Their work is also being watched carefully by the European Union, which is drafting its own code of conduct.

But while codes of practice are instrumental in focusing attention on the ethical and labour issues involved in health worker migration, they are not legally binding in any way.

"It's not a treaty. It's not a legally binding document," says the Commonwealth Secretariat's Peggy Vidot. "The countries come together and adopt these documents by consensus. ... This means that federal governments agree not to recruit ... but private agencies are not in active government." They are therefore not bound to follow the rules.

Vidot says it's a complex issue that will need multifaceted solutions and require a range of actions from the local to the global level to develop a framework in which migration can take place.

One reported result of existing codes is a domino effect. According to a report written for the Migration Policy Institute, the United Kingdom has replaced many of its health professionals who have migrated to North America with German health care workers. Germany, in turn, is bringing in a growing number of physicians from the Czech Republic. The Czechs are coping by recruiting from Slovakia. And so on and so on.

And if the much larger economic issues of "source" or "push" countries are not addressed at the same time as the codes are established, the codes will have very limited impact.

The simple fact is, the ability to migrate to a country that provides a better standard of living, access to a safe workplace and better opportunities for continued training are human rights that cannot be restricted. You can't tell a doctor in an impoverished and war-torn country such as Rwanda that he can't relocate to a safer, more prosperous country. You can't force someone to stay and attempt to work in a place that is lacking even minimum provisions for them to do their job.

"If you tell them they can only hand out band-aids and aspirin, no one will stay," says Dr. Otmar Kloiber, secretary general of the World Medical Association. "People should have the privilege to migrate. For medical workers it's important to have exchanges in order to learn and to work. You can't put someone on a dead end road and ask them to build a health care system."

Kloiber says decades ago the German government restricted recruitment to training-only, requiring students to then return to their homelands. "But there are problems with this because then students complain that they can't find a job at home."

He says there's no ideal model yet and that policy has to be redeveloped to include personal safety, decent working conditions, livable wages and access to training — basically, a massive overhaul that would shift developing countries' economies from agriculturally based to service based and strengthen their entire health care systems.

"And this is not something that we can do alone," says Kloiber. "They have to help themselves as well. ... We can try and steer the obligations of the [aid] recipient countries to provide better health care for their people but without their participation, nothing will change."

Kloiber says there must be serious investment in health care and the International Monetary Fund and the World Bank must understand their place in providing aid and direction as well. "If you look at the richness of countries, this should not be insurmountable. Some places are spending a hell of a lot of money on weapons. Perhaps they need to focus on the well-being and survival of their people instead of new wars with their neighbours."

The Health Worker Migration Policy Initiative is set to present a framework and recommendations for the Global Code of Conduct to the World Health Assembly in May 2008. That will follow presentations at the Global Forum on Human Resources for Health in Kampala, Uganda and at a high-level WHO-Organisation for Economic Co-operation and Development meeting dedicated specifically to health workforce migration in Geneva, Switzerland. A Global Forum on International Migration and Development is also being held in the Philippines in October 2008.

Given the philosophic complexities and the number of countries involved, as well as the raft of international stakeholders and organizations, including the International Labour Organization, the World Health Assembly will do well to have the code of conduct in place by 2009. — Christina Lopes, Paris, France

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Coming next issue: recruiting foreign doctors to Canada.

Canada increasingly reliant on foreign-trained health professionals

For several years, Canada has been trying to cope with a chronic shortage of health professionals. Like many other developed nations with similar deficits in domestic health workers, poor human resources planning, an underinvestment in education and an aging workforce are to blame.

While the graduates of international programs may offer a quick fix, many argue that it is unethical for Canada to bring health professionals from the developing world, particularly countries burdened with their own health worker shortages and weakened by epidemics (see page 265).

Although the number of working nurses, pharmacists and dentists in Canada continues to rise, so too does the gap between the supply and demand of health professionals. The nursing shortage is projected to grow to 113 000 by 2016 and there are already 2000 unfilled pharmacist positions across the country. Some health authorities currently have up to 10% of their pharmacist positions vacant, says Jeff Poston, executive director of the Canadian Pharmacists Association.

While there are sufficient paramedics, medical radiation technologists and dentists nationally, there are geographic shortages outside of major metropolitan centres and in some provinces,

such as British Columbia, Newfoundland and Labrador, and Saskatchewan.

In 2006, more than 20 000 licensed practical nurses and registered nurses working in Canada (not including Quebec) had graduated outside Canada. At the top of the list — with more than 6000 graduates — was the Philippines, followed by the United Kingdom, the United States, India and Hong Kong. The proportion of internationally educated registered nurses grew from 7% (15 659) in 2001 to 8% (19 230) in 2005.

According to the Canadian Pharmacists Association, international pharmacy graduates made up 20%–30% of Canada's pharmacy workforce. More than one-third of graduates who complete the qualifying exams are foreign-trained and about half of the newly registered pharmacists in Ontario were originally trained overseas. They emigrated from Egypt, the United States, India, Pakistan, the Philippines, the United Kingdom, South Africa, the former Yugoslavia and Korea. "We are not self-sufficient," says Poston. "We are increasingly reliant on pharmacists that have been trained overseas."

As of 2001, 18 590 dentists were working in Canada, a 36% increase over 1996. "Overall, if you look at the number of dentists in Canada ... there are enough," says Darryl R. Smith, president of the Canadian Dental Association. However, there are geographical shortages in Saskatchewan and Newfoundland and Labrador. About 20% of Canadian dentists migrated here in the last 5 years. But that proportion is likely decreasing, says Smith, due to 2000 regulations that require all graduates of dental programs outside of North America to take a 2-year qualifying program before they can practise.

That same year, a census recorded 14 870 medical radiation technologists in Canada, a 2% decrease from 1991. Although some provinces experienced increases in the number of technologists, Alberta, British Columbia, Newfoundland and Labrador, Nova Scotia and Manitoba all experienced 2%–26% decreases in the workforce. Only a small proportion (3%–4%) of technologists migrated to Canada within the last 5 years. Although it is less acute than it has been, the shortfall is expected to grow,

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More than 20 000 licensed practical or registered nurses working in Canada were educated abroad.

says Anne Robertson, director of professional practice for the Canadian Association of Medical Radiation Therapists. "Fewer people retired than expected, but they will be retiring in the near future."

How internationally trained health professionals wind up in Canada remains a bit of a mystery. Some are actively recruited, others respond to advertisements posted on Canadian websites or follow friends and family.

The targeted recruitment of health workers from developing countries through advertisements in local journals and onsite dinner-and-drinks information sessions is widely frowned upon. Several organizations, including the World Health Organization, have launched efforts to encourage the ethical recruitment of health workers. In 2003, the Commonwealth Secretariat introduced a code of practice to discourage the targeted recruitment of health workers and to safeguard the rights of these recruits. The code, however, is not a treaty so nothing in it compels provincial governments, regional health authorities, hospitals, pharmacies or any other private organization to abide by its terms.

The United Kingdom's National Health Service adopted guidelines for employers recruiting health professionals and working with international recruiting agencies, and it maintains a list of developing countries that should not be targeted for recruitment. Health Canada says it does not keep such a list because the provincial and territorial governments are responsible for organization and delivery of health care services within their jurisdictions.

Most recruitment occurs at the level of the regional health authority. In recent years, regional health boards have recruited nurses from the United Kingdom who faced layoffs, and from the Philippines, where they train excess nurses, says Canadian Nurses Association President Marlene Smadu. "Canada's reputation is pretty strong ... [we're] credible in practising what we preach."

The editorial in this issue of *CMAJ* (page 265) criticizes Shoppers Drug Mart for "poaching" pharmacists from South Africa. From Nov. 26 to Dec. 8, 2007, the drugstore chain held information sessions and interviews in Pretoria, Johannesburg, Durban and Capetown for pharmacy graduates interested in "operating their own pharmacy business in Canada." Shoppers Drug Mart has recruited 30 pharmacists from South Africa since 2005.

In an email to *CMAJ*, John Caplice, senior vice president at Shoppers, said the company did not intend "to 'poach' or damage the health care system of any other country, nor have we done so." Shoppers officials have agreed to review their policy on attracting foreign-trained pharmacists and will consider providing educational support and professional practice training to these communities.

Poston says the perception that pharmacists are actively recruited is overplayed. "The entry into pharmacy practice in Canada is pretty passive — it's linked to families that are already here." But the pharmacists association has yet to take a formal position on active recruitment. "It's difficult to endorse a major international treaty that Canada hasn't signed," Poston adds. — Hannah Hoag, Montréal, Que.

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