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Canada like other countries around the world is facing a future that includes a critical nursing shortage. The country's physicians are in the same situation predicting that the number of doctors per capita will decline by 2015. One of the strategies suggested as necessary to address the shortages is to recruit international medical and nursing graduates. (CBC News, 2006 p. 1) In this issue of HEALTHbeat however, I decided to have a look back at the past decade or so to see what others have been saying about the ethical issues related to both international and interprovincial recruitment and what the potential effects are of recruiting in times of shortages.

There seem to be two sets of issues in the area of recruitment in and for Canada. The first set, is international, a subset of this being the recruitment of Canadian professionals to the US. The second set alludes to inter-provincial poaching within the country.

In looking for information on the ethics of recruitment I found that most of the writings are about international recruitment with an emphasis on recruiting physicians and nurses from developing countries, most particularly African countries. Canada desperately needs health professionals and skilled caregivers. Shortages among nurses and physicians has been documented extensively both globally and in Canada itself. One of the solutions for shortages has been immigration of foreign trained health professionals. For many of these professionals emigrating to Canada it means a better life for them and their families. However the loss to the home country that trained them exacerbates the shortage at home. On the one hand, there is the position among recruiters and professionals that people should be free to move of their own volition and make conscious decisions about their own future. On the other, the loss of a skilled worker in the home country where shortages may be critical, prompted the International Council of Nurses to acknowledge "the adverse effect that international migration may have on health care quality in countries seriously depleted of their nursing workforce". (International Council of Nurses, 2007 p.1)

In an article published on the website of the International Development Research Centre it is cited that a major reason for the deterioration of health care systems in developing countries is the "brain drain" of health professionals – a drain that primarily benefits wealthier countries like Canada, the US and the UK (IDRC 2010 p. 1). These three countries have actively recruited from African countries to alleviate the problem of undersupply of nurses and physicians. Canadian examples of these practices cite the case of recruitment from South Africa. In the late 1990s Alberta chartered a plane to bring South African doctors and

their families on a "junket" and managed to sign up 40 physicians immediately for practice in the most under serviced areas of the province. As well, over half of the physicians in northern Saskatchewan originated in South Africa. In 2001 the South African government formally complained to its counterpart in Canada about the number of physicians being allowed to practice in Canada yet in 2002 the number increased. These and other concerns have brought the subject of ethical recruitment to the forefront in some developed countries. (IRDC, 2010, p.1)

In 2004, the UK updated its "Code of Practice for the international recruitment of healthcare professionals". The update closed the loophole that National Health Service (NHS) and private employers were using to bring health professionals to the country for "temporary" positions. In the Foreword to the Code, John Hutton, the Minister of State for Health at the time, acknowledged that the practice of international mobility of health professionals has been going on for years. The increasingly large scale targeted international recruitment approach of developed countries to address domestic shortages has benefited health professionals but has raised concerns about the impact of health systems of the countries that have been targeted. Such concerns need to be addressed and the Code is the UK's effort to accomplish this end. (Department of Health 2004) Canada, in its weaker effort is part of Commonwealth declaration on recruiting, however since health care is the responsibility of the provinces and since there are no provincial agreements there is little or no regulation in regard to international recruitment.

With respect to the recruitment of Canadian health professionals by the US, the issues are part of the same international picture. Canada and the US are both highly developed countries with similar health care systems with respect to the quality of care. American recruiting has been described as "aggressive" and US recruiters are able to offer many benefits to Canadian professionals, particularly nurses and physicians. These benefits include sign-up bonuses; support for advanced education; higher salaries; warmer weather and other lifestyle attractions and the like. (Bernstein 2005, abstract) Mark Hamm (2005), owner of a Texas based recruitment firm says that like the US, Canada is suffering from a nurse shortage and that in recent years, Canadian employers have made it more attractive to stay home. Canada however is a fertile ground for recruiting because of the skill of Canadian professionals, common language, similar lifestyles and

The Ethics of International and Interprovincial Health Professional Recruitment – Canada's record

the relative ease of entering the US to work with the TN visa passed under NAFTA. As well, Hamm asserted that nurses who have immigrated to Canada from elsewhere know that the country is the quickest route to the US. US recruiters seem to focus on Canada because recruiting from other countries is more time consuming, is more costly and involves more "red tape".

Within Canada there is little written about inter-provincial poaching. One example involves an Alberta health region that launched a recruitment drive in Northern Ontario back in late February and early March of 2005. In an article from the Canadian Medical Association website (www.cma.ca) titled "Alberta Invasion", it is noted that the drive was to recruit health professionals including physicians to the under serviced Alberta Northern Lights Health Region. Through a series of job fairs throughout northern Ontario, recruiters offered significant relocation help, attractive compensation and a team of experienced health professionals to help smooth the transition to Alberta. Since the targeted area in northern Ontario is itself suffering from severe shortages and many of Ontario's doctors are currently dissatisfied, complaints about the integrity and morals of the recruiters and the unfairness of the situation were voiced. On the other hand, the Northern Lights recruiters stated that they went to Northern Ontario because they had received e-mails and phone calls from doctors in the area wanting more information about employment in northern Alberta. There have been other instances in Canada of recruitment drives from the wealthier provinces to economically poorer regions of the country. Occasionally there is comment in the media about the ethics of inter-provincial poaching as part of the larger issue of fairness and equity among the provinces.

The issue of poaching whether it be Canada's poaching internationally, poaching between provinces in Canada or our country being poached by others, (namely the US) seems to be the reversal of the Robin Hood phenomenon i.e. poaching from the poor to benefit the rich. The issue has also been viewed in different ways among the experts. Some agencies hold to the mantra that... "all's fair in love and war...including [health professional] recruitment...". Others suggest that the market place argument only should apply when regions, be they countries or provinces, can compete on an equal footing.

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