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• (1105)

[*Translation*]

The Chair (Hon. Hedy Fry (Vancouver Centre, Lib.)): I call this meeting to order.

Welcome to meeting number 12 of the House of Commons Standing Committee on Health.

[*English*]

We recognize that we meet on the unceded territory of the Algonquin Anishinabe.

Today's meeting is taking place pursuant to the Standing Orders.

I would like to remind participants of the following housekeeping points. Please wait until I recognize you by name before speaking.

I'll remind you that all comments should be addressed through the chair. For members in the room, if you wish to speak, raise your hand. The clerk and I will try to see it early enough that we can recognize you.

Pursuant to the motion adopted on Tuesday, September 23, 2025, this committee will resume the study of the impact of immigration policy on health care and barriers to integration internationally.

Now I would like to welcome our witnesses.

Welcome to the Honourable Marjorie Michel, Minister of Health, and with her the officials from Health Canada: Greg Orenesak, deputy minister; Jocelyne Voisin, senior deputy minister; and Michelle Owen, executive director.

Welcome also to the Honourable Lena Metlege Diab, Minister of Immigration, Refugees and Citizenship, and with her the officials from the department: Louise Baird, senior assistant deputy minister, strategic policy; and Suyoung Park, assistant deputy minister, economic programs.

Ministers, you each have five minutes. This will be a continuous meeting. After your five minutes, we'll be open for questions and answers. I will give you a one-minute and then 30-second shout-out, and I do mean literally a shout-out. You can then wrap up what you have to say.

Thank you very much.

I will begin with the Minister of Health.

Minister Michel, you have five minutes, please.

[*Translation*]

Hon. Marjorie Michel (Minister of Health): Thank you, Madam Chair.

Good morning, members of the committee.

[*English*]

Thank you for inviting me today, and thank you for the important work you are doing as a committee.

[*Translation*]

Thank you for the opportunity to speak as part of the study on the international accreditation of internationally trained health professionals and their integration into the Canadian health care system.

[*English*]

Canada's strength comes from its people, and our health is the cornerstone of our success. Across the country, our health care system continues to face unprecedented workforce pressures. While the supply of health professionals is growing, demand is rising even faster. Many internationally educated health professionals want to contribute their skills, but they face lengthy, costly and complicated credential recognition processes. About one-third of internationally educated health professionals in Canada are employed outside their field.

[*Translation*]

This represents both a workforce challenge and a missed opportunity to strengthen Canadians' access to health care. It's also a call to action for all levels of government. Together, we can do more to help foreign-trained professionals put their skills to work for Canada more quickly and effectively. Our government is taking action on that.

In the recently tabled budget 2025, we announced the creation of the foreign credential recognition action fund, to which we will allocate \$97 million over five years, starting in 2026-27. This fund will aim to help skilled immigrants get their professional credentials recognized more quickly, particularly in high-demand sectors such as health care and construction. This is done in collaboration with the provinces and territories. The goal is to unlock the economic potential of immigrants by reducing the understaffing caused by barriers to credential recognition.

[English]

This is work the federal government must do in partnership.

I recently met with my provincial and territorial counterparts at the health ministers' meeting, where we discussed our efforts to remove barriers and help more internationally educated health professionals join the workforce. Provinces and territories have also been working to develop innovative models for foreign credential recognition processes in their own jurisdictions, and we are seeing good results across the country.

The federal government is currently signing agreements with colleges for internationally educated health professional projects. Alberta has been seeing many new foreign-trained doctors joining their workforce. B.C. is now streamlining doctors and nurses from the U.S. Ontario also has also a similar program. I could give many other examples of what we can do when we come together as a country.

• (1110)

[Translation]

Throughout our history, we have opened our doors to people from abroad.

[English]

The Chair: You have one minute.

[Translation]

Hon. Marjorie Michel: Canada embodies the values that the world aspires to. Because we are Canadians, we take care of each other and we look out for each other. When Canadians are healthy, they can take care of their families, contribute to their communities and keep our economy strong.

[English]

By working together, we can help more internationally educated health professionals put their skills to work faster and more efficiently across the country, and ensure that Canadians get the care they need, when and where they need it.

The Chair: Thank you very much, Minister.

I now go to Minister Diab.

You have five minutes, please, Minister.

Hon. Lena Metlege Diab (Minister of Immigration, Refugees and Citizenship): Thank you, Chair.

Good morning, colleagues.

Canadians expect timely access to quality health care. Across the country, there are workforce challenges to finding doctors, nurses and other providers. While health care delivery falls to provinces and territories, immigration supports those efforts by helping to bring skilled professionals into the system faster. Immigration alone will not solve these challenges, but it is a vital part of the solution—strengthening care for Canadians.

Dan Mazier (Riding Mountain, CPC): I have a point of order.

The Chair: We have a point of order.

Yes, Mr. Mazier, go ahead.

Dan Mazier: ParlVU is not recording this meeting. The public's not seeing this.

The Chair: Minister, excuse me. We'll suspend until we find out what's going on.

• (1110)

(Pause)

• (1115)

The Chair: I want to inform the committee that, apparently, this is happening with a lot of committees this morning. It's the slowness of the Internet. However, I gather that this is still on television. It may not be on ParlVU, but it's on television, so people can see it if they look.

I think we will go back. I think the Conservatives have said they're okay with that. Is the Bloc okay with that, Madame Larouche? Okay. Thanks.

All right, we're resuming. Minister Diab, I'm going to start with you. You had just a couple of seconds, so it's back to five minutes. Thank you.

Hon. Lena Metlege Diab: Thank you, Madam Chair.

Good morning, committee colleagues.

Canadians expect timely access to quality health care, but across Canada, we are facing workforce challenges to finding doctors, nurses and health care providers. While health care delivery falls to provinces and territories, immigration supports those efforts by helping to bring skilled professionals into the system faster. Immigration alone will not solve these challenges, but it is a vital part of the solution—strengthening care for Canadians.

[Translation]

Our government's mandate is clear: to attract the world's best talent while maintaining immigration levels that are sustainable and suited to Canada's capabilities.

In health care, this means working with provinces and territories to attract and retain the professionals that Canadians rely on every day.

[English]

Both temporary and permanent immigration pathways help to meet those needs. For example, through the global skills strategy, my department helps Canadian employers bring in highly skilled workers faster. Originally designed for the tech sector, it also helps to fill critical health care roles more quickly, from doctors and registered nurses to their spouses, who benefit from expedited work permit processing.

Thousands of skilled workers who came through this program are now permanent residents, contributing to our workforce and our communities. Our new international talent attraction strategy builds on these efforts, positioning Canada to meet strategic labour market needs and helping employers recruit high-skilled workers faster in sectors like health care, construction, emerging technology and artificial intelligence. This focused approach brings global expertise where it's needed most, which is to strengthen Canada's workforce and economy.

[*Translation*]

International students play a critical role in Canada's health care talent pool. Nearly 60,000 international students are currently enrolled in a health care-related program.

Through the postgraduate work permit program and other temporary work streams, many are gaining Canadian experience and choosing to stay here, contributing their skills and knowledge to communities across the country.

[*English*]

Federal and provincial permanent residence programs are helping more health professionals to make Canada their home. Over 11,000 arrived in 2024 and another 8,000 so far this year. Express entry and provincial nominee programs are building a stronger, more resilient health workforce across the country. With higher provincial nominee admission targets in 2026, provinces are positioned to welcome practice-ready health professionals to support their communities.

• (1120)

[*Translation*]

Attracting people is only part of the equation.

My department is working with Employment and Social Development Canada, provinces, territories and regulators to align immigration pathways with credential recognition.

The regional licensing model adopted in Atlantic Canada shows that collaboration reduces barriers and helps qualified professionals start working more quickly.

[*English*]

We're taking a balanced approach to immigration—one that strengthens our economy, that respects community capacity and that restores balance and confidence in the system. That includes supporting francophone communities by welcoming more health care professionals who live and work in French.

The Chair: You have one minute.

Hon. Lena Metlege Diab: Every nurse, doctor and health professional who chooses Canada strengthens our health system and the communities they serve.

[*Translation*]

Thank you very much.

[*English*]

I look forward to questions.

The Chair: Thank you very much, Minister.

Now we go to the question and answer session. The first one is a six-minute round, and the six minutes includes the question and the answer. If everyone can be as succinct as they can, we can get in a whole lot of questions easily.

Dan Mazier: Just before the clock starts—

The Chair: Pardon me, but is this a point of order, Mr. Mazier?

Dan Mazier: It's just a point of clarification. Can both ministers be here for the full two hours?

Hon. Lena Metlege Diab: I will be here until one o'clock.

The Chair: Yes. I sent you a note saying that, Mr. Mazier.

Dan Mazier: Things change. I just wanted to get confirmation.

Thank you very much.

The Chair: We will begin for six minutes, please, with Mr. Mazier from the Conservatives.

Dan Mazier: Thank you, Chair, and thank you, ministers, for coming here today.

Who is responsible for ensuring that immigration levels match health care capacity? Is it you, Minister Diab, or is it Minister Michel?

Hon. Lena Metlege Diab: Certainly, as the Minister of Immigration, Refugees and Citizenship, my role is hopefully clear and understood by now. It is to manage our immigration system. We just put a levels plan together, which is done on a yearly basis. We have targets for permanent residents and for temporary residents. We now have an attraction strategy and francophone targets.

Dan Mazier: Who is responsible, though, for the immigration levels to match health care capacity? Is it either one of you?

Hon. Lena Metlege Diab: The way it works is that immigration is a shared provincial-territorial-federal jurisdiction—

Dan Mazier: Is it yes or no?

Hon. Lena Metlege Diab: —so we work with the provinces and territories with respect to that.

Dan Mazier: Minister Diab, do you consider Canada's existing health care capacity before setting federal immigration levels?

Hon. Lena Metlege Diab: We have extensive consultations that happen. I personally did some as well, all summer long. As part of that, those take in stakeholders from the health care sector.

Dan Mazier: You do consider it.

Hon. Lena Metlege Diab: Of course, everything is considered.

Dan Mazier: How many more patients can our health care system handle this year, according to your department's analysis?

Hon. Lena Metlege Diab: That's not a fair question for immigration.

Dan Mazier: Minister, you just said that you do consider it, so you must do some analysis.

Hon. Lena Metlege Diab: What I said was that we have extensive consultations that occur on a yearly basis when we set our target levels for permanent residency and temporary residency. We take all the stakeholders' views—most importantly provinces, territories, municipal partners, economists and many different industry stakeholders.

Dan Mazier: Do you know if your department does this analysis for the immigration levels?

Hon. Lena Metlege Diab: Ms. Baird, please go ahead.

Louise Baird (Senior Assistant Deputy Minister, Strategic Policy, Department of Citizenship and Immigration): A lot of the information that we get that's related to the health care system is in fact from working closely with the provinces.

Dan Mazier: Do you do analysis or don't you?

Louise Baird: We ask capacity questions of our provincial counterparts. They provide some of that information to us.

What we did hear overwhelmingly during our consultations was that people were looking to use immigration to bring in health care workers.

Dan Mazier: You don't have any analysis of how many more patients can be served due to immigration.

Hon. Lena Metlege Diab: Again, the answer is pretty clear from my part. In the extensive consultations we've done with many across the country, the question that was raised was, how can IRCC facilitate, open pathways and work with—

• (1125)

Dan Mazier: That wasn't my question.

Hon. Lena Metlege Diab: —provinces and territories to bring in health care workers?

Dan Mazier: We'll get on to the next question.

The Chair: Mr. Mazier, will you allow the witness to answer the question?

Dan Mazier: She wasn't answering.

The Chair: That's not your decision to make.

Dan Mazier: Then she took a new question, but that's okay. I have another—

The Chair: Witnesses can answer how they choose. Thank you.

Dan Mazier: Minister Diab, how many Canadians don't have access to a family doctor in Canada right now?

Hon. Lena Metlege Diab: I'm going to turn that over to the health care, but again, that's a provincial.... I come from Nova Scotia. These are tracked. I used to be a provincial member of the legislature and a provincial minister. Those numbers are tracked provincially and territorially. I believe the committee knows that and I think most Canadians do.

Dan Mazier: You don't know, though.

Hon. Lena Metlege Diab: I'm a federal minister. I can go on the websites to check for you, if you'd like.

Dan Mazier: Minister Michel, how many Canadians don't have access to a family doctor right now? Just give a number, please.

Hon. Marjorie Michel: It's around six million people. It's 5.7 million, exactly.

Dan Mazier: Minister Diab, your government plans to admit over 450,000 permanent residents into Canada this year.

Can you confirm that every newcomer admitted under the immigration plan will have access to a family doctor upon arrival, yes or no?

Hon. Lena Metlege Diab: The number is not accurate. Our 2025 permanent residence number is 325,000.

Do you mind asking your question again?

Dan Mazier: Can you confirm that every newcomer admitted under your immigration plan will have access to a family doctor upon arrival, yes or no?

Hon. Lena Metlege Diab: Many who are arriving are doctors, physicians, clinicians, nurses and health care providers themselves, who are actually here to service Canadians.

Dan Mazier: Minister Diab, are you aware that Canada's population is growing faster than the supply of family doctors, yes or no?

Hon. Lena Metlege Diab: We have 41 million-plus in population. I'm pretty sure we don't have 41 million doctors.

Dan Mazier: It's the supply of family doctors. In other words, you are immigrating more people than there are family doctors able to serve Canadians.

Hon. Lena Metlege Diab: We can ask the analysts about the stats on that.

Dan Mazier: When the population grows faster than the number of family doctors, access to care gets worse. Can you agree on that?

Hon. Lena Metlege Diab: I think it depends on people's age, health and so on. I've been to many countries around the globe where it's not a question of a doctor to a—

Dan Mazier: Are you telling me you can't agree with that?

Hon. Lena Metlege Diab: There are a lot of collaborative care centres as well.

Dan Mazier: Thank you, Minister.

The Chair: I'd like the members of the committee to please remember that when you ask a question, you should allow for the answer.

Thank you.

I'll go to Mr. Eyolfson from the Liberals for six minutes.

Doug Eyolfson (Winnipeg West, Lib.): Thank you, Chair.

Ministers, welcome.

I'd like to get some clarification on whether this is coming from Minister Diab or Minister Michel.

There is a visa training program where medical students from other countries are entering residency positions. They are funded completely by their home countries; many of them are from Saudi Arabia. They bring their own funding and, in fact, their sponsors will also pay a stipend that will help fund the medical school.

There have been claims that these trainees are taking residency spots away from residents who would stay in Canada and practise. Is this true?

Hon. Lena Metlege Diab: I'm familiar with that program. A number of years ago, I was in a hospital with a family member, and I saw a lot of them talking; I actually saw some of the individuals that you may be referring to. These people are here in Canada doing tremendous service for Canadians.

Let me tell you specifically what I found out coming to this position but what I also knew but didn't really know about the technicalities as a Canadian.

These visa trainees are physicians who are sponsored by their own home countries to come to Canada to train under a postgraduate training agreement with the Canadian medical schools. In fact, we have one in Nova Scotia. Dalhousie has a great medical school, and we have them.

These visa training physician positions are funded by the foreign governments; that's number one. Those governments cover their costs related to their salary, any benefits and any other expenses. They are neither paid for nor are they supported financially with any Canadian-sourced funds.

What I will also say, because I wondered this at the time as well when I saw what they were doing, is the ones I'm referring to were in the cardiac unit. They do not compete for residency positions reserved for Canadians and permanent residents because these spots are not in competition and they are not under the matching system for the Canadian medical graduates.

• (1130)

Doug Eyolfson: Thank you.

Regarding the temporary foreign worker program, we have heard a lot of conflicting views on this. There are some who say we have too many. We've heard on the other side that there are a lot of temporary foreign workers in a lot of industries, but particularly in health care.

Minister Michel, there have been calls from some to actually scrap the temporary foreign worker program. What would be the effect on health care and the supply of health care workers if that were done?

Hon. Marjorie Michel: Well, honestly, I think a question about temporary foreign workers would be better put to Minister Diab.

Doug Eyolfson: Minister Diab, please go ahead.

Hon. Lena Metlege Diab: Temporary foreign workers serve Canadians, and there is definitely a purpose for them and a reason for them.

Let me give you some stats. On September 30, 16,060 temporary workers had valid permits to work in various health care occupations. Some were under the temporary foreign worker program;

others were under the IMP, which is the international mobility program. The top three under that program were specialists in clinical and laboratory medicine; nurse aides, orderlies and patient service associates; and registered nurses and registered psychiatric nurses.

We value their service and we thank them for that, and I know Canadians do, too.

Doug Eyolfson: Thank you.

Minister Michel, you were talking about the fund for training foreign credentialed health care workers to basically make sure that they are able to work in Canada. I just want to confirm that federal funding is a key part of this strategy.

Hon. Marjorie Michel: Yes, federal funding is a key part of this strategy, and we have to work with provinces and territories to make it happen.

Just to let you know, I've already spoken with the minister at ES-DC—

The Chair: You have 30 seconds.

Hon. Marjorie Michel: —and also with my own counterparts. I told them to talk with their labour ministers so they can all work together to make it happen.

Doug Eyolfson: Thank you very much.

The Chair: I now go to the Bloc Québécois.

[*Translation*]

Ms. Larouche, you have the floor for six minutes.

Andréanne Larouche (Shefford, BQ): Thank you very much to both ministers for being with us today and answering our questions.

I've been listening to the discussions that have taken place since the start of the meeting and I've read a bit about what was done previously. What I understand is that the health care system needs resources. I may come back to this a little later, in the next round of questions, but there's one aspect that hasn't been sufficiently addressed so far, and that's the underfunding of the health care system. This underfunding means that our resources can't be paid adequately. I think this is definitely related to the study we are conducting. Yesterday, parliamentarians voted on the budget. One of the Bloc Québécois's requests was clear and made it possible to meet the needs of Quebec's and the provinces' health care systems. I'm talking about the request to increase the health transfer by \$11.5 billion over five years. Unfortunately, our request was not accepted by the government.

That said, Ms. Diab, how do you guarantee that immigration thresholds respect Quebec's integration capacity in the areas of health, education and housing? My colleagues have already raised this issue, but I'd like you to tell us more about it, as it's important. How does your department do that analysis? I know that this is an area of shared jurisdiction, and that you are in discussions with your counterparts in Quebec.

• (1135)

Hon. Lena Metlege Diab: That's a good question.

In Quebec, things work completely differently compared with the other provinces and territories. We respect the 1991 Canada-Quebec Accord. Quebec has the power to select all economic immigrants and refugees resettled in the province. All health care workers and all others with permanent resident status fall under the jurisdiction of the Province of Quebec.

Andréanne Larouche: At the moment, processing times in Quebec are longer than in the rest of Canada. You said that things work differently in Quebec, in part because of this accord. Why are processing times longer in Quebec than in the rest of Canada?

Hon. Lena Metlege Diab: Are you talking about processing times for immigration-related or health-related files?

Andréanne Larouche: I'm talking about immigration files in Quebec. Why are processing times longer in Quebec than in the rest of Canada?

Hon. Lena Metlege Diab: Quebec, not the federal government, has the power to choose the number of people. Is my answer clear enough?

Andréanne Larouche: However, the processing times are longer. Even though this is a power that belongs to Quebec, certain things could be done differently. We'll have a chance to talk about that again.

Are you planning to give Quebec back some decision-making space when it comes to the number of health care professionals admitted to its territory?

Hon. Lena Metlege Diab: That decision belongs to Quebec, not the federal government.

Ms. Baird, do you want to add anything?

Louise Baird: Yes.

[*English*]

Because Quebec sets its own levels plan each year, and for the last several years it's been lower than what they would be allowed per their demographic weight under the accord, there is sort of an oversubscription for people who want to go to Quebec. Therefore, there's a longer wait time because the levels each year in Quebec's levels plan have been lower. There's a limited space. That results in a larger inventory and longer wait times for people who would like to go to Quebec.

[*Translation*]

Andréanne Larouche: That may be the case, yes.

In your opening remarks, you said that measures were needed to speed up the processing of files. I would like to have more details on that. What means do you intend to deploy immediately to speed up the processing of files for doctors, nurses and other health professionals?

Hon. Lena Metlege Diab: The provincial nominee program, the Atlantic immigration program and the rural immigration pilot do not concern Quebec, but rather the other provinces and territories.

In short, Quebec has the power to select all the economic immigrants it wants to admit to its territory.

• (1140)

Andréanne Larouche: The fact remains that this complicates matters, clearly, but we can come back to it later.

Are you considering allowing professionals in fields with a critical labour shortage to have access to a fast lane?

Hon. Lena Metlege Diab: Are you talking about Quebec?

Andréanne Larouche: I'm talking about a fast lane for health care professionals.

Hon. Lena Metlege Diab: There are challenges in Quebec, but there are also opportunities. We have to work with all the provinces, but when it comes to Quebec, we do what Quebec wants. In this area, it is not up to us to make the decisions.

[*English*]

The Chair: I think the time is up. Thank you very much.

We'll now go to the second round. It's a five-minute round.

We will begin with Ms. Konanz from the Conservatives.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): Thank you, Chair.

Minister Michel, given that many communities in my riding and throughout Canada face sudden and unexpected ER closures due to doctor shortages, would you agree with me that a shortage of doctors and nurses is creating a rural health care crisis in Canada, yes or no?

Hon. Marjorie Michel: I think everywhere in Canada we have challenges. Of course, in remote communities it's even more challenging—

Helena Konanz: Is it a crisis in rural communities, Minister?

Hon. Marjorie Michel: I think the health system is under big pressure all across the country. I would talk also about the northern communities and the remote communities—

Helena Konanz: In crisis—yes, northern and rural.

Hon. Marjorie Michel: Yes.

Helena Konanz: Okay. in crisis.

Minister Michel, according to the Royal College of Physicians and Surgeons of Canada, there are at least 13,000 internationally trained doctors currently in Canada but not working as doctors in Canada. Is that number correct?

Hon. Marjorie Michel: If they are sharing it, I feel it's quite correct. I would say also that it's on the provinces and territories also to—

Helena Konanz: It is correct; 13,000 are not working as doctors.

Minister, your briefing note in June said that 198,000 internationally educated health professionals are employed in Canada, but 42%, or 80,000, do not have employment in the medical field. Are those numbers correct?

The Chair: Mr. Orenszak, please go ahead.

Greg Orenszak (Deputy Minister, Department of Health): I believe the figures are there are 198,000 internationally educated health professionals employed in Canada. About 60% of these individuals were working in the fields they were trained for. It's 60%.

Helena Konanz: Are 60% working in their field, Minister, or not working in their field? I didn't hear, I'm sorry.

The Chair: I think that question was answered.

Hon. Marjorie Michel: It's 60% are working.

Helena Konanz: Thank you.

Minister Diab, we've heard from many internationally trained doctors that they felt cheated by Canada's immigration system. Would the government prioritize licensing those 13,000 trained doctors, as well as many nurses and medical professionals already living within Canada? Would they prioritize those 13,000 trained doctors who are living within Canada before they seek to approve a greater number of immigrant doctors to come into a system that basically isn't working?

A yes-or-no answer please.

Hon. Lena Metlege Diab: Are you referring to the doctors already in Canada?

Helena Konanz: Yes. Would you prioritize them before bringing more in? Obviously, you both agree the system is not working.

• (1145)

Hon. Lena Metlege Diab: I wouldn't agree that it's not working. I would agree that we are trying to work faster and better. The immigration system—

Helena Konanz: You would prioritize the 13,000.

Hon. Lena Metlege Diab: For those who are coming new, we have strengthened our pre-arrival support services in order for them—

Helena Konanz: You would say it's working, then. The 13,000 are not...

Hon. Lena Metlege Diab: Look, I've been in the immigration field now for 12 years provincially and now federally.

The Chair: Ms. Konanz, please let her answer.

Hon. Lena Metlege Diab: I've seen things work better than they were working a decade and two years ago.

Helena Konanz: If we can't get the health professionals already in Canada to work in their field, how is adding more—

The Chair: You have one minute.

Helena Konanz: —to the backlog going to help?

Hon. Lena Metlege Diab: Again, as I said, we've strengthened our pre-arrival services. We also work with our settlement partners here in order to help them recognize their credentials faster. We're working with provinces and territories, streamlining how they do it—

Helena Konanz: Thank you, Minister.

Hon. Lena Metlege Diab: —and with the licensing bodies, of course.

Helena Konanz: Thank you.

Minister Michel—

The Chair: You have 30 seconds.

Helena Konanz: —on the foreign credential recognition action fund, the budget says it will run with a focus on health, and it will cost taxpayers \$97 million over five years. What's the per year target of medical credentials you intend this fund to recognize? Just the number. How many will this \$97 million recognize?

Hon. Marjorie Michel: We work with provinces and territories to deliver that program.

Helena Konanz: You must know how many.

The Chair: Thank you, Ms. Konanz. Your time is up.

Helena Konanz: You must know how many.

The Chair: The minister can answer that another time. Your time is up.

Helena Konanz: Just the number.

The Chair: Thank you. Your time is up.

We go now to Ms. Sidhu for the Liberals.

You have five minutes, please.

Sonia Sidhu (Brampton South, Lib.): Thank you, Madam Chair.

Thank you to the minister and team for joining us today.

My first question is to Minister Michel.

Minister Michel, you were in Brampton a couple of months ago. We went from Brampton caucus and went to TMU together. I am so delighted to see \$25 million for TMU, which is a medical school. It's coming after a century. Definitely, it helped to train new physicians and, of course, the workload is going to be reduced. How do you see this investment in the budget? Of course, I'm from Brampton. I'm very delighted to see that. How would you see this investment?

Hon. Marjorie Michel: Thank you.

It's great news, of course. The budget 2025 announced a \$5-billion investment for the health infrastructure. People need to understand that this comes from provinces and territories that requested it to help them enhance their health system or to build new facilities. TMU is an example because the province was already in. We need to understand that this \$5 billion, in fact, is \$10 billion because the provinces have to match every dollar we are putting in. It will help our system. It will increase the infrastructure because most of it will help also in rural and northern communities. This is great news.

Dan Mazier: Chair, or member, what does TMU stand for?

Sonia Sidhu: It's a medical school.

Hon. Marjorie Michel: Toronto Medical—

Sonia Sidhu: It's a medical university.

Dan Mazier: Toronto Medical University?

The Chair: Excuse me. Order, please.

This is a question that Minister Michel is answering. If the two members wish to discuss this, you could ask for a suspension and discuss this off the grid because you cannot ask questions of each other.

You know that, Mr. Mazier.

Thank you.

Go ahead, Minister.

Hon. Marjorie Michel: I was done, Mrs. Chair. I think I answered the question.

The Chair: Thank you. That's good.

Go ahead, Ms. Sidhu.

Sonia Sidhu: I have a follow-up question for Minister Michel.

Federal investments only succeed when they align with the provincial licensing system. How does budget 2025 strengthen collaboration with the provinces and territories so that these new federal resources translate into actual frontline improvement, particularly in rural and underserved areas?

Hon. Marjorie Michel: Are you are talking about the foreign recognition and the \$97 million that we invested?

Sonia Sidhu: Yes.

• (1150)

Hon. Marjorie Michel: Again, we have to work with provinces and territories to make it happen, and we also have to work with other ministries like ESDC, so it's collaborative work, and this is what we all need to understand. We are facing, of course, a lot of challenges in the health system, but the delivery services are under the jurisdiction of the provinces and territories, and we need to partner with them if we want to move things forward. That's the reality.

I have to say that a lot of provinces and territories are right now doing a big push on their own systems for accreditation to accelerate everything because they see it's a crisis; of course it's a crisis. Ontario is pushing the colleges to accelerate the accreditation. Alberta is doing the same. In the Atlantic provinces, you know, mobility is already in play.

The Chair: You have one minute.

Hon. Marjorie Michel: Now that we are in a crisis—and we are very good in a crisis—people are taking action and we, as the federal government, don't have the tools but we have the leadership to put people together and to push them and help them to make the right decisions for the benefit of Canadians, and this is what I'm doing as the Minister of Health.

Sonia Sidhu: Quickly, I'd like to ask Minister Diab a question.

For long-term care, are there any fast-track applications for individuals who are already working in LTC?

The Chair: You have 30 seconds.

Hon. Lena Metlege Diab: That's an excellent question. I'm going to have to get back to you on the specific NOC code. I don't have that information in my head.

Thank you.

The Chair: I now go to Madame Larouche for two and a half minutes, please.

[*Translation*]

Andréanne Larouche: Thank you very much, Madam Chair.

Madam Minister of Health, during the previous round of questions, you talked about the budget and the announcement regarding health care infrastructure.

I recently attended an event that was also attended by health professionals, including doctors and nurses. It was said that, while investments were being made in health infrastructure, health transfers were not being properly handled. As I mentioned earlier, the Bloc Québécois's request to increase the health transfer by \$11.5 billion over five years was denied.

In the recent budget, there were infrastructure announcements. We invest in infrastructure, but people also have to be able to work in hospitals; we must have access to human resources. What do you have to say to health professionals who seem to have doubts that these investments are actually going to help people?

Hon. Marjorie Michel: I'll start by saying that the needs in health care are significant, whether in terms of health professionals or infrastructure.

As for the health transfer, we signed an accord with Quebec, and we respect it. I am having discussions with my Quebec counterpart, and we are working together. He's aware of the transfer that's planned for Quebec.

As far as infrastructure is concerned, I must say that it was Mr. Legault, the Premier of Quebec, who himself asked the federal government for help with infrastructure, including infrastructure in the health care sector. So we are responding to Quebec's request.

Andréanne Larouche: Ms. Michel, if we want to take care of people, have enough human resources and take care of health workers, the health transfer will also need to be increased.

Your response does not meet the expectations or needs on the ground.

The Chair: Thank you very much, Ms. Larouche.

[*English*]

I now go to the Conservatives and Mr. Bailey for five minutes, please.

Burton Bailey (Red Deer, CPC): Minister Diab, while there are roughly 80,000 foreign-trained medical professionals in this country not working in health care, a recent news article confirmed that there are licensed, practising doctors in Canada today who have various suspensions or outright bans in other jurisdictions due to misconduct or malpractice.

When someone lies on their immigration form or during the process to be accepted into Canada, is that considered immigration fraud?

Answer yes or no, please.

• (1155)

Hon. Lena Metlege Diab: If somebody lies on their immigration papers to come into Canada—obviously there are security processes—and if it's a fraudulent claim and there is misrepresentation, they're definitely dealt with by CBSA. Absolutely.

Burton Bailey: A recent news article pointed to an investigation that uncovered that doctors in Canada were practising with reprimands, suspensions or outright revocations of their licences in other countries.

In the past 10 years, how many people have been admitted into Canada by the federal immigration department with suspensions or revoked medical licences in other countries?

Hon. Lena Metlege Diab: Suspensions, revocations of medical licences and all of that are handled by licensing bodies and Health.

Burton Bailey: It's okay. You don't know.

Hon. Lena Metlege Diab: I meant the provinces.

Burton Bailey: If you don't know the number, why would you authorize the continuation of a system that you admit is kind of fraudulent, when these people are entering our country and not being truthful?

Hon. Lena Metlege Diab: I don't know what specific people you're talking about.

We're here to talk about our immigration system, but also our foreign—

Burton Bailey: One of the examples is an article involving a doctor who was publicly reprimanded and fined in Florida for potentially lethally over-prescribing in 2018. It's a public record that takes 30 seconds to find on Google.

Why did your immigration department wave him through without catching the fraud that a journalist found—and that's without government resources?

Hon. Lena Metlege Diab: Again, cases are dealt with appropriately by IRCC, CBSA, CSIS, screening departments and officers. If it has to do with Health and licensing bodies, then we obviously defer to licensing bodies within provincial and territorial jurisdiction. This includes policing, which is also governed by provinces and territories.

Burton Bailey: Minister, yes or no, does the immigration department currently require a simple, basic search of the U.S. National Practitioner Data Bank or the U.K. GMC sanctions list, for example, before granting entry or permanent residency to an individual with reprimands or licence suspensions?

If the answer is no, how is that not deliberate negligence?

Hon. Lena Metlege Diab: If you're asking about a person who is coming to practise medicine, that is the role of the licensing bodies and the employers, which are the hospitals or the institutions, in terms of verifying all of these before the individual is able to practise in Canada.

Burton Bailey: We don't double-check. Does Immigration, Refugees and Citizenship Canada justify failing to mandate independent verification in express entry for medical professionals, effectively allowing those evading bans abroad to exploit Canada's skilled worker stream?

Hon. Lena Metlege Diab: I can speak about my personal experience as a provincial minister. I was in Ireland and the U.K. At the time, I was recruiting doctors. I took with me the college of physicians. I took with me the director from the hospital who was the employer. That's what their job was. We were there as facilitators from the immigration department, but all of that work gets done by the licensing bodies or by the employers, which are the hospitals.

The Chair: You have 30 seconds.

Hon. Lena Metlege Diab: There are many players when you're talking about health professionals, particularly doctors and the likes of what you're referring to. This is not something that somebody in IRCC conducts. It's a whole-of-system approach.

Burton Bailey: When refugees come, we do criminal record checks, but when we are recruiting medical professionals, we just leave it up to the provinces.

That's probably why we have 80,000 medical professionals who are not currently employed.

• (1200)

The Chair: Can you wrap up? Thank you.

Hon. Lena Metlege Diab: Anyone coming to Canada would not be admissible unless they passed the criminality check.

The Chair: Thank you very much. I'm sorry. The time is up.

I now go to the Liberals.

Ms. Chi, you have five minutes, please.

Maggie Chi (Don Valley North, Lib.): Thank you, Chair.

Ministers, thank you for coming today.

My first question is for Minister Diab.

To follow up on my colleague's line of questioning there, can you just clarify federal-provincial responsibility in terms of vetting and why it is important for the provinces instead of the federal government to go through that regulatory process to vet doctors?

Hon. Lena Metlege Diab: If you're talking about the regulations for doctors and so on, I'll ask the health department to go through that, if you don't mind. Respectfully to you and the other colleagues on the committee who are asking questions, I'm the immigration minister. Obviously, I have a role to play, but I'm not the licensing body or whatever.

Maggie Chi: That's fair.

Hon. Lena Metlege Diab: If the health department could help me, I would appreciate that.

The Chair: Thank you.

Mr. Orencsak, please go ahead.

Greg Orencsak: It is the provincial-territorial licensing bodies that would be responsible for the credentialing of physicians and other health professionals.

What we've been able to do to help with some of that is more on the data and information exchange. We've been able to provide funding for national registries—national registries of physicians, for example, that provincial-territorial regulators are participating in—which is enabling some of the information exchange about the individuals who are applying for a licence. It's ultimately up to the provincial-territorial regulators to approve those licences.

Maggie Chi: Thank you for the clarification.

My next question is for Minister Michel.

You made a reference to budget 2025 on health investments. The Canadian Medical Association called it a step forward in strengthening the foundation of our health care system. They welcomed the investments in infrastructure and workforce modernization, the very tools that the physicians we've been hearing from have been asking for. I just want to unpack those conversations a little bit on what that means for Canadians.

The first piece is the \$5-billion investment in health infrastructure. This is a new fund, a new initiative, through the build Canada strong initiative, the largest investment we've seen in over a decade. How does this type of structured outcome and focused funding align with predictable and long-term investment to modernize Canada's health care infrastructure?

Hon. Marjorie Michel: I think it's a start. I can tell you that all provinces and territories are looking to this funding very positively.

We had a number of projects already ready to go, but they were lacking funding. We are going to move fast because provinces already had their needs. I think it's a first step.

I will say that it's \$5 billion over three years, but who knows? The next budget will maybe come with new funding again. It will help in the long term. As you know, we have a lot of facilities that really need to be enhanced. When we are talking about capacity and training doctors, for example, we need more medical schools. It's an investment with sometimes big funding from provinces, but now, pairing it with federal dollars, it will help them move faster.

The Chair: You have one minute.

Maggie Chi: My next question is about the \$97 million targeted toward the foreign credential recognition fund. How important is this step for strengthening our health care system?

Hon. Marjorie Michel: As you know, we heard a lot in this committee about the number of people who are already in and cannot get into the system. I am going to correct a little bit of what I understood from a previous question that was talking about people being here and not being real doctors or real nurses or whatever.

That's not the case. Sometimes maybe there are some cases that fall in the cracks, but a number of people are coming here from the health sector with some kind of experience in another country and they need more support to get into our own system. This funding is going to support colleges and some medical associations to train them to make sure those people have the right support to get the exam and get to the credentials.

I can tell you personally, this past weekend I was with the foundation of Haitian Canadian doctors' community. They are mentoring young people who come from there who were in the health system. They are training them to pass the exams and we have really good results.

I think—

• (1205)

The Chair: Thank you, Minister Michel.

Hon. Marjorie Michel: Not this funding...but now we have a number of people who will get the funding to support those kinds of initiatives.

The Chair: Thank you.

We are now going to move to a new round.

We will begin with Mr. Strauss from the Conservatives for five minutes, please.

Matt Strauss (Kitchener South—Hespeler, CPC): It's nice to see Minister Michel again.

Minister Diab, welcome to the committee.

My questions are for Minister Diab. They're regarding the interim federal health program.

It's my understanding that the cost of this program has ballooned about 30% year over year to \$900 million. This program covers asylum claimants. It is also my understanding that the number of asylum claimants covered by this program has increased to 440,000 from about 350,000 last year. I have some questions regarding this.

Do you anticipate that this number—the \$900 million that we're spending on this program and the 440,000 asylum claimants—is going to go up next year?

The Chair: Excuse me, I would like to clarify, Minister.

Let's be sure this relates to the study, Mr. Strauss, and it's not just an immigration question.

Matt Strauss: Yes, this has to do with asylum claimants being covered. It's directly to do with immigration and health.

The Chair: I didn't get that. It's them being covered that you're concerned about.

Matt Strauss: Yes, it's health coverage.

Hon. Lena Metlege Diab: Thank you, Chair.

I will go back to the numbers in a second because I'll ask staff to help me, but it's a good question. The good news here is that the asylum numbers have dropped significantly for 2025.

In terms of the health coverage, in the budget that we just introduced, there are also some conditions in there where there will be some changes to that as well.

Matt Strauss: Do you have the number of how much the asylum claimants have decreased this year?

Soyoung Park (Assistant Deputy Minister, Economic Programs, Department of Citizenship and Immigration): From January to September of this year, 33% fewer people have submitted an asylum claim in Canada compared to last year.

Matt Strauss: Then that 100,000-person increase is hopefully on its way down.

How many asylum claims were either withdrawn, abandoned or finalized last year? Of those, what per cent were accepted?

Hon. Lena Metlege Diab: For asylum claims, that would be the Immigration and Refugee Board's stats. From what I heard from other testimony previously, it's all public on their site. That's my understanding. I stand to be corrected.

It wouldn't be in IRCC, when you're talking about claims.

Matt Strauss: You are not the minister who looks after asylum claims and their adjudication.

Hon. Lena Metlege Diab: On the decisions, it would be the IRB, which is an independent body.

Matt Strauss: I guess my concern is you're covering these folks with the IFHP, but you're not sure what per cent of these claimants end up being true or false, basically.

Hon. Lena Metlege Diab: The interim program does provide temporary health coverage to address these urgent and essential

needs for refugees and asylum claimants. It's for refugees as well; it's not just for asylum. Refugees are people who are—

Matt Strauss: The majority are asylum claimants who have not yet been adjudicated.

Of these asylum claimants—the 440,000 we're currently covering with the \$900 million that has ballooned—it is my understanding, from my perusal of the IRB website, that roughly half will be found to be not true and not accepted. The word “bogus” is used for these.

If we're spending \$900 million a year on health coverage for folks, half of whom turn out to be not true refugees, would you have any plan to recoup these health claims once they're made, if their asylum claim is deemed to be false?

• (1210)

Hon. Lena Metlege Diab: By international law, Canadian law or any law you want to look into, we are obligated to cover essential health for people.

The Chair: You have one minute.

Hon. Lena Metlege Diab: If we don't, even if the law didn't allow it, I would say it's going to create a lot more problems for Canadians if people are in urgent need and we don't accept them. It does reduce pressure later on.

What I would say is we do have Bill C-12 and I urge you and your colleagues to support it because it will help speed up the process of these hearings. That is one of the reasons we're doing that.

The Chair: You have 30 seconds.

Matt Strauss: Fundamentally, we're spending hundreds of millions of dollars on health claims for people who are waiting for their asylum claim to be adjudicated, which is your purview.

One thing that was really interesting, which this committee was told, is that anaesthetists throughout Canada are billing five times more when they perform a surgery on somebody under the IFHP than under provincial health programs. My professional association, the Ontario Medical Association, would recommend that we bill 2.5 times more, but it seems like the sky is the limit, so doctors are billing five times more than they otherwise would.

Could you explain this?

The Chair: Mr. Strauss, you're going over time.

I'm going to have to ask the ministers to answer that question later on.

I would urge members to remember that the time is five minutes for questions and answers. If you want to use up that time making a speech, that's fine, but you may not be able to get the answer. The minister can answer that question later on if someone wants to repeat it.

I'm going now to Mr. Powlowski for the Liberals for five minutes.

Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Minister Diab, you can probably guess what I'm going to ask you because I've asked you the same question a hundred times in other situations.

Yes, we have too many immigrants in big cities like Ottawa, Montreal and Toronto. That's causing problems. We've decided to reduce our numbers. However, in rural areas, we have the opposite problem. We don't have enough people to work in various sectors, but probably nowhere is this more apparent than in health care.

I'm going to give you an example from my riding, which is at Riverside health, which is Fort Frances to the Manitoba border. It's in the west of my riding. They run the health care system there.

Their numbers are from August. For temporary foreign workers, they have 43 PSWs and two registered nurses. They rely heavily on agency staff from places like Toronto because they don't have enough workers. They have to pay these agency staff more. They have 50 agency staff and they currently have a shortage there of 28 registered nurses, 17 RPNs and 11 PSWs. They can't find people to recruit.

Never mind that in Emo, they've had to shut the ambulance services because they don't have paramedics to work there. In Rainy River, they've closed their health centre at the moment because they have no doctors.

When we're cutting our numbers across the board, whether it's temporary foreign workers or immigrants, what can you do to reassure rural Canada that those cuts aren't going to further compromise our existing health care system?

Hon. Lena Metlege Diab: Thank you very much, Doctor, for that question.

I haven't heard your specific stats before, but I know you are an excellent advocate for the rural communities and particularly the topic you're talking about; I know you're very familiar with it.

In the immigration world here, we are supporting the regional recruiting efforts for foreign-trained health care workers through regional programs, which I know you're familiar with, and pilot projects. For example, there is the provincial nominee program, and there is good news, again. In this particular budget, in the immigration plan, we have increased the provincial nominee program for all provinces and territories. It's going to be over 90,000 people in 2026. I know many provinces and territories are using a lot of those numbers for health care professionals.

Also, we have the rural and francophone community immigration pilots. I know there's one in your community, and I know that they are working extremely hard on that; I can give you some stats. The good news is, since 2023, there's been an increase—actually, some of it is a sharp increase—in the year-over-year number of

health professionals who have been recruited into Canadian provinces and territories.

• (1215)

Marcus Powlowski: You mentioned the rural and northern immigration pilot, RNIP, and the rural community immigration pilot, RCIP. Both have been very successful programs.

Would you consider increasing those numbers as we, perhaps, decrease the number of immigrants coming into larger centres? You're welcome to ask your department.

Hon. Lena Metlege Diab: I know the program is working. I know it's needed. I know rural communities are in need of these programs, and these are things we are constantly talking about with stakeholders, provinces and territories, but also people in the field.

Marcus Powlowski: I know temporary foreign workers are Minister Hajdu's department, not yours, but it certainly seems to me, while we're working to address this problem in the long term, it would be very helpful if we automatically renewed existing work permits, particularly in the health care field with PSWs and registered nurses who are under that program.

The Chair: You have thirty seconds.

Marcus Powlowski: I know maybe this isn't your department, but would your departments consider working with that department in advocating for this? It does affect health care and it does affect immigration.

Hon. Lena Metlege Diab: We work very collaboratively with ESDC in terms of that. Another piece of good news in the budget is there are 33,000 work permit holders who we will be looking to bring into permanent residency. I would hope that some of them would definitely be health care workers, and the idea is some of them, obviously, are also going to be in rural communities.

The Chair: Thank you very much.

[*Translation*]

Ms. Larouche, you now have the floor for two and a half minutes.

Andréanne Larouche: Thank you, Madam Chair.

Minister Diab, we agree that Quebec selects a large proportion of immigrants. However, it is the college of physicians that decides who has the right to practise medicine. The federal government decides on its immigration targets for each category, and it has the power to do all the necessary checks in order to issue temporary work permits. When I talk about the complexity of the department, that's what I mean.

Is Immigration, Refugees and Citizenship Canada working with Quebec to attract health professionals to rural areas? This follows up on what Mr. Powlowski said earlier about the needs in rural areas.

Hon. Lena Metlege Diab: As I said earlier, Quebec selects all its economic workers. It is true that we administer, together with Quebec, the international student program, but it is the Province of Quebec that chooses the temporary workers it wants to admit.

Quebec's immigration plan for 2026 was made public on November 6, 2025, and it includes temporary residence targets: 55,000 temporary workers and 68,000 foreign students.

Andréanne Larouche: Does Immigration, Refugees and Citizenship Canada guarantee that immigration in the health care field will support the vitality of French?

[English]

The Chair: You have 12 seconds.

• (1220)

Louise Baird: We are working with Quebec. They would like to, of course, increase the number of French speakers in the province. There are some regulations that they're bringing forward. We're doing the same thing in parallel along the timelines that Quebec would like so we can make our modifications to our regulations as well for some of the programs we have authority for. The international mobility program is the name of the program.

We're working closely with Quebec so we can modify those regulations in line with Quebec's changes to increase some of that French language ability in the province.

The Chair: Thank you very much. The time is now well over.

I'm going to move to Mr. Mazier from the Conservatives for five minutes, please.

Dan Mazier: Thank you, Chair.

Minister Diab, last year your department approved permanent residency for 674 immigrant doctors through the federal skilled workers express entry program. How many of those 674 immigrants are now licensed and practising as doctors in Canada?

Hon. Lena Metlege Diab: That would not be information that I have.

Dan Mazier: Okay.

Minister Michel, do you know how many of those 674 immigrant doctors are now practising in Canada?

Hon. Marjorie Michel: No, I don't have the information.

Dan Mazier: Minister Diab, does the immigration department track how many immigrant doctors become licensed as doctors once admitted into Canada?

Hon. Lena Metlege Diab: No, I don't believe that is an IRCC function. Again, it's the licensing bodies as well as the hospitals or the medical institutions that are employing them.

Dan Mazier: Does the immigration department know how many doctors are driving taxis instead of working in hospitals?

Hon. Lena Metlege Diab: Let me turn to Ms. Park to give you a fulsome answer.

Dan Mazier: Just answer the question. Do they know how many?

The Chair: Excuse me, but the minister is free to ask her official to answer that question. You asked a question.

Ms. Park, go ahead.

Soyoung Park: That was previously answered, but I think you wanted to know what the role of the immigration department is.

When we do our selection under—

Dan Mazier: No, pardon me. The question was this: Does IRCC track how many immigrant doctors become licensed as doctors once admitted into Canada?

Soyoung Park: That was already answered by the minister.

Dan Mazier: No.

Do they track how many are driving taxis and Ubers instead of working as doctors? Do they track any other thing as far as what immigrant doctors are doing?

Soyoung Park: I was prepared to answer the question—

Dan Mazier: Yes or no?

Soyoung Park: —related to permanent resident status. As soon as someone is admitted as a permanent resident, then they have all the rights and privileges of any other permanent resident and can—

Dan Mazier: Just immigrant doctors.... Are they tracked—

Maggie Chi: I have a point of order.

The Chair: Excuse me. Order, please.

Dan Mazier: She wasn't answering the question. It was about immigrant doctors.

The Chair: Mr. Mazier, if you ask a question, the witness is free to answer the question in whatever manner they deem appropriate.

I'm sorry, Ms. Park; go ahead.

Soyoung Park: They are not provided permanent residence as immigrant doctors. Because they're immigrant doctors and they have the experience as such, they have been given permanent residence.

Dan Mazier: Thank you.

Minister Diab, your department issues work permits, correct?

Hon. Lena Metlege Diab: Yes, we do.

Dan Mazier: Last year, your department approved work permits for over 1,000 foreign doctors who were funded by the Government of Saudi Arabia to train in Canadian hospitals. These visa trainees will never work a day in Canada after their training.

Why is your department approving Saudi-funded doctors for training in Canada when our own citizens can't find training spots?

Hon. Lena Metlege Diab: That's excellent. Actually, the Liberal member just asked me that question before you in the previous round, and as I explained, they are paid by the foreign country. Number one, not one penny is paid by Canada; number two, they do not take any spots away from any Canadians or permanent residents in medical school in terms of residency; and number three, they are there to actually doctor our own people. They are there to treat Canadians in hospitals and other settings.

Dan Mazier: I'll repeat the question. You were answering a totally different question in your assumption.

Last year, your department approved work permits for over 1,000 foreign-trained doctors who were funded by the Government of Saudi Arabia to train in Canadian hospitals. These visa trainees will never work a day in Canada. They will return to Saudi Arabia, so we're training doctors for dictators and sending them back so they can serve the dictators, not serve Canadian patients.

Why are you doing that?

• (1225)

Hon. Lena Metlege Diab: They are working in the hospitals and taking care of our sick people in the hospitals while they are here. They're not costing taxpayers a dime.

Dan Mazier: But Canadians can't get spots. There are Canadians who are trying to get back into the system to get training spots so they can become doctors and become productive citizens to serve Canadians.

Hon. Lena Metlege Diab: These are outside the matching system. They are not taking spots away from anyone.

Dan Mazier: Minister Diab, your department posted advertisements—

The Chair: Thank you, Mr. Mazier. Your time is up.

I will now go to Mr. Eyolfson for five minutes, please.

Doug Eyolfson: Thank you, Chair.

Minister Michel, we talked about the number of Canadians without a family doctor. I started training in the late 1980s, when medical schools had already been cutting the number of medical school residency spots for several years. Was this due to decisions of the federal government, or were the decisions to cut the number of trainees admitted to medical schools back in the 1980s and early 1990s provincial decisions?

Hon. Marjorie Michel: To go back to the 1980s and 1990s, in 2025, they're the same. It's the PTs' responsibility. It's not our responsibility. We are not cutting anything. We are not providing anything.

As you know, we, as the federal government, are transferring money to provinces and territories for the health sector, and they are choosing their own priorities. What I can see right now is that as the whole system across the country is under pressure, all provinces and territories are putting a lot of effort into filling the holes, but it's their jurisdiction. It's their choice.

Doug Eyolfson: Although the government has been giving tremendous amounts of money in the new budget for health infrastructure, there has been criticism that it doesn't go far enough and that you still need more health care transfers. Is this money not helping the provinces with their health care? If the province doesn't have to spend their own money to build a hospital, does this not make more money available for the provinces to spend on the much-needed health care professionals they need to staff those beds?

Hon. Marjorie Michel: What I would tell you is that, as everybody knows, we are in a very difficult period. If this new federal government is putting \$5 billion into health infrastructure in year one of its mandate, it's to answer an ask coming from provinces and territories.

That said, we need to help to build more health infrastructure. You will see it very rapidly, because, as I said, we have a number of projects already in the pipeline and people are ready to get more funding to make things happen in their region—so yes, it will help.

Doug Eyolfson: Okay, thank you. That's exactly the answer I was looking for.

Minister Diab, you were asked if the federal immigration department is tracking these foreign-trained doctors who came to go into training programs. Does the federal government generally track employment and employment status, or is employment and certification of physicians under provincial jurisdiction?

• (1230)

Hon. Lena Metlege Diab: I think that's exactly it. We're not in the business of tracking unless people are here on a closed work permit, and that's where ESDC comes in; it's not an IRCC function.

Hon. Lena Metlege Diab: Otherwise, if people are coming who are highly skilled, like doctors or physicians, they are coming as permanent residents. They're coming to work if they have a job and if they're licensed, and if they have to do a little bit of training before they get that, they work in other kinds of fields as well. They have the requisites and they've obtained what they needed to obtain to get permanent residency to come through a specific pathway, so they come as permanent residents.

Doug Eyolfson: What you're saying is it's not generally the federal government that tracks the employment status of any new immigrants. Is that correct?

Hon. Lena Metlege Diab: Again, if somebody is here on a closed work permit, then ESDC has a role to play as well.

Doug Eyolfson: Sorry; I was just clarifying.

The Chair: Thank you very much. Your time is up, Mr. Eyolfson.

I will now go to another round. We will begin a five-minute round with Ms. Konanz for the Conservatives.

Helena Konanz: Thank you, Chair.

We got cut off, unfortunately, during my last question round, and I wanted to ask something of Minister Michel.

The foreign credential recognition action fund in the budget says it will be run with a focus on health. It will cost taxpayers \$97 million over five years. What is the target of medical credentials you intend this fund to recognize? Just give me a number.

Hon. Marjorie Michel: What you need to understand is while that program is for health, it's developed by ESDC, and it's new funding.

Helena Konanz: It's focused on health—

Hon. Marjorie Michel: Yes, but it's for foreign recognition.

Helena Konanz: —though, so do you know how many people will be credentialled?

The Chair: Excuse me; order.

If a question is asked, a witness should be allowed to answer, please. It's simple respect.

Thank you.

Helena Konanz: Just give me a number if you happen to have one, because I know it has a focus on health, and it's obviously important to the entire country, this foreign credential recognition, because we need doctors.

How many doctors will that allow to practise?

Hon. Marjorie Michel: As I said, this funding is going under ESDC, even if we are talking about health, and ESDC is now working on it and developing targets. What I did, as I said already, is I spoke with my counterparts—all the ministers of health.

Helena Konanz: Excuse me; I'm sorry to interrupt, but how much of this will be going towards credential recognition for doctors and the medical profession? What percentage of the \$97 million—

The Chair: The minister is trying to answer the question, Ms. Konanz—

Helena Konanz: I'm asking for a number.

The Chair: —if you will allow her.

Helena Konanz: I don't have much time, Chair—

The Chair: That's true.

Helena Konanz: —and I want to ask if you have a number because—

Hon. Marjorie Michel: I already told you that the program is designed by ESDC.

Helena Konanz: Oh, I'm sorry; what is the number? I missed it.

Hon. Marjorie Michel: They are developing targets now.

Helena Konanz: How do you know—

Hon. Marjorie Michel: We just got this \$97 million, so ESDC is...and we still have a vote tonight.

Helena Konanz: There will be one doctor credentialled or 300, but you don't know?

Hon. Marjorie Michel: You have your answer.

Helena Konanz: Okay.

I will cede the rest of my time to Dr. Strauss.

The Chair: Mr. Strauss, go ahead.

Matt Strauss: Thank you, Chair.

Minister Diab, I had to check, because we all know you as the Minister of Immigration, but you are the minister responsible for refugees as well. I was dumbfounded when you said in the last round that you don't know what percentage of refugee claims are ultimately accepted.

Hon. Lena Metlege Diab: I do not. I can go on the website and check.

Matt Strauss: Maybe you should.

Hon. Lena Metlege Diab: I'm sure one of my colleagues can do that. We can definitely follow up with you.

Matt Strauss: Okay. I mean, that was 20 minutes ago.

When somebody's refugee claim is denied, do they continue to receive benefits from IFHP?

Hon. Lena Metlege Diab: No. It follows through the process. Once the process is concluded, it ends.

Matt Strauss: Okay.

Turning to the visa trainee issue, do you understand how there's a difference between capacity and funding?

If there's an OR and there's a professor of anaesthesia in the OR, he can take a trainee. That trainee can either be from Saudi Arabia or they could be a Canadian. The funding might come from Saudi Arabia, and maybe we don't have the funding in Canada, but if the Saudi trainee is there, then the capacity to train someone exists in our system.

If the funds aren't there—and this might be for Minister Michel—don't you think we should fund it? The capacity is there and the training spot is there, whether it's part of CaRMS or it's not. Why don't we fund it instead of dictators in Saudi Arabia?

● (1235)

Hon. Lena Metlege Diab: I'm going to turn you to the medical schools, I guess, and the provinces and territories. It's not something that IRCC—

Matt Strauss: They don't have the funding. You have the funding. You have the bags of money. You're the federal government.

You bring doctors to this country. They expect to work here. You're bringing them here to serve Canadians, and then you don't track whether they actually become doctors or not.

I understand that you don't, and you said you don't, but shouldn't you? Why don't you do it?

Hon. Lena Metlege Diab: I know from another hat that I wore in the province that the provinces track the doctors. I can say to you that the provinces and territories probably do, because I used to as a minister provincially, but it's not something IRCC tracks—

Matt Strauss: But you're the one in charge of bringing them in—

Hon. Lena Metlege Diab: —and that is not the role.

Matt Strauss: This committee heard from a constituent of mine, Dr. Pantea Barati. She feels cheated by the Canadian immigration system.

She was brought here to be a doctor. She's fully qualified. She flies to England to work every other month. Don't you feel any responsibility to her to figure out why you brought her here when she couldn't obtain a licence here and you're still giving out more of these immigration permits to thousands and thousands of doctors who aren't allowed to work?

Hon. Lena Metlege Diab: It's absolutely for reasons like that that we are working hard to ensure these types of things do not happen. That is why we have the pre-arrival support services. That is why we put up all the information. That is why we ask the individuals to clarify with licensing bodies and have the bodies work with them—

Matt Strauss: Okay, thank you, Minister.

Hon. Lena Metlege Diab: —as well as the employers—

Matt Strauss: You say you're working hard, but you're refusing to track—

Hon. Lena Metlege Diab: —and the hospitals—

Sonia Sidhu: On a point of order, Madam Chair—

The Chair: Order. Order.

I'm sorry. This is getting a little bit out of order.

If someone asks a question, you should not keep speaking while they're answering it. Please, let's be a little bit respectful in this committee. Thank you.

Go ahead, Minister. You were answering the question.

Hon. Lena Metlege Diab: It's exactly the things you are referring to that we do not want to happen. That is why we work extremely hard, whether it's the provincial or the federal, to ensure that people have the tools they need and the information they need so that we don't have these things happen here.

When they do, yes, it is not....

Matt Strauss: Thank you, Minister.

You're saying you're working hard—

The Chair: Thank you. I'm sorry. Your time is well over, Mr. Strauss.

I will go to Ms. Sidhu of the Liberals for five minutes, please.

Sonia Sidhu: Thank you, Madam Chair.

Minister Michel, integration is not only about licensing but also about settlement, mentorship, mental health supports and opportunities for advancement, so how are your departments working together to ensure that internationally trained professionals receive coordinated support across the full integration pathway, from arrival to full practice?

Hon. Marjorie Michel: Again, I would have to say that we are supporting provinces and territories, because as soon as the person is in the system, they are under provincial or territorial law, I would say, and we are there to support the provinces and territories. We are not the one delivering services. It's really on provinces and territories.

Hon. Lena Metlege Diab: If I could just add—again, putting on a different hat that I had years ago—that's exactly right. As the provincial minister at the time, I did do programs to support those who were internationally trained, whether it was doctors or people in health care.

The rural communities also did stuff. Communities did it. The province did it. We struck in programs and provided a bit of funding for settlement services to welcome them, to actually do barbecues and things like that.

Believe it or not, and I know some people are looking at me, that is exactly what the communities do. It worked extremely well in my corner of eastern Canada.

Hon. Marjorie Michel: I would add that budget 2024 put \$77 million towards supporting this integration work with provinces and territories. We have the agreement and are well on the way, and we are working closely with the provinces and territories on this.

We are funding, but our funding is to help support provinces and territories, which are responsible for doing the work.

Sonia Sidhu: I met this morning with the CMA, and they are welcoming the health infrastructure fund, the \$5 billion that is in this budget. You are meeting with them and talking with all the provinces and territories.

We all know that health care delivery is provincial jurisdiction, but I just have one question.

Many Canadians are working in the U.S. or Australia as resident doctors or are doing residency. Do you have any plan to bring that...? They want to come home and want to work in Canada. What is your plan for that?

• (1240)

Hon. Marjorie Michel: Again, I will say it's on the provinces and territories to decide who they want to bring in as doctors or as health professionals. We are there to support. I'm also working closely with Minister Diab and with Minister Hajdu in ESDC to fast-track, but the province is the one responsible to choose who they want to bring in. If a province, for example, decides to put health as a priority, we will pick up on the part we can play, but they are the ones responsible for it.

Sonia Sidhu: Thank you.

Now I want to move to Minister Diab.

It is not a secret that, most of the time, older Canadians and their families want to be able to age in place or want to age in a multi-generation home. I'm from Brampton, so I know lots of seniors who don't want to go to a nursing home or to a long-term care home. They want to remain in one's home, which is usually preferred. How are you leveraging the immigration system to help with this stream?

Hon. Lena Metlege Diab: Immigration is part of the solution, and that is why we work extremely hard with the provinces and territories to help them when they do their provincial nominee programs in terms of selecting people. Over the last decade, over 114,000 home care workers and their family members were admitted as permanent residents through the caregiver program, for example. Again, as I said, we work quite a bit with the provinces and territories in determining pathways to residency.

The Chair: Thank you very much.

Ms. Sidhu, the time is up.

[*Translation*]

Ms. Larouche, you have the floor for two and a half minutes.

Andréanne Larouche: Thank you, Madam Chair.

Since I want to make sure I do this before the end of the meeting, I would like to give notice of the following motion, in which I propose that, notwithstanding the committee's usual practice regarding access to documents, I, Andréanne Larouche, be added to the committee's distribution list, and that access to the committee's digital binder be granted to me until December 31, 2025, or until a change to the membership list makes this measure unnecessary.

[*English*]

The Chair: You're tabling this. That's good.

Now you still have time to ask your question.

[*Translation*]

Andréanne Larouche: Thank you, Madam Chair.

Ministers, what I see today is that we talk a lot about immigrants who come to work in the health care system. In fact, that is the topic of our study.

However, there are also Canadians studying abroad who can't come back to work here, as they would do under normal conditions. In my research in preparation for this meeting, I saw that this was an issue that has been raised before this committee in the past. In addition, as my colleague mentioned earlier, we know that interna-

tional students contribute to medical schools and enable universities to obtain funding.

In short, don't these two problems expose the serious issue of underfunding by the federal and provincial governments in training, but also in the health care system? Those people are not coming back to work here because they are not provided with adequate conditions. They are not given the means or the resources to do so. What do you think?

Hon. Marjorie Michel: The federal government is there to support the provinces with its funding, but health is a provincial jurisdiction. You know this very well because you've repeated it to us quite often. The choice belongs to the provinces or Quebec. If a Quebecker can't come back to practise medicine in Quebec, for whatever reason, that doesn't depend on the federal government. It depends—

Andréanne Larouche: Minister, over the years, there has been a disinvestment in transfers to the provinces and Quebec. It's easy to offload the problem onto Quebec and the provinces, but you know as well as I do that health transfers have eroded over the years, to put it politely.

• (1245)

The Chair: Thank you, Ms. Larouche.

[*English*]

Now I will go to the Conservatives with Mr. Strauss for five minutes please.

Matt Strauss: Thank you, Chair.

Minister, I have another question about the IFHP, and it's really important for the Canadians following along at home to understand. This program—the \$900-million program—includes pharmaceuticals, vision care, mental health counselling, assistive devices, physiotherapy, occupational speech therapy and all sorts of things that seniors in Kitchener do not get, unless they have supplemental health coverage.

I asked you this: If somebody's refugee claim is denied, do they continue to get all of this coverage? You said no. Here, I have your website. It says, “As a refugee...claimant, you'll get IFHP coverage if...your claim for refugee protection has been rejected by the IRB”. Did you lie to the committee, or is your website lying?

Hon. Lena Metlege Diab: Excuse me?

Matt Strauss: I said, “Did you lie to the committee, or is your website lying?”

The Chair: Be careful with your language, Mr. Strauss.

Matt Strauss: Did you mislead the committee, or is the website misleading?

Hon. Lena Metlege Diab: I'm not in the job of doing that, thank you very much. It's not something that is in my dictionary either.

What I said is that the interim federal health program provides temporary health care coverage to address urgent and essential medical needs for refugees and asylum claimants while they wait to become eligible for provincial and territorial health insurance plans.

Matt Strauss: Then I asked if they continue to receive coverage if their refugee claim is denied, and here your website says they continue to receive coverage if their refugee claim is denied by the IRB.

Hon. Lena Metlege Diab: I said they continue to receive...claims...until all the refugee process is concluded.

Matt Strauss: What part of the process comes after the claim is denied by the IRB?

Hon. Lena Metlege Diab: Well, again, it's the IRB that takes care of that. There is a process. There is a legal process.

Matt Strauss: Am I to understand that you, as the minister who looks after this interim federal health program, who is the minister of refugees, doesn't know what part of the process comes after the IRB denies someone's refugee claim?

Hon. Lena Metlege Diab: Well, again, if I put the chapeau on my head that I had when I was a lawyer, people can appeal, or there could be other considerations.

Again, this is not an IRB...you know.

Matt Strauss: Thank you.

I'd like to yield my time to Dan Mazier.

Dan Mazier: How much time is left?

The Chair: You have two minutes and 43 seconds.

Dan Mazier: Minister Diab, are you confident that our health care system can support your immigration levels?

Hon. Lena Metlege Diab: A lot of consultation went into those immigration levels, and—

Dan Mazier: Chair, this was just a yes or no. Are you confident?

The Chair: There is no such thing as telling a witness how—

Dan Mazier: It was a yes-or-no answer, Chair, and it's my time.

Please stop the clock—

Sonia Sidhu: On a point of order, Madam Chair—

The Chair: Mr. Mazier, do not argue with me, please. I am the chair and I am suggesting that you cannot dictate to a witness how they answer a question. Once you put a question to them, they can answer it in any way and in any language, English or French, that they choose.

Thank you.

Minister, go ahead and answer the question.

Dan Mazier: Do you want it repeated?

Hon. Lena Metlege Diab: Health care is certainly taken into consideration quite a bit when we look at the levels planning. A lot of them will be coming through on a temporary basis, as well as coming permanently.

We work with the provincial and territorial jurisdictions. Again, it's a joint provincial responsibility, and a lot of them are using their provincial nominee programs to select health care workers—

Dan Mazier: Minister, you're way down the rabbit hole. All I'm asking is whether you are confident that our health care system can handle your level of immigration—yes or no? It's a simple yes or no. Are you confident?

Hon. Lena Metlege Diab: Let me tell you that one in four—

Dan Mazier: Are you confident?

Chair, it's just a simple question—

The Chair: Order—

Hon. Lena Metlege Diab: In Canada, one in four health care workers is an immigrant.

Dan Mazier: Thank you very much.

Hon. Lena Metlege Diab: One in four is an immigrant in our health care sector.

The Chair: If we could hold the clock, please, for a second, I would like to suggest that witnesses, whether they are ministers or anyone else, come at the request of a committee. A committee should behave with due respect to all of its witnesses. That means allowing a witness to answer and to finish their sentence when a question is asked.

I would like to ask this committee to please behave with respect.

Thank you again.

Dan Mazier: How much time is left?

The Chair: It's suspended. You have one minute and 36 seconds, Mr. Mazier.

Dan Mazier: Thank you.

Also, Chair, I would like to move the following motion, given that it's on the matter at hand.

I'm moving the following motion:

That, given that representatives from the University of Toronto's faculty of medicine have refused to appear at the committee's study on the impact of immigration policy on health care, despite at least three separate invitations, the committee summon the associate dean for postgraduate medical education, Dr. Meredith Giuliani, to appear for one hour, in person, within two weeks of the adoption of this motion.

Chair, that's why I was asking the question—I think it was mentioned before by MP Sidhu—about which university was getting the funding. We talked about health care, and this is very relevant to the visa training program. Lots of things are involving the University of Toronto, and I think they need to be here to straighten the record out for the public.

• (1250)

The Chair: I think it may very well be that because you just placed this motion and it has to do with what we're studying here, there will be debate on the motion.

I will thank the ministers and their officials for coming and spending their time here as witnesses.

Now, Mr. Mazier, you have a motion on the floor.

[*Translation*]

Andréanne Larouche: Madam Chair, on a point of order, the interpreters have not received the text of the motion.

[*English*]

The Chair: Okay. Thank you.

The motion was not received in English and French. Is that what you're suggesting, Madame Larouche?

[*Translation*]

Andréanne Larouche: The interpreters said they hadn't received the motion.

[*English*]

The Chair: All right. I'll suspend until the due process is completed to receive the motion in both languages.

• (1250)

(Pause)

• (1255)

The Chair: We will resume.

There is a motion on the floor. Now that the Bloc has received the full motion, it's open to debate. I will let the committee know that we have an extra three minutes past noon because we suspended for technical reasons. I've added the extra three minutes.

Go ahead, Mr. Strauss.

Matt Strauss: Thank you, Chair.

Fundamentally, what's at the bottom of this concern we have with the visa trainees is that medical school—

The Chair: I'm sorry, Mr. Strauss. Is this to the motion?

Matt Strauss: This is directly to the motion.

The Chair: The motion is about summoning someone.

Matt Strauss: It's a dean of a medical school—

The Chair: Yes.

Matt Strauss: —because we're talking about medical trainees.

The Chair: All right.

Matt Strauss: The medical schools—

The Chair: Yes—

Matt Strauss: We've invited this woman three times to come to speak to this problem.

They are using public resources like ORs, ICUs, cardiac care centres and clinics. Instead of using those resources, which they clearly have the capacity to do, to train Canadians who trained abroad and want to come and serve Canada, they are taking money

from a theocratic dictatorship with an extraordinarily problematic human rights record to train Saudi doctors who are going back to serve that theocratic dictatorship.

I want to know how much money medical schools are getting to do this, because they're leveraging public assets to then fill their own coffers. That's the concern. That's why we've asked nicely three times for this particular dean. We've asked the University of Toronto dean because they have the most Saudi trainees. They have the most visa trainees.

It directly pertains to the study we're doing, because this is a study about immigration and health care and how we can't seem to get immigrants who come to live here in Canada to practise medicine, but we're getting immigrants who come and go back to Saudi Arabia, to the tune of 1,000 a year. That's why we need answers from this person. We need to have her come to this committee and answer those questions.

[*Translation*]

The Chair: Thank you very much.

Ms. Larouche, you have the floor.

[*English*]

Matt Strauss: Can we have a vote, please?

The Chair: Madame Larouche is on the list. I'm sorry.

We will go to Madame Larouche and then Mr. Powlowski.

[*Translation*]

Andréanne Larouche: I'll be very brief, Madam Chair.

Basically, we are offering our support because we know that the University of Toronto faculty of medicine receives \$100,000 per student admitted from Saudi Arabia, but those students then return to their country. They are taking the place of Canadian or international students who could settle here and work as doctors.

[*English*]

The Chair: Thank you.

Go ahead, Mr. Powlowski.

Marcus Powlowski: I'm against this motion.

In six years at the health committee, we once summonsed someone to come to a committee meeting. That was under COVID. It was a representative of the WHO, and I didn't particularly agree with it.

We have to be judicious when we use that power. It is a legal power, and there are consequences for the individuals in having to come here. We should only use that power when absolutely necessary.

In terms of this study, which I think is really important, I would far rather, if anything, use the power to summons the colleges of physicians and surgeons and the colleges of nurses—the ones who I think are more of a barrier here—than go down this rabbit hole with respect to the Saudis.

There's obviously a difference of opinions. In response to Dr. Strauss's earlier intervention, I see he has an argument to be made. He thinks the adverse effect of the Saudis outweighs the benefits of the Saudis. I personally feel otherwise. I feel that they're free labour.

If the colleges and the provinces want to train more Canadians and they don't have room for the Saudis as a result, that's a different matter. At the moment, if they're open positions and these people are helping doctors and are contributing by helping Canadians, I don't see that as a bad thing.

Anyhow, to go back to the original thing, I think this is a rabbit hole that the Conservatives want to go down for perhaps political reasons. I think that if we're going to use that power for anything, it should be to get the colleges to come here. Thanks.

• (1300)

The Chair: Thank you.

Ms. Chi.

Maggie Chi: Thank you, Madam Chair.

Further to Dr. Powlowski's point on summoning, we have to use it very judiciously and carefully as a committee. I would actually suggest an amendment to the motion for the university to appear. Then we can say that if they don't, we have the power to summons. We should still make an attempt for them to appear, rather than summoning right away.

The Chair: Thank you.

We have an amendment on the table. Are there speakers to the amendment?

Mr. Mazier, please speak to the amendment.

Dan Mazier: Could she repeat the amendment, please?

Maggie Chi: It is requesting the university to appear and let them know that there is power to summons.

Dan Mazier: Let them know...I'm sorry.

Maggie Chi: There is summoning power, basically. I don't believe we, as a committee, have sent a letter for U of T to appear. Is that correct?

The Chair: The letter did not say that we have the power to summons if they don't appear; it just asked them to appear.

You are saying to write another letter saying that we have the power to summons them if they don't appear. That's what I understand the amendment to be.

Maggie Chi: That's correct. It's to have that option. Again, to Dr. Powlowski's point, we ought to use the summoning power judiciously, carefully, as a committee. I would suggest that we send a letter with that condition and see if they respond.

Thank you.

Dan Mazier: What is the actual wording of the amendment, if the clerk could repeat that?

The Chair: It would say that we write a letter to the person you specifically mentioned, stating that we will ask them to appear, and if they don't, we have the power as a committee to summons them.

Dan Mazier: I vote against.

The Chair: We're not voting at the moment.

Are there any other speakers on the amendment?

I will call the question on the amendment.

All those in favour?

Dan Mazier: It's not an amendment.

The Chair: I beg your pardon. It is an amendment. You just heard it. I just read it to you, Mr. Mazier.

We deal with the amendment before we deal with the motion. Then, if the motion is amended, we vote on the motion as amended. If the motion is not amended, we vote on the motion as it is.

We are dealing with the amendment now. Ms. Chi read it out, and I read out Ms. Chi's amendment, subsequently.

We have the vote on the amendment since there are no other speakers left on the amendment.

(Amendment negatived [*See Minutes of Proceedings*])

The Chair: If there are any further speakers on the original motion, I will entertain speakers.

Mr. Powlowski, please go ahead.

Marcus Powlowski: We're cutting corners, and we didn't actually write out the amendment. I would suggest that the amendment—and this is speaking to the original motion—perhaps suggest more specifically.... The amendment would be this: If, having asked the university representative to appear before the committee—

The Chair: Mr. Powlowski, you are now moving another amendment.

• (1305)

Marcus Powlowski: If, having asked the university representative to appear and notifying the university representative that the committee has the legal power to summons, the university representative refuses, then you summons them.

Your idea is still in. It's the fallback that, if they refuse to appear, with the notice, we have the power to summons them.

If the opposition says that it was substantively the same as the last motion, then...okay.

Dan Mazier: Yes, it is.

The Chair: Mr. Eyolfson, your hand was up.

Doug Eyolfson: Seeing the clock at 1:06, I move that we adjourn.

Dan Mazier: No, we have to vote.

The Chair: We don't have to vote. We can adjourn.

An adjournment is not debatable, Mr. Mazier.

I'm calling the vote on the adjournment.

Dan Mazier: You're actually stalling the vote.

The Chair: Okay, if you refuse adjournment—

Dan Mazier: [*Inaudible—Editor*] accountability.

The Chair: Mr. Mazier, the rules are clear. There is no debate on a motion to adjourn.

Dan Mazier: So let's vote.

The Chair: I just called the vote. You interrupted me while I was doing that, Mr. Mazier. Thank you.

Dan Mazier: You had the gavel. Let's vote.

The Chair: I had the gavel because—

Dan Mazier: We're voting on—

The Chair: Mr. Mazier, I called the vote. Please don't interrupt me again.

Dan Mazier: Okay.

The Chair: Thank you.

Now, there's a vote. For those who decide that we should continue, we first need to find out whether we have the resources to continue. A committee meeting does not go on ad infinitum. It has to have the resources to continue.

Before you vote on this, I will ask the clerk if we have the resources to continue.

The Clerk of the Committee (Catherine Ngando Edimo): We do.

The Chair: For how long do we have the resources to continue?

The Clerk: Three hours.

The Chair: Thank you.

All right. We have the resources to continue.

(Motion negated)

The Chair: The meeting continues as long as the clerk says that we have time.

Go ahead.

Dan Mazier: I would just call the vote.

The Chair: Do you want to vote on the motion?

Dan Mazier: Yes: to summons the university.

The Chair: All right.

Sorry, Madam Chi, you have—

Maggie Chi: I thought Marcus had an amendment.

The Chair: His amendment was deemed to be substantively the same as yours, which was voted down.

Maggie Chi: I missed that.

The Chair: We're voting on the amendment—

Dan Mazier: No. It's on the motion.

The Chair: I'm sorry. We're voting on the motion as unamended, the original motion.

Would somebody like to read it out once more so that everybody knows what they're voting for?

Mr. Mazier, please go ahead.

Dan Mazier: It reads as follows:

That, given that representatives from the University of Toronto's faculty of medicine have refused to appear at the committee's study on the impact of immigration policy on health care, despite at least three separate invitations, the committee summon the associate dean for postgraduate medical education, Dr. Meredith Giuliani, to appear for one hour, in person, within two weeks of the adoption of this motion.

The Chair: I want to ask the clerk a question. The motion is very specific, and I want to know if indeed this particular witness was asked three times.

Madam Clerk, please go ahead.

The Clerk: They were invited three times: October 20, November 4 and November 20.

The Chair: Good. I just wanted to clarify, because the motion is very specific. Thank you.

We'll now call the vote.

Marcus Powlowski: I request a recorded vote.

(Motion agreed to: yeas 5; nays 4)

The Chair: I now adjourn the meeting.

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