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ON THE MOVE: THE MIGRATION OF HEALTH PROFESSIONALS AND ITS IMPACT ON HHR PLANNING

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Migration of Health Professionals

- Health professionals have long been internationally mobile, but the role of internationally educated health professionals (*IEHPs*) is increasingly a critical part of health human resource (HHR) strategies in many Western countries
 - *This is particularly true where there are not enough health professionals*
- The consequences of this increased reliance on IEHPs on the countries they come from, however, raise important ethical issues.

The 'On the Move' Study



- The overall purpose of this research is to examine how IEHPs fit into the HHR planning schemes of Canada, the U.S., the U.K., and Australia – the 4 prime destination countries—by critically examining:
 - the various stakeholders involved in the migration of physicians, nurses and midwives into (and out of) Canada, the U.S., the U.K., and Australia;
 - the perspectives, interrelations and influences of these various stakeholders on the framing of 'policy problems' pertaining to health care provider migration and integration;
 - the resultant 'policy solutions' in each of these four countries.

Data

For each of the four countries, data were collected through:

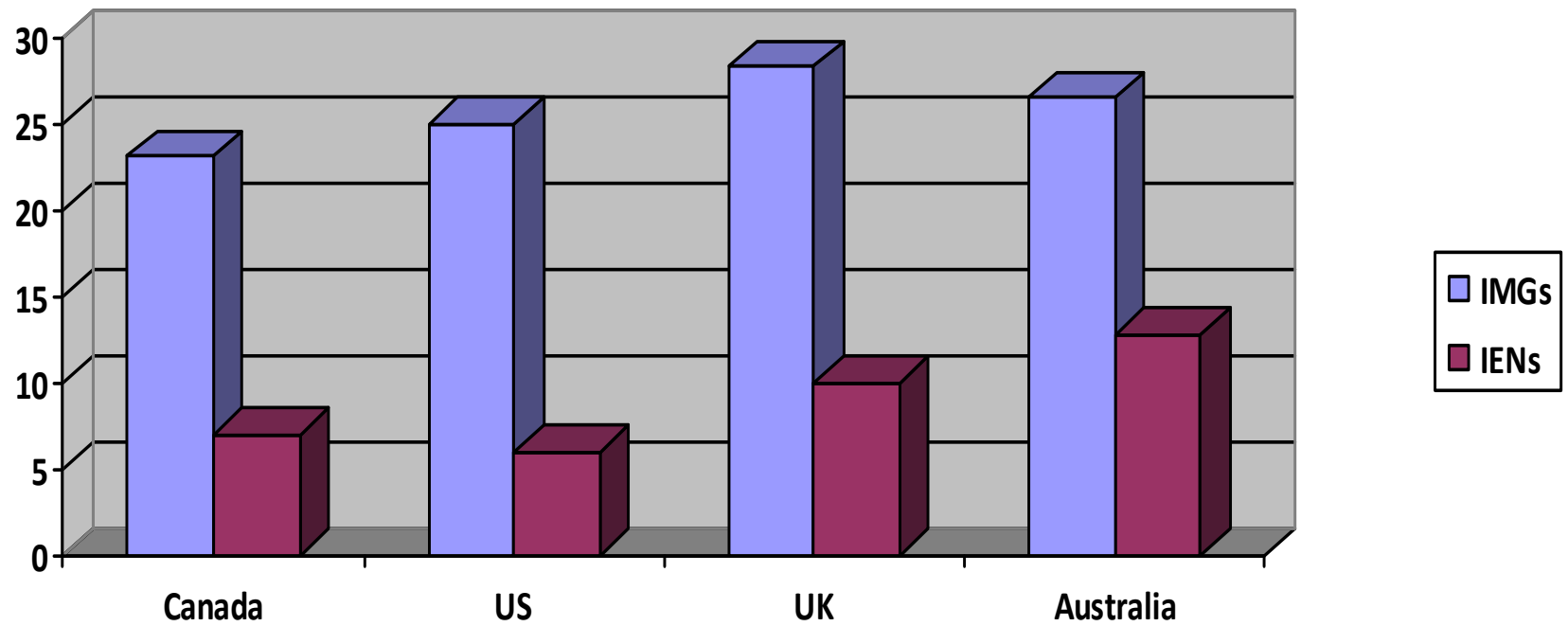
1. the acquisition of key public domain policy documents, position statements, commentaries as well as data on the flow of health care providers primarily from 2000 onwards; and
2. interviews with 186 key informants involved in or influenced by the policy decision-making process
(i.e., professional regulators, government agency officials (i.e., immigration, health, human resources), recruitment agencies, representatives from professional associations and from immigrant health care providers' organizations, etc.).

The data are analysed using the constant comparative technique of qualitative health policy analysis

Politics of Migration

- The flow of health care providers is intricately linked to key policy decisions that have been made both historically and most recently
 - In all four countries, governments and employers tend to rely on international recruitment rather than focusing on the underlying problems leading to shortages

Comparing Physician & Nurse Migration

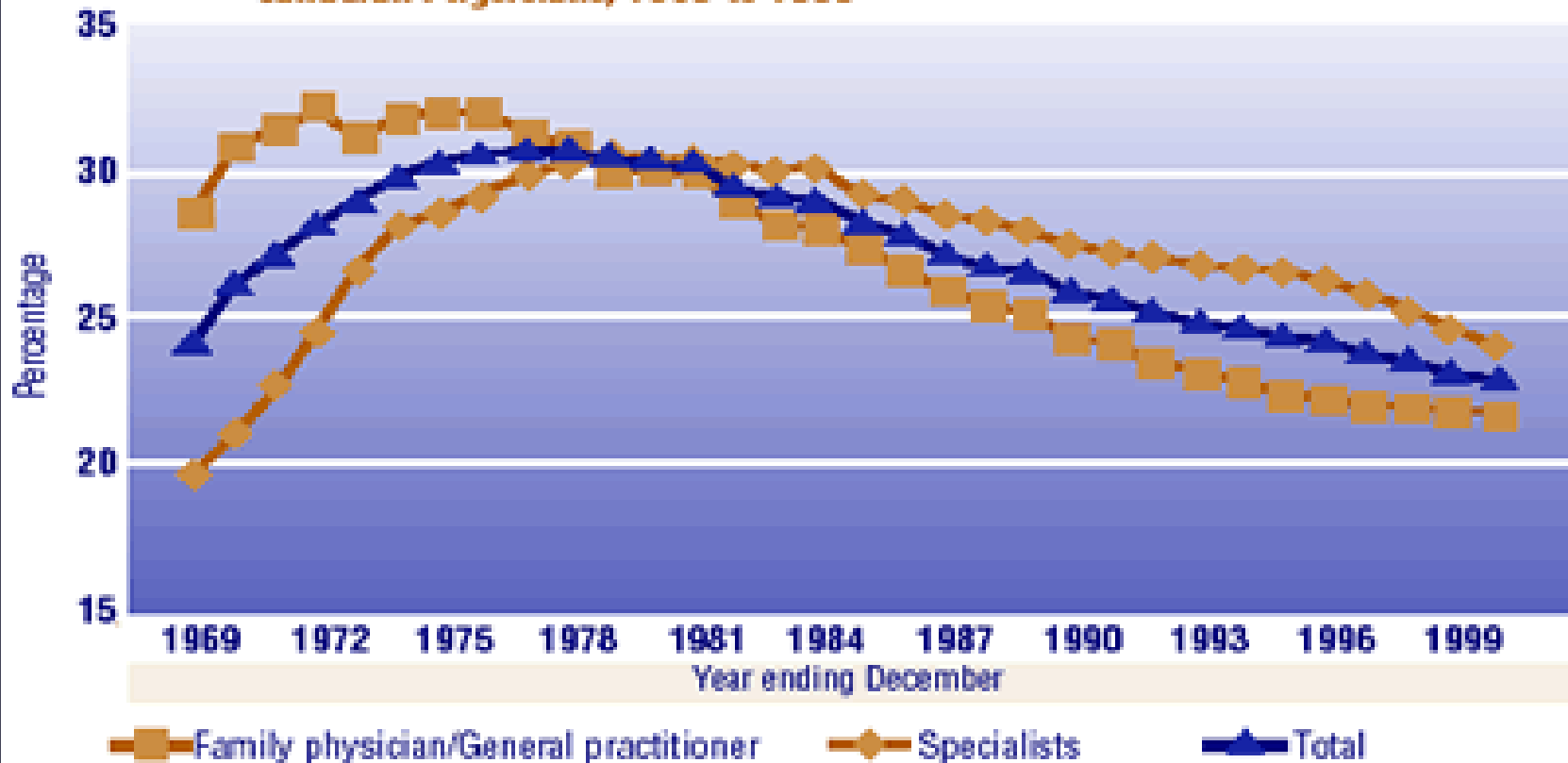


IMGs



Demographics of Physician Migration *Canada*

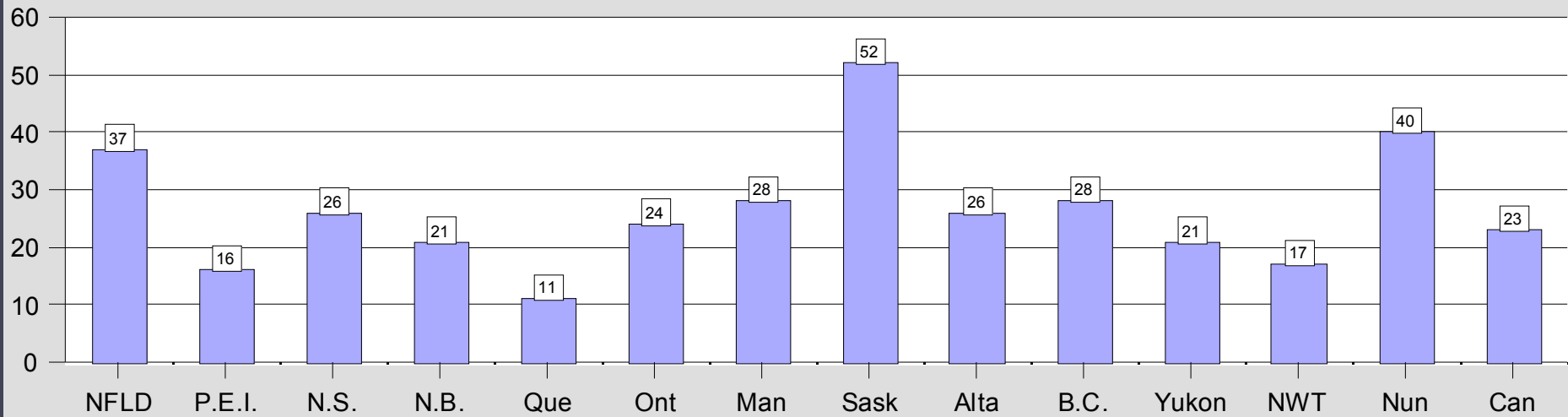
Figure 1: International Medical Graduates (IMGs) as a Percentage of Active Canadian Physicians, 1969 to 1999



Source: Dr. Mamoru Watanabe, *Canadian Physician Workforce: The Role of IMGs*, International Medical Graduates National Symposium Proceedings, 2002. Data from *Southern Medical Database*, Canadian Institute for Health Information.

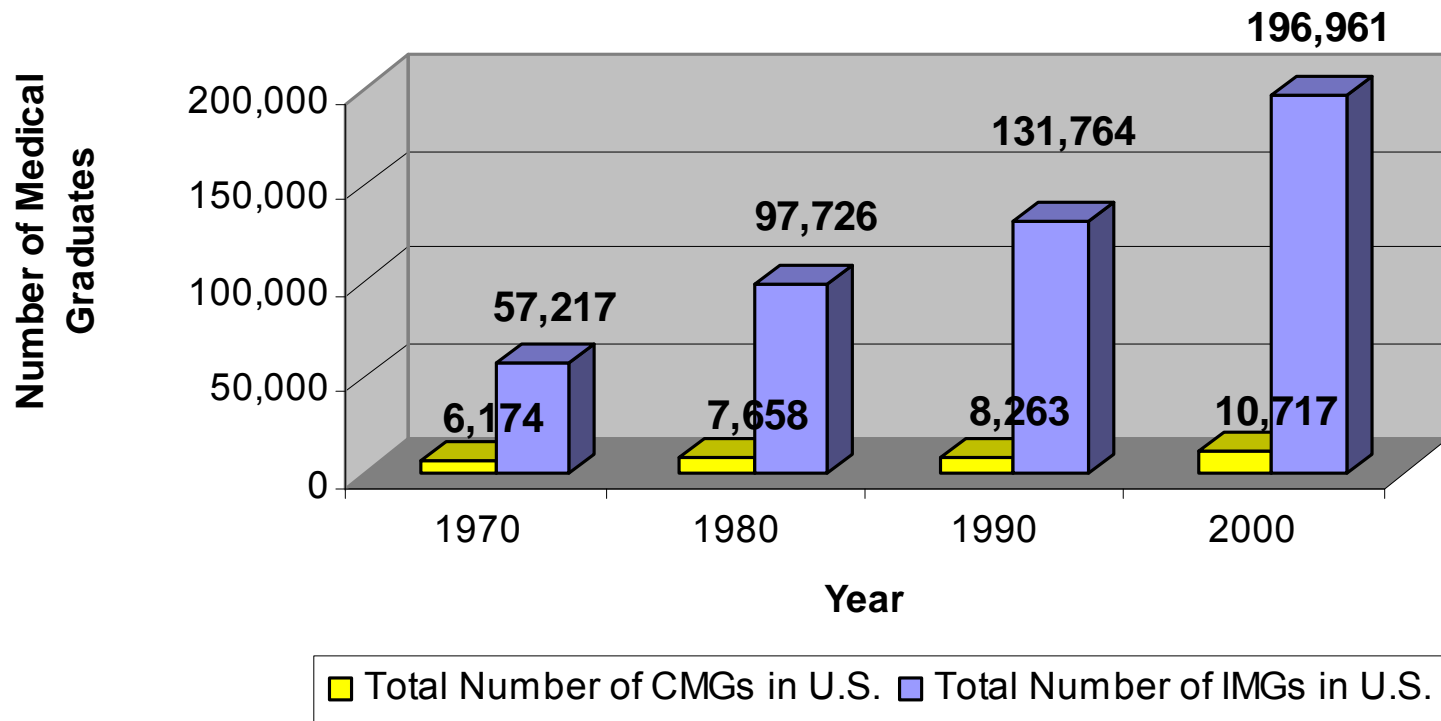
Demographics of Physician Migration *Canada*

Figure 3.1 IMGs as a Percentage of Active Canadian Physicians
by Province/Territory, 2002



Demographics of Physician Migration *United States*

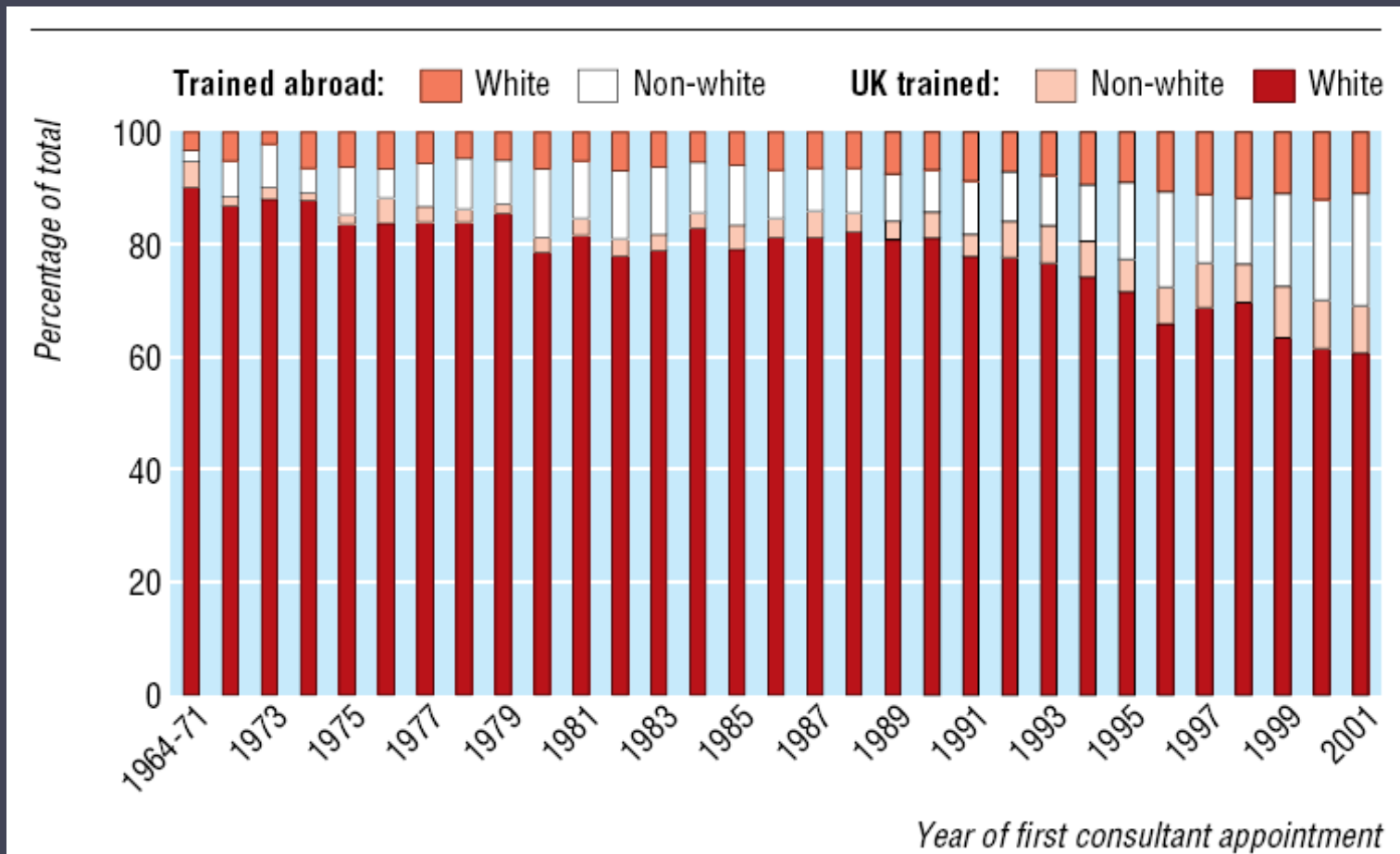
International Medical Graduates (IMGs) & Canadian Medical Graduates (CMGs) in the United States, 1970-2000



Source: American Medical Association. 2006, "IMGs by Specialty"

Demographics of Physician Migration *United Kingdom*

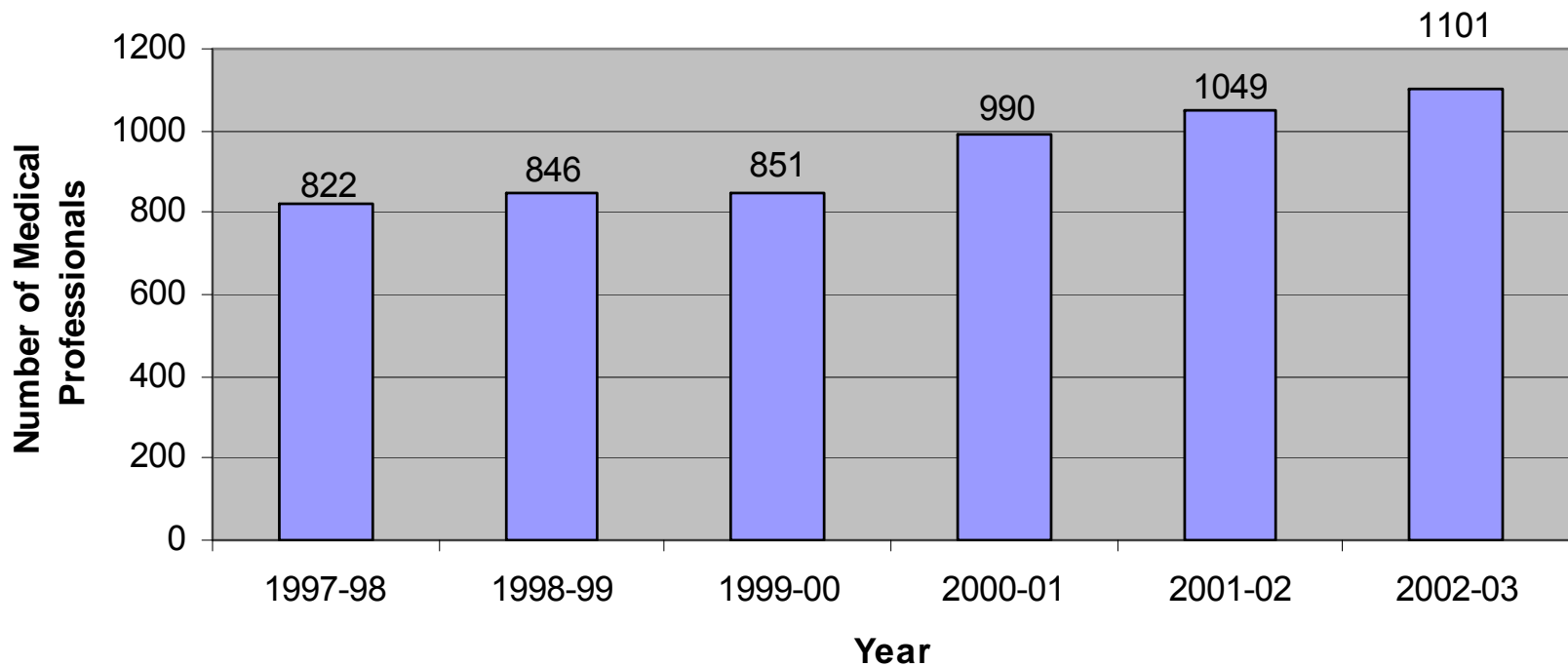
Percentage of Foreign-Trained and UK-Trained Physicians in the Physician Workforce of the United Kingdom, by Selected Years, 1964-2001



Source: Goldacre, Michael J., Jean M. Davidson, and Trevor W. Lambert. 2004. "Country of training and ethnic origin of UK doctors: database and survey studies." *BMJ* 329:1-5.

Demographics of Physician Migration *Australia*

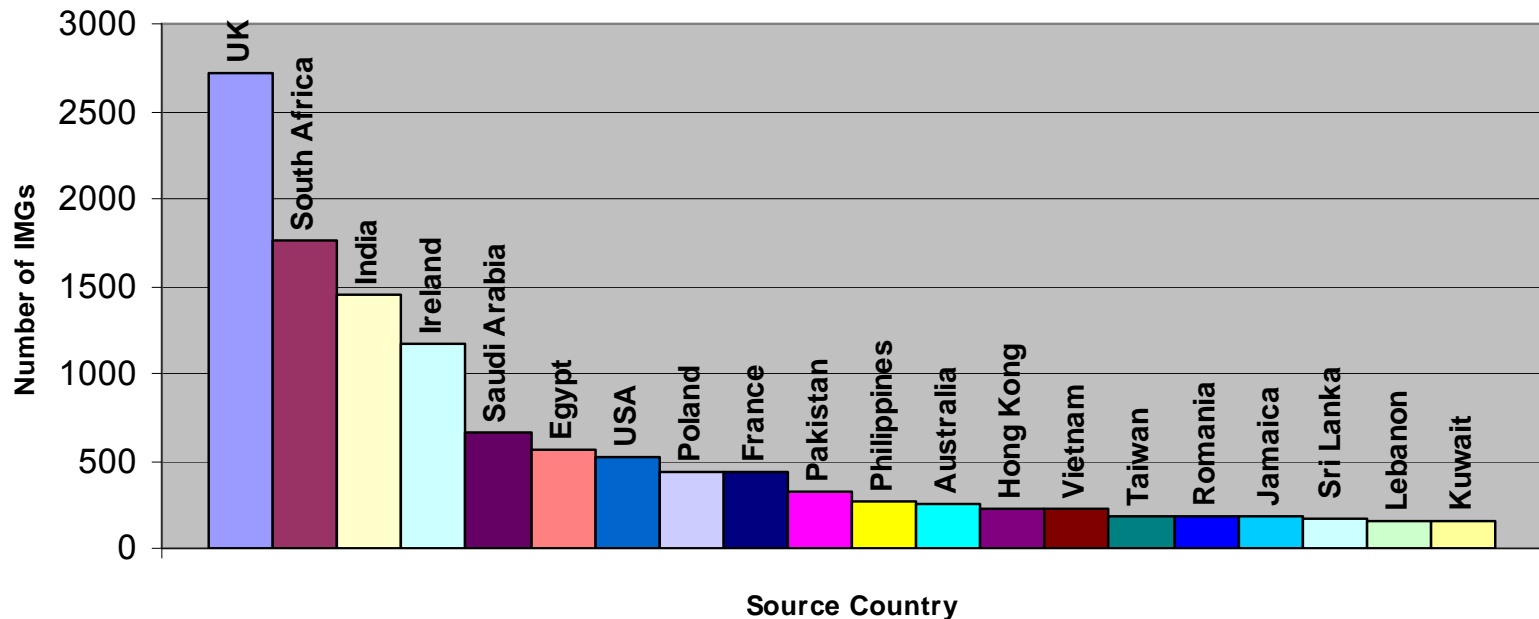
**Number of Medical Professionals Arriving Under Visa Subclass
422 (Temporary Visa), Australia 1997-2003**



Source: Birrell, Robert J. 2004. "Australian policy on overseas-trained doctors." *The Medical Journal of Australia* 181:635-639.

Demographics of Physician Migration *Canada*

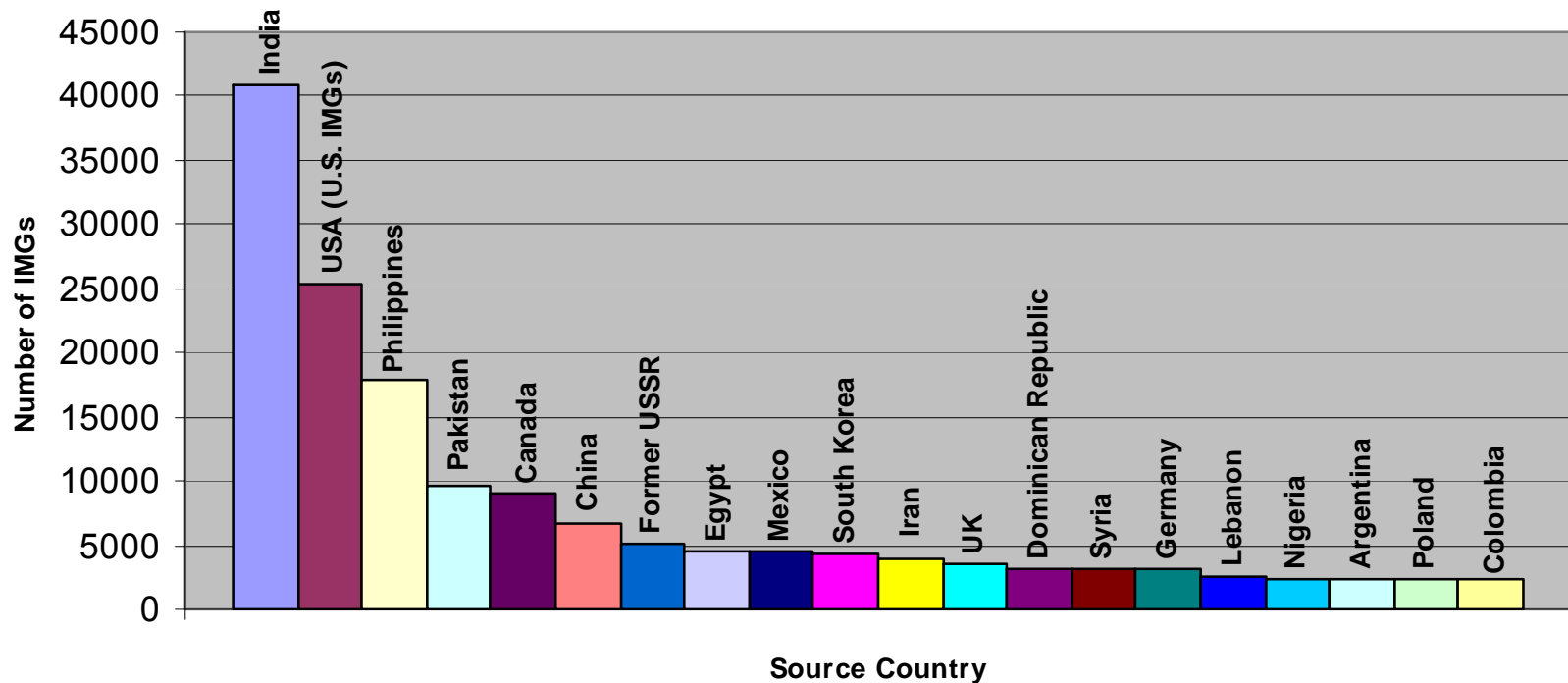
**International Medical Graduates (IMGs) in Canada
by Source Country**



Source: Mullan, Fitzhugh. 2005. "The Metrics of the Physician Brain Drain."
New England Journal of Medicine 353:1810- 8.

Demographics of Physician Migration *United States*

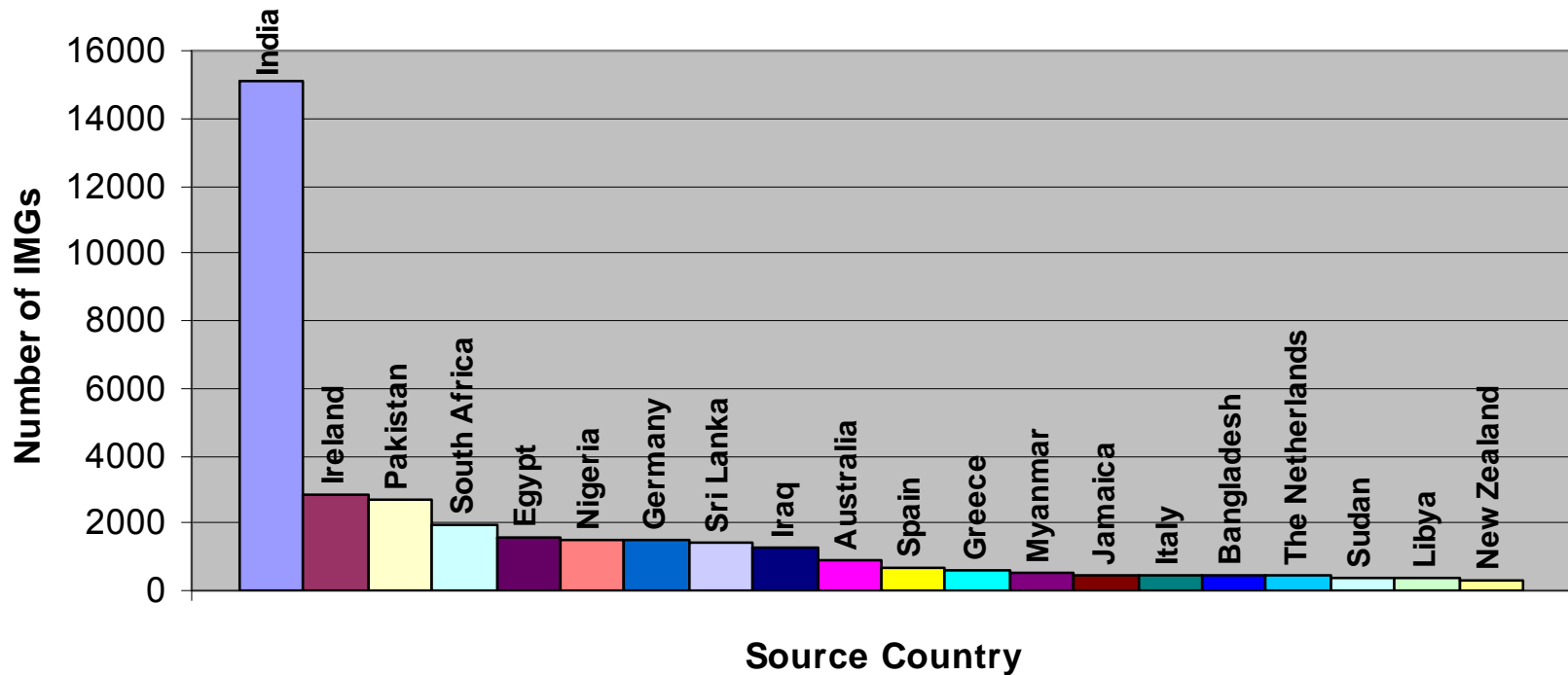
**International Medical Graduates (IMGs) in the United States
by Source Country**



Source: Mullan, Fitzhugh. 2005. "The Metrics of the Physician Brain Drain."
New England Journal of Medicine 353:1810- 8.

Demographics of Physician Migration *United Kingdom*

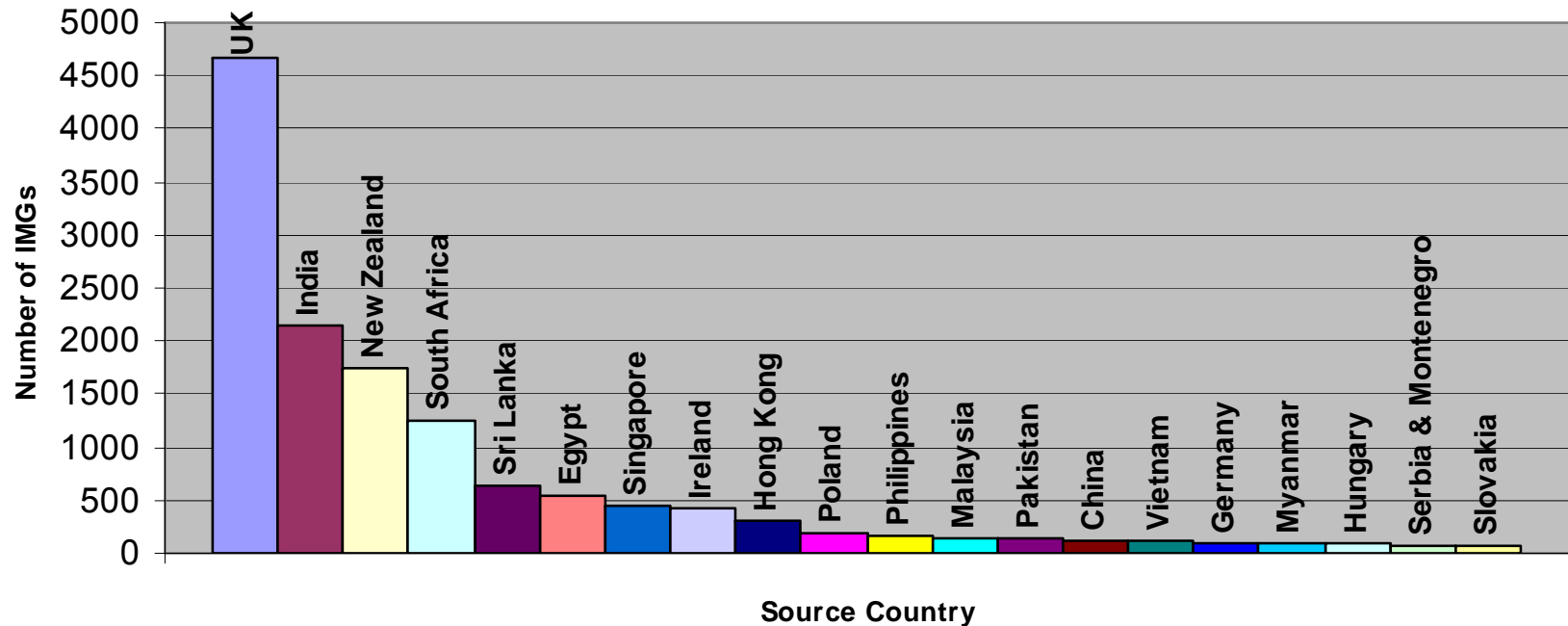
**International Medical Graduates (IMGs) in the United Kingdom
by Source Country**



Source: Mullan, Fitzhugh. 2005. "The Metrics of the Physician Brain Drain."
New England Journal of Medicine 353:1810- 8.

Demographics of Physician Migration *Australia*

**International Medical Graduates (IMGs) in Australia
by Source Country**

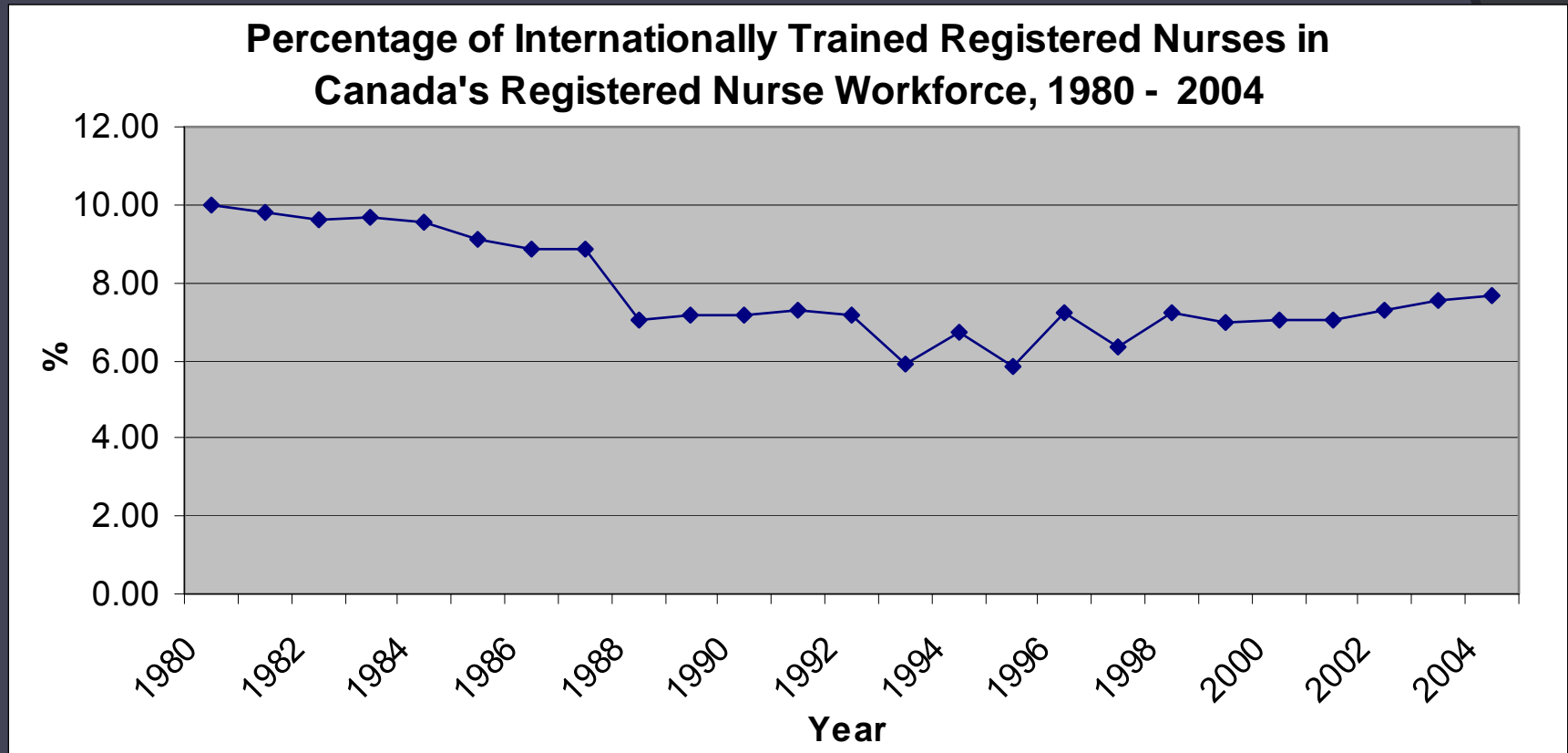


Source: Mullan, Fitzhugh. 2005. "The Metrics of the Physician Brain Drain."
New England Journal of Medicine 353:1810- 8.

IENS



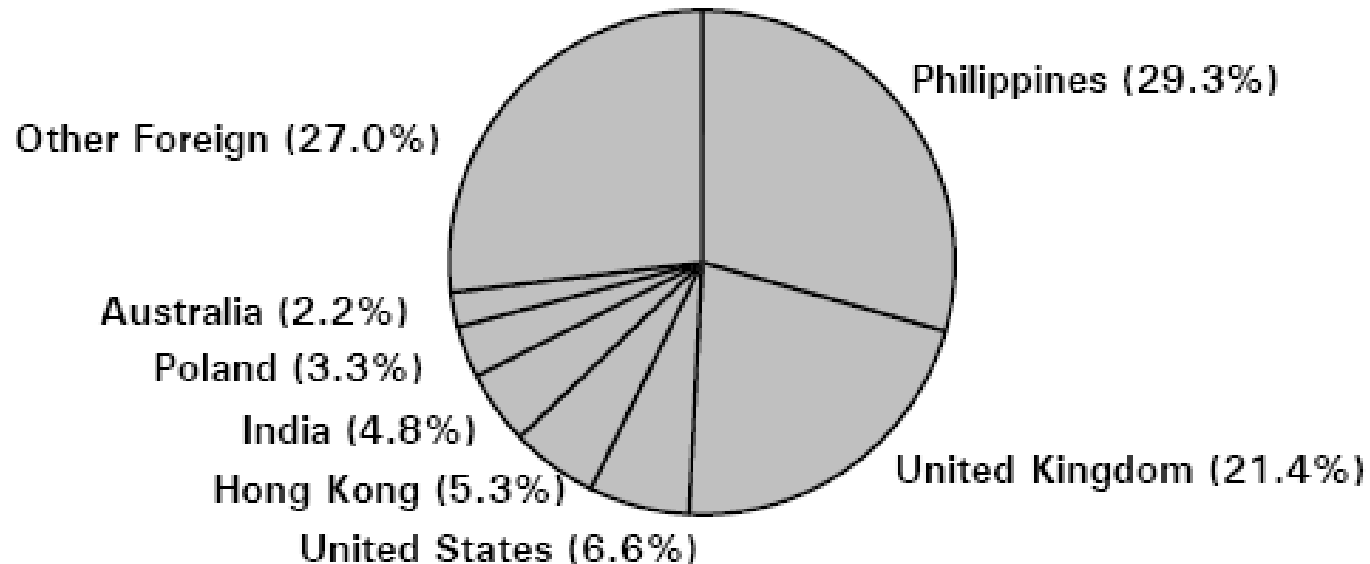
Demographics of Nurse Migration *Canada*



Source: CIHI. 2006. "Numbers of Internationally Trained Registered Nurses in Canada, 1980-2004." Pp. excel file, edited by A. Porter-Chapman. Ottawa: NDB/CIHI.

Demographics of Nurse Migration *Canada*

Percentage of Foreign-Trained RNs

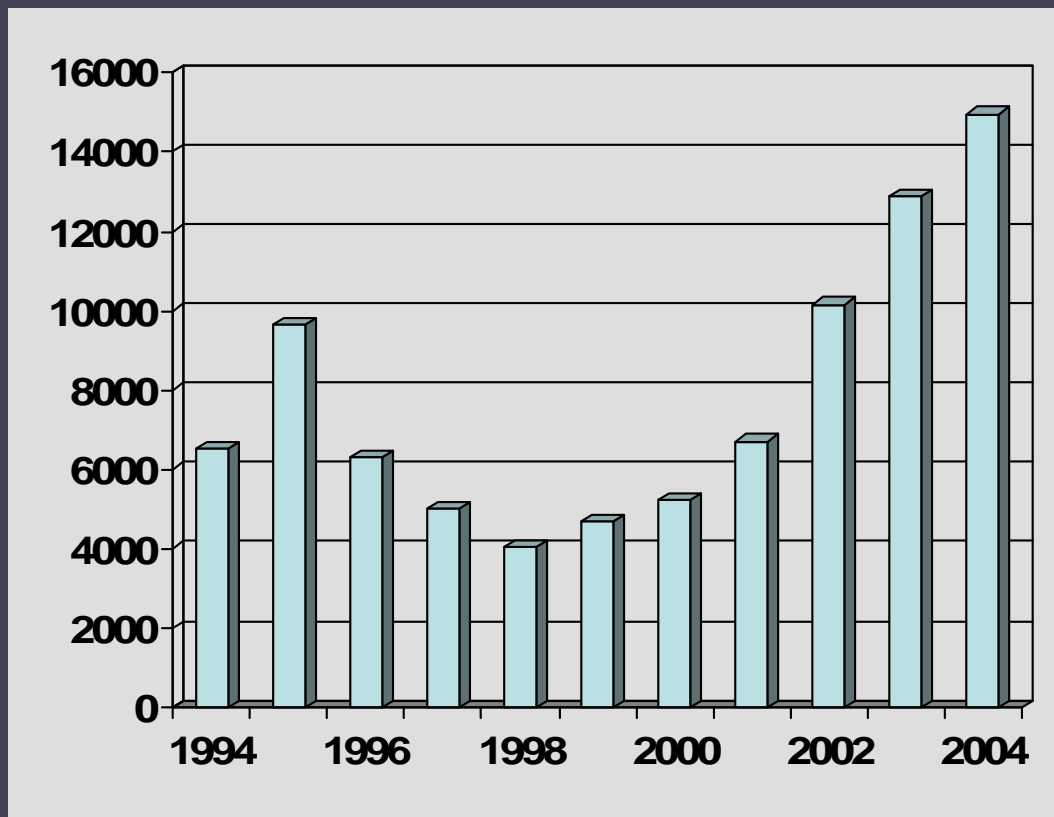


Source: RNDB/CIHI.

Source: CIHI. 2005. "Workforce Trends of Registered Nurses in Canada, 2004."

Demographics of Nurse Migration *United States*

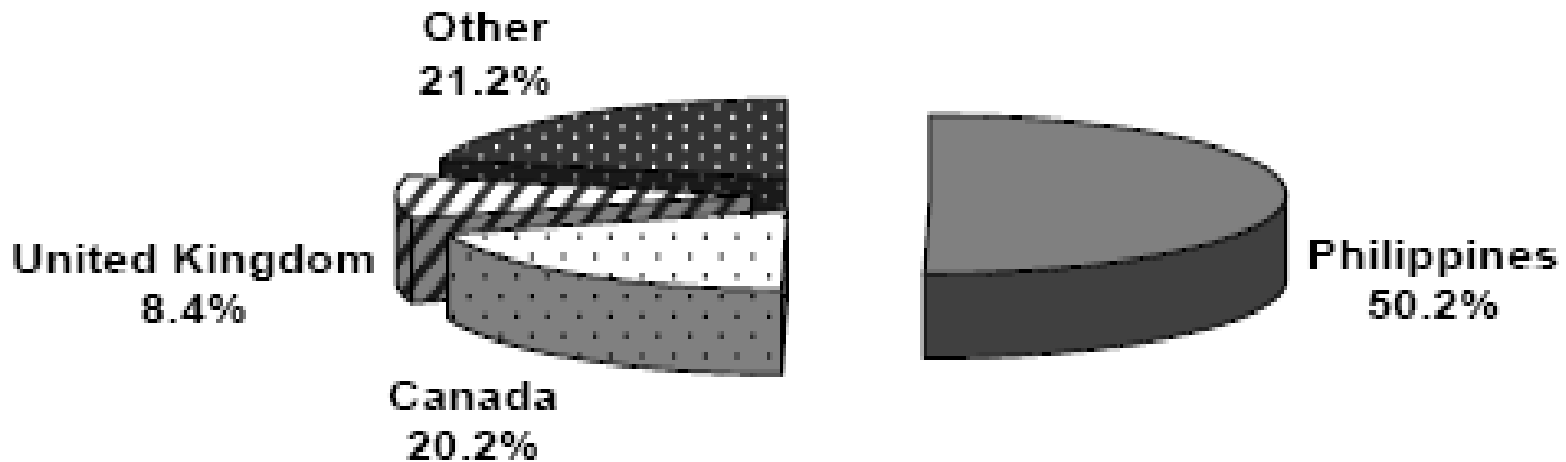
New Licensed Foreign-Educated Nurses in U.S., 1994-2004



Source: Aiken, Linda H. 2006. "U.S. Policies: Key to Global Nurse Sufficiency."
Pp. 3 in *Health in Foreign Policy* Centre for Health Outcomes and Policy Research.

Demographics of Nurse Migration *United States*

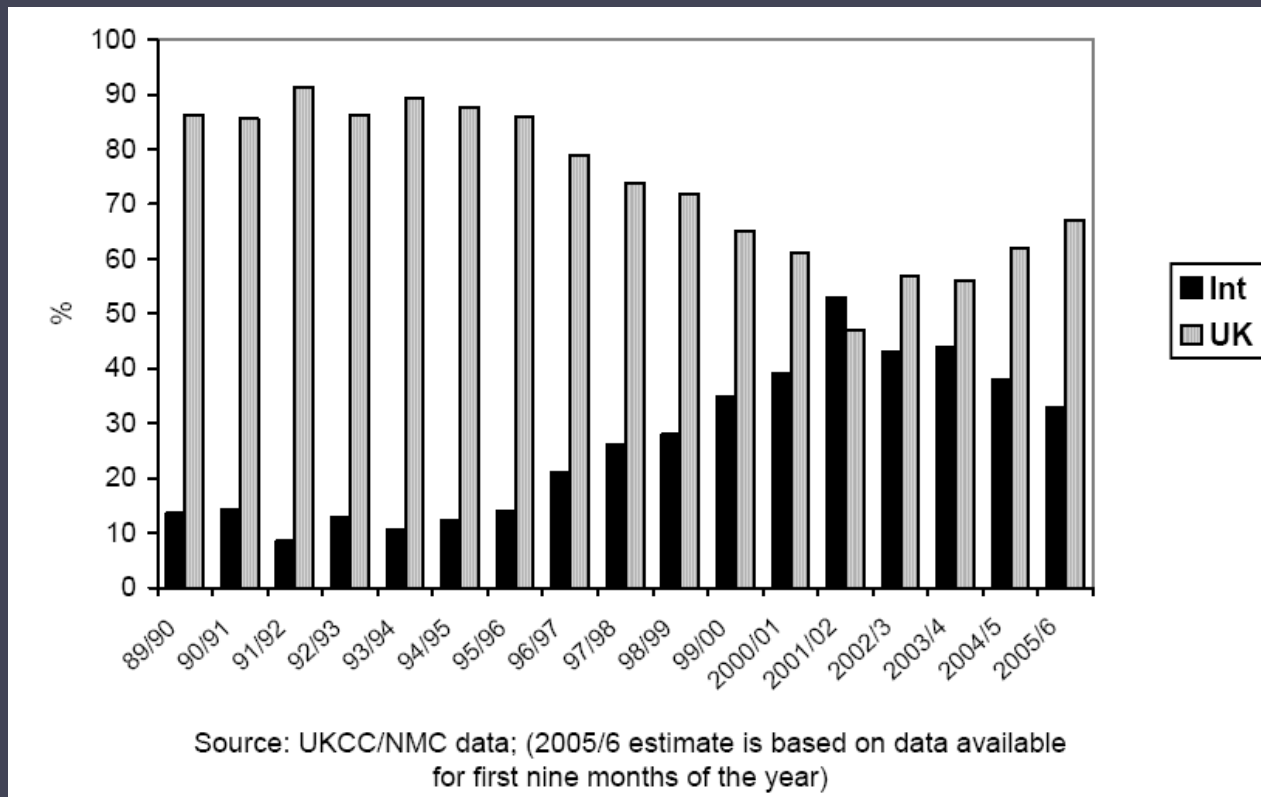
Main Source Countries for Foreign-trained Nurses in the US, 2004



Source: Department of Health and Human Services. 2004, "Preliminary Findings: 2004 National Sample Survey of Registered Nurses", Retrieved June 12, 2006

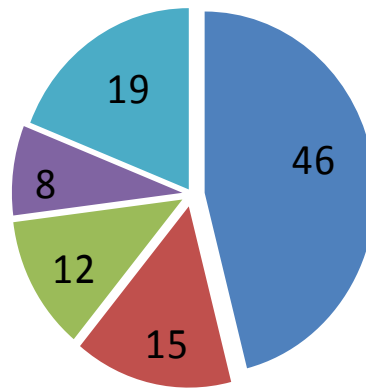
Demographics of Nurse Migration *United Kingdom*

International and UK sources as a % of total new admissions to the UK nursing register, 1989/90 - 2005/2006 (estimate) (Initial Registrations)



Demographics of Nurse Migration *United Kingdom*

Source Countries of IENs in the U.K. (2002/3)



■ Philippines

■ India

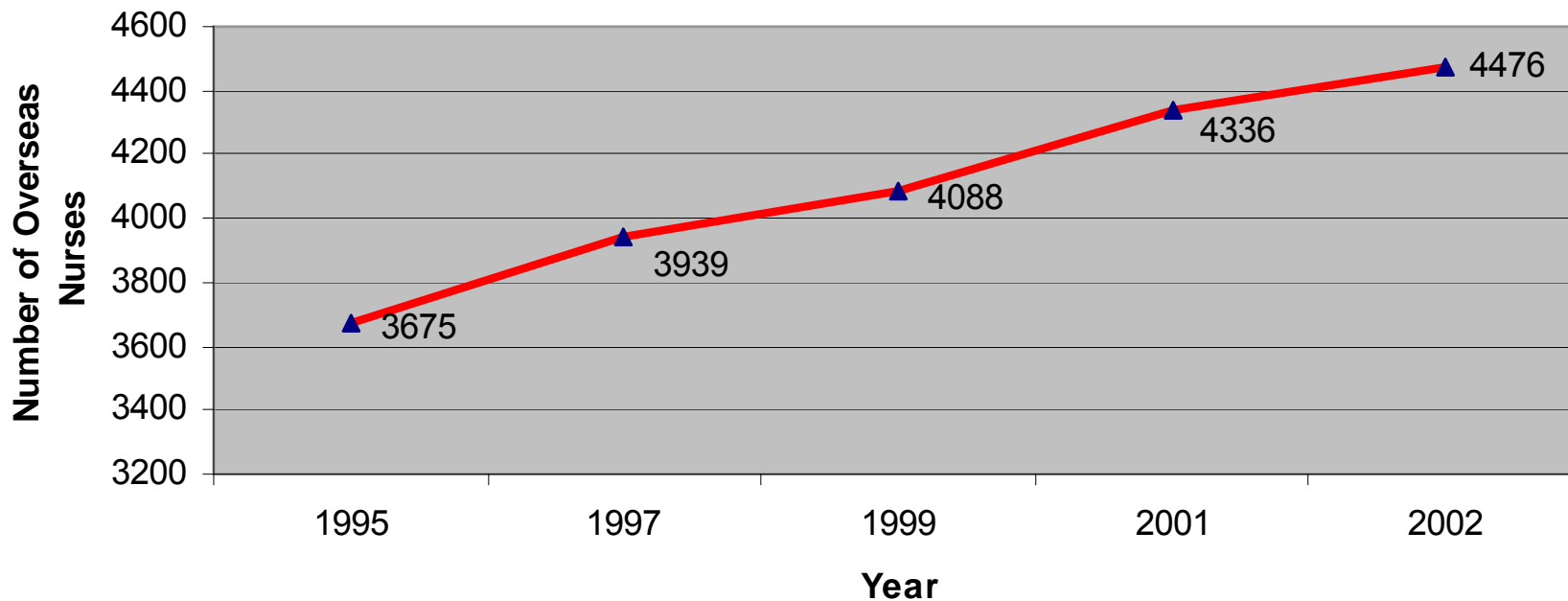
■ South Africa

■ Australia

■ Other

Demographics of Nurse Migration *Australia*

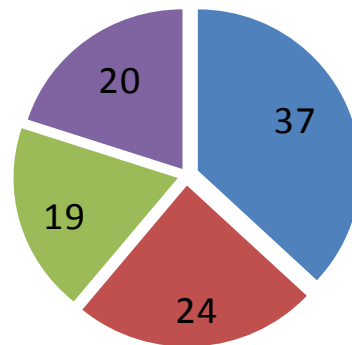
**Number of Overseas Nurses in Australia, by Selected Years,
1995-2002**



Sources: AIHW. 2003, "Nursing labour force 2002", Retrieved July 10, 2005; AIHW. 2005, "Nursing and midwifery labour force 2003"

Demographics of Nurse Migration *Australia*

Source Countries of IENs in Australia (2000)



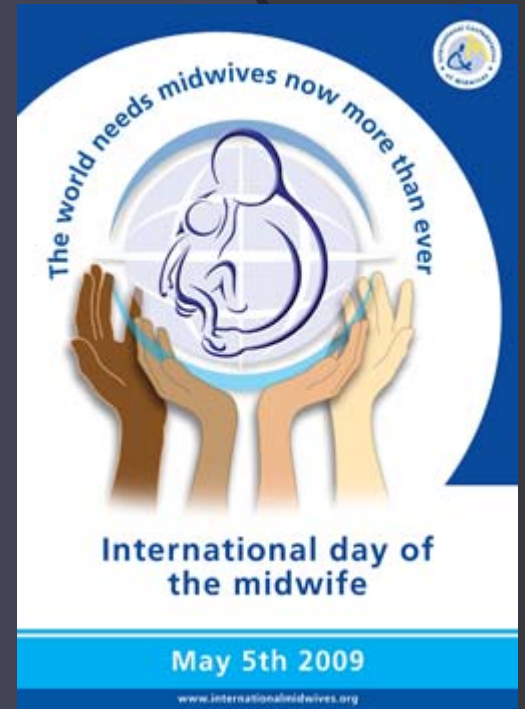
■ New Zealand

■ U.K.

■ Other Asia

■ Other

IEMs



What about Midwives?

- ▣ Although the broader contextual features have increased the speed and extensiveness of the migration of other health professionals (i.e., nurses and physicians), this is more limited in the case of midwifery because of
 - ▣ *different entry to practice requirements* and
 - ▣ *uneven regulatory contexts* across the four countries

IEMs in the U.S.

- ▣ Difficulty in the U.S. related in part to the various kinds of licenses/certification and equally varied requirements:
 - *Licensed Midwife (LM)* (Texas)
 - *Licensed Traditional Midwife (LTM)* (Minn.)
 - *Certified Professional Midwife (CPM)* (NY, NJ, RI)
 - *Certified Midwife (CM)*
 - *Certified Nurse-Midwife (CNM)*

IEMs in the U.K.

- ▣ To work in the NHS, midwives must hold a "pre-registration" qualification in midwifery at degree level, which allows them to register with the Nursing and Midwifery Council (NMC).
 - There will be no new intakes onto Dip HE programmes in midwifery after August 2008.

- ▣ If an applicant meets minimum standards, she will be required to undertake an ***Adaptation to Midwifery Programme***.
 - This programme will prepare and assess the ability to practice in a UK health environment and meets the same standards as are the requirements of UK-trained midwives as they enter the NMC Register.

IEMs in Australia

- ▣ The Australian Nursing and Midwifery Council (ANMC) conducts *Competency-Based Assessments* of Registered Nurses and Midwives who intend to migrate to Australia.
 - *Through this process the ANMC determines whether midwives may need to undertake further education in order to be eligible for migration.*
 - ▣ Migrant Bridging Programs

IEMs in Canada

- In 2006, a National Midwifery Assessment Strategy (NMAS) was approved by Canadian midwifery regulators to assess IEMs

ON

- **IMPP** (Int. Midwifery Preregistration Program)
- 9-12 months
- Part-time

AB, BC, MB, NWT, SK

- **NEW MMBP** (Multi-jurisdictional bridging project)
- 6-9 months
- Full-time

QC

- Microprogramme d'intégration des compétences en pratique sage-femme au Québec
- 6-9 months
- Full-time

Different Challenges

- Challenges for internationally educated midwives derive in large part from the differences in entry to practice requirements
 - Nursing training in some cases
 - Baccalaureate Degrees in some other cases
 - Neither in other cases
- This has the impact of making it difficult to become integrated into the four countries, let alone other 'source' countries

Different Concerns

- ▣ The integration of internationally educated midwives has yet to achieve critical policy significance among many of the stakeholder groups examined across these four countries, except in the case of Canada.

The IEHP Policy Problems/Solutions

- What we have found thus far is that IEHPs represent a similar **policy problem** and **potential policy solution** in each of the four countries:
 - underserved areas
 - safety & quality
 - ethical issues
- but the emphasis on these problems and solutions differ.

IEHPs as a Solution for Underserviced Areas

- Canada, the U.S., & Australia use IEHPs to address shortages in underserviced areas through the use of a range of policy instruments
 - from Visa Waivers (U.S.) to
 - Temporary Licences (Australia) to
 - direct recruitment (in some Canadian cases)
- despite all sharing the position that this is at best a temporary solution

Safety/Quality/Security

- Part of the debate has shifted to a focus on the issue of *safety/quality*
 - e.g., 1. the temporary licensure program in Australia
 - due in large part to a recent celebrated case of *Dr. Death* in Queensland
 - e.g., 2. the cancer screening issue in NFLD/Canada
- *Security* issues have arisen in response to the Glasgow bombing threat which involved IMGs in the U.K.
 - Australia used the case to deport an IMG

Ethics of Health Migration

- International migration is commonly viewed as exacerbating shortages in source countries, particularly in Africa, where the WHO (2003) has stated that the

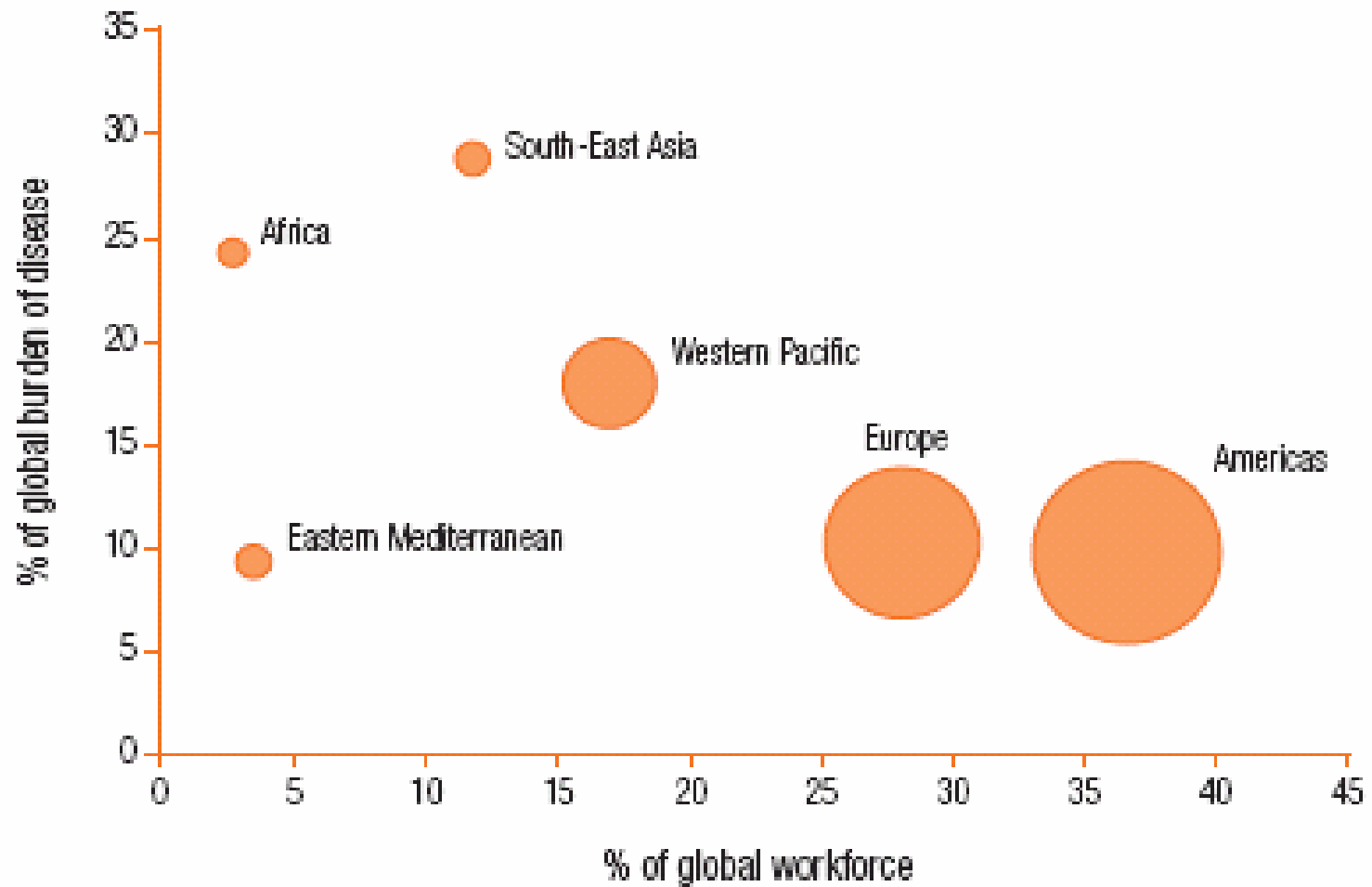
“shortage and migration of nurses and midwives continues to threaten the performance of health systems.”

Ethics of Health Migration

- Many countries are experiencing more dramatic shortages
 - Ill-equipped to handle such shortages
 - Decimating health infrastructure
 - “Fatal flows” (Chen & Bufford NEJM 2005)



Figure 1.2 Distribution of health workers by level of health expenditure and burden of disease, by WHO region



Source: World Health Organization. 2006, "The World Health Report 2006: Working Together for Health"

WHO Global Code of Practice on the International Recruitment of Health Personnel

- adopted at the 63rd World Health Assembly in May 2010,
- seeks to establish and promote principles and practices for the ethical international recruitment of health personnel, as a core component of national, regional and global responses to the challenges of health personnel migration and health systems strengthening.
- The Code includes articles advocating the establishment or strengthening of health personnel information systems, including health personnel migration and its impact on health systems, and the collection, analysis and translation of data into effective health workforce policies and planning in countries.
- The full text of the Code is available under Resolution "WHA63.16" in the six official languages of WHO at:
http://apps.who.int/gb/e/e_wha63.html