Ethical Recruitment and Integration of Internationally Educated Health Professionals in Canada

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Overview

• International Recruitment of IEHPs
  – Recruitment practices
  – Ethical codes

• Integration of IEHPs
  – Assessment processes & outcomes
  – Bridging programs
Role of IEHPs in Canadian HHR

- The role of IEHPs has been intricately connected with HHR policy in Canada.
  - During periods of perceived shortages, there has been recruitment of IEHPs, and those already in the country are more readily integrated.
  - Their integration has been more difficult during periods of perceived HRH surpluses.

- Canadians have benefited from this flow in terms of greater health care access and reduced public costs of health professional training.
Figure 1. Number of Licensed International Medical Graduates in Canada, 1970–2006

International Medical Graduates (IMGs) in Canada 1970-2006

Source: Canadian Institute for Health Information. Personal Communication with J. D. Stanway. Number of Canadian-Trained and Foreign-Trained Doctors (active) from 1970 to 2006. Ottawa, ON: HHR.
Figure 2. Number of Internationally Educated RNs in Canada, 1980–2006

Figure 3. Licensed IMGs in Canada by Country of Origin, 2008 (excludes residents)

IMGs in Canada, by Select Source Countries, 2008

Figure 4. Source Countries of IENs in Canada, 2004

International Recruitment of IEHPs

• Recruitment Practices
  – Artificiality of the distinction between active and passive recruitment

• Activities Fostering Passive Recruitment
  – The points system for immigrants has an inherent bias towards skilled and experienced professionals
  – Provincial Nominee Programs have a special stream specifically for health professionals
  – Recently announced government pledges that it would set aside money to be spent on initiatives to facilitate the migration and employment of IEHPs
  – The availability of Evaluating Exams in Foreign Countries
International Recruitment of IEHPs

- Ethical Codes
  - Little recognition
  - Difficulty implementing policy in compliance

- Key Principles in the Canadian Companion Document
  - Strive to create a *self-sufficient* health workforce
  - Transparency, fairness and *mutuality of benefits*
  - Jurisdictions should enhance data, research and sharing of information
  - All aspects of the employment of international health personnel should be *without discrimination* of any kind
Integration of IEHPs

Involves two distinct facets.

1. The first is the integration into *licensed practice*, which includes national policies and processes around the recognition of international qualifications and licensure at the provincial/territorial level.

2. The second is integration into the *culture of practice*, which is a much less salient issue of cultural competency.
Integration of IEHPs

Assessment Process and Outcomes

• Barriers that IEHPs face while trying to integrate into the Canadian workforce:
  – English or French language skills, particularly those that are profession-specific;
  – financial difficulties related to the requirements for licensure, which are compounded by the time-consuming and seemingly bureaucratic nature of the process; and
  – the challenge posed by the lack of opportunity to gain Canadian cultural competency.

• Consequences stemming from integration barriers, including downward professional mobility
Integration of IEHPs

• Canada has excelled in developing bridging programs which vary and can serve multiple purposes:
  – Assessment of existing education and skills to identify any additional training needs and, where possible, profession-specific language training
  – Preparation for licensure exams
  – Provision of clinical or workplace experience
  – Improving familiarity with the social and cultural context of the Canadian health care system

• Access Centre for IEHPs (Ontario)
  – case management/career reorientation
Concluding Thoughts

- Making the integration process easier may have the unintended and inevitable consequence of drawing more IEHPs to Canada.

- This emphasizes the challenge of reducing discrimination against IEHPs and diminishing the negative effects of their migration on their home countries, both of which are highlighted in the WHO Global Code and the Canadian companion document.