

Canadian Medical Student Policy Statement on the Recruitment of International Medical Graduates by Canadian Provinces

A CFMS-FMEQ collaboration

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Abstract

The lack of qualified health professionals able to meet the needs of growing populations is a problem of global proportions. Canada, where the population is both increasing and ageing, has not been spared. While the national shortage of physicians has been well recognized by the federal and provincial governments and their citizens, the measures taken by governments have failed to meet the expectations of the public. Moreover, recent strategies brought forth by Canadian health system planners rely on international medical graduates (IMGs) rather than focusing on re-structuring Canada's health and education systems. Note that the term IMG encompasses both physicians who do not meet Canadian licensing standards prior to completion of a residency in Canada, as well as physicians whose medical licenses are recognized in Canada without the need for further residency training.

The proposed initiatives to address the current physician shortage include increasing residency spots for IMGs and actively recruiting IMGs. However, these are temporary solutions which do not contribute to developing a self-sufficient Canadian health care system. In addition, the demographics of IMGs have changed in recent years, with a growing number arriving from developing countries which are themselves experiencing critical physician shortages (1, 2). Thus, measures involving IMGs bring about new ethical dilemmas, which must be carefully considered.

We, the Canadian Federation of Medical Students (CFMS) and the Fédération Médicale Étudiante du Québec (FMEQ) recognize the importance of measures aimed at meeting the health care needs of Canadians. That being said, we are concerned by the lack of consideration given to the consequences of recruitment practices on the health care systems of targeted countries. While we also acknowledge that migration is a normal phenomenon and that IMGs have the right to seek opportunities outside their countries of origin, we believe that Canadian health system planners should implement ethical recruitment procedures to ensure that recruitment is conducted in a transparent manner which respects the right to health of all populations, as defined in the *Universal Declaration of Human Rights* (3).

The Canadian situation

Canada's reliance on IMGs is not a novel phenomenon. However, in recent years, IMGs originate increasingly from low-income countries (1, 2). Thus, we must consider whether this latest influx in IMGs merely exemplifies passive migration as individuals seek better employment opportunities abroad, or results from active recruitment of IMGs by Canadian

agencies. In the case of the latter, concerns must be raised regarding the ethical implications of recruiting in countries already struggling with shortages in their health care workforce.

We recognize the difficulties in evaluating and monitoring the role, active or passive, that recruiting agencies have in the decision of IMGs to migrate to Canada (3). However, we do consider active recruitment practices that systematically target physicians in countries with current critical physician shortages, as defined by the World Health Organization (WHO), as ethically unacceptable.

We are aware that recruitment of IMGs represents a time- and cost-effective measure for Canadian provinces to respond to their current physician shortages. However, we are concerned by the apparent lack of consideration for the long-term effects that this recruitment may have on the source countries. Furthermore, we believe such measures to be part of a short-term and inadequate solution, which does not address the underlying causes of the current physician shortage in Canada. The issues at the core of the international physician shortage were assessed during the WHO Global Forum on Human Resources for Health, giving rise to *The Kampala Declaration and Agenda for Global Action*. Above all, *The Kampala Declaration* calls upon national leaders to build on their existing commitments to address the shortage, by implementing comprehensive health workforce strategies. Moreover, countries are urged to work collectively to address the global health workforce crisis, with higher-income countries prioritizing the training and recruiting of health care workers from within their own countries (4). We believe that, in order to increase its self-sufficiency in training physicians and decrease its dependence on IMGs, Canada must implement measures such as those stated in *The Kampala Declaration*.

In the context of a worldwide shortage of health care professionals, the competitive recruitment of qualified individuals has also been identified as a global issue of critical importance. Efforts to address this international crisis have come in the form of international conventions seeking to regulate recruitment practices. Most notably, Canada failed to formally adopt *The Commonwealth Code of Practice for the International Recruitment of Health Workers* (5). More recently, the WHO has begun to develop a global Code of Practice (COP) on international recruitment of health personnel. Canada should indeed play an active role in the drafting of the WHO code. The urgency of the global situation is also highlighted by national and international associations, which have drafted or participated in the development of related policy statements. The International Federation of Medical Students' Associations (IFMSA) adopted *The IFMSA Declaration on Migration of Health Care Workers* during its March Meeting of 2008 (6), while the Canadian Medical Association played an active role in drafting the World Medical Association's (WMA) *Statement on Ethical Guidelines for the International Recruitment of Physicians* (7), which proposes that countries regulate the exchange of physicians by engaging in bilateral agreements of understanding, in accordance with international human rights law.

We are aware of the challenges that Canada faces in addressing this issue both at the international and national levels. Most notably, the sharing of legislative power between the federal and provincial governments has proven to be problematic when attempting to enforce national guidelines. Although the federal government is a key actor at the international level, it is the provincial governments who are ultimately responsible for managing their human health

resources and choosing to abide to COPs regarding health care matters. Consequently, the adoption of international conventions, such as *The Commonwealth COP* or the WMA's *Statement on Ethical Guidelines*, by the federal government would have little direct impact unless provincial governments also implement the proposed code. Thus, any solution to this complex situation requires cooperation between both federal and provincial governments as well as interprovincial collaboration. Moreover, should Canada develop its own COP, it would be beneficial for federal and provincial governments to work with professional regulatory bodies, hospitals and recruiting agencies. Broader participation will allow for development of realistic solutions and ensure implementation of the COP by all involved parties.

Guiding Principles in developing a Code of Practice on ethical recruitment of foreign-trained physicians

While we recognize personal autonomy of IMGs who choose to leave their countries of origin, we strongly believe that it is also essential to consider the right to basic health in all populations.

We also appreciate that migration is a natural phenomenon unlikely to recede in the future. In light of this, the establishment of national and international COPs for recruitment of IMGs will be vital in ensuring that migration is of equal benefit to all involved parties. Furthermore, it is imperative that recruitment be part of a fully transparent agreement, with both parties adhering to the proposed COPs, and protecting the migrants' rights.

Additionally, in order for IMGs to be treated fairly while at the same time protecting the Canadian public, adequate and transparent licensing procedures are necessary, and should be realized in a timely manner.

Keeping these points in mind, we agree with the Guiding Principles established by the Canadian Policy Research Network (CPRN), and believe that any COP on recruitment of IMGs needs to adhere to these Guiding Principles (2). They are as follows:

- global justice
- personal autonomy
- transparency and accountability
- fairness
- provider competency
- mutuality of benefits or reciprocity between countries or jurisdictions
- equitable workplace practices; and
- workplace and cultural integration.

Recommendations

In Canada, the management of human health resources is of provincial jurisdiction, and ultimately, it will be the responsibility of the provinces to include ethical considerations into future human health resource planning. Thus, we recommend that the provincial governments

- assess their individual situation and develop ways to monitor recruitment of IMGs
- work with the federal government to develop and implement a Canadian COP in

line with the above stated Guiding Principles

Furthermore, we feel the need for the federal and provincial governments to develop strategies to strengthen the health care workforce. Ultimately, we believe that Canadian provinces should strive to stop relying on IMGs, thereby increasing their self-sufficiency. Thus, we recommend that the federal government should assess the national situation and help provincial governments to

- increase training capacity for physicians within Canada by formulating and implementing a comprehensive health workforce strategy in accordance with *The Kampala Declaration* (4)
- develop initiatives aimed at encouraging medical graduates to train in underserved disciplines
- develop incentives aiming to relocate physicians to underserved areas

Moreover, the federal government should

- collaborate with medical stakeholders and provincial governments to develop health career opportunities for IMGs who have migrated for personal reasons, but are unable to meet licensing standards to work as physicians in Canada (8)
- work with the provincial governments to develop and implement a Canadian COP in line with the above stated Guiding Principles

We also believe that the federal government should recognize the current situation and participate actively in the development of the WHO Global COP. Although we realize that management of the human health resources lies with the provinces, the ratification of a Global COP by Canada will set a precedent for the provinces, and show the international community that Canada recognizes the severity of this crisis. Such action would show Canada's continued commitment to human rights.

Concluding Remarks

We recognize that active recruitment is only one of multiple factors contributing to the emigration of IMGs. In order to have substantial impact on the physician shortages in low-income countries, poor working conditions, support staff shortages, lack of equipment and medicine, bureaucracy, scarce financial resources and limited professional development opportunities will need to be addressed. The Canadian government can continue to be a positive force by providing ongoing development assistance.

Furthermore, this situation concerns not only physicians, but also internationally educated nurses, pharmacists and other health professionals. We encourage other professional associations to participate in this discussion and develop their own policy statements regarding this situation.

We believe that the inclusion of these ethical considerations in future human health resources planning and recruitment will be essential to attaining transparent agreements which equally benefit all involved parties. Through the establishment of clear guidelines by the federal and provincial governments, we will ensure that all future action taken regarding migration of the

health care workforce strives to integrate the individual freedom of IMGs to move and the right to access to health of all populations.

References:

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