

PART 3: MIGRATION OF PHARMACISTS

The WHO's Mejia study published in 1978 was the first step of the organisation's response to a mandate calling for a study of health workforce migration¹. This study provided a statistical report on the stock and flow of physicians and nurses in 137 countries and an analysis of the characteristics of migrants, directions, possible determinants and consequences, and actions to regulate migration.

In 2002, the World Health Assembly asked the secretariat to “accelerate development of an action plan to address the ethical recruitment and distribution of skilled health care personnel, and the need for sound national policies and strategies for the training and management of human resources for health”. In the same year, FIP participated in the *WHO Human Resources and National Health Systems - Shaping the Agenda for Action Workshop*. This workshop involved a range of stakeholders including ministries of health and professional organisations to identify priorities for action and partnership in addressing human resources for health issues.

WHO resolutions passed in May 2004 urged Member States among others to develop and establish mechanisms to mitigate the adverse impact on developing countries of the loss of health personnel through migration, including means for recipient countries to support the strengthening of health systems, in particular human resources development. It also requested the Director General of WHO among others to establish and maintain in collaboration with relevant countries/institutions/organisations, information systems which will enable the appropriate international bodies to monitor independently the movement of human resources for health, as well as conducting research on the international migration of health workers.

Little has been published or is known about the extent of the international migration of pharmacists. Though the migration of pharmacists has been recognised as an issue in reports of the WHO and some papers, concrete data for the most part has been unavailable^{2,3,4,5}. There is no data on the migratory flow and itinerary of pharmacists and this was not studied in this report. Such data would be useful to determine patterns in migration, as statistics on the migration of pharmacists from one country to another do not provide the complete picture. Pharmacists may migrate to certain countries as a ‘stepping stone’ to facilitate onwards migration to other countries. The FIP Global Pharmacy and Migration study

targeted selected countries that had been anecdotally described as receiving (recipient countries) and losing (source countries) large volumes of pharmacists.

3.1 THE EXTENT OF PHARMACIST MIGRATION

The number of overseas pharmacists registering in recipient countries is the most reliable data however this does not fully capture the extent of migration. Those who have been unsuccessful in registering as pharmacists and/or working as pharmacy technicians after migrating to other countries are often not detected. In many countries, a letter of good standing or confirmation of registration is required from overseas pharmacists to complete their registration application. Source countries are able to track this with some limitation the number migrating abroad. What is detectable may just scratch the surface of the issue. What is also unknown is the pattern of migration of pharmacists. In figure 11 it appears that the majority of foreign pharmacist registrations are from high income countries (World Bank Country Classification). Although the proportion of lower-middle and low income countries may appear to be less, this still represents a significant effect on the source countries.

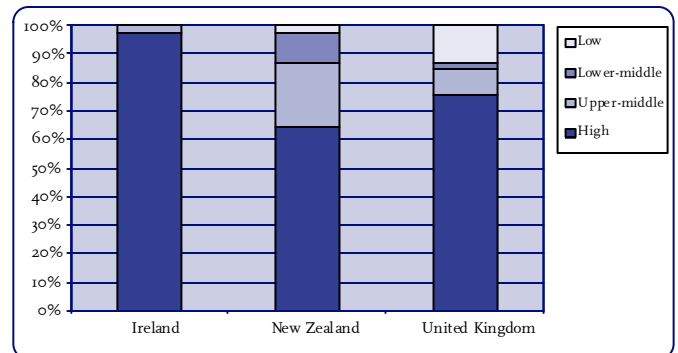


Figure 11. Foreign pharmacists registering in Ireland, New Zealand and United Kingdom according to origin economic country classification.

Source: Irish Pharmaceutical Society (foreign pharmacists registered with known origin country in 2005), Pharmacy Council of New Zealand (total foreign pharmacists registered in 2005), Royal Pharmaceutical Society of Great Britain (foreign pharmacists registering between 2001-2005). World Bank Country Classification.

The limitations of registration numbers demonstrating the extent of migration can be seen in the case of South Africa,

where only 18 foreign pharmacists have registered with the Pharmacy Council since 2003. Overseas pharmacists seeking to register as a pharmacist must first apply to join the South African Ministry of Health's Foreign Workforce Management Programme. Contrary to the few that have registered, 184 pharmacists have applied to the Ministry's Programme since 2003. The staff coordinating the Programme at the Ministry of Health stated that they were becoming increasingly overloaded with the growing number of inquiries from foreign health professionals, indicating an increasing trend for receiving health professionals from other countries. Many pharmacists migrating to South Africa do not successfully complete the registration requirements which includes one year of mandatory community public service. In 2001 about 1000 pharmacy students graduated from South Africa; in the same year 600 pharmacists emigrated abroad⁶.

Many regulatory and professional bodies were not able to give accurate figures for the number of pharmacists migrating abroad or registering from abroad each year. This data is not routinely collected from pharmacists and difficulties exist in tracking this information. In large countries such as India, Canada, Australia and the USA, sub-national boards of pharmacy regulate the profession and individually collect information for each state/province, hence the level of detail of data collected is often inconsistent. Separate bodies may also be responsible for training or examining foreign pharmacists at a national or sub-national level. Lack of coordination and systematic reporting at a national level leads to difficulties in collating and interpreting detailed information about the workforce. Only 16 of 52 state boards of pharmacy responded in the USA, with just 5 states keeping records on the number of foreign trained pharmacists registered in their state. Data for the USA on foreign pharmacists is largely incomplete and requires further study before being reported. Foreign pharmacists employed in academia, industry and administration positions are not required to be registered so registration numbers may underestimate true figures.

The extent of data and information management is inconsistent in large countries with many sub-national unable to provide the required data relating to the number of foreign pharmacists, registrations per year, migrating pharmacists and pharmacy graduates. Figure 12 demonstrates the proportion of registered pharmacists that are foreign, however this is likely to be an underestimate as data is incomplete for large parts of Canada and Australia.

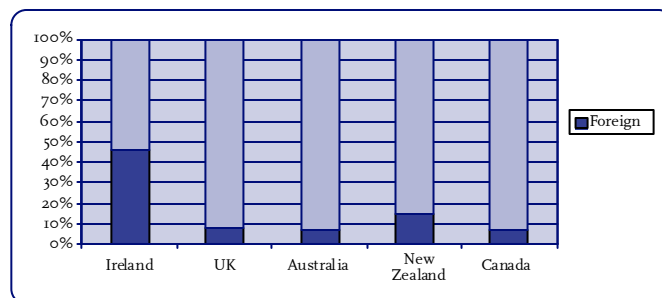


Figure 12. Proportion of registered pharmacists that are foreign (2005).

Source: Pharmaceutical Society of Ireland, Royal Pharmaceutical Society of Great Britain, Australian State Boards of Pharmacy, Pharmacy Council of New Zealand, Canadian Provincial Boards of Pharmacy (2005).

Data can also be variable between reports from the same sources and difficult to validate. Although the migration of pharmacists is not touted by the Pharmaceutical Society of Uganda to be an issue with just one pharmacist migrating abroad on average per year to their knowledge, Matowe et al published in 2004 that a third of registered pharmacists were working and residing outside of Uganda⁷.

The factors encouraging pharmacists to leave their country (*push factors*) or move to a country (*pull factors*) have not been studied. Studies examining reasons for migration in physicians and nurses have found factors such as income, job satisfaction, career opportunity, working conditions, management and governance and social and family⁵. Individuals may also choose to train in health as a means to facilitate migration.

Despite these limitations, the data collected in the FIP Global Pharmacy Workforce and Migration Study has identified a growing trend of international migration of pharmacists, an issue that not only affects developing countries but also developed countries.

3.2 AUSTRALIA

Since 1995, over 1100 foreign pharmacists have registered in Australia in five of the eight states where data was available. The supply of pharmacists from overseas has increased since the mid 1980's⁸. The Department Immigration and Multicultural Affairs found an increase of over 40% in the number of individuals with pharmacy qualifications permanently migrating to Australia between 1993-1994 and 1997-1998. Foreign pharmacists account for over a quarter of registered pharmacists in Western Australia with most pharmacists

originating from the United Kingdom and South Africa. Only two state boards kept data on the country of origin of foreign pharmacists and three on the total number of foreign pharmacists currently registered. The proportion of pharmacists that are foreign is under 10% though it may be higher given that no data is available for five state boards.

Table 3. Total number of pharmacists registered in each state of Australia (2005).

State	Total Registered Pharmacists	Total Foreign Registered Pharmacists
Western Australia	1930	516
Victoria	5301	Not available
New South Wales	7668	1016
South Australia	1399	28
Queensland	3980	Not available
ACT	401	Not available
Tasmania	550	Not available
Northern Territories	205	Not available
Total	21,434	1,560

Source: State boards of pharmacy

The number of foreign pharmacists registering in Australia appears to have steadily increased since 1995 with the vast majority of foreign pharmacists registering in New South Wales. Statistics relating to Australian pharmacists migrating abroad was only tracked by the Pharmacy Board of Tasmania.

Australian pharmacy graduates

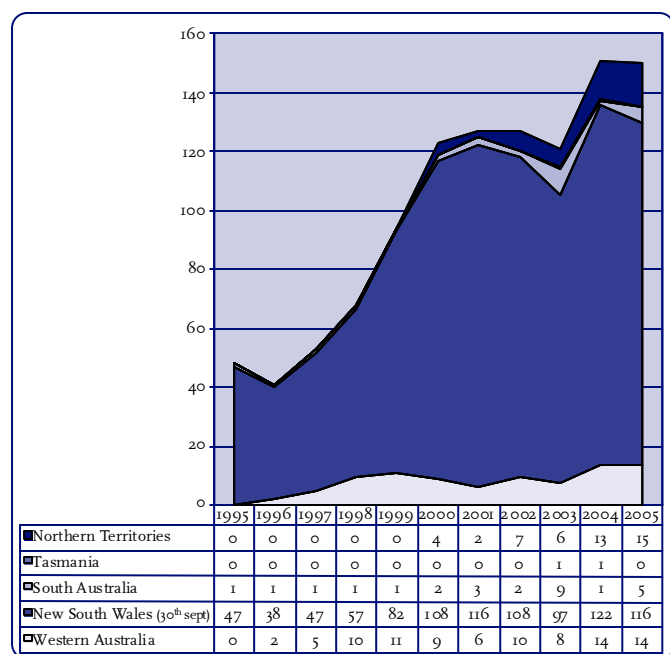


Figure 13. Number of foreign pharmacists registering in Australia in each state from 1995 - 2005.

Source: Pharmacy Boards of Northern Territories, Tasmania, South Australia,

New South Wales, and Western Australia (2005). Note that data prior to 2003 and 1999 was not available for Tasmania and the Northern Territories. Data was also unavailable from Victoria, Queensland and ACT.

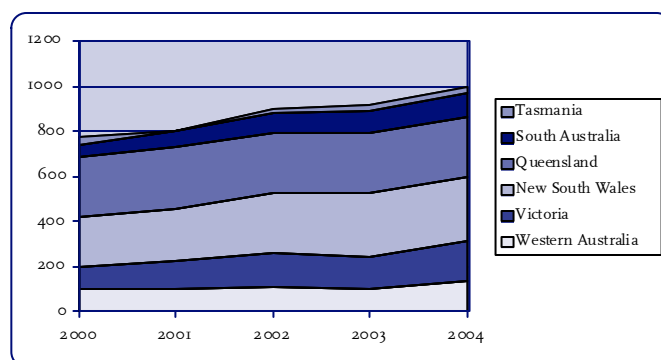


Figure 14. Number of graduates in Australia per state from 2000 - 2004.

Source: State boards of pharmacy, Charles Sturt University, University of Sydney, University of Canberra

The number of pharmacy graduates per year has been steadily increasing since 1985 to meet demand⁸. One thousand pharmacy students graduated in Australia in the year 2004 with more expected in the near future. Two new schools of pharmacy have opened in the state of New South Wales with their graduates expected in 2006. The University of Sydney graduated its first students through the Master of Pharmacy programme in 2004 in addition to graduates of the standard programme. The Master of Pharmacy programme is a graduate entry course that can be completed in two years by applicants with a Bachelor degree.

3.3 CANADA

Foreign pharmacists registered in Canada originated, in descending order, from Egypt, USA, India, Pakistan, Philippines, Pakistan, United Kingdom, South Africa, Yugoslavia, and Korea. Information relating to the number of Canadian pharmacists migrating abroad was not collected by any provincial board of pharmacy. The number of registrations of foreign pharmacists has steadily increased over the last ten years as seen in figure 15 with the majority of registrations in Ontario. Due to lack of data from Quebec prior to 2005 and three other provinces it is difficult to interpret the rate of increase.

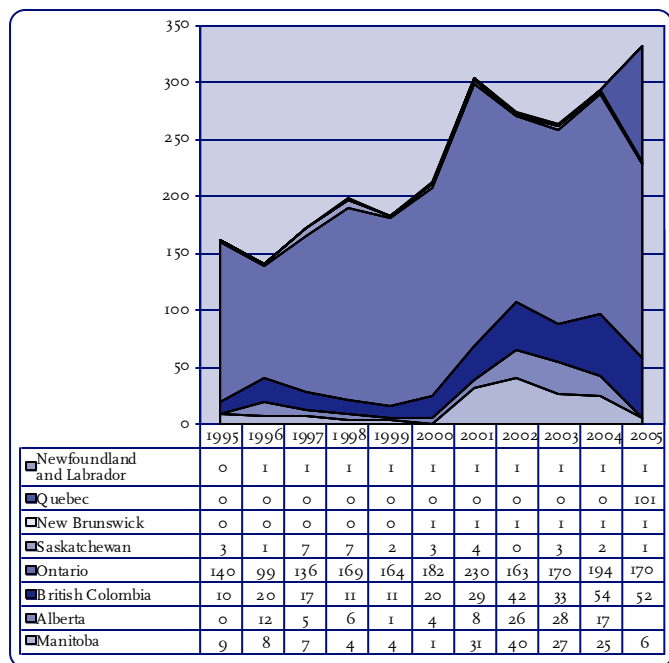


Figure 15. Foreign Pharmacist registrations in Canada in each province from 1995 - 2005.

Source: Pharmacy Boards of Newfoundland and Labrador, Quebec, New Brunswick, Saskatchewan, Ontario, British Columbia, Alberta (2005). Data unavailable for Quebec prior to 2005 and three Boards of Pharmacy for the entire period.

3.4 GHANA

With an existing workforce of 10 pharmacists per 10,000 population, the migration of nearly two thirds of its 140 graduates in 2003 and continued upward trend has significant effects.

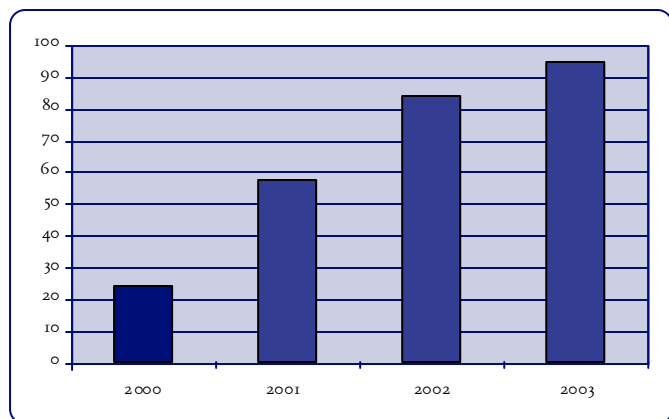


Figure 16. Number of letters of good standing requested in Ghana by Pharmacists.

Source: Pharmacy Council and Ministry of Health, Ghana (2005).

3.5 IRELAND

The number of foreign pharmacists registering in Ireland has almost doubled since 2001. Foreign pharmacists constitute almost half of the number of registered pharmacists in the country. A new pharmacy school was opened in 2006 to supply more trained pharmacists. Pharmacists from the United Kingdom (276) made up half of the foreign pharmacists whose country of origin was recorded by the Society. Pharmacists trained in Spain, Australia and New Zealand were the other most common. Ireland loses a significant proportion of its workforce to migration each year. Between 2001 and October 2005, 113 Irish pharmacists registered in the United Kingdom alone, over a third of the number graduating in the same period (source: Royal Pharmaceutical Society of Great Britain, 2005).

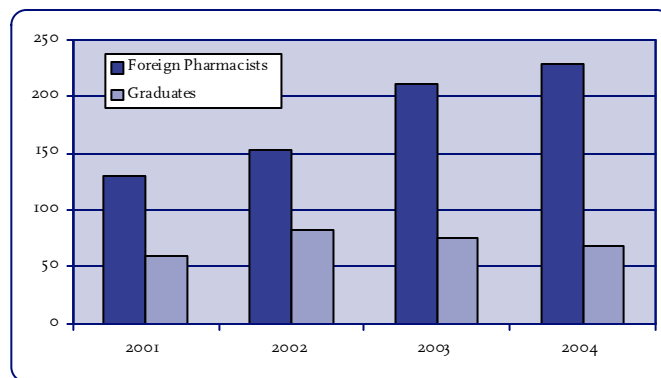


Figure 17. Number of pharmacists entering the workforce in Ireland from 2001 - 2004.

Source: Pharmaceutical Society of Ireland (2005).

3.6 KENYA

The Kenyan Pharmacy and Poisons Board estimates that over 190 pharmacists have migrated abroad in the last ten years, a loss that is equivalent to the total number of pharmacists that were trained since 2000. Kenya receives around 30 applications from foreign pharmacists to register a year, half of these are successful. This can equate to half the number of pharmacists graduating. Most of the foreign pharmacists are from India or Kenyan pharmacists who have trained in India.

3.7 NEW ZEALAND

The number of pharmacists migrating abroad from New

Zealand between 2000 and 2004 has been consistently greater than the number graduating. The migration abroad may be mostly temporary but it is not clear and the consequent impact on the pharmacy workforce in New Zealand is difficult to ascertain.

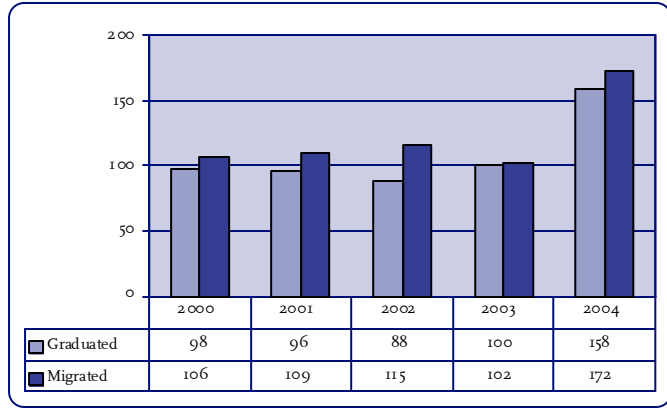


Figure 18. Number of pharmacists graduating vs. migrating abroad from New Zealand.

Source: Pharmacy Council of New Zealand (2005).

Eight pharmacists were registered from Africa, Middle East or Asia between 1980 and 1989⁷. This has increased to 113 between 1990 and 1999. Most of the foreign pharmacists that currently practise in New Zealand are from the United Kingdom, followed by South Africa and Australia. There are as many foreign pharmacists registered in New Zealand as there are registered pharmacists listing overseas addresses.

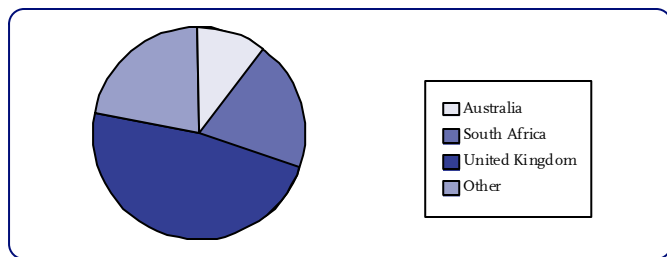


Figure 19. Country of origin of registered foreign pharmacists in New Zealand.

Source: Pharmacy Council of New Zealand (2005)

3.8 UNITED KINGDOM

The number of pharmacists migrating to the United Kingdom has increased since 2000. Although foreign pharmacists account for less than 10% of the pharmacist workforce, this is still a large number of pharmacists compared to other countries,

especially source countries. Pharmacists who listed an address outside of the United Kingdom represented just over 10% of pharmacists on the register in 2002⁹. Over three quarters of these are pharmacists who graduated from the UK. The United States of America was the most common destination country with 14% of overseas pharmacists, half of which are working in industry or academia where registration is not required. The number of pharmacists registering in the United Kingdom from Zimbabwe and New Zealand accounts for the majority of the number of pharmacists produced in those countries over 2001-2004 (figure 20). What is unknown is whether the migration is temporary or permanent. For most pharmacists registering in the United Kingdom from New Zealand and Australia, it is suspected to be temporary. The effect on these source countries may not be as great compared with countries where migration is more likely to be permanent, such as Zimbabwe.

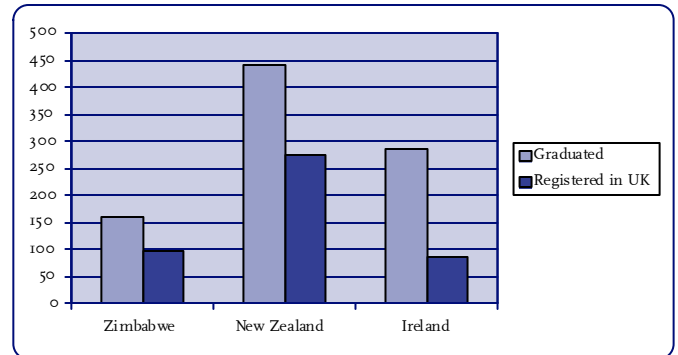


Figure 20. Number of pharmacists registering in the United Kingdom vs. graduating from source countries between 2001 - 2004.

Source: Royal Pharmaceutical Society of Great Britain, Pharmacy Council of New Zealand, Pharmaceutical Society of Great Britain

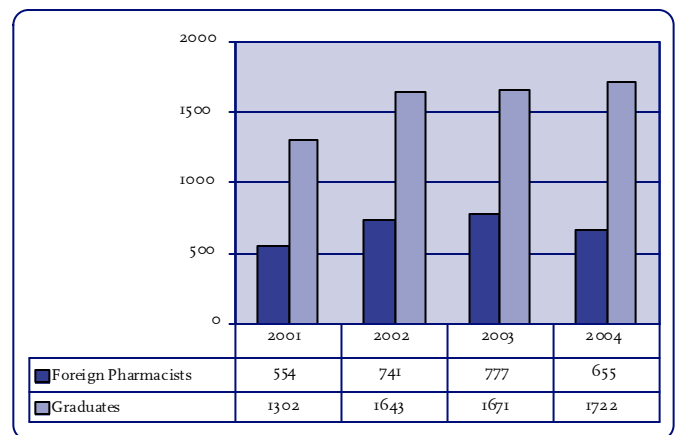


Figure 21. Pharmacists entering the workforce per year in the United Kingdom (2001-2004).

Source: Royal Pharmaceutical Society of Great Britain

The numbers of pharmacy schools in the United Kingdom has increased to 20 schools with more graduates each year. Four new schools of pharmacy have yet to produce any graduates.

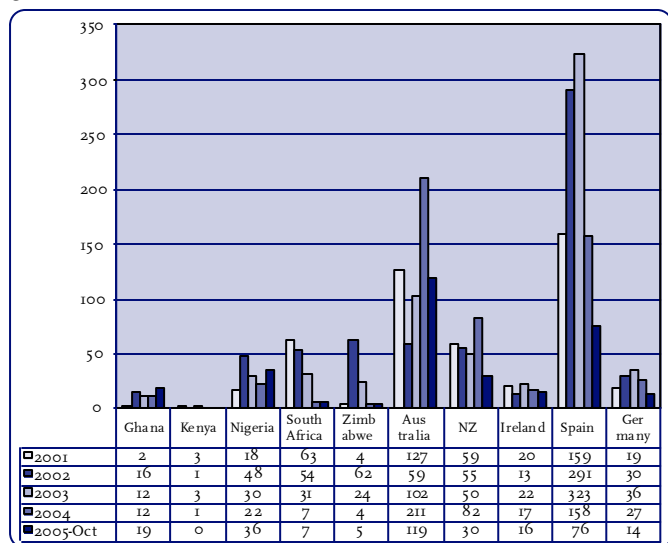


Figure 22. Number of pharmacists registering each year in the United Kingdom according to Source countries (2001-2005 Oct).

Figure 22 demonstrates the trend over 2001-2005 of the total number of pharmacists registering in the United Kingdom from selected countries. Data for 2005 is incomplete for the calendar year. Most notably pharmacists from Spain and Australia are registering in the United Kingdom in great numbers.

3.9 REGISTRATION OF FOREIGN PHARMACISTS

The registration requirements of foreign pharmacists varies greatly between countries though common elements exist. Pharmacists from countries that have reciprocal arrangements or special recognition of their own nationals who have trained abroad have less requirements for registration. Greater movement from pharmacists of these countries can be seen where such arrangements are present. Many countries require foreign pharmacists to undertake pre-registration practice training in a pharmacy setting and successful completion of examinations and language requirements. Refer to appendix 6 for full information.

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