Clinician's Commentary on Oyeyemi et al.¹

Oyeyemi and colleagues have written an important article investigating job satisfaction, disposition to emigrate, and reasons for wanting to emigrate among a sample of Nigerian physiotherapists. Their research fills a significant gap. It is recognized that migration of health workers from developing to developed countries contributes to human-resource problems in the health care systems of low-income countries.² The body of research to support this finding, however, comes almost exclusively from research conducted with physicians and nurses. Oyeyemi and colleagues' study is the only one of its kind to address physiotherapists from a sub-Saharan country. This commentary aims to give some Canadian and international context to readers of this significant work.

In 2010 the World Health Assembly unanimously adopted the Code of Practice on the International Recruitment of Health Personnel (the Code),³ which recognizes the severe shortage of health personnel in many member states and the major threat this represents to the performance of health care systems. Such shortages also undermine the ability of these countries to achieve the Millennium Development Goals.³ The issue is especially significant for sub-Saharan countries, including Nigeria, where large numbers of people are affected by HIV/AIDS.² This population is now living longer and experiencing significant disabilities, and rehabilitation professionals are well suited to address these disabilities and improve quality of life.⁴ If large numbers of rehabilitation professionals were to migrate from sub-Saharan countries, therefore, the effect on the lives of people with any disability could be significant.

Migration of health professionals from low- to high-income countries has financial ramifications. Some wealthy destination countries depend on immigrant health professionals to make up shortfalls in human resources, which means that developing countries are paying to train health professionals who then support the health services of developed countries.² To help compensate for this, the Code encourages wealthy countries to provide technical assistance and financial support to strengthen health care systems in developing countries, including health personnel development.³ Sub-Saharan countries' lost investment in training physicians has been found to be considerable.² There has not been similar research on rehabilitation professionals, however; Oyeyemi and colleagues compel us to examine the issue more closely.

One of the Code's recommendations is that member countries collect and report data on migration of health personnel and use their findings to guide health workforce policies.³ Adherence to the Code's recommendations is voluntary, but the Canadian Institute for Health Information does maintain national data on physiotherapists and their educational background. In 2010 there were 16,356 registered physiotherapists working in Canada; of these, 1,941 (12%) were educated outside Canada, and the majority came from the United Kingdom, India, Australia, and the United States. Less than 1% of registered physiotherapists come from sub-Saharan countries, and almost all are from South Africa.⁵ As long as Canadian immigration policy does not lead to active recruitment of physiotherapists from developing countries, most would not fault the Canadian government on this issue.⁶

Another consideration, however, is that only 44% of new foreign-trained physiotherapists who immigrate to Canada find work in the field.⁷ Supports for foreign-trained physiotherapists are in place; internationally trained physiotherapists residing in Canada who have been assessed by the Canadian Alliance of Physiotherapy Regulators (<http://www.alliancept.org/>) as having acceptably equivalent education from their source country must still bridge the differences in training between their source country and Canadian standards to move toward successful registration to practice. With government funding support, the provinces of Ontario⁸ and British Columbia⁹ offer "bridging" programmes that help qualified physiotherapists educated outside Canada prepare to become licensed practitioners. Similar programmes are in development in Alberta¹⁰ and Quebec.

The Code also encourages member states to "establish or strengthen research programmes in the field of health personnel migration and coordinate such research programmes through partnerships at the national, subnational, regional and international levels." Oyeyemi and colleagues have taken important steps in this direction for physiotherapy.

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