

Alberta steps up recruitment of foreign professionals

A national partnership program aimed at attracting skilled foreign workers to outlying parts of Canada is helping Alberta fill persistent vacancies in its health care system.

The Provincial Nominee Program was introduced by Citizenship and Immigration Canada (CIC) in 1998. It allows provinces and territories to identify specific regional shortages within skilled occupations and then accelerate the often lengthy bureaucratic process of gaining citizenship for the potential employees.

Alberta signed a partnership deal with CIC in March 2002 and set up a pilot project to nominate up to 400 skilled foreign workers over 2 years. Just before Christmas, Alberta Health announced 75 of those nominees would be within the health care field. The remaining 325 nominees will come from the agriculture, trades and information technology sectors.

"Health care professionals or technicians are generally in short supply in Alberta, Canada and probably worldwide," said Alberta Health spokesperson David Dear. "We think this is a good step and holds a lot of promise."

Typically, a private clinic, laboratory or regional health authority will identify a skilled foreign worker it wishes to hire. In order to qualify, the candidate must be trained in a field with an unemployment rate of less than 3%.

If Alberta Health is satisfied the recruit fits its predetermined criteria, other provincial departments could

streamline citizenship arrangements with CIC.

"This way, provinces and territories get the chance to hand-pick who meets their specific needs," said Susan Scarlett, a CIC spokesperson. "It's also a mechanism to attract people to places other than the big cities. Modestly speaking, it's a growth area." Since the program was launched 5 years ago, the number of foreign professional nominees gaining permanent resident status in Canada has tripled.

It's still not a huge number. Canada currently grants permanent resident status to more than 200 000 refugees and immigrants each year. Of those, only about 1500 are part of the nominee program.

Since Alberta set aside the 75 nominee positions for foreign health care workers, 10 candidates have been identified — 7 physical therapists and 1 family doctor, dental laboratory technician and orthotics laboratory manager. Three are being recruited by regional health authorities and 7 by private providers. All are currently working in Canada on temporary permits.

These candidates gain an advantage over other professionals seeking entry to Canada because they are not required to satisfy CIC's professional selection criteria, which allot points in areas such as education, work experience and language.

It is not known how many physicians will be recruited via the nominee process. Alberta had the highest overall

annual average increase in physician numbers in Canada from 1999 to 2002, 4.1%. The national average was 1.5%.

The federal government has set a goal of attracting 300 000 immigrants — 1% of the population — to Canada every year, but it has yet to meet that target. — *Lisa Gregoire, Edmonton*

CMA to revise Code of Ethics

The CMA is revising its Code of Ethics in an attempt to update and improve the "fundamental ethical guidance" it provides to physicians. This "minor" revision, which is expected to take about 20 months, follows a 4-year "major" revision completed in 1996. The CMA code is the ethics bible for most of the country's major medical bodies, including colleges of physicians and surgeons. It generally undergoes a major revision every 30 years to bring it in line with scientific and other changes.

Dr. Eugene Bereza, chair of CMA's Committee on Ethics, says frequent updates are required "given the importance of the code to the medical profession, especially in a climate of threats to professionalism."

He told *CMAJ* this update "is more likely to consist of some fine tuning, perhaps some formatting changes, and the addition of a few articles." The update will consider issues such as disclosure of adverse events and respect for other health care providers.

"As long as the medical environment keep changing, we'll have to keep looking at revisions because the CMA is the [code's] guardian," added Dr. John Williams, the director of ethics. The revised code will probably be sent to General Council for approval in August 2004. Suggestions for revisions can be emailed to ethics@cma.ca.

The first version of the CMA Code of Ethics was approved in 1868, a year after the organization was founded, and it has undergone 4 major revisions since then. — *Patrick Sullivan, CMAJ*

Filters to weed out Internet pornography can also block health info

Internet filters can effectively block pornography sites without significantly impeding access to online health information, a new study says, but only if they aren't set at their most restrictive levels.

Researchers at the Henry J. Kaiser Family Foundation, an independent philanthropic organization that focuses on health care issues (www.kff.org/topics.cgi), tested the 6 most commonly used filters. They found that those set at high levels block 24% of health information while providing only a 4% increase in blocked pornographic content; 87% of pornography sites are blocked by the least restrictive filter. Kaiser Vice-President Vicky Rideout says filters can potentially be a "serious obstacle" to young people looking for health information on issues such as sexuality, sexually transmitted diseases and birth control. — *CMAJ*