



WHEN HEALTH WORKERS MIGRATE TO CANADA

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April 2012



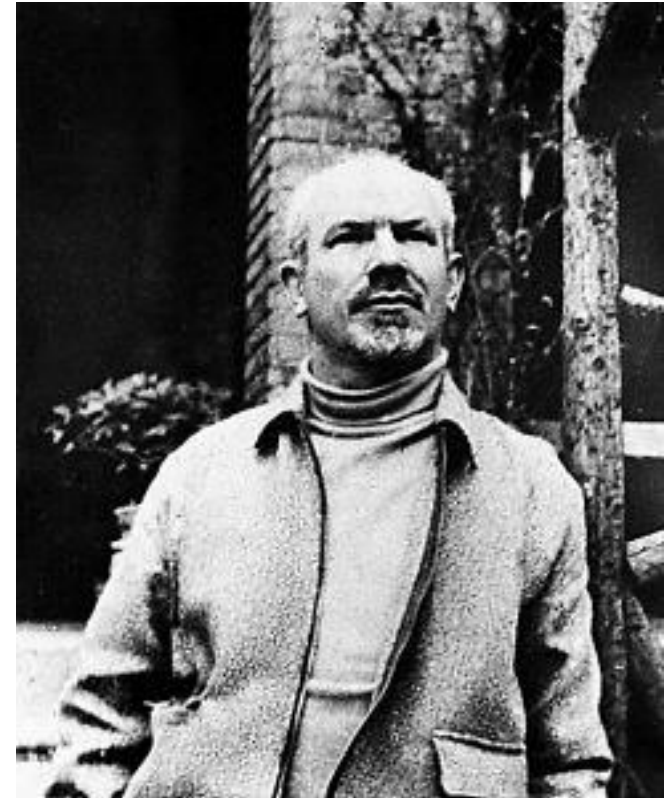
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Health Professional Migration



- Health professional migration is not a new phenomenon ...
 - *...and the role that internationally educated health professionals play in some western health systems has always been important,*
- ... but there has been a shift in pace and of source and destination countries
 - *...which has increasingly raised ethical concerns*





Overview

- The migration of internationally educated health professionals (IEHPs) to Canada
- The role of IEHPs in HHR planning
- The impact of the migration of health workers on 'source' countries
- What issues these cases raise for the importance of a coordinated approach to HHR planning including the roles of IEHPS
 - Making a case for a pan Canadian HHR Observatory
- Cross-cutting gender lens



IEHP study

ICW study

MIGRATION OF HEALTH WORKERS TO CANADA

Brain Drain, Brain Gain or Brain Waste: A Comparative Examination of Health Care Providers Who Migrate To Canada (2006-10)



- In this study, we examine:
 - the policy, the decision-making processes and regulatory **environments** addressing the issue of the immigration of physicians and nurses into Canada;
 - the **experiences** of immigrant physicians and nurses who are included and excluded from practicing in Canada; and
 - the factors influencing IEHPs **relative success at becoming integrated** into the Canadian health care system.

DECIDING TO LEAVE AND COME TO CANADA



- Difficult to tease *push* and *pull* factors apart
- Push Factors
 - Economic and political instability
 - Security concerns
 - Limited educational or career opportunities,
 - Family reasons
 - A desire for new experiences

DECIDING TO LEAVE AND COME TO CANADA

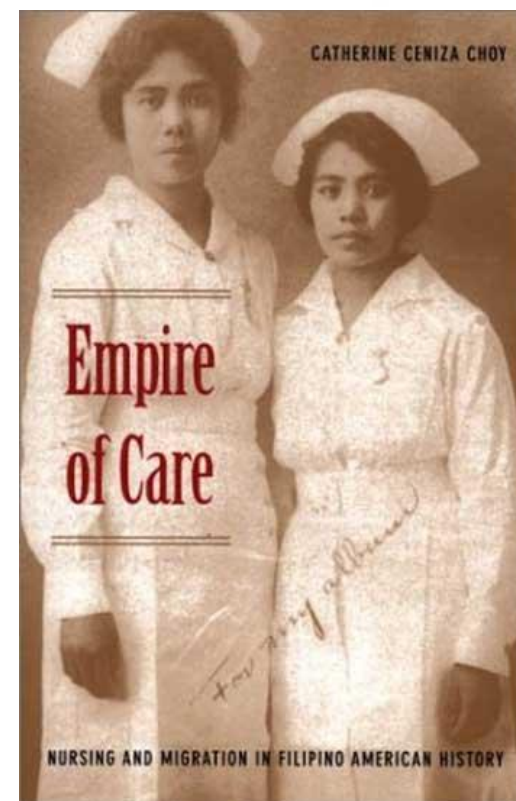


- Pull factors to Canada:
 - Has a relatively easy process of immigration
 - Has the reputation of a country with political and economic stability
 - Has fair international politics
 - Promotes multiculturalism
 - ***Gives the impression that health care providers are in demand***

Another view on push/pull Empire of Care



- Choy (2004) argues in her analysis of the migration of nurses from the Philippines to the United States,
"the desire of Filipino nurses to migrate abroad cannot be reduced to an economic logic, but rather reflects [an] individual and collective desire for a unique form of social, cultural and economic success" which she argues was seen as *"obtainable only outside the national borders of the Philippines."*





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 sector or 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
 - (*for international medical graduates*) residency positions

Integration of IEHPs



- Consequences stemming from integration barriers, including ***downward professional mobility***



Integration of IEHPs



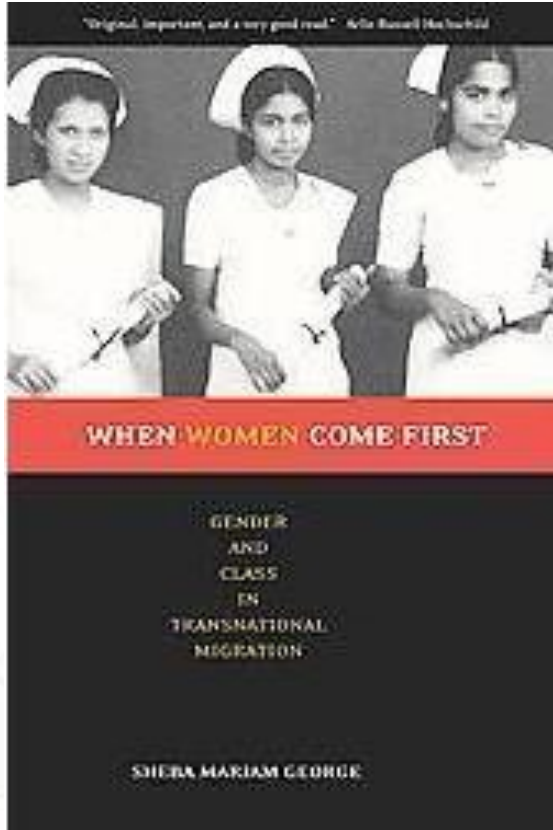
- Canada has developed bridging programs which vary and can serve multiple purposes:
 - Assessment of existing education and skills to identify any additional training needs
 - Preparation for licensure exams
 - Provision of clinical or workplace experience
 - Improving familiarity with the social and cultural context of the Canadian health care system

Gender Dimensions



- *[The socialization] tends to be couched in terms of interpersonal interaction because it's not only gender. It's also rank and authority. People who have trained in very hierarchical systems have a great deal of difficulty dealing with nurses and other allied health professionals. The other issue is relationships with patients. (physician stakeholder).*

Gender & Integration When Women Come First



- Sheba George examines an unusual immigration pattern when female nurses who moved from India to the United States before men become the breadwinners in the family.
- *When Women Come First* explains how men who lost social status in the immigration process attempted to reclaim ground by creating new roles for themselves in their church.
 - Ironically, the nurses were stigmatized as lower class, sexually loose women with too much independence.

Integration of IEHPs



- Another promising practice:
Access Centre for IEHPs
(Ontario)
 - case management
 - information sessions
 - career reorientation
approach

HealthForceOntario
HealthForceOntario.ca

The Access Centre for Internationally Educated Health Professionals, The College of Occupational Therapists of Ontario & The Occupational Therapy Examination Preparation Project presents:

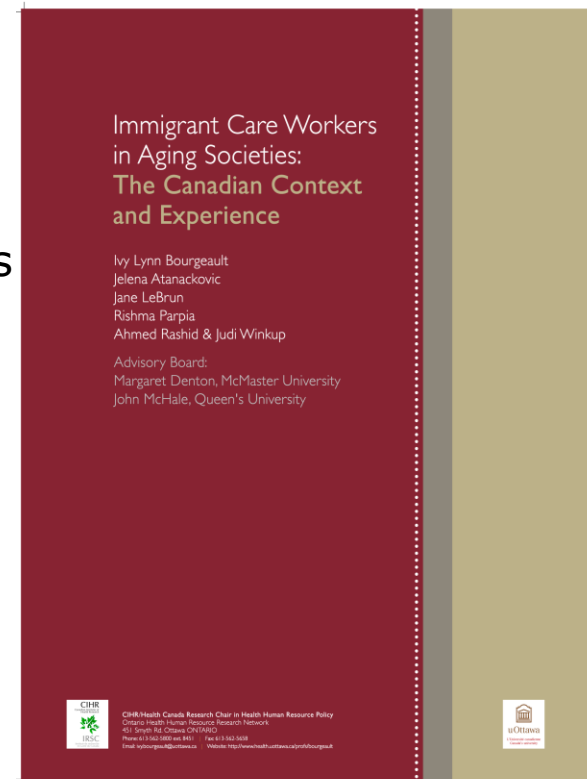
An Information Session on Practice Requirements in Ontario for *Internationally Educated Occupational Therapists*

The Role of Migrant Care Workers in Ageing Societies: The Canadian Context (2007-9)



A Canadian component to an international comparative study examining the following issues in the U.K., Ireland and the U.S:

- The factors determining the demand for foreign workers in the health care of older people;
- The impact of foreign workers on the structure of care and independent living of older people;
- The impact of foreign care workers on older people and their families and quality of care
- The migration and work experiences of foreign care workers: the means and motivation for migration, role of recruitment agencies, choice of employment and working life



Recent migration routes



Host Country	Direct/Social Care Workers	Nurses & Professional Care Workers
Canada	Philippines, other Asian, Sub-Saharan Africa	Philippines, Caribbean, Latin America, Europe
Ireland	Poland, Philippines, Nigeria	Philippines, India
United Kingdom	Philippines, Poland, Zimbabwe, Nigeria	Philippines, India, Sub-Saharan Africa
United States	Mexico, Philippines, Caribbean	Philippines, Caribbean, Sub-Saharan Africa

Granny nannies

This new class of caregiver is booming, and quite unregulated by [Katie Engelhart](#) on Thursday, January 14, 2010



When Esther Heckbert told her mother she wanted to leave the Philippines to work as a babysitter abroad, her mother was leery. ...Twenty-five years since arriving, Esther has helped rear dozens of Canadian tots: first as a nanny and then as the owner of a nursery school. But a few years ago, she sensed a changing wind. She left babysitting behind, sought retraining, and now works under a more whimsical title: granny nanny. She joins a growing rank of babysitters-turned-eldercare workers: a nod to shifting demographics. ...



Migrant Caregiver Perspectives

- Caring for older people is often social and cultural norm for workers from some cultures
- Some patterns of differential treatment were reported, more weekend shifts, etc.
- Some see LTC nursing and social care as a stepping stone to other health jobs
- Language sometimes difficult

I don't know if my English is good enough ... So my first choice I chose the nursing home. Easier? Yeah. That's my start. So after that I get used to it and I know everything about the nursing home. And so I thought I should try hospital.

Discussions with Care Recipients



- Tend to be positive about migrant caregivers
 - Some note strong personal, even familial relationships with caregivers
- Some problems arose with language, culture and even race
 - Misunderstandings affect the quality of care and the relationships between clients and caregivers





Some 'Take Home' Messages

- Care system is the primary source of problems
 - Underfunding of the sector impact on wage levels (staffing account for >60% of running costs)
 - High turnover and low retention create shortages in long-term care occupations
- Immigrant care workers make a substantial contribution to older adult care, but double isolation
 - Workers have few opportunities to socialize with host country citizens
 - Compounds difficulties with social/cultural integration



Gender Dimensions

- ***The relative invisibility of the conditions of older adult care can be seen as being mirrored in the invisibility of the work and living conditions of their immigrant care workers.***
 - *Not insignificant that both are predominantly women*





A Comparison of Canada, Australia, the U.S., & the U.K.

ROLE OF IEHPS IN HHR PLANNING

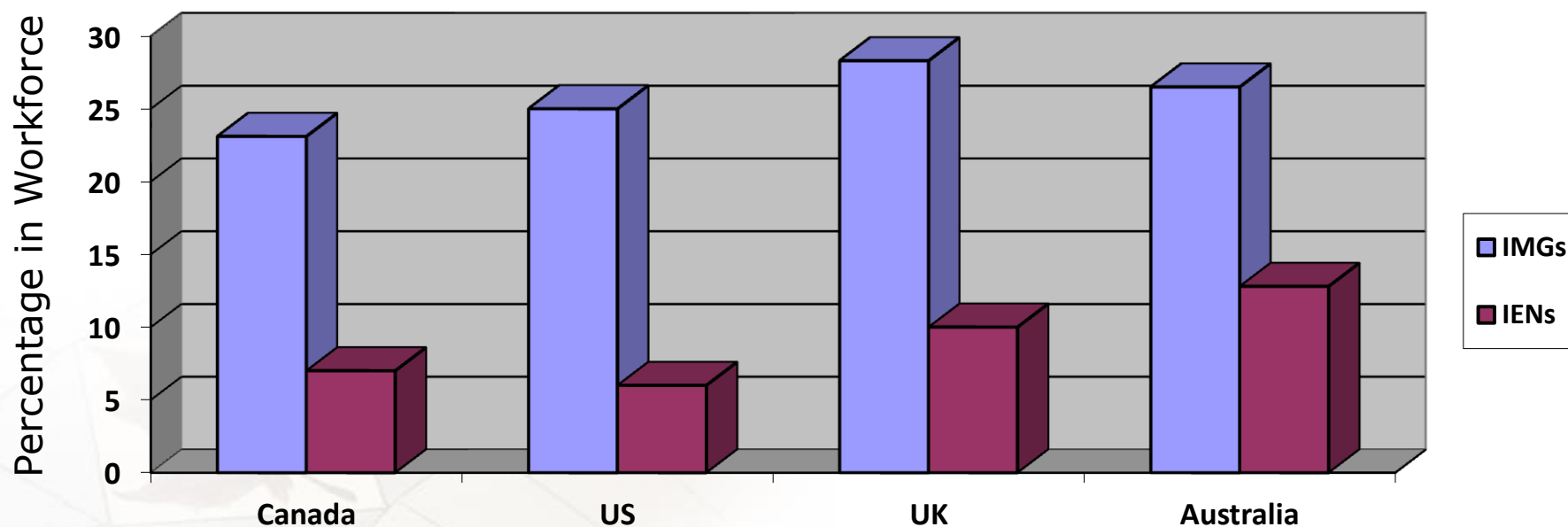
On the Move: The Migration of Health Care Providers into and out of Canada, the U.S., the U.K., and Australia (2006-11)



- The objectives of this research were to critically examine from a comparative perspective:
 - the **policy context** of health worker migration with a particular focus on migration, health human resource policy and the regulatory and training environments;
 - the various **stakeholders** and **policy communities** involved in the process of the migration and integration of internationally educated physicians and nurses;
 - the perspectives, positions, interrelations and influences of these various stakeholders on the framing of **policy 'problems'** pertaining to health professional migration; and finally,
 - the resultant policies and **promising practices** to address these problems in each of these four countries.



Comparing Physician & Nurse Migration



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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

Role of IEHPs in Canadian HHR

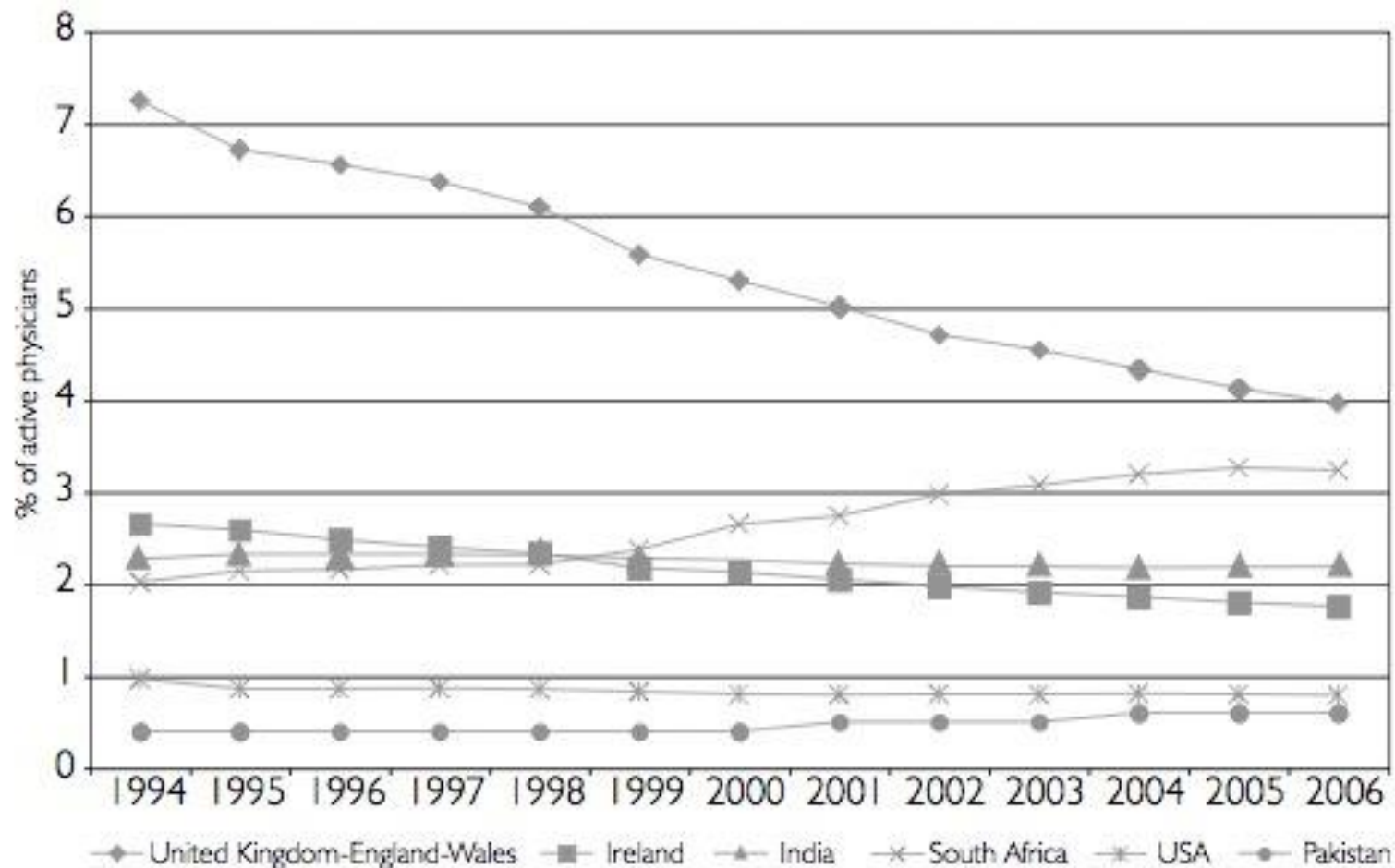


- The role of IEHPs has been intricately connected with HHR policy in Canada.
 - During periods of perceived shortages, there has been recruitment of IEHPs, and those already in the country are more readily integrated.
 - Their integration has been more difficult during periods of perceived surpluses
- Canadians have benefited from this flow in terms of greater access to health care and reduced public costs of health professional training.
- IMGs 25% (14,000); IENs 7% (20,000)

Demographics of Physician Migration *Canada*



Licensed IMGs in Canada by Country of Origin, 1994-2006

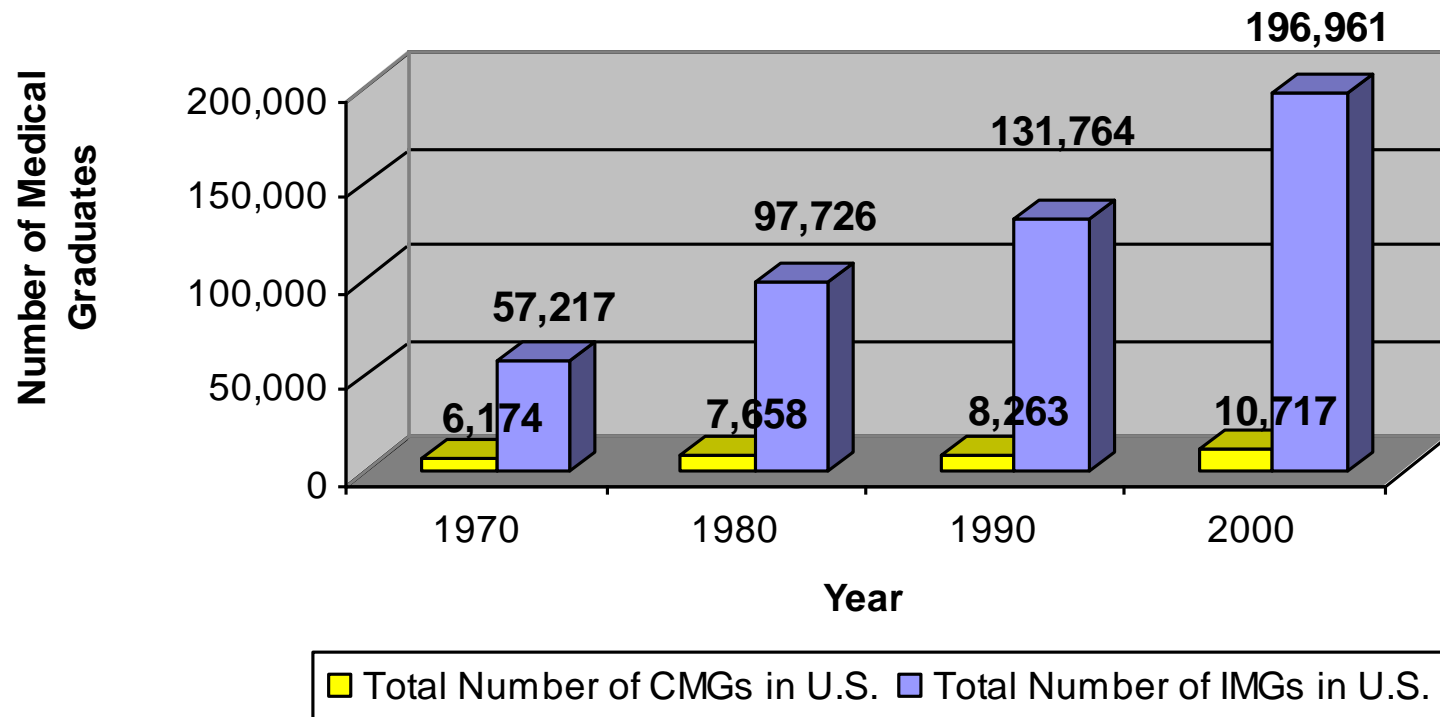


Demographics of Physician Migration

United States



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



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



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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



- ◎ 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
 - But there is evidence of comparable care
 - Ko et al (2005) Quality of Care of International and Canadian Medical Graduates in Acute Myocardial Infarction. *Arch Intern Med*



IMPACT OF HEALTH WORKER MIGRATION



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Source Country Concerns/Issues



Bifurcation of concerns

- ... coping with the consequences of out migration of needed human resources for health
- ... whereas some (*most notably the Philippines and India*) are using the migration of health workers as a 'development' tool

The Issue of Remittances



- The most frequently cited is the hard currency returned as remittances to family members by migrant health professionals working elsewhere.
 - *Remittances to India have been argued to be **2%** of GDP*
 - *Remittances in the Philippines constitute nearly **10%** of the GDP*
- Though these funds are substantial and may improve household incomes, ***they do not translate into funds for health systems sustainability***

International Recruitment

Problematizing Surpluses & Shortages?



- Claim that the Philippines has an oversupply, Saskatchewan has an undersupply, “win/win”
- Philippines ‘*oversupplied*’ nurse/patient ratio: 1.7/1000
- Saskatchewan ‘*undersupplied*’ nurse/patient ratio: 8.6/1000

Policy Options

Voluntary or mandatory codes of ethical recruitment

Improved HHR planning in destination countries

Bilateral or multilateral agreements to mitigate source country costs

Reparation to source countries

Increased training of auxiliary (lesser-skilled) workers in source countries ineligible for intl. registration

Immigration restrictions on health professionals from underserved countries

Bonding of health workers for periods of time

Health system strengthening in source countries through aid or other financial transfers

WHO Commission on Social Determinants of Health

Globalization and Health Worker Crisis

www.globalhealthequity.ca

Globalization Knowledge Network

Corinne Packer
Ronald Labonté
Denise Spitzer

Institute of Population Health

Globalization and Health Equity

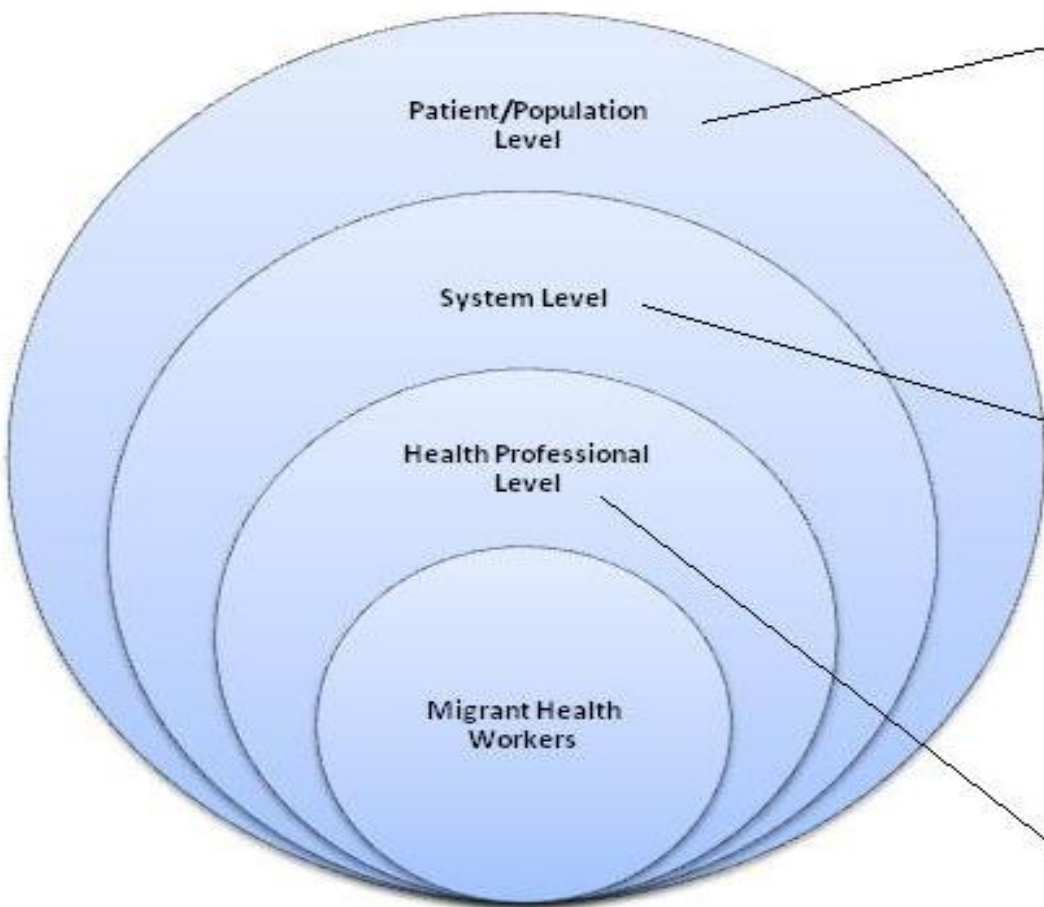
Source Country Perspectives on the Migration of Health Workers (2010-14)



The objectives of this research are to answer:

1. What is the present picture of /recent historic **trends in the migration of highly skilled health personnel** from Jamaica, the Philippines, India, and South Africa?
2. What, according to various stakeholders 'on the ground' in these source countries, are the most critical **consequences of the migration of highly skilled health workers?**
3. What is the range of **policy responses** that have been *considered, proposed* and *implemented* to address the critical causes and consequences of health worker migration from these countries, and what have been some of the outcomes of these responses?

Impact/Consequences



Health Indicators:

- The decline in IMR slows down
- Life Expectancy (M/F): 67/73
- Rural Provinces' mortality rate is twice as high as the urban ones
- Decrease immunization rate

Remittance:

- Cash Remittance in 2007: 17 billion
- 4th largest recipient of foreign remittance
- Remittance does not go directly into the health care system

Infrastructure:

- Lost of skilled and experienced workers, increase spendings on training to replace deployed staffs
- Closing down hospitals or wards due to human resource shortages

Rural Health Care:

- Mal-distribution of workers between rural and urban area; rural areas experience greater human resource shortages
- 80% of physicians in rural area are retraining as nurses

Health Professional Education:

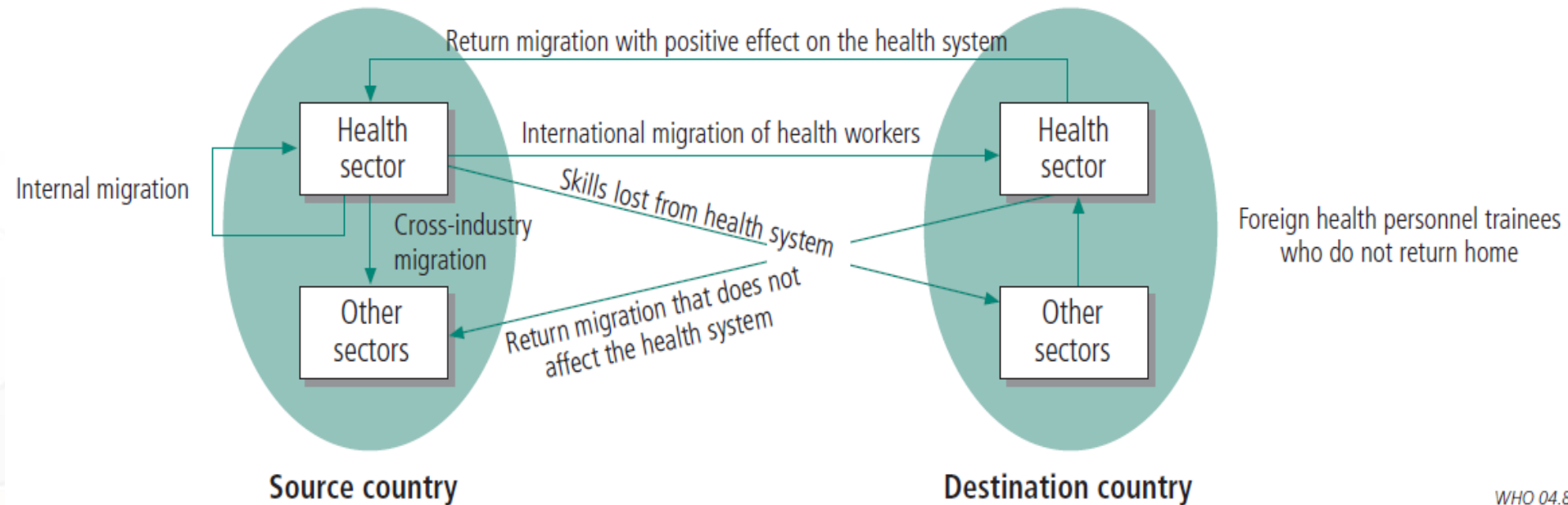
- Increase number of nursing schools, from 40 to 471 schools since 1980s
- exponential growth in number of nursing students: 26,000 nursing graduates in 2007 alone as compare to 27,000 graduates between 1999-2003
- Decrease quality of nursing education, as reflected by decrease passing rate on the licensure exam: only 45-54% of graduates passed between 2001-2004
- Decrease in medical school enrolment, increasing number of health professionals retraining as nurses



Health Professional Migration

Source to Destination Countries

- ...a more complex picture [From Diallo (2004)]



WHO 04.8

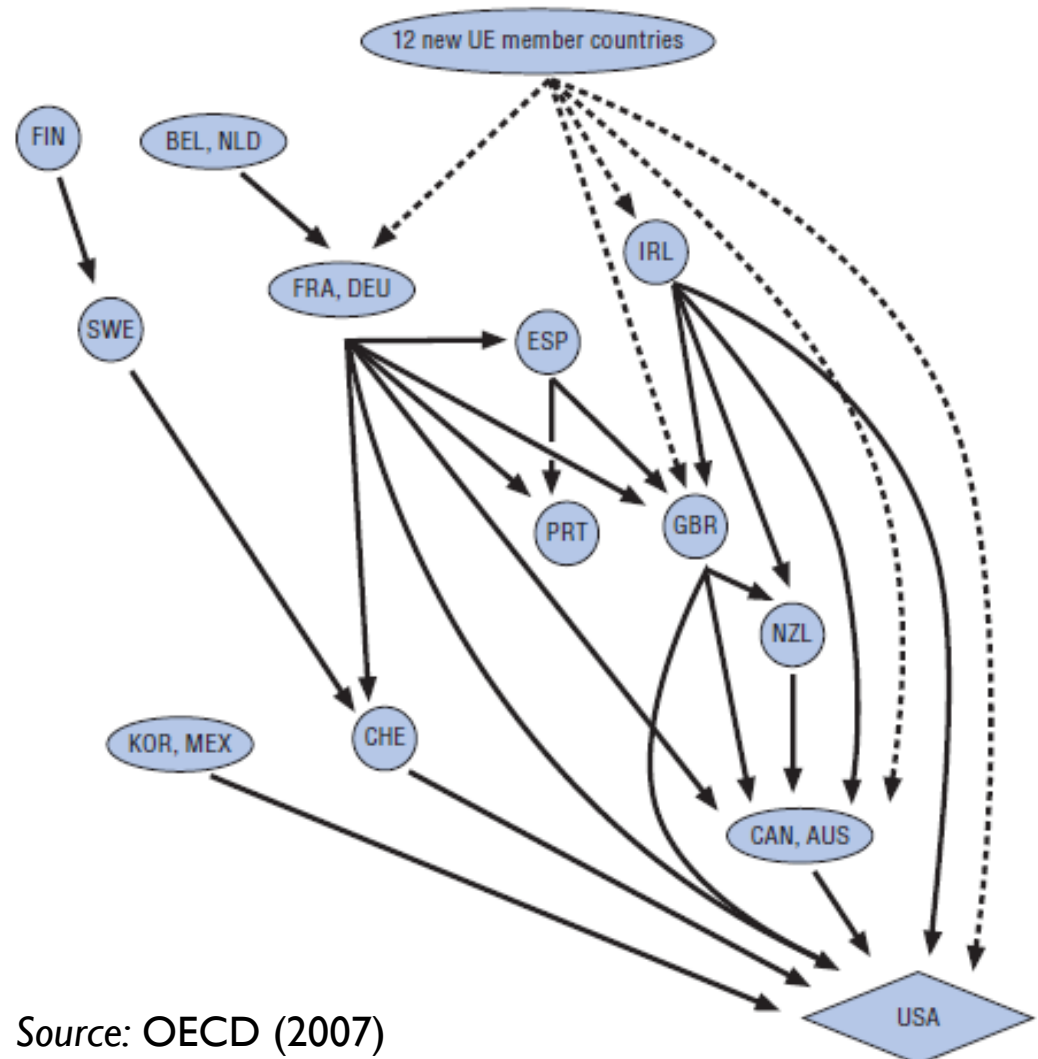
Health Professional Migration

Source & Destination Countries



- Keeping in mind that 'source' and 'destination' country is not a clear distinction

- Some countries can be both source and destination
- Also need to consider 'chain' migration as a series of source and destination country relations

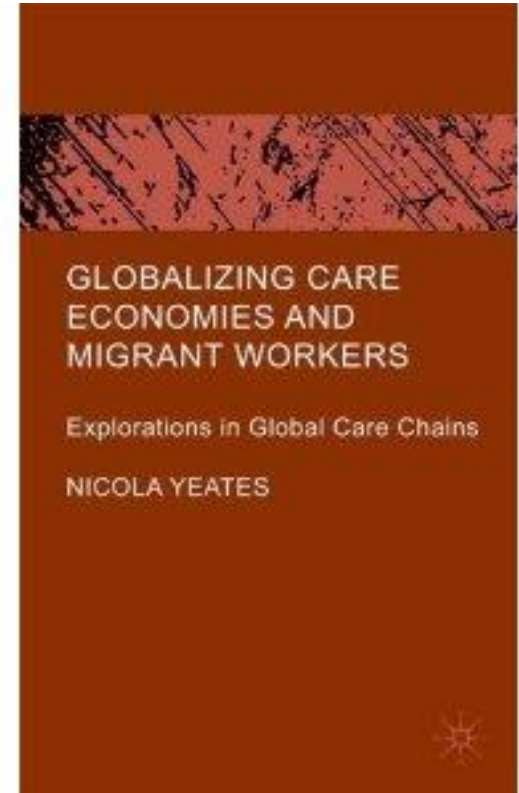


Source: OECD (2007)

Global Care Chains



- feminisation of migration, limited safety nets, increased longevity
- Does female migration, transnational households and 'global care chains' reliant on grandparent and children's labour to replace that of female migrants
- Commoditising the relations of care within families and societies as well as between countries





- Reports from previous studies
- Video clips from YouTube on HWM
- Bibliography on HWM (*coming soon*)
- Key links

WWW.HEALTHWORKERMIGRATION.COM



The name (Observatory) must not be understood as a passive place for observation.

It is used in the sense of gathering partners, stakeholders and the governments around a strong evidence base.

PAHO Observatories are sponsored by governments to collect health workforce information and evidence and hold policy dialogues with academic, professional and union stakeholders.

THE CASE FOR AN HHR OBSERVATORY



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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.

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



- Key Principles in the Canadian companion document to WHO 2010 Code
 - strive to create a ***self-sufficient*** health workforce
 - aim for transparency, fairness and ***mutuality of benefits***
 - all aspects of the employment of international health personnel should be ***without discrimination*** of any kind



CONTEXT OF HHR IN CANADA

The Canadian HHR Context



- The key strategic directions identified in report after report are toward a more effective and collaborative pan-Canadian HHR policy, planning and management to ensure an adequate supply and appropriate mix and distribution of health care professionals working together to address population health needs (e.g., Bloor & Maynard, 2003; CHSRF 2003; CIHI, 2007; HCC 2005a, 2005b; O'Brien-Pallas, 2007).



Why focus on HHR?

- Most major health care system policy issues implicate, or are entirely about HHR.
 - This is largely because the bulk of health sector expenditures involve the direct costs for HHR including salaries, wages, fees and contracts, and the indirect costs for the training, planning, regulation and management of the health work force as well as workplace environment issues.
- It is perplexing how the health care system costs us billions of dollars yet there is very little research or indication of evidence-based policy decision-making about who should be delivering care in this complex system and how they should be going about doing it.

Developments in the Canadian HHR Context



In 2002, the Advisory Committee on Health Delivery and Human Resources (ACHDHR) was established by the Conference of Deputy Ministers of Health.

- The ACHDHR reported that a more collaborative, **pan-Canadian approach** would have immediate benefits

In 2005, a Framework for Collaborative Pan-Canadian Health Human Resources Planning was published (*and revised in 2007*).

- Critical success factors include **appropriate stakeholder engagement** and **a focus on cross-jurisdictional issues**.



Health Canada Contribution Agreement (2011-13)

CIHR Network Catalyst Grant (2011-14)

DEVELOPING A PAN-CANADIAN HEALTH HUMAN RESOURCE RESEARCH NETWORK (CHHRN)

The Key Challenges:

- There are three main challenges:
 - 1) there are **too few researchers** dedicated exclusively to the study of critical HHR issues;
 - 2) there are a **multitude of professional, regulatory and educational stakeholders** involved in decisions regarding HHR issues often working in isolation; and
 - 3) there are **too few pan-Canadian opportunities for sharing, learning, and collaborating** amongst HHR knowledge users and researchers.

The Key Consequences:

- Moreover,
 - *there are few mechanisms for taking innovations developed and lessons learned in one jurisdiction and **scaling them up** to a pan Canadian level, and*
 - *there is no formal mechanism for examining common **cross-jurisdictional issues**.*
- As a result of these challenges,
 - *there are many instances of a duplication of effort; promising practices far too often go unnoticed; and scarce health human resources are not utilized as efficiently as they otherwise could.*

Recent Developments in the Canadian HHR Context

Over this same time frame, regional networks have been developed:

- The Atlantic Advisory Committee on Health Human Resources (**AACHHR**) is comprised of representatives from the four Atlantic Provinces, and serves as a resource and source of policy advice to Atlantic deputy ministers of health and of education to enhance cooperation on issues relating to HHR planning.
- The Ontario Health Human Resources Network (**OHHRN**) is a province-wide network linking HHR researchers and community decision-makers and partners with the goal of creating and synthesizing high-quality research that addresses complex issues that affect HHR planning and management.
- The Western and Northern Health Human Resources Planning Forum (**WNHHRPF**) provides information exchange, networking, communication and supports a wide range of collaborative multi-jurisdictional HHR projects.

Why an HHR Network?

- Faced with continuous and critical HHR issues, jurisdictions across Canada are in need of ready access to the latest information about innovative HHR policies and practices.



Our Objectives:

- The main objective of the pan-Canadian HHR Network is to create the **virtual infrastructure** to better share HHR knowledge, innovation and promising practices by:
- first, **creating a dynamic network** of regionally- and thematically-based HHR researchers and knowledge users and clinical, policy and program decision-makers across Canada so as to better coordinate and capitalize upon their complementary areas of expertise and knowledge needs;
- second, **linking up these networks** of HHR researchers and key knowledge users and decision-makers through a state of the art, **interactive web-based portal** to better share knowledge and lessons learned and identify strategic areas for knowledge synthesis and future applied HHR research; and (*i.e., electronic communities of practice*)
- third, **creating a knowledge 'clearinghouse'** of Canadian and international HHR research and promising practices available in a variety of user-friendly formats.



Dr. Morris Barer
Lead of CHHRN 's
Western
Regional Hub

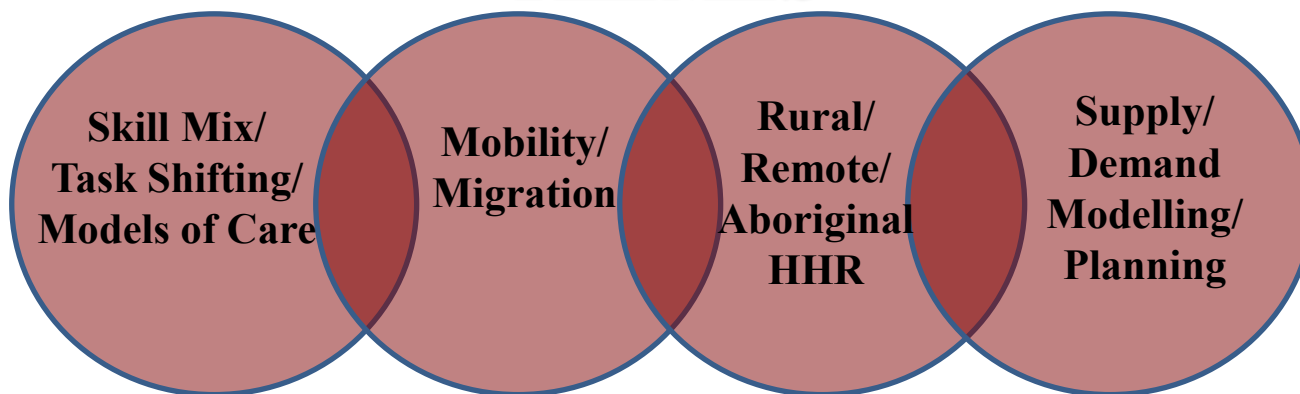


Dr. Ivy Lynn Bourgeault
Scientific Director of OHHRN
Lead of CHHRN Team
Central
Regional Hub



Dr. Gail Tomblin-Murphy
Lead of CHHRN 's
Eastern
Regional Hub

THEMES



Other Promising(?) Developments in the Canadian HHR Context

- ***“PROMOTING INNOVATIVE SOLUTIONS TO HEALTH HUMAN RESOURCES CHALLENGES”*** 2010, House of Commons Standing Committee on Health
- “It is clear from the Committee’s study that **thinking boldly and broadly about HHR** is necessary to develop local and unique solutions that involve a wide range of health professionals
- “The Committee learned that these innovative solutions have been made possible by **continued collaboration and financial investments made by the federal government and the provincial and territorial governments**
- ...it remains clear that sustained results in addressing HHR challenges in Canada **requires on-going collaboration** between different levels of government, as well as leadership from the federal government in providing sustained and secure funding mechanisms.”

- The case for a pan-Canadian health workforce observatory: moving from crisis management to future planning, now
- We would have ready access to the best evidence to support health workforce innovations and to support those who must make the hard decisions about health workforce issues. An observatory would help to shift us away from crisis management towards an approach that is future-oriented.
- By [IVY LYNN BOURGEAULT](#), [MORRIS L. BARER](#) | Feb. 06, 2012

Concluding Thoughts

- We rely on and IEHPS make a significant contribution to our health system and the full utilizing their skills is critical; but at the same time making the integration process 'easier' may have the unintended consequence of drawing more IEHPs to Canada.
- This emphasizes the importance of reducing discrimination against IEHPs here while diminishing the negative effects of their migration on their home countries, both of which are principles highlighted in the WHO Global Code and the Canadian companion document.
- A coordinated approach offered through a pan Canadian HHR organization of some kind would significantly improve inequities and wasted health human resources both here and abroad