

Ethical Recruitment of International Medical Graduates: Taking the Dialogue Forward

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Canada's dialogue on the ethical recruitment of international medical graduates (IMGs) is well underway. A June 2007 statement of The College of Physicians and Surgeons of Ontario (CPSO) proposes that "while physicians should not be hindered or limited in their freedom to choose where they wish to live and work, international recruitment activities should not disadvantage other jurisdictions experiencing physician shortages."¹ The Canadian Policy Research Networks (CPRN) takes the CPSO statement a step further, asserting that "we also need to define what we mean by, for instance, fair or transparent recruitment practice and measure how we are doing against these benchmarks."² Recognizing that comprehensive indicators will take time to develop, this installment of DataPoint! looks at one potential avenue for evaluating Canada's performance in the area of ethical IMG recruitment.

Figure 1 provides a view of how Canada's physician workforce has grown and changed in composition since 1994. Of the 57,208 active physicians in 1994³, 73% were Canadian medical graduates and an estimated 16% were medical graduates from countries with doctor to population ratios **higher** than Canada's⁴. In 1994, up to 11% of Canada's active physicians completed their medical degrees in countries with doctor to population ratios **lower** than Canada's. The 11% figure includes medical graduates from countries with unknown doctor to population ratios. Thus, 11% is an upward estimate of the proportion of the physician workforce that may be drawn from countries with relatively less physician supply than Canada.

By 2008 Canada's physician workforce grew to 65,794 in number. The number of Canadian medical graduates has grown in proportion since 1994, but so too has the presence of medical graduates from countries with doctor to population ratios lower

than Canada's. Canadian medical graduates comprised 76% of the total physician workforce in 2008, compared to 73% in 1994. The percent of medical graduates from countries with doctor to population ratios lower than Canada's grew from 11% in 1994 to 14% in 2008. By contrast, medical graduates from countries with relatively high physician supply, compared to Canada, decreased from 16% of the total physician workforce in 1994 to 10% in 2008.

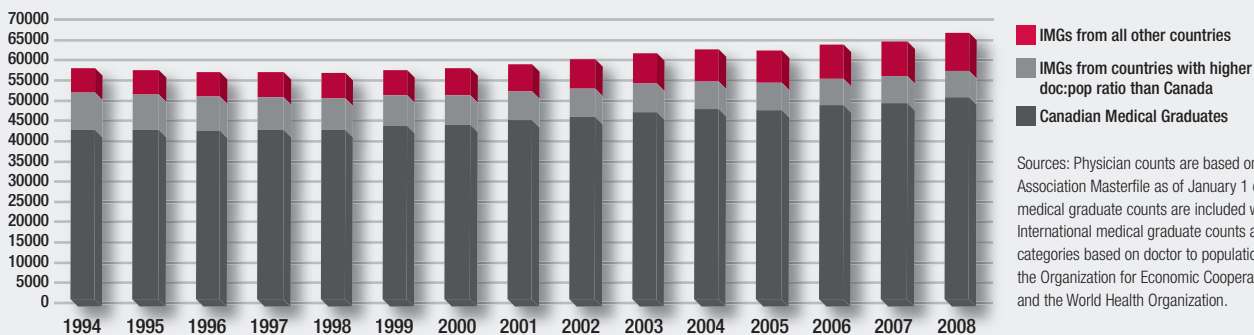
Gauging the ethics of Canada's IMG recruitment practices will not be easy or straight-forward. This initial glance at the data suggests that we may find mixed results. At present, an estimated 14% of Canada's physicians may have come from countries with lower relative physician supply compared to Canada. If we believe that "physicians should not be hindered or limited in their freedom to choose where they wish to live and work", is this figure too high, too low or just about right?

A variety of factors bear consideration in addressing this question. For example, how "active" or "passive" are Canada's recruitment practices? Has increased IMG recruitment been coupled with increased efforts to achieve self-sufficiency? Are certain countries targeted by IMG recruitment and, if so, can the focus be redirected?

While Canada's dialogue on the ethical IMG recruitment has certainly started, it is still in its infancy. International bodies, including the World Medical Association and the Commonwealth Secretariat, have issued ethical recruitment statements that date back to 2003. As Canada's dialogue matures, clearer direction will emerge on how best to engage with the international medical workforce.

A PDF of this document is available at www.afmc.ca and will include details of footnotes 1 - 4.

Figure 1: Number of Active Physicians in Canada by Place of MD Graduation, 2008



Sources: Physician counts are based on the Canadian Medical Association Masterfile as of January 1 of each year. Canadian medical graduate counts are included within a single category. International medical graduate counts are divided into two categories based on doctor to population ratios published by the Organization for Economic Cooperation and Development and the World Health Organization.