

INTERNATIONAL TRADE AND LABOUR MOBILITY

CNA POSITION

International trade agreements and the mobility of health professionals can affect the accessibility and quality of health services. The Canadian Nurses Association (CNA) urges governments to monitor the development of international trade agreements and trends in labour migration and immigration, and to assess their impact on domestic health and social policy.

Access to health-care services, employment opportunities for health professionals, professional accountability, self-regulation, and cultural adaptation and integration of internationally educated nurses (IENs) are of particular relevance to nurses.¹

CNA supports the provision of quality health care to all on the basis of need rather than the ability to pay. CNA believes that this can best be achieved in a publicly funded, not-for-profit health system. CNA urges governments to halt the privatization of health-care services and to protect Canada's health system from exposure to international trade obligations.

CNA supports efforts to improve the health of workplace environments. The health of workers and the delivery of quality care are affected by employment conditions and workplace environments. Governments have an important role in the development of policies and standards that provide for fair labour practices and improved workplace health and safety. International trade agreements must include labour standards that protect workers and foster quality health-care environments, as well as provisions that enforce those standards.

CNA believes that the nursing profession is best qualified to determine the competencies and qualifications needed to ensure safe, ethical, competent and compassionate nursing practice. Canadian public interest is best protected by standards that strengthen nursing practice. International trade agreements have the potential to standardize occupational qualifications throughout the world. This leads to the concern that standards may be reduced to the lowest common denominator. At least four professions in Canada (engineers, chartered general accountants, architects and speech language pathologists) have taken steps to develop international mutual recognition agreements, which is evidence of a new focus on international standard setting.²

The government must protect the nursing profession's authority to self-regulate from Canada's international trade commitments. CNA is committed to working with regulatory bodies to find solutions that will reduce barriers to labour mobility without compromising standards.

CNA respects the right of the individual nurse to choose the country in which he or she wishes to work, provided the nurse meets the necessary competency requirements and is proficient in the language of that country. CNA encourages nurses who intend to work in another country to seek information and orientation on the cultural, social, political and professional situation in that country. Government, employers and regulators must provide accurate and easily accessible information to facilitate the integration of newcomers.

¹ *Nurses* refers to registered nurses throughout.

² (Canadian Medical Association, 2008).

CNA supports health human resources planning strategies that lead to self-sustainability in Canada. The active recruitment of IENs from developing countries is unethical, and CNA condemns this practice. CNA encourages governments, employers, recruiters and others to respect ethical recruitment practices.³

BACKGROUND

International trade agreements provide a set of rules that govern trade relations between partners, define commitments for removing trade restrictions and, in some cases, define exclusions or limitations to protect specific sectors. These agreements are intended to liberalize the movement of goods, services and persons across borders and to facilitate economic growth and investment.

Canada participates in a number of significant international trade agreements and forums that affect labour mobility, including the North American Free Trade Agreement, in partnership with the United States and Mexico; the General Agreement on Trade in Services, which involves both developed and developing member countries of the World Trade Organization; the Canada-European Union Trade and Investment Enhancement Agreement, involving 27 member countries; and the Asia-Pacific Economic Cooperation, comprising 21 countries.⁴

Trade among countries affects health-care services and the professionals who supply them. There are four methods by which trade in services – including health-care services – occurs: a resident of one country supplies services across the border to residents in another country; residents purchase services while abroad; foreign suppliers establish subsidiaries or branches in another country; and individuals are offered permission to enter another country to supply a service. These four methods each raise issues such as employment opportunities, professional self-regulation (e.g., establishing and maintaining professional standards, professional liability and accountability), accessibility of health information records, and labour practices. Canada's willingness to recognize and address these issues will have implications for the ability of our health system to respond to the health needs of Canadians.

The movement of nurses and other health-care workers from one country to another is part of international trade in services. Limitations to this trade are expressed in the form of existing licensure and registration requirements for professionals and of employment conditions.

In Canada, nurses and other health-care professionals are regulated under provincial and territorial legislation. Provinces and territories grant responsibility for nursing regulation to professional colleges and/or nursing associations. Self-regulation of the nursing profession assures the public that they are receiving safe and ethical care from competent and qualified registered nurses.

International and national trade agreements contain rules on regulation that serve to ensure that registration or licensing requirements are not a barrier to trade. Trade agreements have given rise to mutual recognition of occupational credentials, allowing workers licensed by a regulatory body to practise in other jurisdictions. In Canada, the Agreement on Internal Trade (AIT) will enable nurses and other workers in good standing with the regulatory authority in one jurisdiction to work in all other provinces and territories. The provinces and territories are bound by the provisions of the AIT.

³ (International Council of Nurses [ICN], 2007).

⁴ (Adams & Kennedy, 2006, p. 15).



Poor countries are disadvantaged by market integration. Most workers throughout the world do not have labour legislation that protects wages and ensures safe and healthy workplaces.⁵ Liberalization of trade and deregulation have led to increased commercialization of services (including health care, water and electricity) and a growth in unhealthy working conditions.⁶ Unregulated commercialization of health services results in unequal access to care and disparities in health outcomes.⁷

Nurses from developing countries emigrate to find safer working conditions, higher pay and better career opportunities.⁸ The recruitment of IENs has become a significant component of workforce planning for developed countries that have not sufficiently prepared their own supply of nurses.⁹ The outflow of nurses and other health professionals from developing countries threatens the ability of those countries to provide adequate health-care services to their own population.¹⁰

Large numbers of IENs apply for registration and employment in Canada each year. Language fluency and cultural adaptation are some of the challenges that affect the integration of IENs in Canada.¹¹

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⁵ (World Health Organization [WHO], 2008, p. 73).

⁶ (WHO, 2008, pp. 73-74, 132-134).

⁷ Ibid.

⁸ (ICN, 2006, p. 12).

⁹ (Adams & Kennedy, 2006, p. 19).

¹⁰ Ibid.

¹¹ (Jeans, Hadley, Green, & Da Prat, 2005, p. 21)



Also see:

Related CNA position statements:

Global Health and Equity (2003)

National Planning for Human Resources in the Health Sector (2005)

Promoting Culturally Competent Care (2004)

Regulation and Integration of International Nurse Applicants into the Canadian Health System (2005)

Replaces:

International Trade and Labour Mobility (2000)

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