CANADA PATHWAY GUIDE

From Karachi to Canada

a step-by-step pathway for

Dr Uzma Anwar

Practising as Dr Uzma Haseeb · Ayub Medical College, Batch 1996 to 2001

Consultant Vitreoretinal Surgeon · Associate Professor of Ophthalmology, Karachi

Double Gold Medalist, MBBS

FCPS Ophthalmology

FCPS Vitreoretina (dual fellowship)

FICO (UK)

Associate Professor · CPSP Examiner

12+ peer-reviewed publications

IMMIGRATION NEWS · CANADA

JULY 2026

Canada launches dedicated Express Entry stream for doctors, reserves 5,000 extra Provincial Nominee spaces

Expedited 14-day work permits for practice-ready internationally trained physicians, and streamlined pathways to permanent residence for those with at least one year of Canadian work experience.

source: y-axis.com news, tap to read

WHO SHE IS

Profile analysis: why this pathway fits her

Each element is drawn from her public profile and maps onto what Canada's system rewards.

Dual-fellowship vitreoretinal surgeon. FCPS in Ophthalmology and in Vitreoretina, plus FICO (UK). Retina is a scarce subspecialty in Canada, and her surgical caseload fits the Practice Eligibility Route exactly.

13+ years of consultant practice. Continuous independent surgical practice in Karachi. The strongest asset in a Royal College of Physicians and Surgeons of Canada assessment; it lets her bypass repeating residency.

Academic weight. Associate Professor, CPSP (College of Physicians and Surgeons Pakistan) Examiner, 12+ publications. Strengthens the credential file and academic applications.

Diabetic eye disease expertise. A 100+ patient daily diabetic clinic maps onto Canada's diabetes burden, heaviest in the rural communities recruiting hardest. Her strongest selling line.

Age 49: a strong Provincial Nomination candidate. General points draws are not her route. Provinces nominate the doctors they need directly; a PNP (Provincial Nominee Program) nomination adds 600 CRS (Comprehensive Ranking System) points, a guaranteed invitation. No age limit applies anywhere in the pathway, and her age reads as 25 years of capability.

A two-ophthalmologist household. Her husband holds the same FCPS plus the FRCS (Fellowship of the Royal College of Surgeons) Ophthalmology diploma (UK), strengthening his own file. A dual-physician couple removes spousal employment risk and can staff a full regional eye service. Whichever offer lands first carries the family.

THE ECONOMICS

What ophthalmologists earn in Canada

Ophthalmology has historically been the highest-billing specialty in Canadian medicine, and retina sits at the premium end of it.

CAD $767,000 / year, top of the official range

Canada's official Job Bank puts the earnings range for ophthalmologists (NOC 31101) at roughly CAD 144,000 up to **CAD 767,000 per year**, the upper figure reflecting established high-volume surgical practices. Ophthalmologists have repeatedly topped national physician billing tables, with average gross clinical billings historically around CAD 676,000, the highest of any specialty.

What that means in net terms. Most ophthalmologists bill fee-for-service rather than drawing a salary. After practice overheads (historically ~35 to 40% in ophthalmology), an established full-time surgical ophthalmologist commonly nets around **CAD 400,000 to 500,000+** before tax; nearly all incorporate for tax efficiency. Retina adds premium procedure codes (intravitreal injections, vitrectomy, complex detachment repair) at the top of the fee schedule.

Salaried starting posts. Health-authority positions, the likely first role under sponsorship, typically advertise around **CAD 300,000 to 360,000** with benefits, then income scales sharply once fully licensed with independent billing numbers.

Strategy in one line: run the licensure track and the job hunt in parallel from day one. The **job offer** is the keystone that unlocks the provisional licence, the provincial nomination, the 14-day work permit, and Permanent Residence (PR).

THE PLAN

Six phases, run in parallel not in sequence

PHASE 0 · WEEKS 1 TO 4

Setup: open every door at once

Goal: All accounts created, all slow paperwork requested, English testing resolved.

0.1 **Create the physiciansapply.ca account.** This single portal, run by the MCC (Medical Council of Canada), handles credential verification, the ECA (Educational Credential Assessment) for immigration, and exam registration: physiciansapply.ca.

0.2 **Submit MBBS and both FCPS credentials for source verification.** Request the MCC's Source Verification of Medical Credentials; the same verified credentials generate the ECA used for Express Entry, because IRCC (Immigration, Refugees and Citizenship Canada) has designated the MCC as the assessment body for physicians. Upload scans of: MBBS certificate and final transcript; FCPS Ophthalmology and FCPS Vitreoretina certificates (CPSP); FICO (UK) diploma; passport bio page and photo ID. No paper is sent to Canada; the MCC contacts each institution directly, so the slow step is her institutions responding. Email examinations@cpsp.edu.pk in parallel so CPSP expects the request. Fees roughly CAD 285 per credential plus CAD 138 for the ECA report. Everything else waits on verification; submit in week one.

0.3 **Request training documents from CPSP and her university.** Fellowship curricula, rotation records, surgical logbooks and attestations from the CPSP (College of Physicians and Surgeons Pakistan), plus MBBS transcript and gold-medal documentation. CPSP processing is slow; request now.

0.4 **Book IELTS General Training. Hold on Academic.** IELTS General Training is required for immigration by IRCC (target Listening 8.0 and Reading, Writing, Speaking 7.0+ = CLB 9, Canadian Language Benchmark). IELTS Academic is traditionally required by provincial regulators for licensure, but most (CPSBC, CPSA, CPSO, CPSS) now offer a primary-language exemption where the MBBS was taught in English and English has been the language of practice. She likely qualifies. Confirm with the Health Match BC or saskdocs navigator before booking Academic; if the exemption applies it saves one exam fee entirely.

0.5 **Compile the surgical logbook summary.** Vitrectomy volumes, retinal detachment repairs, macular procedures, cataract numbers, outcomes. This one document drives the Royal College assessment and is the first thing every Canadian employer asks about.

0.6 **Choose two target provinces.** Recommended: British Columbia (best navigation support for IMGs, International Medical Graduates) and Saskatchewan (most IMG-friendly licensing); Ontario third. Depth in two provinces beats breadth across ten.

PHASE 1 · MONTHS 1 TO 3

Credentials and bookings: get the clocks running

Goal: Exam booked, Royal College assessment filed, ECA in hand.

1.1 **Apply for the MCCQE Part 1 the day verification completes.** The MCCQE (Medical Council of Canada Qualifying Examination) Part 1 is now the single national qualifying exam (fee about CAD 1,500; 12-month sitting window): mcc.ca.

1.2 **Book a Prometric seat in Pakistan; target January to February 2027.** Centres in Karachi, Lahore and Islamabad, or remote proctoring. Seats are first-come, first-served; booking early protects the timeline.

1.3 **File the Royal College credential assessment now, not after the exam.** The Royal College of Physicians and Surgeons of Canada assesses her Pakistani training individually under the PER (Practice Eligibility Route) for internationally trained specialists. Pakistan is not an automatically recognised jurisdiction, but 13 years of subspecialty practice is precisely what PER exists to credit. Document-heavy and slow; it must run in parallel with exam preparation.

1.4 **Diarise, but do not yet order, Certificates of Good Standing.** Certificates from the PMDC (Pakistan Medical and Dental Council) expire in about 3 months. Order them only when the provincial licence application is imminent (Phase 4).

PHASE 2 · MONTHS 2 TO 8

Exam preparation and the immigration profile

Goal: Pass-ready for the MCCQE Part 1; Express Entry profile live and waiting for the nomination.

2.1 **Know the current exam format: it changed in 2025.** 230 multiple-choice questions in two 115-question sections, about 6.5 hours, pass mark 439 on a 300 to 600 scale, no negative marking. The old Clinical Decision-Making cases were removed in 2025; ignore any resource still teaching them.

2.2 **Month one: rebuild generalist breadth.** The exam is pitched at graduating-medical-student level across all of medicine. After decades of retina, the marks at risk are in paediatrics, obstetrics, psychiatry and internal medicine; Toronto Notes is the standard Canadian review text.

2.3 **Months two to four: one Canadian question bank, done twice.** CanadaQBank or Ace QBank, both mapped to the MCC objectives. Skip American USMLE banks: they contain no Canadian ethics or guidelines, which is exactly where IMGs lose marks.

2.4 **Master the Canadian-specific high-yield topics.** MAID (Medical Assistance in Dying) criteria, capacity and consent, mandatory reporting, confidentiality per the CMPA (Canadian Medical Protective Association), Canadian Task Force screening guidelines, and NACI (National Advisory Committee on Immunization) vaccination schedules.

2.5 **Final three weeks: simulate the full exam twice.** Two timed 230-question sittings plus the official MCC practice test; free questions at mcc.ca/free-resources. Six and a half hours is an endurance event; train for it.

2.6 **In parallel: create the Express Entry profile.** With the ECA and IELTS General Training result, open an Express Entry profile with IRCC under NOC (National Occupational Classification) 31101, Specialists in surgery. Proof of settlement funds about CAD 15,000 (single; more with family).

Honest note on the profile: at 49 the profile will not draw an invitation on points alone, and it isn't meant to. It exists so that the moment her provincial nomination lands, the +600 points trigger an automatic Invitation to Apply. The nomination, driven by the job offer, is the pathway.

PHASE 3 · MONTHS 4 TO 10, ALONGSIDE PHASE 2

The job hunt from Pakistan: the decisive phase

Goal: A health-authority job offer, which unlocks everything else.

3.1 **Register with Health Match BC.** healthmatchbc.org is free and government-funded. It assigns a personal navigator who guides the British Columbia licensure route and refers her directly to hiring health authorities. It works with physicians who are still overseas.

3.2 **Register with saskdocs and the secondary boards.** saskdocs.ca (Saskatchewan), then HFOJobs / Ontario Health, Doctor Jobs Alberta, and the Atlantic provinces' physician recruitment offices.

3.3 **Sign with a physician recruiter and watch the specialty board.** Recruiters such as CanAm are paid by employers, free to her. The Canadian Ophthalmological Society careers board lists retina posts specifically; add LinkedIn and Indeed.ca set to Canada.

3.4 **Build the Canadian-format application package.** Canadian CVs carry no photograph, no date of birth, no marital status; age never appears and cannot lawfully be asked. One-page cover letter stating status explicitly (MCCQE1 booked, Royal College PER assessment submitted, IELTS CLB 9), the surgical volume summary, the double gold medal and publication list, and three referees reachable by email.

3.5 **Pitch the profile that rural Canada is actually short of.** A practice-ready vitreoretinal surgeon with a high-volume diabetic eye service is a direct answer to the communities with the longest waiting lists. Video interviews are standard; she can complete the entire hiring process from Karachi.

3.6 **Apply as a two-ophthalmologist couple, and say so in the opening line.** Her husband, FCPS Ophthalmology plus the FRCS (Fellowship of the Royal College of Surgeons) Ophthalmology examination diploma (UK), should run the identical pathway in parallel: same physiciansapply.ca verification, same MCCQE, same PER, with the FRCS strengthening his assessment file. Health authorities actively prioritise

dual-physician recruitment because it removes the spousal-employment risk that sinks rural postings, and a retina-plus-comprehensive pairing can staff a whole regional eye unit. It also gives the family two chances at the first nomination: whichever offer lands first carries everyone.

PHASE 4 · MONTHS 8 TO 16

Pass, offer, licence, work permit

Goal: LMCC in hand, job signed, provisional licence granted, work permit issued.

4.1 **Sit the MCCQE Part 1: the LMCC now issues automatically.** Since January 2026, passing automatically grants the LMCC (Licentiate of the Medical Council of Canada), the national credential every provincial regulator looks for. No separate application.

4.2 **Update every recruitment profile the same week.** MCCQE1 passed, LMCC holder, Royal College assessment in progress. This is the moment lukewarm employers convert; an LMCC-holding retina surgeon is a de-risked hire.

4.3 **Receive the Royal College ruling.** Either direct eligibility for the Royal College Ophthalmology certification examination, or a period of supervised practice assessment first. Both outcomes support a sponsored provisional licence.

4.4 **Job offer signed; apply for the provisional licence.** Order the PMDC Certificate of Good Standing now (3-month validity), then apply to the provincial regulator, e.g. the CPSBC (College of Physicians and Surgeons of British Columbia), for a provisional or restricted licence under health-authority sponsorship.

4.5 **Nomination, 600 points, 14-day work permit.** The employer's letter of support secures the PNP (Provincial Nominee Program) nomination; 5,000 nomination spaces are reserved federally for physicians. The nomination adds 600 CRS points, a guaranteed Invitation to Apply, and nominated physicians' work permits are processed in about 14 days.

4.6 **Submit the PR application within 60 days of the invitation.** The e-APR (electronic Application for Permanent Residence): passports, police certificates from Pakistan and any country lived in for 6+ months since age 18, upfront medical exam with an IRCC panel physician, proof of funds. Spouse and children are included in the same application.

PHASE 5 · MONTHS 14 TO 24+

Land, practise, certify

Goal: Practising in Canada on the work permit while PR completes; full licence within 1 to 2 years of landing.

5.1 **Relocate on the work permit and begin sponsored practice.** She works as an ophthalmologist under supervision from day one, earning Canadian income while the PR application processes (about 6 months).

5.2 **Sit the Royal College certification examination when ruled eligible.** Passing converts the provisional licence toward full independent licensure with standing equivalent to FRCSC (Fellow of the Royal College of Surgeons of Canada).

5.3 **Complete any return-of-service commitment.** Sponsored recruitment typically carries 2 to 3 years of service in the recruiting community, the same communities offering the strongest incentive packages.

MILESTONES

Timeline at a glance

Realistic targets, not best-case ones.

Milestone	Target
physiciansapply.ca verification + ECA	Months 1 to 3
English testing resolved; Express Entry profile live	Months 2 to 4
Royal College PER application filed	Months 2 to 4
MCCQE Part 1 passed; LMCC issued	Months 6 to 8 (Jan to Feb 2027)
Job offer + provisional licence + provincial nomination	Months 9 to 15
Work permit issued; lands in Canada	Months 12 to 16
Permanent Residence granted	Months 15 to 20
Royal College certification + full licence	Months 18 to 30

DISCIPLINE

Five rules that keep this on track

1. **Never wait sequentially.** Credentials, exam preparation, the Royal College file and the job hunt all run at once. Every month of serial waiting is a month added to the end.
2. **The job offer is the keystone.** It unlocks the provisional licence, the provincial nomination, the 14-day work permit and Permanent Residence. Treat the job hunt as a project, not an afterthought.
3. **Keep operating until departure.** The Practice Eligibility Route weighs recent, continuous practice. A gap in surgical activity weakens the strongest part of her file.
4. **Go deep in two provinces.** Build the navigator relationship in British Columbia and Saskatchewan rather than scattering applications across ten regulators.
5. **Verify before every application.** Exam formats, fees and rules changed in 2025 to 2026 and will change again. Sources of truth: mcc.ca, royalcollege.ca, canada.ca and the provincial regulators.

THE MOMENT

Why now: Canada has opened the door to international doctors

A structural physician shortage. Canada faces a projected shortfall of tens of thousands of physicians this decade; recruiting internationally trained doctors is explicit federal and provincial policy.

Dedicated healthcare immigration draws. Express Entry runs category-based rounds specifically for physicians and health occupations, with lower cut-offs than general draws.

5,000 reserved nominations for doctors. The federal government has set aside 5,000 PNP (Provincial Nominee Program) spaces specifically for medical doctors holding job offers or letters of support.

14-day work permits. Provincially nominated physicians receive expedited work-permit processing in about two weeks; she works and earns while Permanent Residence completes, family included.

Licensure itself was streamlined. The second qualifying exam was abolished; the LMCC now issues automatically on passing Part 1; Practice-Ready Assessment routes have expanded; IMG navigation services are government-funded.

An established pipeline. Internationally trained physicians already make up roughly a quarter or more of the workforce in parts of Canadian medicine, a proven route, not an experiment.

THE UPSIDE

Benefits: why rural demand works in her favour

Ophthalmology is an in-demand specialty, and the demand is sharpest outside the big cities, where the incentives are richest.

Recruitment incentives. Rural and underserved postings commonly stack signing bonuses, relocation packages, return-of-service grants and rural retention premiums on top of clinical earnings.

Rural billing premiums. Several provinces pay percentage uplifts on fee-for-service billings for rural and northern practice, plus paid travel for outreach clinics.

Practice support. Sponsored posts frequently include overhead support or turnkey clinic facilities, CME (Continuing Medical Education) allowances, paid licensing fees, and health-authority benefit plans.

Family and settlement. Spousal employment assistance, settlement support, and Permanent Residence for the whole family through one nomination. For a two-physician couple this compounds: some regions offer dual-recruitment packages, and the accompanying spouse's open work permit lets the second licensure run from inside Canada.

Untapped demand for her exact skills. Cataract and retina waiting lists are longest in smaller centres; diabetic retinopathy burden is heaviest in rural, northern and Indigenous communities. A vitreoretinal surgeon who has run a 100-patient-a-day diabetic eye service is precisely the specialist these programmes are funded to attract.

Negotiating position. Scarce subspecialty, practice-ready, LMCC in hand: genuine leverage. She should expect to negotiate, not just accept, the first package offered.

REFERENCE

Where to submit and verify: essential links

A single page to keep by the desk. Every link is clickable.

Credential verification and immigration ECA

physiciansapply.ca, the master portal https://physiciansapply.ca
MCC Source Verification of Medical Credentials https://mcc.ca/services/source-verification/
MCC Educational Credential Assessment https://mcc.ca/services/eca/
IRCC: designated ECA bodies (MCC for physicians) https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/documents/education-assessed.html
Current MCC fees https://mcc.ca/about/fees/

Exams and preparation

MCCQE Part 1 https://mcc.ca/examinations-assessments/mccqe/
Free MCCQE practice questions https://mcc.ca/free-resources/free-practice-questions/
Toronto Notes https://torontonotes.ca
CanadaQBank https://www.canadaqbank.com
Ace QBank https://www.aceqbank.com
CMPA, medico-legal reference https://www.cmpa-acpm.ca
Canadian Task Force, screening guidelines https://canadiantaskforce.ca

Royal College and immigration

Royal College of Physicians and Surgeons of Canada https://www.royalcollege.ca
Express Entry
(IRCC) https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry.html
IELTS booking https://ielts.org

Provincial recruitment and licensure

Health Match BC https://www.healthmatchbc.org
saskdocs, Saskatchewan https://www.saskdocs.ca
HFOJobs / Ontario Health https://www.hfojobs.ca
Canadian Ophthalmological Society careers https://www.cos-sco.ca
CanAm physician recruiter https://canamrecruiting.com
CPSBC, British Columbia regulator https://www.cpsbc.ca

Pakistan side

CPSP, College of Physicians and Surgeons Pakistan https://www.cpsp.edu.pk
CPSP examinations office (email to expect the MCC request) mailto:examinations@cpsp.edu.pk

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Prepared July 2026 for Dr Uzma Anwar (practising as Dr Uzma Haseeb), Consultant Vitreoretinal Surgeon, Karachi. Profile analysed from ayubian.com and LinkedIn. Figures and rules change: verify against mcc.ca, royalcollege.ca, canada.ca and provincial regulator sites before each application. This is a planning guide, not legal or immigration advice.