Manitoba practice.

[1]Note: In Manitoba, the 'Physician' title may only be used by Regulated Registrants, Residents, and Assessment Candidates pursuant to Part 6 of the *CPSM General Regulation*.

Acknowledgements

CPSM gratefully acknowledges the members of the IMG Working Group for their time, expertise, and thoughtful contributions to this work. The Working Group brought together regulatory, clinical, operational, and lived-experience perspectives to better understand the experiences of IMGs and ITPs entering and establishing practice in Manitoba. Their guidance was central to the development of the orientation program, the proposed Standard of Practice, and the recommendations contained in this report:

- **Dr. Nader Shenouda**, Working Group Chair, CPSM President (2023-2025), registrant
- **Mr. Jeremy de Jong**, Legal Counsel, Complaints and Investigations (to 2024), CPSM
- **Ms. Wendy Elias-Gagnon**, Director of Communications, CPSM
- **Dr. Sonja Bruin**, Assistant Registrar, Quality Department, CPSM, registrant
- **Dr. Martina Reslerova**, University of Manitoba, registrant
- **Dr. Zheng Xi**, University of Manitoba, registrant
- **Dr. Karen Appel**, Manitoba College of Family Physicians President (2025), registrant
- **Dr. Ganesan Abbu**, registrant
- **Dr. Rafiq Andani**, registrant
- **Dr. Jocelyn Dumatol-Sanchez**, registrant
- **Dr. Shadi Rezazadeh**, registrant
- **Dr. Nicole Vosters**, registrant
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- **Ms. Stacey Soldier**, Public representative, lawyer
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- **Ms. Jennifer MacDonald**, Physician Health Program and Policy Specialist, Doctors Manitoba
- **Mr. Sean Brygidyr**, Executive Director, Medical Remuneration and Strategy, Manitoba Health
- **Ms. Lisa Goss**, Executive Director, Manitoba College of Family Physicians

A special thanks is offered to the Chair of the Working Group, Dr. Nader Shenouda, whose dedication, commitment, and tireless efforts were central to the Working Group's success. Dr. Shenouda provided thoughtful guidance throughout this work, helped ensure that the voices and experiences of IMGs and ITPs remained at the centre of the Group's discussions.

CPSM also recognizes the physicians who participated in the focus groups and shared their experiences with honesty and care.

Their contributions provided the Working Group with important insight into the barriers, supports, and practice-environment factors that affect IMGs and ITPs in Manitoba.

The report is stronger because they were willing to describe both the challenges they encountered and the supports that helped them succeed. Note: these members are not listed by name, as participation in focus groups was confidential.

CPSM also acknowledges the registrants who completed the survey and contributed their perspectives on integration, workplace culture, and the supports needed for physicians entering practice in Manitoba.

CPSM gratefully acknowledges Dr. Ada Man for her detailed analysis of the survey data, which provided an important evidence base for the Working Group's findings and recommendations.

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Part I – Introduction and context

Part I of this report provides the background and context for the IMG Working Group's work, including the reasons the Working Group was established, the registration and workforce landscape for IMGs and ITPs in Manitoba, relevant literature and reports, and the focus group themes that helped shape the Working Group's priorities. Readers who wish to move directly to the Working Group's concrete outputs may proceed to Part II for the survey analysis, Part III for the orientation program, Standard of Practice, and related regulatory initiatives, and Part IV for the Working Group's recommendations.

Establishment of the IMG Working

CPSM established the IMG Working Group in 2024 in response to evidence of need, including persistent concerns about the experiences of IMGs and ITPs entering and integrating into medical practice in Manitoba.

Concerns raised by IMGs and ITPs include the complexity of registration and assessment pathways, inconsistent access to orientation and mentorship, uncertainty about local practice expectations, and broader challenges related to workplace culture, discrimination, racism, and professional integration. In its own processes, CPSM observed instances of care or professionalism lapses or pitfalls that were thought to be reasonably preventable through appropriate preventative measures like meaningful orientation and connection with resources. Numerous recent publications echoed these areas of concern in other provinces.

The concerns and challenges described by IMGs and ITPs are not surprising. They often enter practice while adapting to a new regulatory framework, a new health-system structures, new professional norms, and new professional expectations related to documentation, prescribing, referral processes, communication, reporting, complaints, cultural safety, and self-regulation. This comes with significant personal and professional burdens, engaging important wellness considerations.

The Working Group's Terms of Reference identified a practical and strategic mandate to address the above issues.

The Working Group's primary purpose was to assist in the development and establishment of a new CPSM-led orientation program for IMGs and ITPs entering or maintaining practice in Manitoba. This included reviewing the current issues experienced by IMGs and ITPs, identifying the supports needed for safer and more effective transition into practice, and ensuring that the orientation program reflected the practical realities of Manitoba's health system and practice environments. But this was only one component of what needs to be a larger effort.

The Working Group was also asked to develop and recommend a new Standard of Practice addressing physicians entering a new practice environment. This component of the mandate reflected the view that successful integration is a shared responsibility. Registrants entering practice must understand and meet professional and regulatory expectations, while physicians, leaders, and teams receiving new colleagues must provide clear expectations, including regarding roles and responsibilities, constructive feedback, respectful

interprofessional relationships, and appropriate orientation, supervision, mentorship, and support.

The Terms of Reference for the Working Group included making broader recommendations related to registration policies and processes affecting IMGs and ITPs, CPSM's obligations under fair registration legislation, and the adequacy of mentorship and supports, and orientation expectations in systems and practice settings.

The Working Group's mandate aligned with CPSM's commitments related to equity, cultural safety, and Truth and Reconciliation. A fair pathway into practice requires supports that allow all registrants to understand and meet these expectations. Commitments to cultural safety and reconciliation with Indigenous peoples require attention to the practice environment into which registrants are entering, including how they communicate with patients, work with Indigenous patients and communities, and model respectful relationships with colleagues and teams. This aspect of the mandate was to inform all aspects of the Workgroup Group's efforts.

On a final note, it was recognized that ITPs may come with deeply held negative perceptions of government or regulatory authorities based on negative experiences in jurisdictions where they trained or practiced previously, which could potentially impede them from seeking help or guidance from CPSM or within their practice settings. The Working Group was therefore asked to focus on enhanced means of relationship-building with newly licensed physicians as part of making this project successful in the long term.

The establishment of the Working Group marked an important and proactive shift in focus. Rather than treating registration, orientation, workplace culture, and retention as separate issues, the Working Group considered them as connected parts of the same transition-to-practice challenge. Its work was intended to ensure that Manitoba can welcome and support internationally trained medical professionals in a way that is fair, responsive to workforce needs, protective of patients, and consistent with CPSM's regulatory responsibilities.

Registration pathways and workforce data

Barriers to registration and licensure:

Notwithstanding physician shortages in Canada and the importance of IMGs and ITPS to our workforce, numerous studies have highlighted barriers to their registration and licensure that may not always be necessary, efficient, or competency or safety oriented. Evidence further shows that many IMGs and ITPs remain underutilized because of limited training and assessment capacity. Canadian policy literature has described the ITP pathway as complex, expensive, province-specific, and difficult to navigate, with information that may be fragmented, unclear, or inconsistent across immigration, licensure, and employment steps.[2]

For context, depending on their level of training, certification, specialty, practice history, and jurisdiction of origin, ITPs may be required to complete additional examinations, language testing, residency training, a practice-ready assessment (PRA) or other workplace-based assessment, supervision, and other regulatory requirements. Many IMGs and ITPs must compete for a limited number of residency positions and PRA opportunities.

[2] *Maddock M, Goodfellow C, Zohni S, Kouri C. Part of the Solution: Recommendations for Welcoming Internationally Trained Physicians into Canada's Health Care Sector.* National Newcomer Navigation Network. 2023.

Recent commentary in The Lancet Regional Health – Americas (2025) described restrictive licensing practices, limited residency positions, accreditation systems that may value training duration over demonstrated competence, fragmented provincial regulations, and residency quotas as barriers to the full integration of ITPs in Canada. Expanded Practice Ready Assessment programs, increased IMG residency opportunities, licensure pathways simplification, and incentives for service in underserved communities were recommended to alleviate the issue.[3]

A December 12, 2025, Research Report published by Internationally Trained Physicians of Canada (ITPC)[4] reported that in 2022, 67% of immigrant ITPs were working in a health-care occupation, with only 28% working as physicians and 13% as clinical or laboratory medicine specialists. The report describes this as a form of "*brain waste*" where highly trained professionals are unable to use their qualifications.

While all the above sounds daunting, new data and new programs (PRA programs for the large part), particularly from over the past 10 years, demonstrates a promising and progressive trend.

With respect of residency programs, IMGs have historically faced a low residency match success rate. In 2019, Schabort and Van Gerven[5] reported that, among 1,725 IMG applicants in the 2019 CaRMS match who submitted rank order lists, only 22.7% matched to a postgraduate training position, and the authors observed that more than 77% did not successfully match. However, since 2019 the landscape for IMGs in the CaRMS match has shifted significantly.

The 2026 match rate for current year IMG graduates reached 80.6% in the first iteration. For previous years graduates, the match rate remains lower at 47.8% in the first iteration. Despite more IMGs matching overall, the pool of unmatched applicants remains a significant topic. After the 2026 match iterations, 742 IMGs with prior postgraduate training and 32 current year graduates remained unmatched.

On another positive note, most Canadian provinces now have family medicine PRA pathways (the majority of which were established in the past 10 years), and many are expanding enrolment to increase opportunities for experienced ITPs to enter practice. This represents meaningful progress from earlier periods when access to assessment-based routes was limited and inconsistent across the country. In addition, specialty PRA pathways are now available in three provinces, signalling a gradual but important shift toward broader recognition of demonstrated competence outside traditional residency-based licensure routes.

Pathways to registration in Manitoba:

For our part, Manitoba's pathways include Clinical Assistant registration, various PRA programs, the 1-year Medical Licensure Program for International Medical Graduates (MLPIMG), CaRMS residency routes, and streamlined pathways for some physicians trained in approved or recognized jurisdictions. These pathways are designed to protect the public by ensuring competence, but it is recognized they can also be difficult to understand and navigate, particularly when information, expectations, and decision points are spread across multiple organizations (e.g., Shared Health or SDOs

[3] Leiva Tobelem, L. F., Ynoe de Moraes, F., & Caparica Santos, F. N. (2025). Expanding healthcare capacity in Canada: The potential of internationally trained physicians. *The Lancet Regional Health – Americas,* 46, 101095.
[4] Internationally Trained Physicians of Canada (ITPC) (2025, December 12). Research report on internationally trained physicians in Canada
[5] Schabort, I., & Van Gerven, P. (2024). Selection of international medical graduates into postgraduate training positions in Canada. Who applies? Who is selected? *Canadian Medical Education Journal*, 15(2), 49–53

as sponsors, the University of Manitoba as the administrator of training and assessment programs, and CPSM which determines registration eligibility).

For historical context, like most Canadian jurisdictions, Manitoba has relied heavily on Canadian postgraduate training, Royal College certification, CFPC certification, and traditional accreditation pathways as the primary routes to licensure. IMGs and ITPs whose credentials do not fit these established pathways have largely entered practice through:

- CaRMS,
- the MLPIMG, and
- PRA programs.

These pathways reflected a cautious approach to evaluating international credentials, placing significant emphasis on demonstrating equivalency through Canadian assessment or training.

The MLPIMG was established by the University of Manitoba in 2001 as a structured route for internationally trained family physicians to enter Manitoba practice. Overtime, it evolved into a 1-year period of additional training followed by ongoing mentorship and supervision as a provisional registrant while obtaining qualifications for full licensure (certification from the College of Family Physicians of Canada (CCFP) or a work-place based assessment via the Manitoba Practice Assessment Program (MPAP)).

The development of PRA pathways in Manitoba (which are purely for assessment and not training) represented another significant shift. Rather than requiring a physician to complete further residency training, PRA programs assess whether an experienced physician can practise safely and independently in the Manitoba context:

- The PRA MB-FP (Family Practice, formerly called the IMGACL) was established in 2007 concurrent with several structural changes to the MLPIMG program. Between 2007 and 2022, 107 physicians were successful in this program.
- The PRA MB-SP (Specialty Practice, formerly the NRSAP) was established in 2001 and has evolved since then to include numerous specialty fields of practice. Between 2001 and 2024, 140 specialists were successful in this program.

The following table shows registration data over the past 6 years for individuals entering the MLPIMG, PRA MB-FP, and PRA MB-SP programs:

Year	MLPIMG	PRA MB-FP	PRA MB-SP
2020/21	20	1	4
2021/22	20	0	6
2022/23	20	4	8
2023/24	25	0	20
2024/25	30	0	24
2025/26	30	12	6

Of note, the PRA MB-FP had no 2021 intake due to COVID and was suspended from 2023 to 2024 for redesign, with relaunch in 2025. Prior to 2020, the intake was an average of ~8 per year since it was established in 2007.

Physicians who successfully complete the MLPIMG or a PRA program are licensed by CPSM as provisional registrants under supervision until they obtain qualifications for full registration (i.e., certification from the RCPSC, CCFP, SEAP, or MPAP). **It is important to note that formal mentorship is required for those who participate in these programs.** The Mentorship Program is administered by the University of Manitoba's IMG Program. At present, the Mentorship Program is not offered to other ITPs who become licensed in Manitoba, for example via approved or recognized jurisdiction routes to licensure.

A major recent development in Manitoba has been the increasing focus on understanding and recognizing international education and training systems directly. For some jurisdictions, this can result in a direct pathway to full registration. For others, it may represent a pathway to provisional registration with CPSM without the need for further training or a PRA.

Further discussion on CPSM's work regarding jurisdictional recognition and other changes to our registration and licensing framework are discussed below at **Part III**, given these changes happening in parallel with, and were informed by, efforts undertaken by the IMG Working Group.

Workforce data:

National data published by the Canadian Institute for Health Information (CIHI) in February 2024 showed that IMGs account for roughly 27% of Canada's physician workforce with an even greater presence in family medicine. IMGs represented 31% of family medicine physicians nationally in 2022, compared with 23% of specialists.[6] This reliance is especially important in primary care, rural and remote practice, and communities where physician recruitment and retention are longstanding challenges. **Manitoba's dependence is even more pronounced, with IMGs now representing approximately 37% of all licensed physicians in Manitoba.**

REPORT YEAR	NEW PHYSICIANS WITH INTERNATIONAL MD (IMGS)	SHARE OF NEW REGISTRATIONS	IMG SHARE OF TOTAL INDEPENDENTLY PRACTICING PHYSICIANS
2020/21	98	41.9%	32.0% (987/3,083)
2021/22	94	40.3%	32.6% (1,028/3,157)
2022/23	92	44.0%	32.8% (1,051/3,201)
2023/24	135	47.7%	33.0% (1,100/3,334)
2024/25	165	54.6%	35.0% (1,224/3,498)
2025/26	216	61.0%	37.0% (1,367/3,696)

[6] https://www.cihi.ca/en/the-state-of-the-health-workforce-in-canada-2024/go-in-depth-2024-health-workforce-data

Year	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
CAs	95	101	121	141	176	224

IMGs play a particularly critical role in maintaining access to care in rural and northern communities in Manitoba. Physician numbers for the North from August 2026 show:

- CMGs in family practice: 29.3%
- **IMGs in family practice: 42.6%**
- CMGs in specialty practice: 15.7%
- **IMGs in speciality practice: 12.4%**

CPSM also registers Clinical Assistants, who are primarily IMGs, and has done so since 2000. They must practice under physician supervision. Many of these registrants apply for various pathways to physician registration while maintaining practice in medicine. The number of registered Clinical Assistants has more than doubled in Manitoba in the past 6 years.

Recruitment of IMGs and ITPs is among the numerous approaches being pursued in Canada and Manitoba to address physician shortages.

In terms of need, CIHI data from 2024 indicated that Manitoba had 225 physicians per 100,000 population compared with a Canadian average of 241 per 100,000. It was calculated Manitoba would need to add approximately 246 physicians to meet the national average. This represented a substantial improvement from the estimated shortfall of 445 physicians reported for Manitoba in 2022.

Since May of 2024, the total number of physicians licensed in Manitoba has increased from 3,310 to 3,794 (as of July 31, 2026). This is an increase of 484 physicians or 14.6%, which equates to approximately 253 physicians per 100,000 population. This increase coincides with increased residency positions, changes to registration pathways impacting IMG and ITP eligibility, and recruitment efforts both nationally and internationally.

It should be noted that the increase in physician numbers has significantly ameliorated shortfalls in some but not all geographic regions and fields of practice in Manitoba. For example, there remains significant need in Emergency Medicine, particularly in rural practice settings.

Insights:

The above data signals the effectiveness of the multitude of approaches undertaken to increase physician numbers in recent years and address shortages. In this context, it is now a good time to focus more of our efforts and resources on increasingly pressing issues relating to system integration, adaptability, practice supports for IMGs and ITPs, long-term retention, and support for practice assessors and supervisors – topics which are further discussed in this report.

Review of literature and other publications

This part of the report situates the Working Group's findings within the broader policy, research, and regulatory context. **It shows that the challenges identified by Manitoba IMGs and ITPs are not isolated or new, but reflect longstanding national issues related to registration, assessment, orientation, mentorship, workplace**

culture, racism, discrimination, and community integration. This context helps explain why the Working Group moved beyond problem identification toward practical regulatory responses, including the survey analysis, orientation program, Standard of Practice, and recommendations that follow in later parts of the report.

Federal initiatives in the early 2000s:

The need to better support IMGs and ITPs is not new. For more than two decades, national reviews and policy reports have recognized that improving IMG integration requires coordinated action across licensure, assessment, orientation, workforce planning, and support systems.

A **2002 Senate Committee report on 'The Health of Canadians – The Federal Role'**[7] examined the state of Canada's publicly funded health care system at the time and the federal role in reforming it to ensure sustainability. The report included the need for a national strategy to enhance the integration of IMGs. Of particular interest, Chapter 11 at section 11.4 stated:

> *There are some signs of progress, however.* ***In April 2001, Manitoba launched the first permanent program in Canada to assist IMGs to obtain medical licences.*** *It relies on a three-stage Clinicians Assessment and Professional Enhancement (CAPE) process, an evaluation tool developed by the University of Manitoba's faculty of medicine, to assess the medical knowledge and clinical skill of foreign-trained doctors. The CAPE program has proved so successful that the College of Physicians and Surgeons of Nova Scotia refers IMG applicants who do not have licensed North American training or clinical practice experience to the Manitoba program for assessment.*

The CAPE process described in the excerpt is in reference to the predecessor to the MLPIMG and Manitoba's Practice-Ready Assessment programs for family and specialty practice.

Connected to this work, the Commission on the Future of Health Care in Canada published its final report in November of 2002: **'Building on Values: The Future of Health Care in Canada'**[8] (Romanow Report). Key findings, many of which remain relevant today, include the following:

- IMGs face a lengthy, complex approval and integration process spanning several years. The report highlights that many foreign-trained professionals struggle to find meaningful employment in Canada's health care system as a result.
- The report called on federal/provincial governments and professional associations and licensing bodies to streamline the process for recognizing foreign credentials and evaluating competencies to integrate qualified IMGs faster.
- The report recommended providing bridging programs, additional residency positions, and upgrading pathways to help international graduates meet Canadian standards and licensing requirements.
- While acknowledging the role IMGs play in addressing supply shortages, especially in rural and remote communities, the report cautioned against actively recruiting health workers from developing nations experiencing critical health personnel crises of their own.

[7] Senate, Standing Committee on Social Affairs, Science and Technology, *The Health of Canadians – The Federal Role, Vol. 6: Recommendations for Reform*, chaired by Michael J.L. Kirby (Ottawa: Senate of Canada, October 2002), https://www.cihi.ca/en/the-state-of-the-health-workforce-in-canada-2024/go-in-depth-2024-health-workforce-data.

[8] Commission on the Future of Health Care in Canada. (2002). *Building on values: The future of health care in Canada* (Cat. No. CP32-85/2002E-IN). Government of Canada. https://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf

- IMGs were identified as a vital component of a broader, coordinated national strategy for Health Human Resources (HHR) planning to balance physician supply and distribution across Canada.

Arising in the context of the above work, the '**Canadian Task Force on Licensure of International Medical Graduates**' - which was a 2004 initiative created to identify and reduce the barriers that IMGs and ITPs face when trying to obtain a medical license and practice in Canada - published a final report in February 2004[9] that set out six recommendations (that are consistent with the Romanov Report):

- expand assessment and training capacity,
- move toward more consistent licensure requirements,
- strengthen supports for IMGs navigating licensure,
- develop orientation for faculty and physicians who work with IMGs,
- improve systems to track and recruit IMGs, and
- establish a national research agenda to evaluate IMG integration strategies.

The Task Force report recognized the ethical dimensions of international recruitment and emphasized the need to support qualified IMGs already living in Canada.

Since these early national reports, work to improve IMG and ITP integration has steadily progressed. That said, many of the same issues identified more than two decades ago remain unresolved or only partially addressed, including limited assessment and training capacity, inconsistent licensure requirements, variable orientation and support programs, gaps in mentorship availability, incomplete workforce data, and the need for stronger evaluation of integration strategies. The persistence of these themes underscores that sustained attention and coordinated action are still required in all areas originally identified.

Transitioning into a new practice environment:

The transition experience for physicians entering any new practice environment will be shaped simultaneously by professional, organizational, geographic, and personal factors. Several studies have shown that successful entry into practice very much depends on workplace culture and the receiving practice environment. IMGs and ITPs need supports that address practical integration into local practice environments as well as their professional and broader communities.

Zulla et al. (2008)[10] found that IMGs ranked knowledge of the Canadian health care system, pharmaceutical and hospital formularies, and hospital systems among their highest-rated challenges, and the study's description of macro-level issues included the need to learn institutional rules, procedures, protocols, and systems such as requesting investigations and using software to track patient records.

Understanding communication norms and working relationships were also highlighted by Zulla et al. as transition challenges. The study further noted that IMGs may experience loneliness, social isolation, concerns about family members left behind, diminished social

[9] HC, 2004. *Report of the Canadian Task Force on Licensure of International Medical Graduates*, Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources. Canada. Retrieved from https://coilink.org/20.500.12592/1mk6twn on 17 Aug 2026.
[10] Zulla R, Baerlocher MO, Verma S. International medical graduates (IMGs) needs assessment study: comparison between current IMG trainees and program directors. BMC Medical Education. 2008;8:42.

may exacerbate transition challenges. The study concluded that a comprehensive and integrated supports as well as an orientation program are needed to facilitate IMG success in practice.

Lockyer et al. (2011)[11] explored how physicians experience relocation into a new community and practice setting, using qualitative interviews with 20 family physicians, internists, and pediatricians who had recently moved to Calgary. Their study found that transition experiences are shaped by both the professional context - workplace organization, collegiality, administrative and technical support – as well as the geographic context - housing, family adjustment, community integration, and that transition experiences are strongly mediated by internal factors such as adaptability, prior relocation experience, and self-advocacy, as well as external supports, including family, colleagues, mentors, and professional networks.

Lockyer et al. found that physicians who joined well-functioning units with clear roles, orientation, and supportive colleagues experienced smoother transitions, while those without a defined job, professional networks, or resolved licensure issues—particularly those entering community practice—faced greater stress and uncertainty. The authors conclude that structured institutional supports, including mentorship or "*buddy*" systems and longitudinal educational activities, are critical to integrating physicians effectively, reducing transition-related stress, and supporting both professional performance and personal well-being during relocation.

In their study, **Neiterman and Bourgeault (2015)**[12] described professional integration as a process of professional resocialization in which internationally educated professionals must adapt to a new culture of practice, including local professional roles, responsibilities, communication with patients and team members, and professional relationships, workplace hierarchies, communication patterns, technologies, clinical tests, and "*the Canadian way*" of performing professional tasks. Their analysis emphasizes that transition to practice in Canada is not simply adaptation to a new workplace, but often adaptation to a new culture of practice that combines prior skills with new skills and communication patterns.

Neiterman and Bourgeault note that the transition into practice occurs in a context where internationally educated professionals may experience institutional and interpersonal discrimination, and where local stereotypes and assumptions can shape integration. Their professional resocialization analysis supports the need for structured supports that help internationally educated professionals orient to the new environment while maintaining their professional identity.

Triscott et al. (2016)[13] conducted qualitative interviews and focus groups with 27 participants, including family physicians, allied health professionals, and residents in Alberta regarding the perceived strengths that IMG family medicine residents possess and the challenges they are perceived to encounter in integrating into Canadian family practice. Although focused on family medicine residency, this study provides insights regard

[11] Lockyer, J., Wycliffe-Jones, K., Raman, M., Sandhu, A., & Fidler, H. (2011). *Moving into medical practice in a new community: The transition experience. Journal of Continuing Education in the Health Professions*, 31(3), 151-156.
[12] Neiterman E, Bourgeault IL. *Professional integration as a process of professional resocialization: Internationally educated health professionals in Canada.* Social Science & Medicine. 2015;131:74-81.
[13] Triscott JA, Szafran O, Waugh EH, Torti JMI, Barton M. *Cultural transition of international medical graduate residents into family practice in Canada*. International Journal of Medical Education. 2016;7:132-141.

training and orientation opportunities that would benefit any physician entering a new practice environment.

Respondents indicated that IMG residents often bring substantial prior clinical experience, specialist training, and advanced qualifications that can enrich training programs. They noted clinical strengths as well as multilingual abilities, cultural insight, and capacity to build trust with diverse and immigrant communities. The authors identified five major areas where IMG residents experience challenges when integrating into Canadian family practice: communication, clinical practice differences, learning culture, professional norms, and personal settlement pressures.

Communication was the most common concern, extending beyond language proficiency to include idioms, accents, tone, humour, non-verbal cues, and Canadian expectations for patient and team communication. Clinical challenges included adapting to common Canadian presentations, preventive and family medicine-focused care, mental health, gender-related care expectations, LGBTQ+ care, medication naming, and diagnostic systems.

Triscott et al. found that some IMGs require time to adjust to Canadian educational and professional norms, including self-directed learning, reflection, open discussion, constructive feedback, team-based care, gender equality, and patient-centred decision-making. These transitions can be difficult for physicians trained in more hierarchical or physician-directed systems. The authors emphasize that successful integration requires structured medico-cultural education, explicit teaching of Canadian practice norms, communication training, support for feedback and learning transitions, and recognition of the significant personal, financial, immigration, and family pressures IMGs may face.

A 2020 qualitative study by Lagoo et al. examined how physicians experience working in hospitals outside their home institutions and the patient-safety risks created by inadequate onboarding. While not ITP specific, this study is on point. Based on interviews with 20 physicians across multiple specialties, the study found that onboarding is often minimal and focused only on basic logistics, leaving physicians without critical knowledge of local workflows, resources, roles, and emergency procedures, and without strong working relationships with the care team.

Participants in the study consistently identified emergency situations as the most challenging aspect of practicing in an unfamiliar setting. Lack of knowledge about local resources, escalation pathways, transfer processes, translation services, emergency response systems, and institutional capabilities created delays in care and increased perceived risks to patient safety. Several physicians described near misses that resulted primarily from unfamiliarity with local systems rather than deficiencies in clinical expertise.

The authors conclude that structured onboarding, including explicit orientation to institutional differences, mentorship, and intentional relationship-building, is essential to support safe, effective practice when physicians enter new clinical environments and represents a significant, underused opportunity for quality and safety improvement.

In conclusion, the literature has been consistent in identifying that supportive colleagues, clear expectations, practical orientation, constructive feedback, and accessible mentorship as key predictors of success and wellbeing in transitioning into a new practice environment.

Conversely, inadequate orientation, limited understanding of local systems and expectations, poor communication supports, professional isolation, and experiences of discrimination impede the professional integration of physicians. These challenges may affect confidence, workplace relationships, physician well-being, and the ability to function effectively within interprofessional teams, with potential implications for the quality and safety of patient care.

Racism and discrimination:

This section examines racism, discrimination, and cultural insensitivity as practice-environment factors that can directly affect the transition, integration, and retention of IMGs and ITPs. Racism and cultural insensitivity in healthcare operates at three interconnected levels, all of which can impact ITPs and IMGs in their transition into practice:

1. **Interpersonal racism:** prejudicial attitudes, stereotyping, dismissive communication, differential treatment, and discriminatory behaviours.
2. **Institutional or organizational racism:** policies, practices, and structures that create inequitable experiences or outcomes.
3. **Structural racism:** broader historical and societal forces, including colonialism, that shape health systems and health outcomes.

These factors are broadly known to affect both patients and healthcare providers.

On an interpersonal level, reported experiences include discriminatory comments, exclusion from advancement opportunities, tokenism, microaggressions, greater scrutiny of performance, and lower psychological safety.

A 2023 Manitoba racial climate survey[14] of healthcare professionals that was developed by the Shared Health Racial Climate Survey Working Group found that 56% of Indigenous, Black, and racialized respondents reported experiencing racism in the previous year. Such experiences contribute to burnout, moral distress, workforce attrition, and reduced retention in underserved areas. The survey was conducted across Manitoba's health system, with 6,677 respondents, representing approximately a 13% response rate. Most respondents were clinical professionals. Physicians, and specifically, IMGs or ITPs, were not reported separately. Per the survey:

- Common experiences included:
  - Microaggressions.
  - Being patronized or treated negatively because of race.
  - Having ideas dismissed or ignored.
  - Greater scrutiny than colleagues.
  - Lack of recognition for accomplishments.
  - Patients refusing care because of the provider's race.
- Respondents reported experiencing or observing racism from:
  - Patients and families (52%).
  - Co-workers (43%).
  - Leaders/managers (15%).

[14] https://sharedhealthmb.ca/about/racism-disrupted/racial-climate-survey/

- Respondents indicated that reporting systems are poorly understood and not well trusted, with 49% of respondents indicating they did not know how to report racism. Among those who experienced or observed racism, 65% of Indigenous, Black, or Racialized respondents never reported it. Common reasons for not reporting included:
  - Belief that nothing would be done.
  - Lack of knowledge about reporting processes.
  - Concerns about confidentiality.
  - Fear of reprisal.

Only 38% felt they were taken seriously when reporting incidents, and only 24% said action was taken.

- Participants strongly supported mandatory and ongoing education on:
  - Racism and microaggressions.
  - Cultural safety.
  - Bias and stereotypes.
  - Anti-racism.
  - Truth and Reconciliation.

Another significant report reviewed by the IMG working Group was a joint report of racism from the Saskatchewan Medical Association (SMA) and the College of Physicians and Surgeons of Saskatchewan (CPSS). This report was based on survey results from the fall of 2023. There were 462 responses from physicians, residents, and medical students (13% response rate). The SMA/CPSS Racism Report found that nearly half of physician respondents in Saskatchewan experienced racism; visible-minority physicians, many of whom are IMGs, are disproportionately affected, with impacts on mental health, career progression and leadership opportunities. They recommend anti-racism training, fair hiring and promotion, and specifically calls for better appreciation of skills of colleagues trained outside Canada. The results:

- The most identified sources of racist behaviour were:
  - Patients (62%).
  - Patient family members (39%).
  - Physician colleagues (39%).
  - Nurses (31%).
  - Physician leadership (29%).
  - Administrative leadership (26%).
- Among those who experienced racism 87% reported emotional impacts and 40% reported physical impacts. Respondents described demoralization, stress, reduced wellbeing, and in some cases consideration of leaving the province.
- Among respondents who experienced racism only 14% formally reported the incident. 73% of those who reported were dissatisfied with the outcome. The most common reasons for not reporting included:
  - Belief that leadership would not act.
  - Fear of being viewed as a complainer.
  - Fear of repercussions.
  - Lack of confidence in reporting systems.
- The problem extended beyond personal experiences:
  - 68% had witnessed or been made aware of racism toward others.
  - 75% said racism is observed sometimes or always.
  - 80% of witnesses did not formally report incidents.
  - 83% reported emotional impacts from witnessing racism.
- Respondents specifically raised concerns that IMG licensing and registration processes may be perceived as discriminatory or biased. The report notes a perception that physicians trained outside Canada are not always fully

valued or understood. Respondents recommended greater recognition of ITPs' skills and experience.

- The report recommended:
  - Strengthen anti-racism education and awareness efforts.
  - Improve cultural competency and implicit bias training.
  - Create safe, trusted reporting mechanisms.
  - Improve investigation and response processes.
  - Review hiring, promotion, and leadership practices.
  - Increase diversity in leadership and governance.
  - Review IMG licensure and membership processes for potential bias.
  - Provide stronger support and mentorship for physicians experiencing racism.
  - Work collaboratively with healthcare organizations, regulators, educators, and the public.

Shared Health is pursuing a strategic plan within its network to meaningfully address the issues identified.

The literature reviewed as well as prior survey data indicates that racism, discrimination, and cultural insensitivity in practice settings are not isolated interpersonal concerns, but systemic factors that affect physician integration, psychological safety, retention, and the quality of practice environments. Racialized healthcare professionals and physicians report frequent experiences of racism, including microaggressions, differential treatment, greater scrutiny, dismissal of contributions, and discriminatory conduct from patients, families, colleagues, and leaders. Survey responses strongly indicate a lack of trust in the reporting mechanism.

Broader community factors:

Broader community support and integration cannot be ignored when considering how IMGs and ITPs successfully enter and remain in practice. While regulatory orientation, workplace onboarding, and professional mentorship are essential, physicians and their families are also adapting to a new community, social environment, and support network. Their ability to establish a sense of belonging outside the clinical setting can directly affect wellbeing, confidence, retention, and long-term success in Manitoba.

The 2011 study Moving into Medical Practice in a New Community[15] found that transition experiences were strongly mediated by external supports, including family, friends, colleagues, mentors, and professional networks. The study concluded that these factors are critical during the adjustment period and that successful transitions require attention not only to workplace onboarding but also to the personal relocation experience. The study notes challenges connected to housing, schools, recreation, spousal adjustment, and establishing social networks. Physicians who were simultaneously managing personal and professional integration often took longer to become established.

Focus groups organized by the IMG Working Group

Two focus group sessions were held in April of 2024. Focus group participants were IMGs and ITPs currently practicing in Manitoba. Both sessions had six participants. The first session was held on April 15, 2024, and was moderated by Dr. Nader Shenouda, CPSM President, Chair of the IMG Working Group, and himself an ITP. The second was held on April 25, 2024, and was moderated by Dr.

[15] Jocelyn, L, et a. Moving Into Medical Practice in a New Community: The Transition Experience.

Anna Ziomek, Registrar of CPSM and an ITP. CPSM staff in attendance included Mr. Jeremy de Jong, Legal Counsel of Complaints and Investigations, and Ms. Wendy Elias-Gagnon, Director of Communications.

Focus groups were moderated using a discussion guide consisting of five primary questions exploring: (1) challenges encountered in becoming licensed and entering practice in Manitoba; (2) difficulties experienced in the practice environment; (3) supports that were most helpful; (4) supports that were lacking or would have been beneficial; and (5) suggested changes to better prepare and support IMGs and ITPS entering practice. Additional closing questions invited participants to identify priority issues and share any other relevant experiences. Discussions were documented by CPSM staff, and the notes were thematically analyzed to identify recurring barriers, supports, and recommendations for change.

Focus group participants described number significant obstacles at multiple levels. They described a lack of appropriate orientation and onboarding, a lack of training, especially minimal on-site hands-on exposure, or rotations misaligned with real needs (e.g., all outpatient experience when inpatient exposure was needed). They also pointed to unclear system navigation, including not knowing where to go for help and insufficient communication. Participants expressed a desire for better mentorship, more coordinated system supports, orientation and practical guidance, and educational resources.

A supportive practice environment, supportive colleagues, clear expectations, constructive feedback, and accessible mentorship were repeatedly identified as protective factors by focus group participants. Where these supports were present, physicians described smoother transitions and greater confidence. Where they were absent, physicians described isolation, uncertainty, unclear expectations, and difficulty knowing where to seek help.

Focus-group feedback indicated that successful recruitment, integration, and retention of IMGs and ITPs depend not only on professional supports but also on the successful settlement and integration of their families. Focus group participants repeatedly referenced family as a major driver in choosing Manitoba. Family stability, spousal employment, community belonging, access to settlement resources, and opportunities for social connection were identified as highly important protective factors.

The focus groups were especially important because they grounded the Working Group's work in direct physician experience. This helped shape the content of the Working Group's survey of registrants, including identification of themes and problem areas that the broader membership survey should address.

Part II – IMG Survey (2025) Qualitative and Quantitative Analysis (Dr. A. Man)

Part II of this report was prepared for CPSM by Dr. Ada Man, MD, FRCPC.

The survey

The Working Group's survey, entitled "Practice Environment and Integration Experience Survey for International Medical Graduates or Internationally Trained Physicians," was designed to compare the experiences of IMGs, ITPs, and Canadian-trained physicians entering and establishing practice in Manitoba. This was to complement the literature review and focus groups by testing whether the issues identified through those sources were reflected more broadly among registrants.

The survey explored registration and assessment pathways, orientation needs, clinical and community integration, understanding of CPSM and self-regulation, workplace culture, discrimination and harassment, reporting behaviours, mentorship, supports, satisfaction, and retention. These topics were selected because they reflect the main dimensions of transition to practice; formal licensure requirements, practical system navigation, professional expectations, workplace environment, and longer-term decisions about remaining in Manitoba.

The survey helped test whether the issues raised in the focus groups were broader in scope and provided quantitative and qualitative information to inform the Working Group's recommendations.

The survey was open from September 17, 2025, to October 17, 2025.

Methods

The survey was sent to all medical graduates in Manitoba via email. The email emphasized the anonymous nature of the survey results and that all physicians, including those of IMG and non-IMG background, were invited to participate.

Quantitative survey data were analyzed using descriptive statistics and comparative tests between IMG and non-IMG respondents. Continuous variables were assessed using independent samples t-tests with Welch's correction where variances were unequal. Categorical variables were examined using Pearson chi-square tests or Fisher's exact tests as appropriate. Results were summarized using frequency distributions, proportions, and mean scores, supplemented by graphical visualization.

Qualitative free-text responses underwent thematic analysis. Responses were imported into NVivo, coded line-by-line, and organized into hierarchical code structures. Codes were iteratively refined and aggregated into thematic categories representing recurrent patterns across respondents. Themes were synthesized to identify shared and divergent experiences between IMG and non-IMG respondents.

Summary of survey analysis

This section provides a high-level summary of the survey analysis. A comprehensive, question-by-question analysis is presented in the sections that follow. To streamline the reporting of survey findings, both IMGs and ITPs are referred to as IMGs throughout this report.

Demographics

The survey was sent to 4011 registrants and there were 299 respondents (7.45% response rate), 190 were IMG, and 109 were non-IMG. Median age group was 40-49, with equal gender distribution in each group.

Orientation

All orientation topics were rated highly by respondents, IMGs more so than non-IMGs. IMGs especially want information on Manitoba's healthcare system navigation, pathway to licensure, orientation specific to practice location, safe prescribing practices, office practice operations and billing, and information about resources (e.g., benefits) for physicians.

Challenges, Professional expectations, Supports and Factors crucial to success when entering a new practice environment.

Major clinical challenges identified by IMGs revolved around health system navigation processes: specialist referrals, process for patient transfers, and billing. Socially, IMGs noted difficulty with social expectations and unwritten rules, as well as lack of opportunities to get to know colleagues and lack of peer support. Both groups had some challenges understanding CPSM's complaint process and its role in quality improvement.

In addition to these clinical, social, and regulatory challenges, new registrants also encountered inconsistent adherence to CPSM's professional expectations. IMGs and non-IMGs felt that established registrants were not always providing clear guidelines and constructive feedback nor consistently fostering mentorship and leadership opportunities. At the same time, they also emphasized that registrants were not receiving feedback in a positive way.

With respect to support that could improve the transition experience in light of these challenges, registrants described considerable inconsistencies in what was available to them. While the majority had access to a mentor and received facilitated introductions, most did not have formal onboarding (only 52% of IMGs), nor support related to practice setting policies and community groups. On the other hand, respondents noted that informal support from colleagues, mentors, other IMGs, and the community were vital to their success.Suggestions for additional supports and resources for new registrants focused on health system navigation, social connections, and supports for life outside medicine.

Finally, in terms of factors and behaviours crucial to success during this transition period, respondents offered suggestions focused on positive individual attributes, strengthening system-level support, and mitigation of systemic barriers. Helpful attributes for both new and established registrants include openness, adaptability, and respectfulness. IMGs emphasized that the system needs to ensure consistent quality of IMG supervisors and mentors, while non-IMGs brought attention to ensuring IMGs are oriented to Canadian EDI principles and practice norms. All respondents recognized the need to break down systemic barriers of power imbalances, discrimination, and inequities.

Regarding consistency in quality of IMG supervision and mentorship, the survey revealed that registrants who were receiving new IMG registrants into their practice were

only somewhat informed about them (mean 2.63/5 rating), pointing to a gap in supervisor/mentor preparation.

Discrimination and harassment experiences

Concerningly, the majority (64.5%) of respondents reported having experienced some form of discrimination and/or harassment. This was most commonly from other physician colleagues, followed by patients/family, leadership, and non-physician colleagues.IMG respondents did not report more discrimination experiences than non-IMGs, but did report "*Yes, prefer not to say*" more often, perhaps suggesting a fear of reporting.

Across both groups, being ignored after expressing opinions and ideas and discrimination based on personal attributes were most frequently cited. IMG respondents more frequently noted that their education and skills were not recognized equally to their colleagues.

A little over half of the respondents who experienced discrimination or harassment (51.8%) sometimes or always reported these incidents. The most frequently cited reason behind not reporting was a worry about negative consequences for IMGs, and the belief that nothing would be done about it, for non-IMGs.

Priorities noted by IMG respondents to help prevent or respond to these experiences included a trusted, nonbiased and accountable reporting pathway, enforced policies against discriminatory behavior, and education/awareness building about IMG capabilities to build trust among the public and peers. Both groups pointed to the importance of leadership and systems accountability, peer support mechanisms, as well as ensuring all registrants receive appropriate and ongoing training to ensure EDI principles are upheld.

Related to the topic of discrimination, the majority of IMG respondents felt that they were being held to a different standard by the system, patients, and colleagues, while the majority of non-IMGs did not think so.

Reasons for coming to and staying or leaving Manitoba

Most IMG respondents came to Manitoba specifically to practice medicine, while fewer non-IMGs did so. The most important reasons for both groups staying in the province were personal reasons including being settled with family and engaged with the community as well as a sense of commitment for delivering care to a particular community (in particular for IMGs). Career and professional reasons as well as location and lifestyle were cited but with less frequency and emphasis.

17.1% of respondents were considering leaving Manitoba within the next five years. The most cited reasons included poor work environments including interpersonal issues and under-resourced settings, burnout, dissatisfaction with leadership.

Insights from Additional Narrative Responses (majority from IMG respondents)

Challenges encountered by IMG registrants can be divided into key areas:

1. Transition period distress early after arrival to Manitoba (isolation, stress, financial strain).
2. Gaps in integration support, including inconsistencies in mentorship and peer networks.

3. Professional and social isolation during return of service rural placements.
4. Mismatch between training and work settings (resource poor, high demand).
5. Perceived inequities across all aspects of integration including interpersonal, institutional and systemic.

Key protective factors that lead to IMG success include being valued, trusted, needed, appreciated; experiencing a sense of belonging; commitment and desire to reciprocate within a welcoming community and work team.

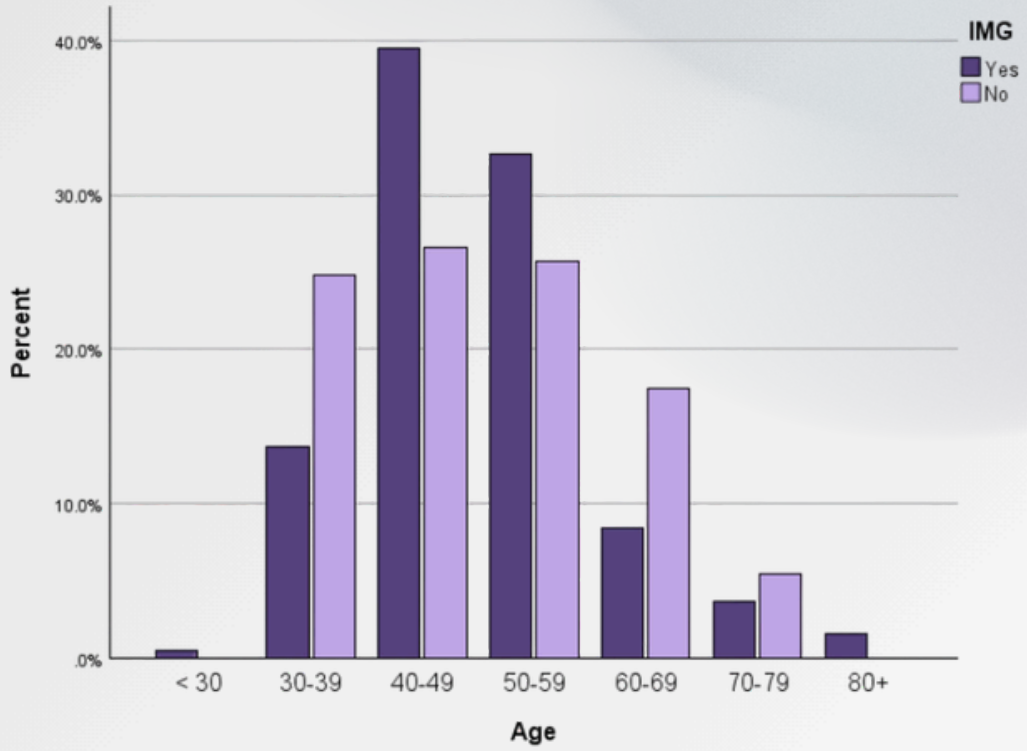
Conclusion

Taken together, these findings highlight that while IMGs bring essential skills and valuable commitment to Manitoba's health system, their early practice experiences are shaped by significant gaps in orientation, mentorship, workplace culture, and system-level supports. Respondents described challenges across clinical, social, and regulatory domains, including inconsistent onboarding, variable mentorship, unclear expectations, and pervasive experiences of discrimination and inequity. At the same time, they emphasized the protective value of belonging, trust, and supportive communities, as well as the importance of recognizing IMG capabilities and ensuring fair and respectful treatment. These insights underscore the need for coordinated, system-level action to strengthen orientation, enhance supervision and mentorship, promote equity, and improve working conditions. The recommendations that follow **(Part IV)** aim to address these gaps and support safe, sustainable, and successful integration for all new registrants, particularly IMGs.

Demographics:

There were 299 respondents, 190 were IMG and 109 were non-IMG. Median age group was 40-49. Age distribution was more even in non-IMGs whereas it was skewed towards the age group of 40-59, with less respondents >60 years old in the IMG cohort.45.2% were female and there were no substantial differences in gender distribution between the two cohorts.

	Frequency	Percent
IMG	190	63.5
non-IMG	109	36.5
Total	299	100.0



Gender				
	Frequency	**Percent**	**IMG**	**Non-IMG**
missing	3	1.0%		
F	135	45.2%	44.7%	45.9%
M	161	53.8%	53.7%	54.1%
Total	299	100.0%		

Orientation Topics:

4. *"On a scale from 1 to 5 (1 signifies not important at all and 5 signifies highly important), please indicate how important you believe orientation is to the following topics when entering practice in Manitoba."*

Rating of Orientation Topics for All Participants	Mean
Orientation to your specific practice location and environment.	4.57
Safe prescribing practices in Manitoba.	4.50
Manitoba's healthcare system (regional health authorities, Shared Health).	4.48
Interprofessional communication and teamwork.	4.47
Patient-centered communication and effective communication skills for working with patients.	4.42
CPSM's regulatory role and requirements, including Standards of Practice, Practice Directions, and the Code of Ethics.	4.38
Cultural sensitivity in providing care.	4.35
Practice and remuneration models in Manitoba (e.g. FFS, ROS contract, clinic ownership, etc.) and supports for each (e.g. billing, contract negotiation and interpretation obligations, insurance, etc.).	4.34
CPSM's expectations for continuing professional development.	4.31
Resources and services for physicians in Manitoba (e.g., benefits, CPD, quality improvement, practice advice, mentorship, etc.).	4.29
Commitment to reconciliation with Indigenous peoples.	4.20
Trauma-informed practices in care.	4.14
Physician health and well-being supports (including CPSM's Physician Health Program and services through Doctors Manitoba).	4.08

Survey responses show that most orientation topics were felt to be important to all respondents, with mean ranking of 4.08-4.57 for all topics. The highest-rated orientation topics emphasize the importance of understanding **the local practice setting, safe prescribing practices in Manitoba,** and the **broader healthcare system**, as well as developing strong **patient-centered and interprofessional communication skills.**

Comparing IMG to non-IMG respondents, IMGs tended to rate all topics slightly higher than non-IMGs, whereas non-IMGs varied more in their responses depending on the topic. **IMGs placed significantly greater importance on system-level and regulatory topics,** including Manitoba's healthcare system, remuneration and practice models, CPSM expectations, and available physician supports. They also rated trauma-informed care and commitments to reconciliation highly. Both groups rated communication skills, cultural sensitivity, interprofessional teamwork, safe prescribing, and practice-site orientation similarly, with no significant differences.

Reviewing the highest rated topics in each group, again, understanding about the local practice setting and safe prescribing practices are emphasized for both, however,

IMGs uniquely place high value on the practical aspects of practice including remuneration models, and how to navigate resources and supports.

Comparison between IMG and non-IMG respondents for rating of Orientation Topics	Mean		Sig*
	IMG	non-IMG	
Manitoba's healthcare system (regional health authorities, Shared Health).	4.59	4.28	**0.004**
Patient-centered communication and effective communication skills for working with patients.	4.37	4.51	0.233
Cultural sensitivity in providing care.	4.40	4.25	0.261
Trauma-informed practices in care.	4.30	3.88	**0.003**
Commitment to reconciliation with Indigenous peoples.	4.32	3.98	**0.013**
Interprofessional communication and teamwork.	4.47	4.46	0.924
Safe prescribing practices in Manitoba.	4.52	4.45	0.504
Practice and remuneration models in Manitoba (e.g. FFS, ROS contract, clinic ownership, etc.) and supports for each (e.g. billing, contract negotiation and interpretation obligations, insurance, etc.).	4.51	4.04	**<0.001**
CPSM's expectations for continuing professional development.	4.48	4.01	**<0.001**
Physician health and well-being supports (including CPSM's Physician Health Program and services through Doctors Manitoba).	4.28	3.74	**<0.001**
Resources and services for physicians in Manitoba (e.g., benefits, CPD, quality improvement, practice advice, mentorship, etc.).	4.51	3.91	**<0.001**
Orientation to your specific practice location and environment.	4.56	4.58	0.885
CPSM's regulatory role and requirements, including Standards of Practice, Practice Directions, and the Code of Ethics.	4.50	4.19	**0.004**

**Independent samples t-test; Welch's adjusted degrees of freedom used due to unequal variances where applicable*

IMG – Top 5 Ranked Orientation Topics

	Mean
Manitoba's healthcare system (regional health authorities, Shared Health).	4.59
Orientation to your specific practice location and environment.	4.56
Safe prescribing practices in Manitoba.	4.52
Practice and remuneration models in Manitoba (e.g. FFS, ROS contract, clinic ownership, etc.) and supports for each (e.g. billing, contract negotiation and interpretation obligations, insurance, etc.).	4.51
Resources and services for physicians in Manitoba (e.g., benefits, CPD, quality improvement, practice advice, mentorship, etc.).	4.51

Non-IMG – Top 5 Ranked Orientation Topics

	Mean
Orientation to your specific practice location and environment.	4.58
Patient-centered communication and effective communication skills for working with patients.	4.51
Interprofessional communication and teamwork.	4.46
Safe prescribing practices in Manitoba.	4.45
Manitoba's healthcare system (regional health authorities, Shared Health).	4.28

Bolded=unique to IMGs

5. *"Are there any other topics you believe should be covered in orientation when entering the Manitoba practice environment that are not listed in the previous question? (free text response)*

For **IMGs**, the free text responses reflected the highest interest in topics related to **Health System Navigation, Licensure, Practice Operations,** and **Equity,** detailed in the table below. **Referral processes to specialists** and the **need for a clearly outlined pathway to licensure** were mentioned frequently by IMGs. Legal and Professional Responsibilities, and Clinical Care topics were cited occasionally.



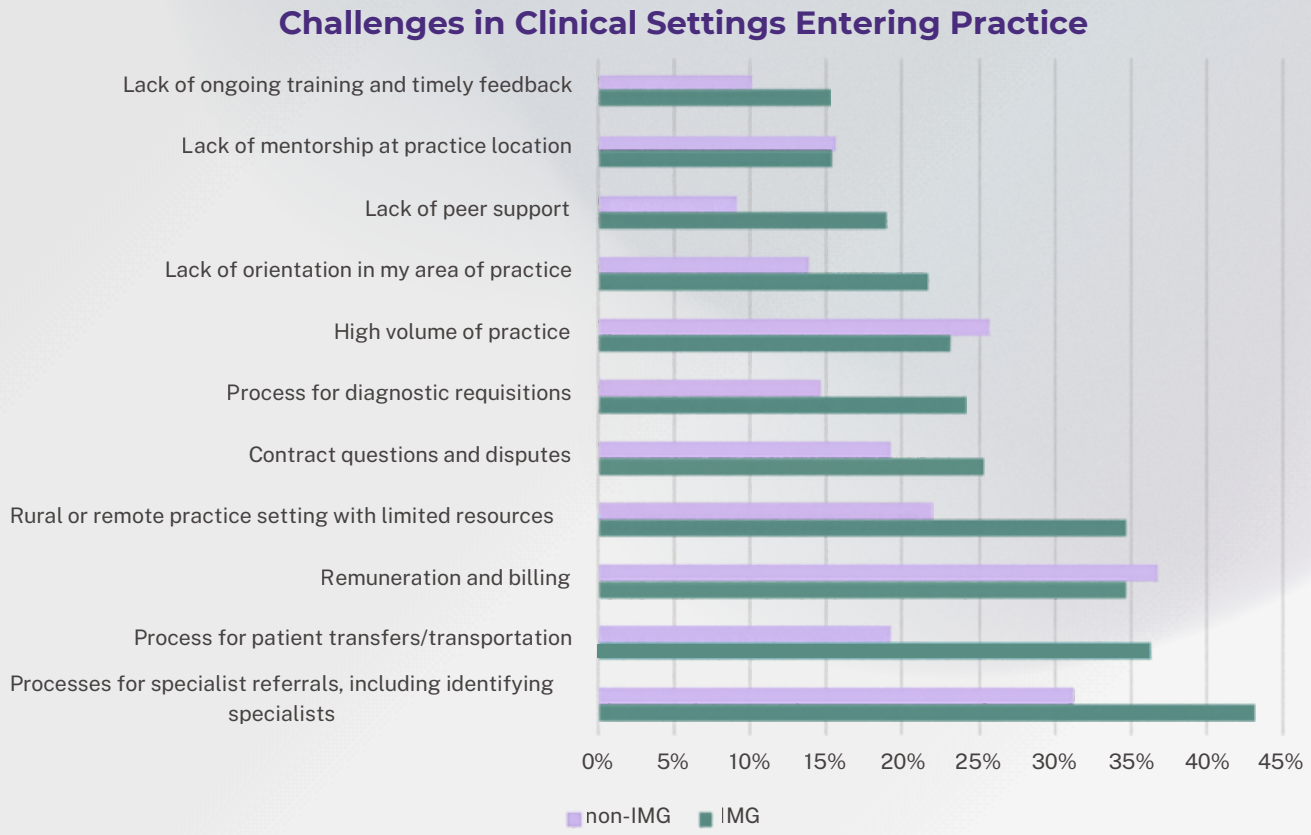
Many **non-IMGs** approached this question from the perspective of what they believed an IMG would benefit from learning about when entering practice. Their responses emphasized the importance of understanding standards, norms, and appropriate practice, suggesting a focus on **supporting alignment with expected professional and system expectations.**

They also gave suggestions about resources not mentioned by non-IMGs (e.g. RACE), possibly reflecting greater familiarity for certain resources in established registrants. **Health System Navigation** and **Standards of Care** were the most frequently mentioned topics, with Equity, Legal Responsibilities, Clinical Care Topics and Supports being reported with lower frequency.



Challenges when Entering Practice:

6. *"When you started practicing medicine in Manitoba, in which areas did you experience significant challenges? Select all that apply regarding clinical practice settings."*

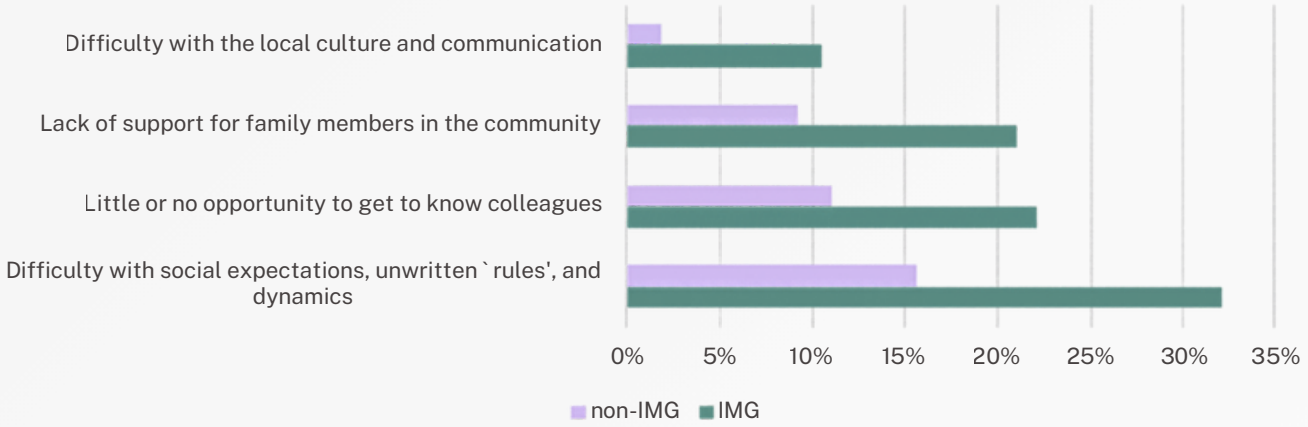


Most frequently cited area associated with significant challenges when entering practice for all respondents was the **Process for specialist referrals.** For IMG respondents, this was also the top concern, along with **Process for patient transfers, Remuneration and billing and Rural/remote practice with limited resources.** For non-IMGs, the most frequently identified challenges were similar, with the exception of less noted challenges for Process for patient transfers (19% vs 36%), likely reflective of differing practice settings. **High volume of practice** was also noted to be a major challenge for non-IMGs.

Notably, 19% of IMG respondents noted **Lack of peer support** as a significant challenge vs only 9% of non-IMG respondents.

7. *"When you started practicing medicine in Manitoba, in which areas did you experience significant challenges? Select all that apply regarding Creating connections in a new community."*

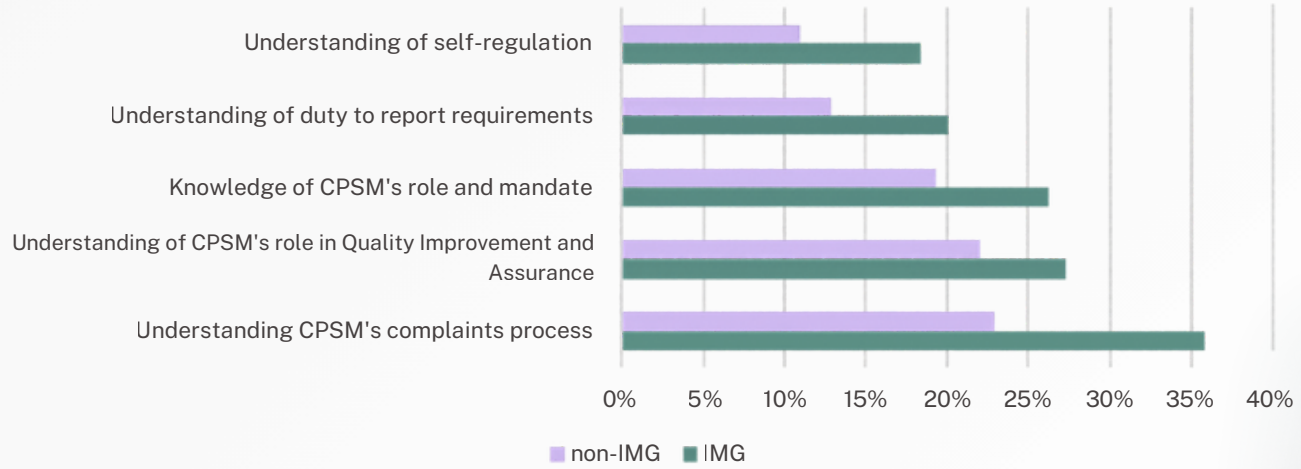
Challenges in Community Connections Entering Practice



A large proportion of IMG (41.6%) and non-IMG (69.7%) respondents noted that **none of these challenges** applied to them, indicating that in particular for non-IMGs, creating community connections was not a major concern when entering practice. For IMG respondents, the most frequently cited challenge was **Difficulty with social expectations, unwritten rules and dynamics,** followed by **Little or no opportunities to get to know colleagues.** The trend was similar for non-IMG respondents, but still only **16%** and **11%** cited these as challenges, respectively.

8. *"When you started practicing medicine in Manitoba, in which areas did you experience significant challenges? Select all that apply regarding CPSM's role and self-regulation."*

Challenges in CPSM's Role and Self Regulation Entering Practice



Challenges in **Understanding CPSM's complaints process** was noted most frequently across all respondents (31.1%) and was also the most frequently selected in each of IMG and non-IMG groups. Overall, IMGs selected each of these areas as challenging more often than non-IMGs, but these **do not seem to be major concerns for either group** ("None of the above apply" was selected by 60.6% non-IMG and 46.3% of IMG respondents). IMGs reported in total more challenges than non-IMG respondents.

Professional Expectations when Entering Practice:

9. *"The goal of this question is to take the current pulse of the practice culture in Manitoba. Specific to the experience of new registrants entering practice in Manitoba, please indicate on a scale from 1 to 5 (1 signifies not being met at all and 5 signifies always met) whether you believe the following professional expectations from CPSM's Code of Ethics and Professionalism are being met by both new and existing registrants of CPSM during the transition period (i.e., first 6 -12 months)*

Rating of CPSM Codes Being Met Sorted from Lowest to Highest for All Survey Respondents

	Means			
	All	IMG	non-IMG	Sig*
Registrants are providing clear guidelines and constructive feedback.	3.37	3.51	3.09	0.001
Registrants are receiving feedback in a positive way.	3.42	3.58	3.10	<0.001
Registrants are fostering mentorship and leadership opportunities at the training, practice, and the health system levels.	3.46	3.59	3.23	0.004
Registrants are promoting a culture of training and practice that effectively supports colleagues in need and encourages them to seek assistance.	3.56	3.65	3.38	0.029
Registrants are assigning a reasonable amount of work, particularly during the transition period.	3.63	3.83	3.20	<0.001
Registrants (both new and existing) are building collaborative and respectful relationships.	3.65	3.76	3.45	0.011
Registrants are fostering curiosity and supporting personal and professional development and insight.	3.67	3.81	3.39	0.002
Registrants are communicating clearly and limiting use of jargon/technical terms.	3.69	3.91	3.22	<0.001
Registrants are ensuring cultural sensitivity and inclusiveness.	3.69	3.88	3.31	<0.001
Registrants are showing openness to new knowledge, technologies, ways of practicing, and learning from others.	3.78	3.94	3.45	<0.001

**Independent samples t-test; Welch's adjusted degrees of freedom used due to unequal variances where applicable*

The mean rating relating to all CPSM Codes of Ethics and Professionalism, was 3.59 out of 5, implying that on average, respondents **felt that these expectations were not always being met. Providing clear guidelines and constructive feedback, Receiving feedback in a positive way,** and **Fostering mentorship and leadership opportunities** were rated lowest of all the topics (**3.37-3.46**).

Comparing the responses from IMGs to non-IMGs, non-IMGs gave lower ratings overall and these differences were significant. It is uncertain whether respondents interpreted this question as reflecting their observations of how IMGs are treated or to their personal experiences as new registrants, making comparisons of responses between the two groups difficult to interpret.

Factors Crucial to Success When Entering a New Practice Environment:

10. *Are there other attitudes or behaviours not mentioned on this list that you believe are crucial to success in entering a new practice environment? (free text response)*

Feedback from IMGs highlighted three overarching domains of what they believe to be crucial to success when entering a new practice environment.

1. Individual Attributes

Key themes included **respectfulness, kindness, humility, openness, adaptability, and a commitment to lifelong learning.** These qualities were seen as essential for both new and current registrants.

2. System-Level Supports

Respondents identified structural and organizational factors that support IMG integration. These include **better orientation and training for IMG mentors and supervisors,** as well as **consistency in the standards of supervision and mentorship**. Respondents also noted the importance of creating **safe, supportive environments and ensuring that professional expectations including respectful workplace behaviors are reinforced** at the institutional level.

3. Systemic Barriers

Beyond individual and system factors, respondents described broader challenges that impede IMG success. These included experiences of **discrimination, power imbalances, and defensive silence**. A recurring theme was the **need for the system to more fully recognize and value the skills, experience, and contributions** that IMGs bring to Manitoba's healthcare workforce.

Similarly, three domains overarching domains were identified in the feedback from non-IMG respondents. Some respondents referred to all new registrants while others focused on new IMG registrants when answering this question.

1. Individual Attributes

Respondents emphasized the importance of strong **professional values** among new registrants, including **collaboration, teamwork, independent problem-solving, and a focus on quality of care over volume.** They also noted the importance of **avoiding unnecessary investigations or referrals** and maintaining respectful interactions across all roles and specialties.

2. System-Level Supports
Respondents identified several organizational factors that support the success of new registrants. These include **safe and supportive work environments, consistent mentorship, improved communication tools among physicians, and reduced administrative burden.** Respondents also highlighted the importance of **orienting IMGs to Canadian EDI principles** and ensuring **supervisors and senior faculty actively model supportive behaviors**.

3. Systemic Barriers
Respondents acknowledged broader issues that negatively affect the experiences of new registrants. These included **power imbalances, discrimination, and microaggressions** within the clinical environment.

Both groups are aligned in terms of their beliefs about individual and system level attributes that determine success. There is strong agreement with regards to **professionalism, safe workplace environments**, as well as systemic barriers including **power imbalances** and **discrimination**. IMGs place more emphasis on **ensuring supervisors and mentors who work with IMGs are well trained and informed**, while non-IMGs point out the importance of appropriately **orienting IMGs to Canadian EDI principles** and **clinical practice norms.**

Discrimination and Harassment Experiences:

11. *"In the first year you entered practice in Manitoba, did you directly experience the following in your practice setting, and by who? Check all that apply."*

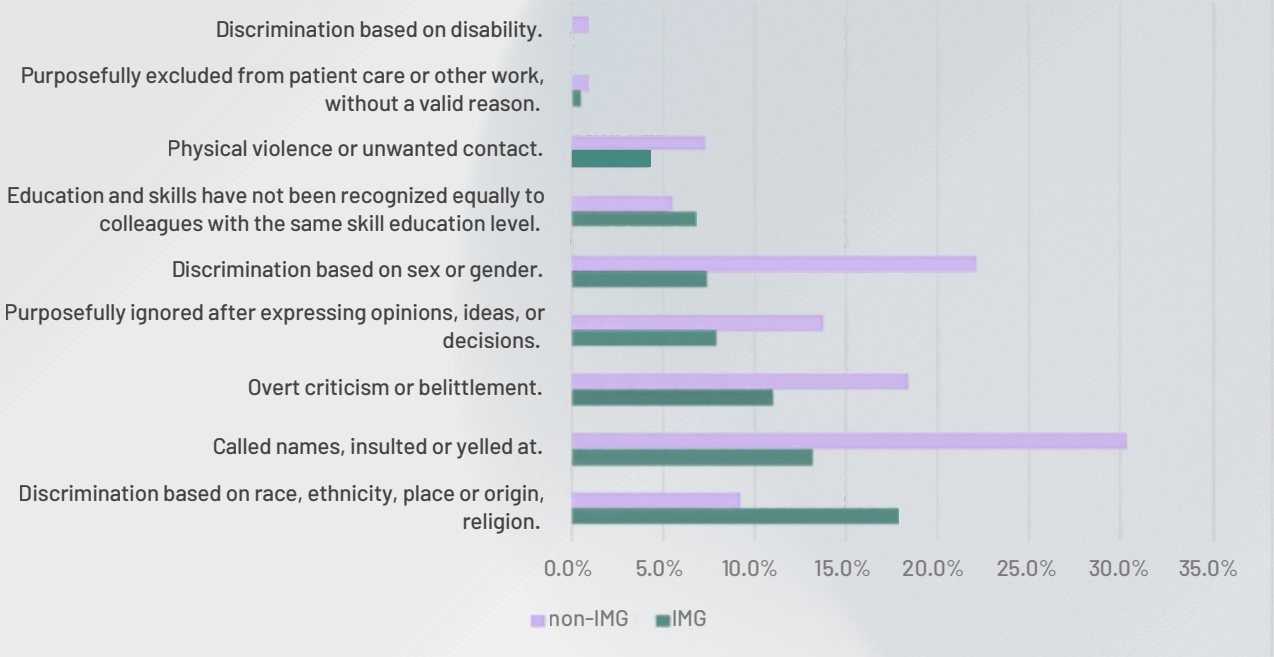
Proportion of each group who experienced discrimination or harassment from any source

	All	IMG	non-IMG	Sig*
Any Discrimination	64.5%	64.2%	65.1%	0.872
Patients/Family/Supports	**32.4%**	**26.3%**	**43.1%**	**0.003**
Physicians	40.1%	38.4%	43.1%	0.425
Non-Physicians	23.7%	26.8%	18.3%	0.097
Leadership	28.1%	25.3%	33.0%	0.151
Yes, prefer not to say	**13.0%**	**17.9%**	**4.6%**	**0.001**

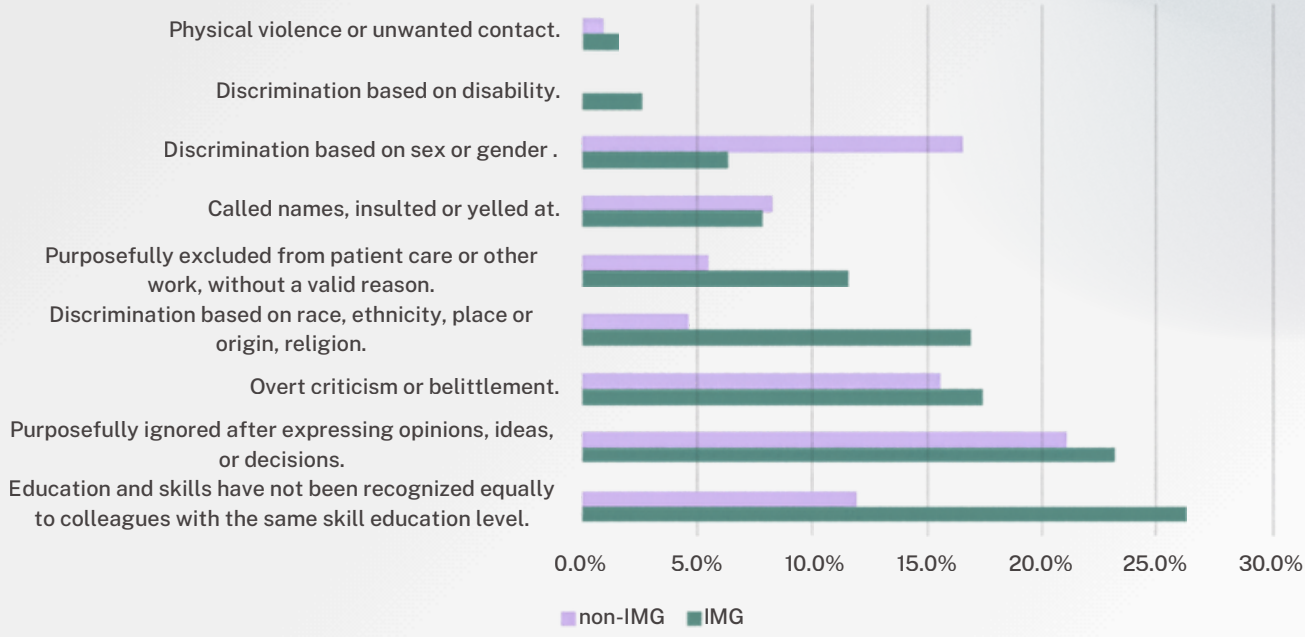
**Pearson Chi-Square test*

Concerningly, **a large proportion of respondents in both IMG (64.%) and non-IMG (65.1%) groups reported some form** of discrimination or harassment. Non-IMG respondents noted these experiences stemming from patients/family/supports more frequently than IMG respondents. On the other hand, more **IMG respondents reported yes to having had these experiences but preferred not to describe further,** even in the form of this anonymous survey, possibly reflecting a theme of defensive silence.

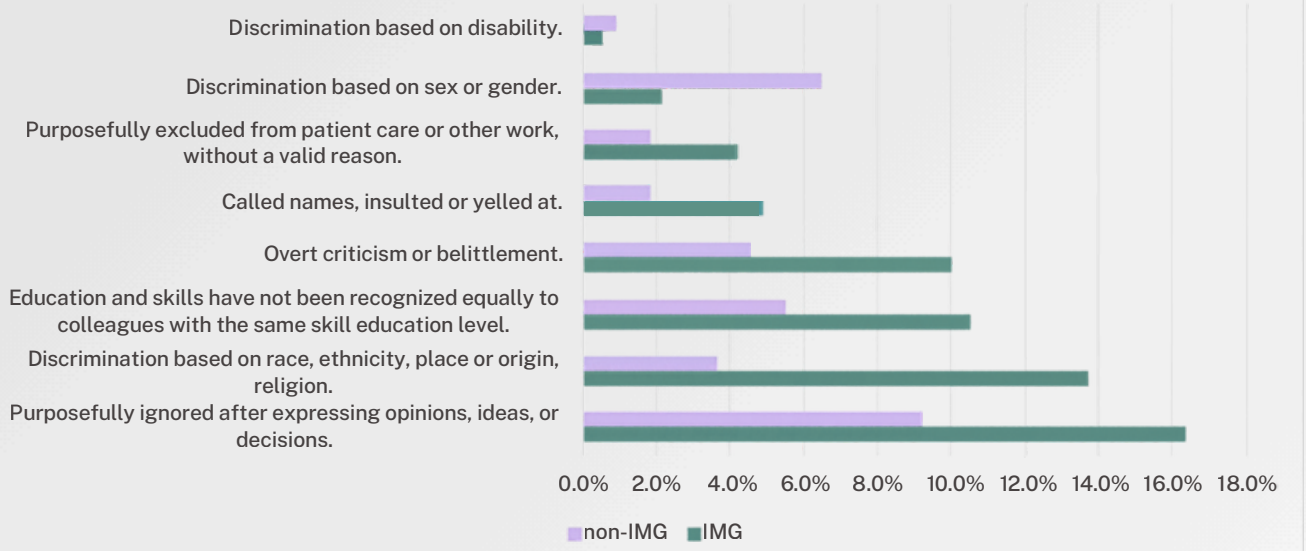
Discrimination or Harassment from Patients or Family or Supports



Discrimination or Harassment from Physician Colleagues

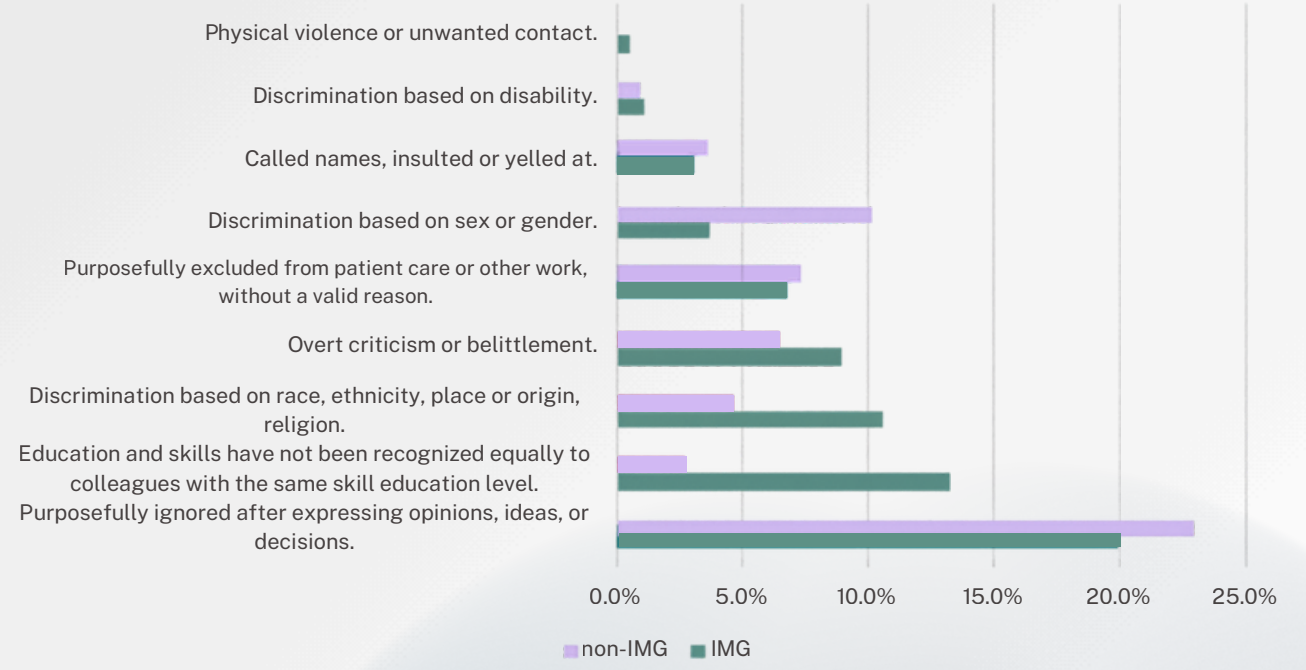


Discrimination or Harassment from Non-Physician Colleagues

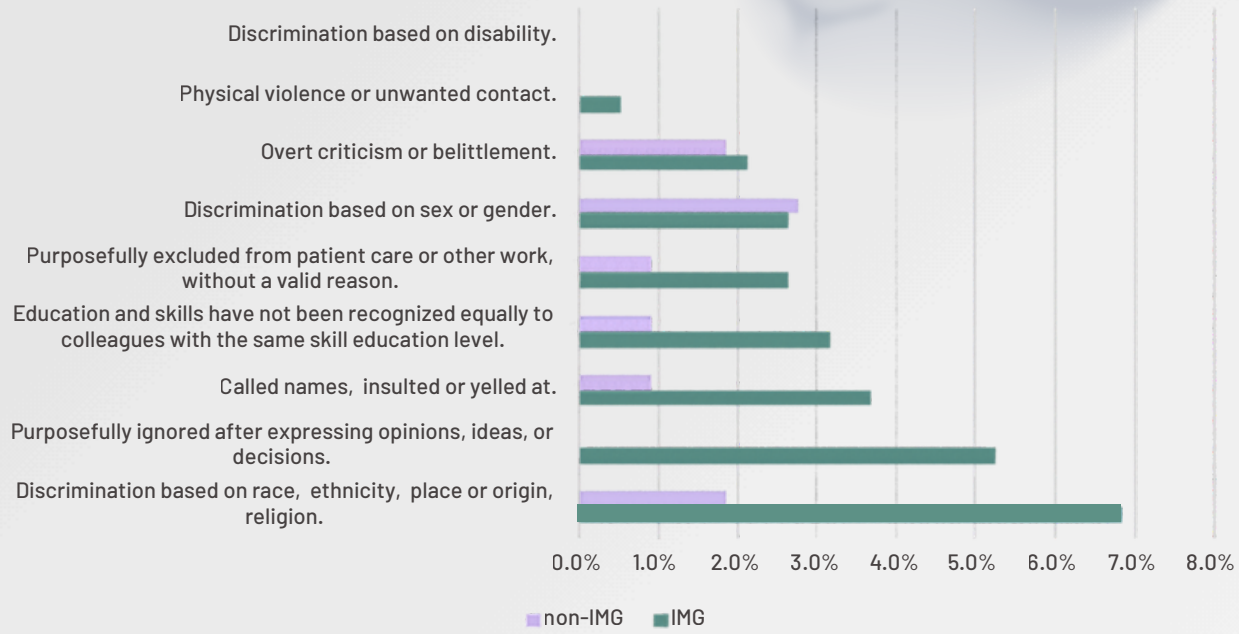


*Physical violence or unwanted contact was 0 in both groups for this category

Discrimination or Harassment from Leadership



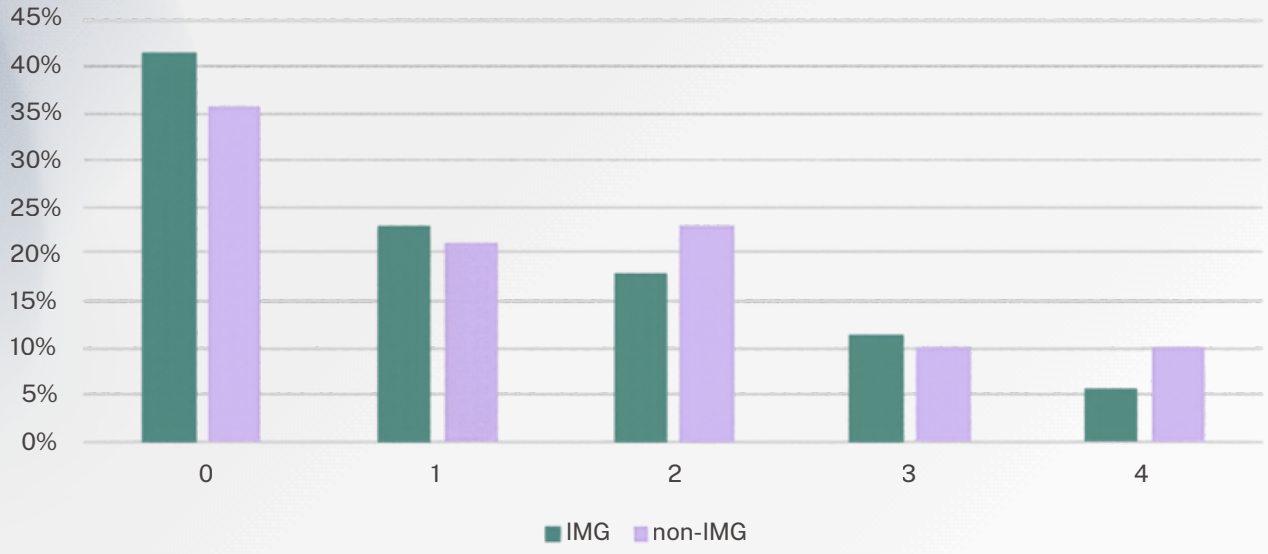
Discrimination or Harassment - Yes, prefer not to say



The most frequently reported form of discrimination or harassment from both groups was **Purposefully ignored after expressing opinions, ideas, or decisions.** Additionally, **Discrimination based on race, ethnicity, place of origin, or religion, and Education and skills have not been recognized equally to colleagues with the same skilled education level** were most often reported by IMG respondents. For non-IMG respondents, **Discrimination based on sex or gender** and **overt criticism or belittlement** were also frequently reported.

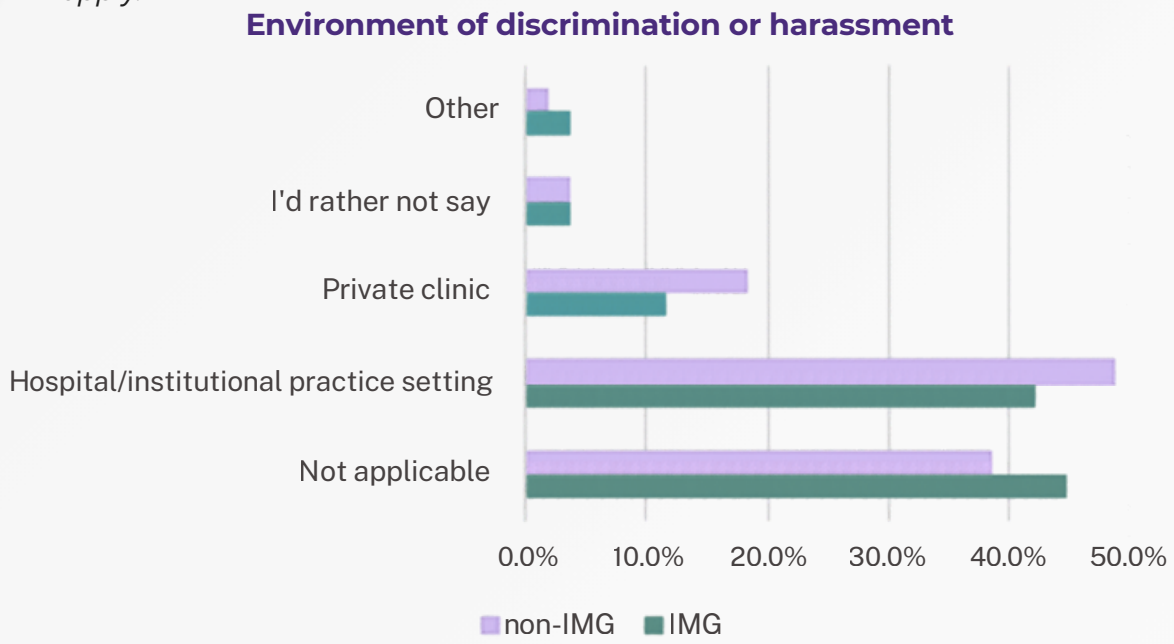
There were no significant differences when comparing the number of sources (i.e., from patients, physicians, etc.) of discrimination or harassment between IMG and non-IMG respondents.

Number of Sources of Discrimination or Harassment Reported



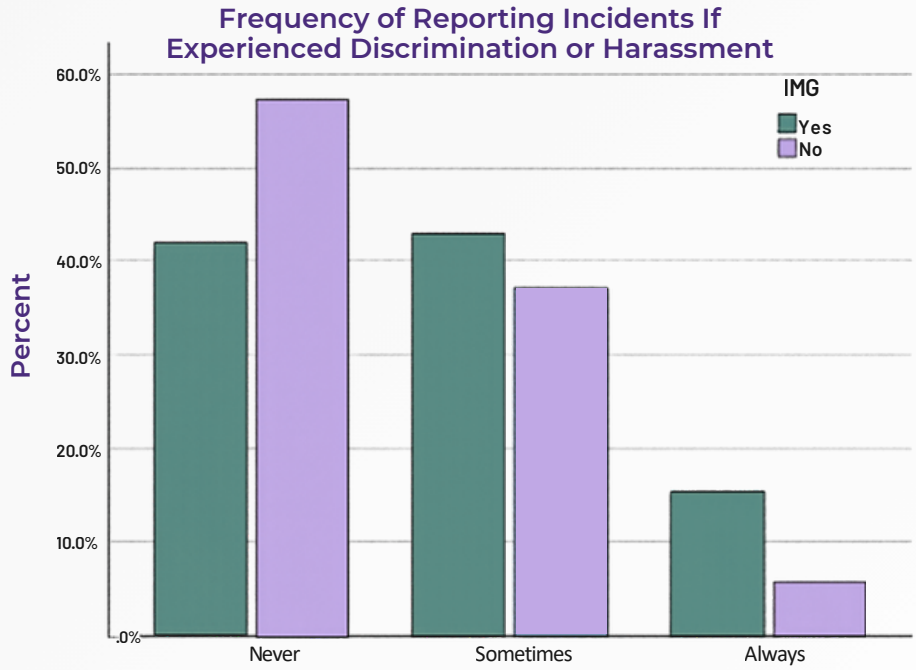
**IMG vs non-IMG by Mann-Whitney U test p=0.199*

12. *" In which environment did you experience discrimination or harassment? Check all that apply."*



For both groups, the most common environment where discrimination of harassment occurred was in the hospital/institutional practice setting.

13. *"If you experienced, OR observed, any of the incidents above did you tell someone in authority or report the incident(s)?*



Proportion who selected "Not applicable to me" or left the question blank for the discrimination/Harassment Reporting question: IMG 48.4%, non-IMG 35.8%.

14. *"Why did you not always report the incidents? Please check all that apply."*



Amongst those who have experienced **discrimination/harassment incidents**, the majority **(88.7%)** did not always tell someone in authority or report the incident(s). This was the case for both IMGs and non-IMGs. The most common reason cited by **IMG respondents** was being worried there would be **negative consequences** for them. For **non-IMG respondents, thinking nothing would be done about it** was the most frequently noted.

15. *What measures do you think would help prevent and/or respond to these types of experiences?*

IMG priorities:

1. **A trusted, unbiased reporting mechanism for discrimination and harassment with defined accountability and protection from retaliation.**
2. **Strong, enforced policies against discriminatory behaviour.**
3. **Broader education of patients, peers, and supervisors about IMGs and their qualifications and contributions, along with more IMG representation in leadership roles.**

Beyond these top priority needs, IMG respondents highlighted several broader system-level issues:

1. Workplace Culture and Safety

Many comments pointed to the need for a more consistently respectful and psychologically safe environment.

- Safe workplaces grounded in EDI principles
- Regular training and discussions on respectful workplace culture
- Clear boundaries with patients
- Support systems for managing difficult patients and families
- Recognition that physicians must respect each other even under workload pressures

2. Support Structures for IMGs

Respondents described gaps in the supports available to IMGs and their families.

- Supervisors needing training on supportive behaviour
- Supportive mentorship and peer-support or "buddy" systems
- Fair contracts
- Collecting regular feedback from IMGs

Non-IMG respondents identified several factors that cluster into four overarching areas. It is important to note that their responses reflected concerns about discrimination and harassment broadly, not only as they relate to IMGs.

1. Education, Awareness and Culture Change

Respondents emphasized the need for broader education and cultural shifts across the system.

- Education for patients about appropriate behavior towards physicians
- Culture change within leadership roles and institutions
- Training for trainees and supervisors on discrimination and harassment
- Training for all on EDI principles
- Updating or removing discriminatory policies and initiatives
- Recognizing institutional power dynamics as barriers

2. Leadership and Systems Accountability

Many respondents pointed to the role of leadership and regulatory bodies in setting expectations and responding to concerns.

- CPSM acknowledgment of patient/family harassment of physicians
- Clear protocols for reporting discrimination and harassment
- Clear policies and consequences for discriminatory behavior
- Support and representation from leadership
- Leadership organizations needing to work together on this issue
- Addressing the perceived unfairness that patients can report abuse while physicians feel they cannot

3. Professional Standards

Respondents highlighted the importance of consistent professionalism and communication across the workforce.

- Retraining older physicians on professionalism and communication
- Addressing differences in respect and understanding between urban and rural physicians
- Ensuring safe workspaces.

4. Supportive Structures

Respondents identified the need for stronger support systems to help physicians navigate challenging interactions and environments.

- Peer support mechanisms
- Support from colleagues and institutions when dealing with difficult patient or family interactions

Both groups identified **discrimination and harassment as system-wide issues**, not isolated or individual problems. Shared themes included the need for **Clear Reporting Pathways, Accountability, Safe Workplaces, Recognition of Power Imbalances.**

Unique to IMGs is a **Fear of Retaliation and Defensive Silence**, as well as emphasis on **Recognition of IMG Skills and Contributions.**

IMGs held to a Different Standard

16. *"Do you believe Internationally Trained Physicians/International Medical Graduates are held to a different standard by the system, patients, and colleagues as compared to Canadian-trained physicians?"*

Belief that IMGs are held to a Different Standard					
		Yes	No	Total	Sig*
IMG	N	101	61	162	**0.018**
	%	**62.3%**	37.7%	100.0%	
non-IMG	N	48	53	101	
	%	47.5%	**52.5%**	100.0%	

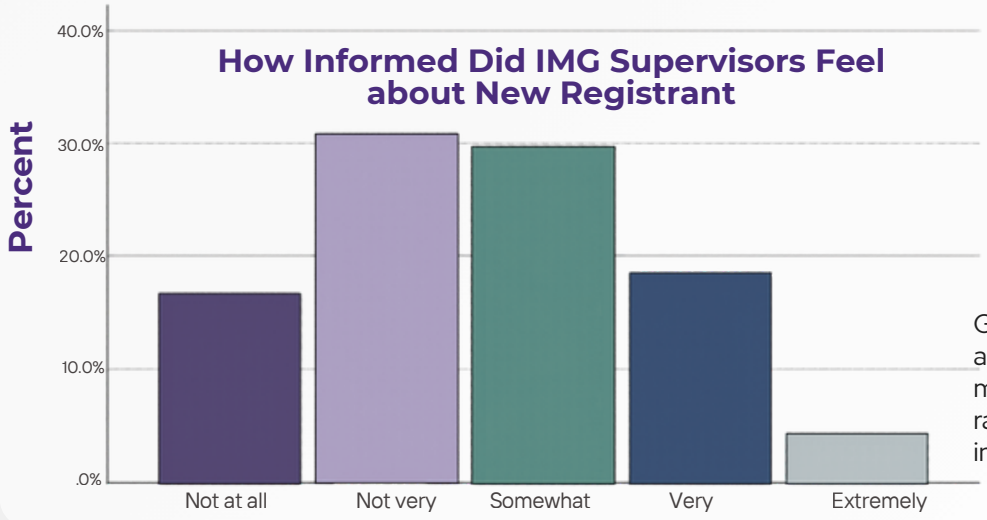
**Pearson Chi-Square. Excludes respondents who selected "Prefer not to say"*

The majority of IMG respondents (**62.3%**) believed that IMGs were held to a different standard, whereas the majority of non-IMG respondents (**52.5%**) did not. This difference in perspectives was statistically significant.

All respondents: Yes =149 (56.7%), No=114 (43.3%).p=0.031* *Chi-Square-test*

Receiving New IMG Registrants into Practice Setting

17. *"This question is only for registrants who have experience receiving new registrants with international training into their practice setting. How informed did you feel about the individual's background in terms of their training, practice experience, areas of expertise, and areas where support is most required. (Scale 1-5, 1 Not at all informed to 5 Extremely Informed)."*



Graph excludes "not applicable"; All participants: mean rating = 2.63, median rating =3 ("somewhat informed")

On average, respondents indicated they were **not very to somewhat informed about the new IMG registrants that they were receiving** into their practice setting.

Of note, this question was not applicable to many of the respondents who were IMGs (53.2% of IMG respondents selected n/a).

Support for Registrants Entering Practice

18. *"Were any of the following supports and/or resources made available to you when you initially entered practice in Manitoba? If so, did you access them?"*

Supports Were Made Available When Entered Practice (Yes response, excluding "I don't recall" responses)

	All (%)	IMG (%)	non-IMG (%)	Sig*
Mentor	64.3%	68.3%	56.8%	0.070
Onboarding	45.0%	51.7%	33.7%	**0.007**
Policies	46.3%	48.7%	41.7%	0.296
community Groups	36.6%	35.8%	38.0%	0.747
Introductions	62.2%	63.9%	59.3%	0.483

**Pearson Chi-Square test comparing IMG to non IMGs*

Proportion of Registrants who Accessed Supports when Available

	All (%)	IMG (%)	non-IMG (%)	Sig*
Mentor	91%	95%	80%	**0.002**
Onboarding	93%	96%	83%	**0.023**
Policies	81%	89%	63%	**<0.001**
community Groups	69%	79%	50%	**0.006**
Introductions	92%	95%	86%	0.108

**Pearson Chi-Squared Test and Fisher's exact test comparing IMG to non-IMGs*

A significant proportion (36–63%) reported that these supports were **not available** when they entered practice, underscoring a gap that warrants attention. Availability appeared lowest for **community-based supports**. While lower onboarding support among non-IMGs is somewhat expected given the lack of standardized onboarding procedures across all registrants, it is notable that **only 52% of IMGs reported such supports were available**, despite the clear need for this group to have formalized onboarding processes in place.

Non-IMGs accessed these supports less often than IMGs, especially supports related to practice-setting policies and community groups. This may reflect the fact that non-IMGs enter practice with greater familiarity with Manitoba's clinical and community context, reducing their perceived need for these resources.

19. *"Were there any other valuable support or resources made available to you?"*

Feedback from IMG respondents included not only supports that were made available, but also suggestions for supports. There were 5 main themes, in order of frequency mentioned:

1. Informal Peer Support

- Support from colleagues
- Guidance from mentors
- Connection with other IMGs, both new and established

2. Community-Based Supports

- Community support and social connections
- Spousal or family support
- Community-based financial supports (e.g., bridging loans)

3. Professional and Educational Resources

- CPD and CME opportunities
- Doctors Manitoba supports
- Local hospital or regional staff resources
- CPSM mental health and wellness supports

4. Organized Peer Networks

- Special-interest or identity-based groups (e.g., BIPOC peer support)
- Social events that fostered connection
- Suggestions for an IMG network to link new and established IMGs

5. Practical Tools and Information

- Written materials outlining community resources
- A "who's who" photo guide to help identify key contacts in the medical community

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Non-IMG respondents gave less feedback about supports. (Total=12 responses) Their feedback clustered into two main areas.

1. Peer and Colleague Support

- Colleagues
- Occasional supports embedded within group practices

2. Formal Supports

- Assistance from Doctors Manitoba
- Some felt there were minimal supports and need to "make it on your own"

Both groups identified **peer and colleague support to be the most important** whereas there was some inconsistency with regards to availability of formal institutional supports.

IMGs emphasized **informal, relationship-based supports** and emphasize the importance of **community supports for them and their families**. Their suggestions revolved around **strengthening structured mentorship, building IMG-specific networks, and improving access to practical orientation tools** to better support successful integration.

20. *"In addition to the orientation program and the list of professional expectations CPSM is developing, what other information, resources, support, or processes would benefit registrants who are starting their practice in Manitoba?"*

The answers to this question were more focused on what supports were not available but necessary. IMG respondents identified needs in five key categories.

1. Health System Naviagation

Respondents emphasized the need for clearer, more accessible guidance on how to function within Manitoba's health system.

- Practical information on billing, incorporation, and financial processes
- Guidance on diagnostic imaging processes and referral pathways
- Orientation to EMRs and other electronic resources
- Resources specific to navigating the Manitoba health system, including rural-focused materials

2. Professional Development

- Clear pathways for licensure
- Mentorship and direct supervision during early practice
- Training in professionalism, communication, kindness, and non-violent communication
- Education on Manitoba's cultural context, public expectations, EDI, and Indigenous health
- Improved access to CPD/CME and other educational supports

3. Social Support

- Opportunities to connect with other IMGs (new and established)
- Social functions to meet future colleagues
- Networking with community residents
- Regular medical group meetings in rural areas
- Social integration supports

4. Support for Life Outside Medicine

IMGs noted that personal and family stability is essential for successful practice transition.

- Relocation allowances and settlement resources
- Immigration support
- Supports for families
- Wellness supports
- Information on available community services

5. Equity and System-Level Issues

- A clear, unbiased pathway for reporting discrimination
- Information on discrimination and how to address it
- Anti-bullying policies
- Attention to IMGs feeling pressured to accept poor working or living conditions
- Recognition of perceived discrimination from governing institutions
- Stronger collaboration between institutions to provide coordinated supports
- Regular check-ins during the transition period

Non-IMG respondents identified a broad set of supports that would strengthen integration of new registrants entering practice in Manitoba. These clustered into five major domains.

1. Social Supports

Respondents most frequently emphasized the importance of non-clinical supports that help registrants and their families build stability and belonging in Manitoba.

- Access to support groups including special-interest or religion based

- Support and connection with the local community including for families
- Centralized information on community resources
- Mentorship opportunities
- Physician networking events
- Peer IMG networks

2. Health System Navigation

- Clear information on referral processes
- Centralized information on community resources
- Region-specific resource guides
- Orientation to diagnostic imaging processes

3. Regulatory Oversight

- CPSM check-ins with IMGs to ensure quality and support
- Improved vetting to ensure IMGs meet practice standards
- RHA leadership actively welcoming and orienting IMGs

4. Professional Development

- Education on diseases more common or unique to Canada
- Training in challenging clinical areas such as substance use disorders
- Training on opioids and benzodiazepines
- Support for managing physician–patient conflict

5. Cultural Competence, EDI and Communication Skills

- Training on culture, EDI, and Indigenous health

Both groups emphasized the importance of resources relating to **Health System Navigation and Social Supports**. IMGs in particular emphasized supports relating to **Life outside of Medicine**, including spousal integration and relocation assistance, and pointed to **Equity** concerns that could affect the experience of entering practice. Non-IMGs focused more on **Regulation and System Oversight**, to ensure new registrants met expected standards.

Reasons for Coming to and Staying in Manitoba

21. *"Did you come to Manitoba specifically to practice medicine? (Yes/No)"*

All participants: Yes = 68.2%, No = 31.8%.

Proportion who came to MB specifically to practice medicine		
IMG	**non-IMG**	**Sig***
83.7%	41.3%	<0.001

While most IMGs (83.7%) moved to Manitoba to practice medicine, fewer non-IMGs (41.3%) did so, though this remains a substantial proportion of respondents.

22. *"Thinking about what makes you stay in Manitoba … please rate the following from not important at all to very important, or not applicable"*

The following tables present the importance ratings on a 1–6 scale, where 1 indicates "not applicable" and 6 indicates "very important."

Rating of Reasons for Staying in MB	
	All (mean)
Established family and community.	5.34
Personal	4.29
Delivering care to a particular community.	4.14
Professional or academic responsibilities (i.e. Research, teaching).	3.80
Obligation to complete Return of Service agreement.	2.31
Citizenship reasons (helping family visit, work or immigrate to Canada).	1.77

Comparison between IMGs and non-IMGs for Reasons for Staying in MB			
	Means		
	IMG	non-IMG	Sig*
Established family and community.	5.24	5.53	0.064
Personal	4.31	4.27	0.870
Delivering care to a particular community.	4.30	3.85	**0.032**
Professional or academic responsibilities (i.e. Research, teaching).	3.93	3.59	0.127
Obligation to complete Return of Service agreement.	2.75	1.54	**<0.001**
Citizenship reasons (helping family visit, work or immigrate to Canada).	2.05	1.29	**<0.001**

**Independent Samples T-Test*

Across respondents, the most important reasons for staying in Manitoba were **Established family and community ties,** followed by **Personal factors** and **Delivering care to a particular community.** Comparisons between IMGs and non-IMGs show a few statistically significant differences: **IMGs placed greater importance** on **Delivering care to a particular community, Return-of-Service obligations, and Citizenship-related factors.**

Non-IMGs rated family and community ties slightly higher, though this difference did not reach statistical significance.

23. *"Were there any other reasons for staying? Please list them.*

Responses from IMGs clustered into four main themes, ordered from most frequently cited.

1. Family and Personal Reasons

- Being now settled with family
- Strong pre-existing family ties
- Manitoba as a good place to raise children

2. Community Integration

- Feeling part of the community
- Commitment to serving the community
- Appreciation for local residents and staff who helped them establish themselves

3. Career and Professional Meaning

- Career satisfaction
- Interesting and rewarding patient population
- Remuneration and grant-based incentives

4. Location and Lifestyle

- Positive views of Manitoba and its communities
- Winnipeg seen as a good place to live
- Lower cost of living
- Shorter commute times
- Good work life balance

Non-IMG responses generate the same themes.

1. Family and Personal Reasons

- Being settled with family
- Strong family ties
- Manitoba as a good place to raise children

2. Community Integration

- Commitment to their community
- Feeling part of the community
- Being born in Manitoba

3. Career and Professional Meaning

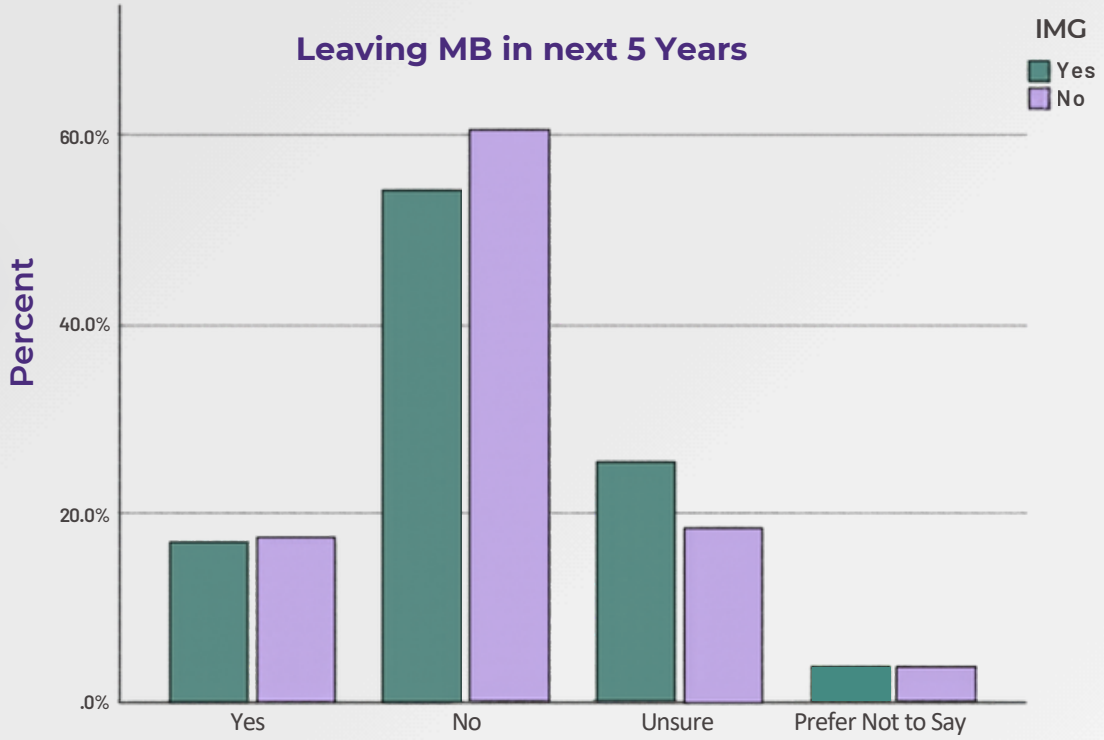
- Career satisfaction
- Remuneration and financial incentives
- Familiarity with the Manitoba health system
- Interesting patient population
- Availability of patient care resources
- Incentives from Doctors Manitoba
- Positive work environments

4. Location and Lifestyle

- Low cost of living
- Short commute times
- Difficulty re-establishing elsewhere
- Financial ties that anchor physicians to the province

Across both IMG and non-IMG respondents, the most frequently cited reasons for staying in Manitoba are rooted in **family stability** and a sense of **community belonging**. Both groups also highlighted **career satisfaction** and Manitoba's **lifestyle advantages**, including affordability and manageable commutes. Some differences were observed in how these reasons were emphasized: IMGs more often described **community support and belonging** as central to their decision to stay, while non-IMGs more frequently cited **financial ties** and being **born or long-established in the province**. Overall, retention for both groups is driven primarily by **personal and community factors**, supported by professional fulfillment and Manitoba's livability.

24. *"Are you considering leaving Manitoba within the next five years?"*



17.1% of respondents are considering leaving Manitoba within the next five years. The proportions of those considering leaving are not significantly different between IMG (16.8%) and non-IMG (17.4%) respondents (p = 0.580).

Respondents provided free text responses to expand on reasons for considering leaving the province. Across both IMGs and non-IMGs, workplace culture, health-system dysfunction, and lifestyle/family factors were cited as significant factors:

- Toxic or unsupportive work environments
- Dissatisfaction with leadership
- Under-resourced health-care settings
- Burnout
- Lifestyle factors, including weather and perceptions of better opportunities elsewhere
- Family relocation or retirement

IMG respondents raised several concerns unique to their group, including **challenges obtaining permanent residency, licensing barriers, restrictions on practice roles, and experiences of discrimination**.

General comments about the transition period

25. *"Is there anything else you would like to share about your experience?"*

There was a wealth of information and ideas from this question with an especially large number of responses from IMG respondents.

Responses highlighted variability in practice culture. Some physicians described supportive colleagues, accessible mentors, and effective onboarding. Others described isolation, lack of feedback, poor orientation, hierarchical power dynamics, exclusion, differential treatment, and environments perceived as unsupportive or exploitative. This variability is important because it suggests that positive transition-to-practice experiences currently depend too heavily on local circumstances rather than consistent expectations across the system. Onboarding, mentorship and peer support are clear protective factors, but current offerings are also inconsistent.

Here are key themes with associated quoted examples:

KEY ISSUES IDENTIFIED (with major contribution from IMG respondents; italicized text are dominant themes unique to non-IMG respondents)

A. Challenges in a Vulnerable Transition Period

1. Financial strain
   a) Multiple exams with long waits between retakes, low-income bridge employment, young families, high cost of living

2. Isolation
   a) Away from family in home country
   b) Training location away from family

3. Emotional Distress
   a. Immigration stress

"one of the most difficult things I have done in my career"

"I cried almost every day… no one thought I belonged"

B. Gaps in Mentorship, Professional Integration and Alignment

1. Inconsistent Mentorship and Early Career Support
   a) Mentorship consistently identified as an important protective factor
   b) Availability, engagement, location, and supportiveness of mentors are variable
   c) Reports of negative supervisory experiences perceived as inequitable or discriminatory

2. Barriers to Professional Integration and Peer Networks
   a) Reliance on informal networks (e.g. for specialist referrals)
   b) Uneven access to peer support, peer support groups

3. *Variability with registrant alignment with Practice Expectations and Professional Standards*
   a) Scope of practice expectations
   b) Cultural competence (e.g. LGBTQ inclusive care, Indigenous health awareness)
   c) Billing standards
   d) Gaps may reflect limited formal orientation to Canadian practice expectations and prior training contexts

"there are good people here who see your talent and mentor you — but you have to find them"

"supervisors ... were respectful, empathetic, and clear in their expectations... eased my transition."

"I believe it is important to connect ... with other IMGs... value in their shared experience that can help ease the transition into practice"

"lack of effort to connect sites locally — would help a lot with collegiality"

"family docs who will not provide gynaecological care (other docs in the clinic have had to take this over for their patients)"

"I honestly also see a lot of over billing so I think this should also be taught more formally"

C. Challenges in Practice Readiness compounded by Working Conditions and Isolation

1. *Variability in Early Practice Readiness*
   a) Observed inconsistencies in certain clinical areas (e.g. gynecology), reliance on peers for informal training
   b) Patient safety concerns during early practice especially where physicians are in high demand, limited resource, and independent settings
      i. Variability in medical training pre-immigration and insufficient rural/remote training in current IMG programs
      ii. Mismatch between practice demands and support structures

2. Professional and Social Isolation
   a) Reports of workplace and community perceived to be unwelcoming
   b) Family and social integration barriers
   c) Placements away from family

"they start out less prepared for practice... but are thrown into the most challenging locations"

"If CPSM wants to keep the public safe, it needs to have better diligence about deciding who is qualified, especially when working in remote areas."

"lack of resources to provide... services"

"not readily welcome by a community that is very closely knit"

"wife could not find work... ended up leaving town"

"financially... expensive... lived far from family"

D. Perceived inequities on an interpersonal, institutional, and structural level

1. Interpersonal
   a) Reports of discrimination, harassment, being held to a different standard
   b) Perceived lack of trust and professional credibility from colleagues and patients
2. Institutional
   a) Concerns regarding fairness and transparency of institutional processes
   b) Perceived uneven access to opportunities, training, advancement
   c) Perception of being undervalued by leadership
3. Structural
   a) Uniform assessment and credentialing processes may not fully account for prior training, clinical experience and specialty expertise

"held to different standards"

"patients... respect doctors graduated from Canada more"

"IMGs are treated differently... undermine their value"

"racism... abusive chief of staff"

"RHAs have been mean- I feel excluded and unwelcome, never complimented or cheered on in ... years."

"I have no access to university resources and training opportunities due to bureaucracy"

"IMGs should be assessed in their area of practice than creating hurdles asking them to clear exams that has no relevance to their practice."

"after 4 years of practice in Manitoba... I should be granted full licensure without all these conditions...costly..."

"the expectation to study like a resident again and redo exams or work under supervision etc, discourages them."

E. Identified Protective Factors

1. Psychological safety

- Inclusion, appreciation, being valued, being needed, trust from colleagues and patients

2. Sense of belonging

- Welcoming community and RHA
- Family and spousal integration into community
- Supportive colleagues, supervisors and mentors
- Peer Networks including IMG to IMG

3. Motivated by desire to reciprocate to community and work team which provided IMG with opportunities and welcoming attitude

"Amazingly welcomed by my future hospital colleagues"

"The medical community was very accepting of my training and made the transition very easy."

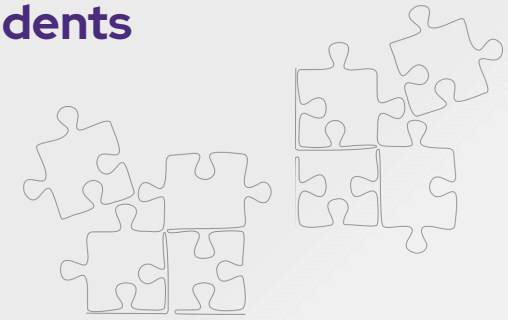
"Living and practicing here with my family, in a stable and welcoming environment, has greatly contributed to my professional satisfaction and personal well-being."

"I love the community I am serving"

"my wife also started working at the same time... Other colleagues have struggled... because their wives could not find work"

"I have had a good experience and believe its time to give back"

Recommendations from respondents



1. Support for transition period

a) Financial loans
b) Vocational counseling and support (pre-entrance to IMG programs)
c) Newcomer/Immigration support



2. Formalize and enrich mentorship, peer networks, and professional integration

a) Formal mentorship
   i. Local mentor to help with practice navigation
   ii. Established IMG mentor with shared lived experience
   iii. Provide mentors with protected time and fair compensation
b) Formalize professional community network integration
   i. Handbook with names, contacts, photos
   ii. Orientation to referral processes and network
c) Support peer networks for social integration
   i. Community/RHA hosted social events to welcome and introduce IMG
   ii. Social media interest and support groups
d) Reassessment of current IMG onboarding programs
   i. Structured onboarding
   ii. Supervision
   iii. Mentorship
   iv. Progressive autonomy and check-in may be a missing piece

3. Improve Working Conditions

a) Ensure appropriate training and competency assessments prior to rural and remote placements
b) Collaborate with system partners (RHAs, Shared Health) to ensure availability of clinical supports and backups in place for IMGs especially in remote and under resourced areas (e.g. access to calling a senior colleague, specialists, without the usual pushback typically seen at tertiary centers)
c) Supervision models in challenging high demand under resourced areas
d) Prioritize keeping families together
e) Family integration supports (social, employment)





4. Cultural Shift: System wide EDI and IMG integration initiatives

a) Initiatives for physicians, leaders, and staff to improve understanding and perceptions of IMGs
   i. More IMGs in leadership roles
   ii. Training and monitoring of those who play vital roles in new IMG integration

b) Anti-discrimination policy with clear non-biased pathways for reporting and accountability processes

c) Initiatives to improve public perceptions of IMGs and establish trust

d) Ensure transparent and high-quality assessment and licensure requirements for IMGs to help build public trust
   i. Current perceptions of undue government influence potentially impacting standards of competency





5. Ensure fairness and respect from regulatory bodies and leadership

a) Fairness in policies towards IMGs from different countries
   i. Perception of unfairness with fast-tracked IMGs from e.g. US, UK

b) Recognize unique backgrounds of IMGs and avoid one size fits all assessment pathways
   i. Practice relevant workplace-based assessment models > RCSPC requirements

c) Promote leadership accountability, transparency, and renewal mechanisms

d) Strengthen feedback and accountability
   i. Regular IMG experience surveys
   ii. Transparent response systems
   iii. Anonymous reporting channels

e) Institutions working together to support IMGs, avoid conflicting or redundant processes
   i. E.g. CPSM, RHAs, Shared Health, University, Government

Part III – Deliverables

Recent work in registration and licensing

Across both focus group sessions, participants described what they perceived as excessive bureaucracy and delays in obtaining registration, licensure and employment, such as difficulty securing job offers, complex paperwork, additional examination and assessment requirements, and system fragmentation sometimes leading to multi-year delays in starting practice. Survey data indicated that registrants often experience uncertainty, delays, inconsistent or inaccessible information, and significant administrative and financial burden in the registration process.

These findings signalled a need for clear published information about registration and licensure pathways, to examine pathways for efficiency and simplification opportunities where appropriate. Findings also support continuing our already ongoing work to modernize our licensure pathways to better enable recognition of demonstrated competencies and accommodate differing scopes of practice, while ensuring safe integration into Manitoba's healthcare system.

CPSM has been undertaking significant recent regulatory modernization efforts, particularly in parallel with and informed by the efforts of the IMG Working Group. These have been aimed at reducing barriers that previously affected many IMGs and ITPs:

- The IMG Program began counting Clinical Assistant experience toward MLPIMG recency of practice requirements in 2020.
- Removal of the LMCC requirement in 2023 (this work predated the IMG Working Group).
- Recognition of Royal College SEAP pathways to full registration in 2023.
- Recent amendments in 2025 recognizing American Board-certified physicians for full licensure.
- The creation of the Provisional (Other Approved Training) Class in June of 2026.
- The PRA MB-EM (Emergency Medicine) was established in June of 2026.

These changes reflect a deliberate shift toward competency-based regulation and away from requirements that may have limited evidence of added public-protection value.

The most significant current evolution is CPSM's new Approved Jurisdiction framework (approved by Council in August of 2026). CPSM is moving toward a model where jurisdictions can be formally recognized based on factors such as:

- Undergraduate medical education standards.
- Postgraduate training accreditation.
- Certification systems.
- Regulatory oversight.
- Continuing competence requirements.
- Governance and public protection safeguards.

Under this approach, physicians from jurisdictions deemed substantially equivalent may become eligible for direct or expedited licensure pathways. This aligns Manitoba with a broader pan-Canadian movement toward approved-jurisdiction models already adopted elsewhere in Canada.

Finally, CPSM is engaged in significant revision to our website materials to enhance accessibility.

The New Orientation Program

One of the Working Group's primary deliverables was the development of a new orientation program for physicians entering practice in Manitoba. This was accomplished, and the first session was delivered in January of 2026. It is delivered in person over two days.

The orientation was designed to provide practical, Manitoba-specific information that supports safe, confident, and effective transition into practice. Although developed in response to the experiences of IMGs and ITPs, the orientation is relevant to any physician entering a new Manitoba practice environment, particularly those with limited prior experience in the province's health system, regulatory framework, and practice expectations. With this in mind, CPSM is now considering expanding this offering to all new physician registrants.

The purpose of the orientation is to help physicians understand the systems, standards, relationships, and professional expectations that shape medical practice in Manitoba. The program is designed to reduce uncertainty, support patient safety, promote professionalism, and help physicians connect with the practical resources and supports they need as they enter practice.

The orientation program is organized around topics identified as important to safe and effective entry into practice. These include the structure of Manitoba's health system; CPSM's role, standards, and expectations; the complaints and investigation process; duty-to-report obligations; cultural safety and reconciliation; interprofessional communication; safe prescribing; documentation; referrals and transfers of care; billing and remuneration models; practice models; physician wellness; and local practice-setting expectations.

The orientation also provides an opportunity to introduce physicians to the broader culture of medical practice in Manitoba. This includes expectations related to respectful interprofessional relationships, patient-centred communication, trauma-informed care, working with Indigenous patients and communities, responding to discrimination or harassment, seeking support, and understanding the responsibilities that come with professional self-regulation.

The specific agenda items are as follows:
·CPSM Structure and Self-Regulation

- Standards of Practice and Good Medical Care
- Patient-Centred Care and Communication
- Safe Prescribing
- Reconciliation and Anti-Indigenous Racism
- Equity, Access, and Participation
- Documentation and Medical Records
- Workplace Culture and Collaborative Practice
- Manitoba Healthcare System Overview
- CMPA Resources and Professional Supports

The orientation sessions delivered to date have been very well received and highly engaging. Participants have had meaningful opportunities to interact directly with the people who work at CPSM, better understand the organization and its role, and make personal connections that help demystify the regulator and support a more approachable and trusted regulatory relationship.

The orientation program is being treated as an evolving program rather than a one-time product. Refinements have been made after each iteration.

CPSM is considering how it can evaluate whether the orientation improves

participants' understanding of Manitoba practice, CPSM expectations, reporting pathways, cultural safety obligations, and available supports. To date, participant feedback has been very positive based on in-person comments and CPD surveys. CPSM is considering a subsequent survey after a period of six months following completion of the orientation.

The New Standard of Practice for Entering Practice

The Working Group heard that orientation, mentorship, supervision, feedback, and workplace support are often inconsistent across practice settings. Some physicians described supportive and collegial environments, while others described isolation, unclear expectations, lack of feedback, discrimination, racism, harassment, or fear of raising concerns. These experiences showed the need for a clear regulatory standard that sets expectations for physicians entering practice and for the physicians, leaders, and teams receiving them.

To this end, a second major deliverable of the Working Group was the development of a new Standard of Practice for Entering Practice in Manitoba. The Standard responds to a central finding of the Working Group: successful entry into practice is not only a matter of individual physician competence or registration status. It also depends on whether physicians are supported to understand local systems, regulatory expectations, clinical workflows, team relationships, and the professional culture of the practice environment they are entering.

View the Standard of Practice for Entering Practice in Manitoba.

The Standard is grounded in the professional obligations reflected in CPSM's Code of Ethics and Professionalism. Those obligations include practicing competently, communicating respectfully, supporting continuity and quality of care, treating colleagues and patients with dignity, responding appropriately to concerns, and contributing to a professional culture that supports patient safety. The Standard translates those broad ethical and professional duties into more specific expectations for physicians entering or receiving physicians into a new practice environment.

Pursuant to the Standard, physicians entering a new practice environment are expected to take reasonable steps to understand the local systems, standards, resources, and expectations relevant to their practice. This includes becoming familiar with CPSM standards and practice directions, local clinical workflows, documentation and prescribing expectations, referral and transfer processes, communication norms, available supports, and any supervision, monitoring, or mentorship requirements that apply. Physicians are also expected to ask questions, seek feedback, participate in orientation, and identify areas where they need additional support.

The Standard also recognizes that successful integration is a shared responsibility. Physicians, leaders, and teams receiving a new colleague should provide clear expectations, practical orientation, reasonable access to policies and procedures, opportunities for questions, constructive feedback, and appropriate supervision or mentorship where required. Receiving environments should not assume that a physician's prior experience automatically includes familiarity with Manitoba's health system, CPSM expectations, local documentation and

prescribing practices, practice management processes, or interprofessional team norms.

The Standard emphasizes that physicians entering or receiving colleagues into a practice environment must contribute to respectful interprofessional relationships. Respectful relationships include clear communication, appropriate recognition of the roles and expertise of others, timely response to concerns, and conduct that supports trust within the team. This expectation is important for patient safety and for creating practice environments where new physicians can learn, ask questions, and raise concerns without fear of humiliation or retaliation.

The Standard clarifies that orientation should be practical and relevant to the physician's actual practice setting. Where supervision, monitoring, mentorship, or feedback arrangements are required or appropriate, they should be clear, constructive, and proportionate to the physician's role, training, experience, and registration status. Feedback should be provided in a way that supports learning and improvement, identifies concerns early, and helps physicians meet expected standards of practice.

The Standard addresses the conditions needed for physicians to enter practice safely and successfully. It reinforces expectations related to cultural safety, anti-racism, respect, and psychological safety. Physicians and practice environments should take concerns about discrimination, harassment, differential treatment, and retaliation seriously, and should support accessible pathways for raising concerns. These expectations are consistent with the Working Group's findings that workplace culture directly affects integration, retention, physician well-being, and patient care.

Moving forward, the plan is for CPSM to communicate the Standard clearly to physicians, supervisors, medical leaders, employers, and health-system partners. This will include plain-language guidance, scenarios, resources, and onboarding tools that can help translate the Standard into practice as part of the Contextual Information attached to the Standard.

CPSM will further explore how the Standard can inform supervision expectations, practice administration expectations, physician health and wellness supports, and future work with health-system partners on respectful workplaces and retention.

Part IV – Next Steps and Recommendations

The Working Group's findings point to a practical path forward, with significant progress having already been accomplished. CPSM has already taken important steps as described in this Report. The next phase should focus on implementation, evaluation, communication, and continued collaboration with external partners.

The recommendations below are organized into actions within CPSM's control, actions requiring collaboration with partners, and longer-term policy or system considerations.

Actions within CPSM's control

1 Continued maintenance and evaluation of the new CPSM orientation program.

CPSM has established a two-day mandatory standardized orientation curriculum for newly registered physicians who have less than one year of practice in Canada (including residency or fellowship training). The program is described above in this report, and prioritizes topics that registrants identified as needs as per the survey.

Recommendations:

- The program should be maintained and potentially expanded to include all physicians entering independent practice in Manitoba. It is important that content be continuously updated to remain relevant and addresses known pitfalls manifesting early in practice.

- CPSM should establish an evaluation framework to assess whether the orientation was useful, and improves understanding of Manitoba's health system, CPSM expectations, reporting pathways, cultural safety obligations, and available supports. This should include circulating a needs assessment survey for orientation needs and feedback about the orientation delivery, at regular intervals.

2 Implementation and operationalization of the Standard of Practice for Entering Practice in Manitoba, including developing helpful Contextual Information.

- CPSM should devote resources to the implementation and operationalization of the new Standard of Practice. Implementation should include clear communication to registrants, supervisors, medical leaders, employers, and external partners.

- CPSM should also develop practical tools to support implementation, such as plain-language guidance, onboarding checklists, helpful scenarios, frequently asked questions, and examples of reasonable orientation, supervision, mentorship, and feedback arrangements. This can be included in the Contextual Information or as part of other CPSM programs and initiatives.

- CPSM may further develop accessible resources that explain important regulatory expectations in practical terms, which could include podcasts, videos, modules, or advice documents. These should address topics raised in the survey responses. Priority topics should include CPSM's role, professional self-regulation, standards and practice directions, duty-to-report obligations, CPSM's accountability processes, and continuing professional development. They should also address prescribing, documentation, practice locations, and ways to seek guidance. These resources should be prepared for registrants who may be unfamiliar with Manitoba's regulatory system and should also be useful to Canadian-trained physicians entering new practice settings.



Continued review of registration pathways and supports through a fair-registration and patient-safety lens.

- CPSM should continue to review registration pathways and supports affecting IMGs and ITPs, including areas where requirements may be difficult to understand, duplicative, inconsistently communicated, or not clearly connected to risk. Any review should maintain appropriate safeguards for patient safety while identifying opportunities to reduce unnecessary barriers, improve transparency, and better recognize prior training and experience where appropriate.



Expansion and improvements respecting CPSM's mentorship requirement.

Mentorship for one year is required for provisional registrants who have participated in the MLPIMG or a PRA program in Manitoba. The University of Manitoba administers the Mentorship Program, which include orientation and training for mentors, and has a structured program over the course of the year. Mentorship is designed to be supportive and focused on provide help entering practice in Manitoba.

Recommendations:

- This program functions well, but it would be useful to find ways to make it accessible to all registrants entering practice in Manitoba or to develop a similar program for this purpose. For example, ITPs from recognized or approved jurisdiction who do not require further training or assessment presently cannot avail of the mentorship program, which would be of benefit to them.

- There is also some suggestion that enhanced mentorship training might be helpful. Standardized training for mentors including professional expectations on providing guidance and feedback and maintaining a respectful and supportive work environment is essential.

- CPSM should ensure a quality assurance mechanism is established for mentorship including evaluations and feedback loops.

- Reasonable measures should be taken to ensure mentors are appropriately compensated to recognize the time and effort involved in supporting IMG and ITP integration, and to incentivize high-quality, consistent mentorship.



CPSM's supervision requirement

- Survey and focus group findings indicate required supervision could be improved by making it more structured, consistent, and explicitly developmental rather than simply a condition attached to provisional registration. While CPSM does have a workshop for practice supervisors, this report suggests that supervisors should receive clearer preparation about their role, the registrant's background and pathway, CPSM expectations, and the purpose of supervision during the transition period. Standardized training for supervisors including professional expectations on providing guidance and feedback and maintaining a respectful and supportive work environment is essential.

- Consideration should be given to having supervision plans include early orientation to the local practice setting, regular scheduled check-ins, direct opportunities for observation and feedback, and clearer documentation of progress, concerns, and supports provided.

- The supervision process should also distinguish between oversight for patient safety and mentorship for integration, so that registrants receive both appropriate accountability and practical support.

- CPSM, employers, and practice sites should work together to ensure that supervision quality is monitored, supervisors are supported, and registrants have a safe way to raise concerns where supervision is inconsistent, unclear, or not meeting its intended purpose.

- CPSM should ensure a quality assurance mechanism is established for practice supervision including evaluations and feedback loops.

- Reasonable measures should be taken to ensure supervisors are appropriately compensated to recognize the time and effort involved in supporting integration, and to incentivize high-quality, consistent mentorship.

6 Data tracking and quality-improvement cycle

- CPSM should use the survey results as a baseline for future evaluation. In this regard, CPSM should continue to engage registrants with lived experience of entering Manitoba practice, as well as supervisors, mentors, medical leaders, and receiving practice environments. Continued engagement will help CPSM assess whether the orientation program and Standard of Practice are meeting their intended purposes, identify emerging issues, and ensure that future improvements are grounded in practical experience.

- Over time, CPSM should monitor orientation participation, participant feedback, registrant satisfaction, retention indicators, themes from complaints or practice-support matters, and recurring questions from new registrants.

- Improved data collection will help CPSM assess whether its interventions are reducing uncertainty, supporting safe practice, and improving the experience of registrants entering Manitoba practice.

- The orientation program, Standard of Practice, survey findings, and Working Group recommendations should not be viewed as the end of CPSM's work on IMG and ITP integration. They should form the foundation for an ongoing cycle of implementation, evaluation, learning, and refinement.

Actions requiring collaboration with health-system partners and practice settings

1 Collaborate with partners to strengthen orientation, onboarding, mentorship, and local practice supports.

The findings in this report align with the literature review in several respects. The survey findings confirm the literature's central conclusion that successful transition into a new practice environment depends not only on the individual physician's adaptability or competence, but also on the quality of the receiving system.

Consistent with the reviewed studies, respondents identified practical orientation to local systems, clear expectations, mentorship, constructive feedback, collegial relationships, culturally safe practice environments, and community belonging as key conditions for successful integration.

Recommendations:

- CPSM should collaborate with Shared Health, regional health authorities, medical leaders, employers, supervisors, and other practice sites and partners to promote and develop support programs and resources including:
  i. more consistent system and site-level onboarding, orientation, and mentorship for physicians entering new practice environments,
  ii. peer networks,
  iii. supports for life outside medicine (resources for hobbies, spouse and
  iv. facilitated integration into communities and social events.
  This should include clearer expectations for local orientation, practice-setting introductions, access to policies and procedures, structured feedback, and appropriate mentorship or supervision.
- Promote protective factors, including valuing, trust, belonging, appreciation, through leadership training and workplace culture initiatives.
- Encourage health system partners responsible for practice placements to prioritize family unity as a key factor that supports IMG wellbeing and successful retention.

2 Ensure safe and sustainable practice conditions

- Encourage RHAs to assess site specific practice-readiness before placing IMGs new in practice in high-demand or under-resourced environments.
- Integrate education on employment rights into orientation and onboarding including work hour protections, vacation entitlements, leave policies, to reduce burnout and address perceptions of inequity.
- Promote awareness of available supports including physician wellness programs and avenues for confidential advice when workplace issues arise.
- To address professional isolation, encourage team-based practice settings with supported progressive autonomy in rural practice placements whenever possible.

3 Collaborate on respectful workplace, reporting, and anti-discrimination supports

The Working Group's findings show that discrimination, racism, harassment, differential treatment, and fear of retaliation affect transition to practice, physician well-being, and retention. These findings mirror the literature on racism and discrimination by showing that workplace culture, psychological safety, reporting confidence, and the extent to which IMG skills and experience are recognized can materially affect integration, well-being, and retention.

Recommendations:

- CPSM should work with health-system partners to clarify reporting pathways, reduce barriers to reporting, support psychologically safe processes, and reinforce expectations for respectful and culturally safe practice environments.

- Addressing systemic barriers and discrimination and promoting equity should include:

  i. Embed equity-focused expectations into professional standards, emphasizing respectful workplace culture and recognition of diverse training backgrounds.
  ii. Implement education and awareness initiatives for registrants, leadership, and the public that highlight IMG training pathways, assessment and licensure requirements, competencies, successes, and invaluable contributions to Manitoba's health system.
  iii. Implement anti-discrimination policies with clear non-biased pathways for reporting and accountability of processes.
  iv. Promote a culture of collaboration among leadership health institutions working together to support IMG success and avoid conflicting or redundant processes.

- This work should align with broader system initiatives related to equity, anti-racism, Indigenous cultural safety, physician wellness, and workplace professionalism.

4 Support retention by addressing professional and community integration

Community integration is considered a core component of successful entry into practice for ITPs and IMGs, rather than a secondary or optional support. Evidence consistently demonstrates that professional success and physician well-being are strongly influenced by the extent to which they and their families become integrated into the communities in which they practice.

Recommendations:

- CPSM should encourage system partners to consider how family settlement, community connection, workload, professional relationships, mentorship, and workplace culture affect whether physicians remain in Manitoba. While many of these factors are outside CPSM's direct control, they are relevant to the province's ability to retain physicians and maintain access to care, particularly in rural, northern, remote, and underserved communities.

Conclusion on recommendations:

As indicated in the introduction to this report, the above recommendations are intended to move CPSM and its system partners from problem identification to practical, coordinated action.

The evidence reviewed by the IMG Working Group, together with the focus group and survey findings, shows that successful entry into practice for IMGs and ITPs depends on more than registration eligibility alone. It requires clear regulatory information, structured orientation, effective practice-site onboarding, informed supervision and mentorship, respectful workplace cultures, safe reporting pathways, and supports that recognize the personal and community dimensions of relocation and integration.

While CPSM has a central role in setting expectations, developing regulatory resources, implementing the new Standard of Practice, and maintaining the orientation program, many of the barriers identified in this report require collaboration with health-system partners, employers, practice sites, the University of Manitoba IMG Program, Doctors Manitoba, and government. The recommendations should therefore be understood as a shared framework for improving the transition into Manitoba practice, strengthening patient safety, supporting physician wellbeing and retention, and ensuring that internationally trained physicians are welcomed, valued, and enabled to contribute fully to Manitoba's health system.

In parting, the measure of a fair and compassionate health system is not only how it assesses those who come to serve, but how it welcomes them, supports them, and makes room for their full contribution to the communities that need them.



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