



***The Ethical Recruitment of  
Internationally Educated  
Health Professionals:  
Lessons from Abroad***

Presentation to:

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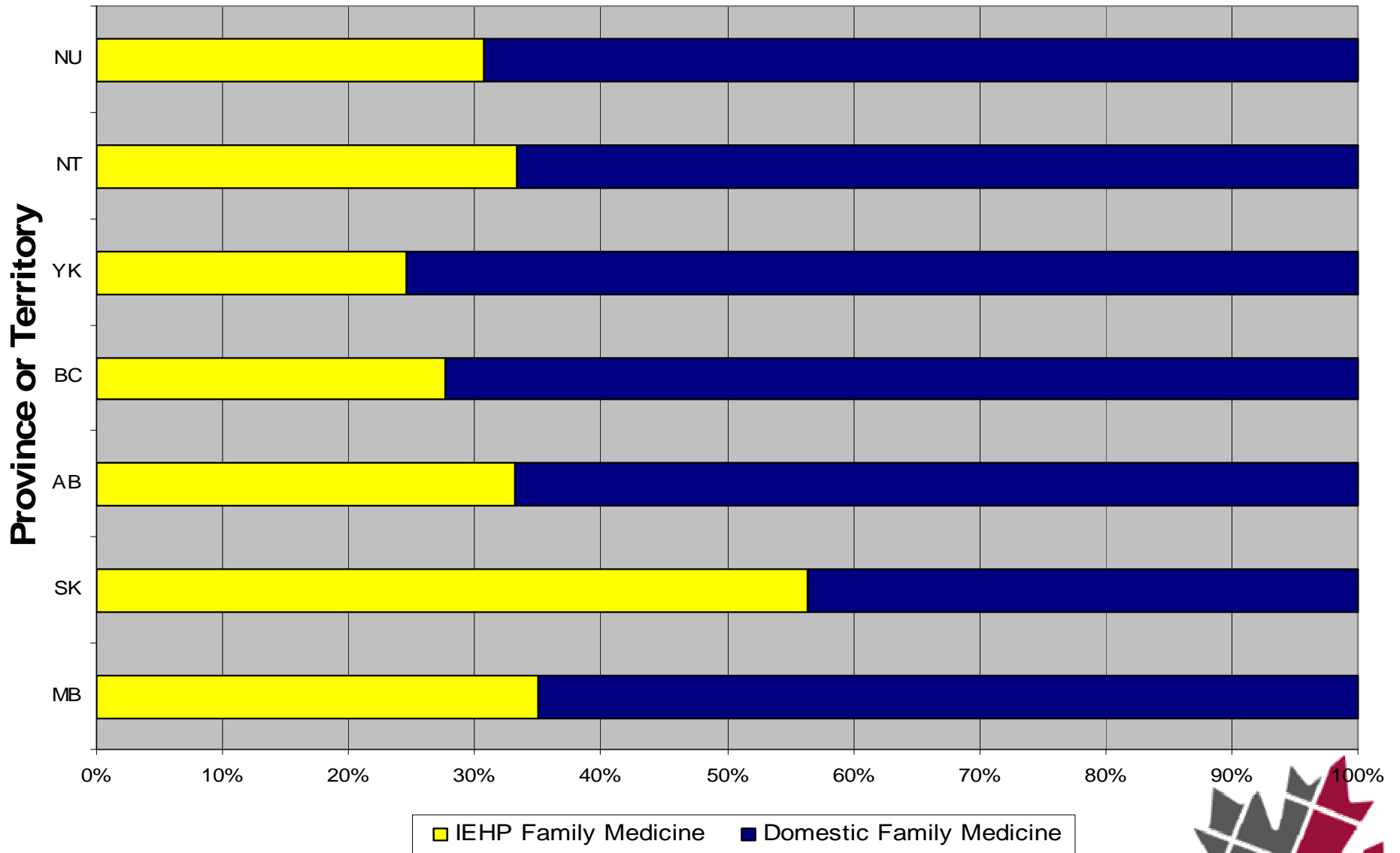


# Presentation Outline

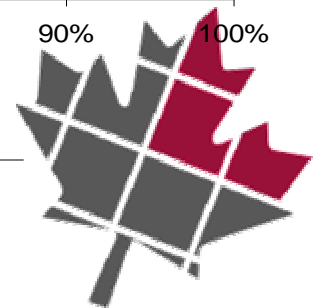
- Internationally Educated Health Professionals (IEHPs) in Western & Northern Canada
- The Ethical Dilemmas We Face
- What Does “Recruitment” Mean
- The International Experience
  - Codes of Conduct
  - Monitoring, Enforcement & Sanction
- Thoughts on a Framework for Ethical Recruitment



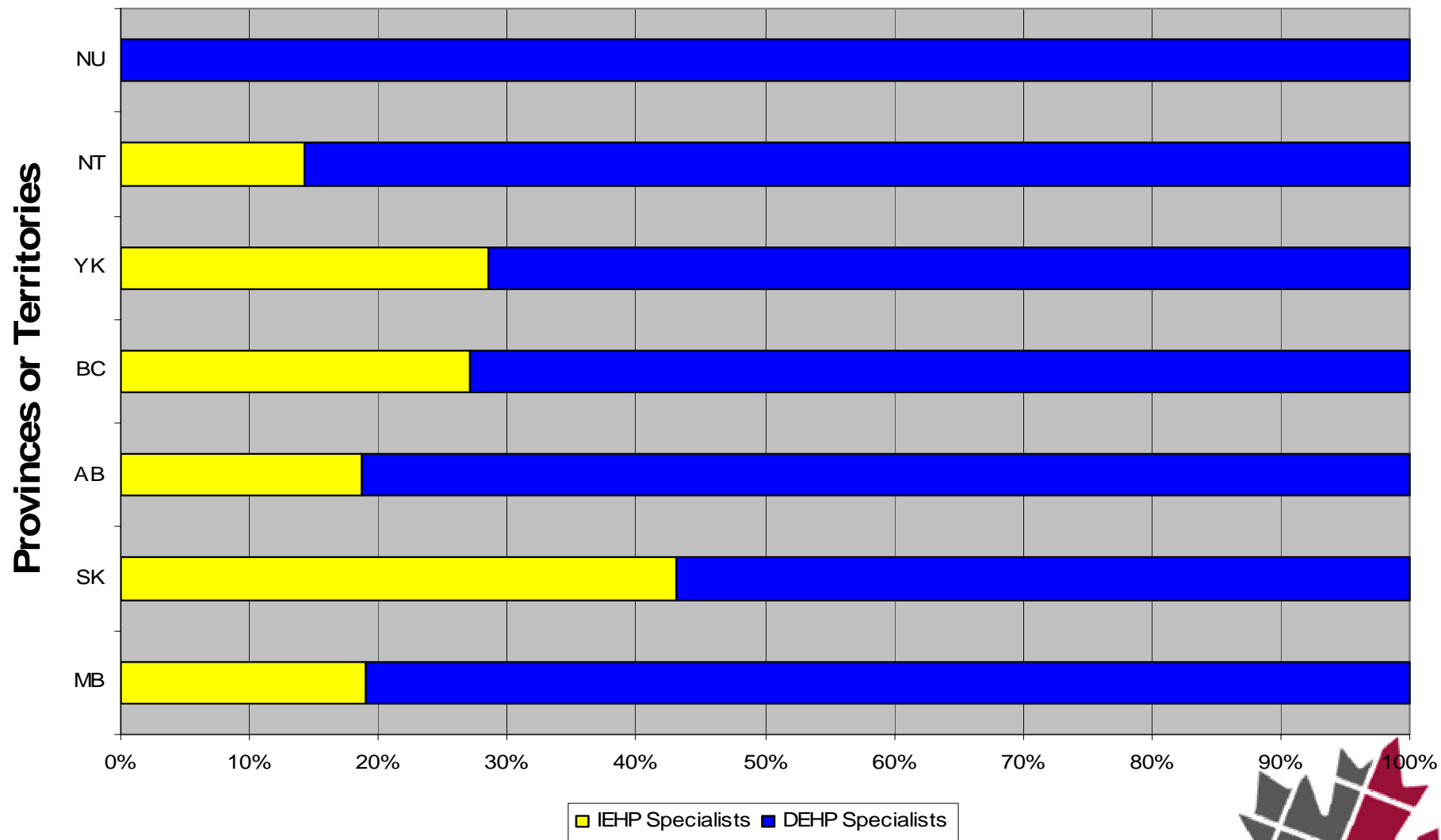
# GPs of International vs Domestic Origin - 2005 (CIHI 2006)



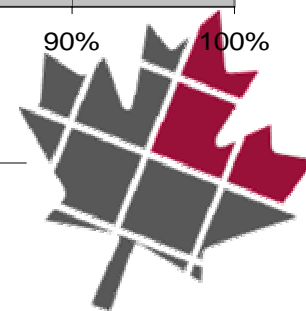
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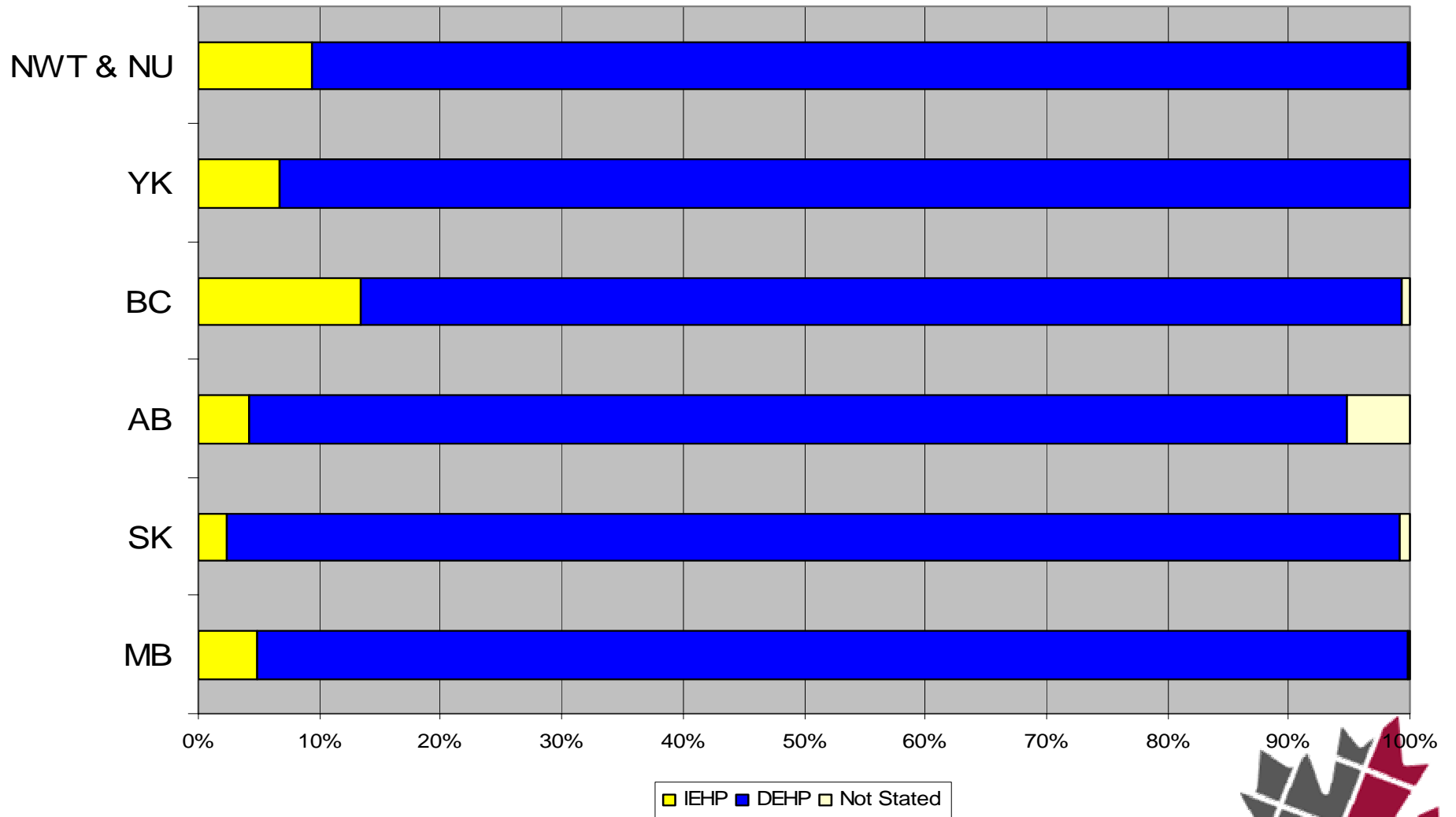
## Specialists of International vs Domestic Education - 2005 (CIHI 2006)



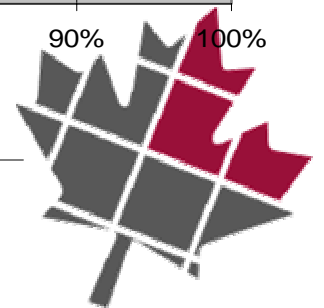
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## Nurses (All Professions) Internationally Educated vs. Domestically Educated 2005 - (CIHI 2006)



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# The Ethical Dilemmas (Part I)

- Proportion of IEHPs stable over 4 decades
- IEHPs have the right to move
  - And “push” factors are real in developing world (poverty, war, economic instability, social instability)
- Canada has very real shortages and maldistributions of health professionals
  - These are the result (in some cases) of past policy choices
- Developing countries invest proportionately more resources in creating health pros



# The Ethical Dilemmas (Part II)

- By any measure, Canada's health care challenges pale in comparison to those of developing countries
- Widespread consensus that the "active recruitment" of IEHPs from developing countries is inappropriate...
- But no consensus on how (or even whether) it can be curtailed
  - Reparations popular with developing countries, but unworkable & untenable for developed countries



# “Active” vs. “Passive” Recruitment

- Distinction between the two was meant to resolve the dilemma
  - Active = Unacceptable and Passive = Acceptable
- But distinction is not always clear...
  - Immigration Rules (points system & PNP), Websites, Private Agencies, Professional Networks, etc.
  - Stakeholder orgs have clear idea, but activists want more restrictions & gov'ts want fewer...
- The distinction needs clarity if it is to be useful for policy development





# Codes of Conduct

- United Kingdom Code of Conduct, 1999
  - Revised 3 times
- World Medical Association Guidelines on Ethical Recruitment of Physicians
  - Endorsed by SRPC, CNA & CMA
- Commonwealth Code of Practice, 2002
  - Canada supports, but has not signed
- Issue raised, but not explicitly confronted, by Nursing Sector Study & Task Force II



# The Effectiveness of the Codes

- Little empirical evidence that CoCs have had significant impact on recruiting practices
- Monitoring & enforcement is “non-existent”
  - We know where IEHPs come from, but we need to know **HOW** they were recruited
  - Sanctions for violations mostly non-existent
- Regulation of private actors and private behaviour is not effective (or feasible?)
- Current CoCs are symbolic
  - Do we want more?



# Ethical Recruitment: Part of a Multi-Faceted HHR Plan

- Canadian governments (F/P/T) have to FIRST get their own house(s) in order:
  - Define & operationalize “self-sufficiency”
  - Better use of existing domestic supply (incl. IEHPs)
- External recruitment is a *valued* policy response but it must adhere to some guiding principles: personal autonomy, global equity, fairness, transparency, etc.
- Defining & operationalizing these principles will move a CoC beyond symbolism



# A Framework for Ethical Recruitment

- Transparency & accountability needed:
  - Are some countries/regions “off-limits”?
  - What can institutions/RHAs/provinces do and not do in their recruitment?
  - Not just “who”, but also “how”
- Intergovernmental collaboration & cooperation will be necessary
  - Interprovincial recruitment of both IEHPs and domestic professionals will have to be confronted...



# Coming Soon:

Renee Torgerson, Tom McIntosh and Nathan Klassen. 2006. ***The Ethical Recruitment of Internationally Educated Health Professionals: Lessons from Abroad and Options for Saskatchewan.*** Ottawa: Canadian Policy Research Networks.





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