IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

CROSS-BORDER MOVEMENT OF NATURAL PERSONS: ECONOMIC PARTNERSHIP AGREEMENT AND ACCEPTANCE OF FOREIGN WORKERS

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A background paper

LABOUR MIGRATION MANAGEMENT: CURRENT TRENDS, PRACTICES AND POLICY ISSUES

The Case of Health Workers

Introduction

It is estimated that in 2000 almost 175 million people were living outside their country of birth. Increasingly, it is skilled workers who are migrating (IOM 2003). One estimate states that 1.5 million professionals from developing countries work in industrialized countries (Stalker 2000). Concurrently, in most of the developed world there is a rising trend of migration for employment purposes, especially in such sectors as education, health care and computer technology, although this trend is not just limited to sectors requiring skilled workers.

Hence, there has been a significant rise in number of programmes to facilitate temporary labour migration. This increase is said to reflect (or perhaps even to have encouraged) the rise in migration in all categories, including seasonal workers, skilled workers, students and intra-company transferees (OECD 2003a). In the United States, for instance, temporary employment migration increased between 2000 and 2002, although this mainly outside the low-skilled agricultural sector. The number of US non-farming sector H2B visas has increased in 2001 by nearly 50 per cent to 72,400. Japan also participated in this trend, as the number of documented skilled foreign workers during this same period rose from 154,700 in 2000 to nearly 168,800 in 2001 (OECD 2004a).

The current migration policy of Japan officially limits immigration to skilled foreign workers. This system is designed to accommodate mainly temporary migration for employment purposes.[1] This system is not unique to Japan, as most of the recent 'immigration countries' in Europe such as Ireland, Spain, Greece and Portugal, can also be characterized as having employment-related immigration.

Even though international migration is now one of the primary concerns for most governments, each nation has experienced fairly individualized aspects of the highly diverse (in terms of scale and other characteristics) international migration flow. Additionally, governments have also developed their own migration policies based on a variety of principles, purposes and organizations.

Also noticeable is that in certain sectors skills and competences are in such short supply that labour has to be recruited on a global scale. This includes health professionals. The migration of health professionals has been an important item in policy debate since the late 1990s (OECD 2002, WHO 2003). The shortage of health professionals has become acute since the mid-1990s, particularly in industrialized countries.

Accordingly, from among the main areas of migration policy,[2] this report will examine some key issues related to labour migration, in particular the selective procedures for labour migrants and their related management issues. These are currently a central concern of the Government of Japan as well as some other countries in the region. After an overview of mainly the European experience with labour migration, the paper will

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[1] Terms such as 'labour migration', 'economic migration', and 'immigration for employment purposes' are used interchangeably in this report.

[2] The main areas of migration policy are on migration flow control, migrants' access to the labour market and their integration into the host society in general.

focus on health workers, in particular nurses, to assess the trends in the recruitment of nurses and to discuss several policy implications for source and destination countries. This paper will limit the geographic coverage to European countries. However, the experience of other countries will be referred to where relevant.

I. Labour Migration Policy, Migrant Labour Forces and Labour Shortages

Development of Labour Migration Policy and Legislation

In order to understand the current labour migration management practices, some basic aspects of labour migration policies and legislation need to be mentioned.

The 1957 Treaty of Rome defined the free movement of workers as one or the four fundamental freedoms of the Single Market. The principle of free movement of workers allows citizens in the Community to work and live in another member country, and includes four general principles applicable to citizens of any EU member country.[3]

The right to seek employment means that EU citizens can stay in another member state for at least three months to look for a job. However, a statement issued by the European Court decreed that six months is appropriate in 'reasonable cases'. Employed EU citizens are also automatically entitled to a residence permit, although four nations (France, Germany, Spain and Italy) stopped requiring residence permits in mid-2000 for employed EU citizens.

The common legal rules in the European Community (the *aquis communautaire*) requires equal treatment of all EU citizens in respect of employment, occupation, remuneration, dismissal and other conditions of work. In addition, the legal framework of the EU aims to minimize any barriers to labour mobility by providing for the mutual recognition of educational standards and degrees, and the gradual harmonization of the member states' education systems.

When viewed in total, the extent to which barriers to the mobility of labour and persons have been removed within the EU far exceeds the efforts in other regional trade areas. Nevertheless, the percentage of EU foreigners who reside and work in other EU member states is relatively small, accounting for just 1.5 per cent of the EU population. This relatively low level of labour mobility into the EU (compared to within the EU countries themselves) is probably the result of national, cultural and linguistic differences.

In fact, non-EU countries constitute the main source of foreigners in EU countries, even though the EU legal framework does not extend the same generous provisions of labour and personal mobility to non-EU citizens. The *aquis communautaire* explicitly requires

[3] These four principles are the right to seek employment in other EU countries; the right to move to other EU countries for the purpose of employment; the right to reside in other EU countries for the purpose of employment, and the right to remain in other EU countries after the termination of employment if the household is financially self-supporting.

the preferential treatment of EU citizens over non-EU citizens in the EU labour markets. Non-EU nationals can only be hired if it can be proven that the position cannot be filled by either EU nationals or by non-EU national who already possesses a residence permit in a EU country. Temporary work permits for non-EU nationals are only granted when a position is offered to a specified person with specific skills, and when this specific position cannot be filled with workers from either local or other EU labour markets. Restrictive conditions also apply to seasonal workers and border commuters.

Observers have noted that such regulations do not restrain the EU member states in any significant manner, since these terms in fact articulate the common practice existing within the member states.[4] Furthermore, although the *aquis communautaire* itself reflects the protective policies of the EU labour market, immigration from outside the EU still remains essentially within the control of the individual member states. This is explicitly highlighted in the General Declaration of the Single European Act establishing the Single Market. This instrument also states that: "nothing in these provisions shall affect the right of member states to take such measures, as they consider necessary, for the purpose of controlling immigration from third countries." This clearly leaves immigration policies in relation to third countries within the domain of the individual member states. Thus, non-EU nationals do not have the right of full freedom of movement, nor can residence and work permits be transferred to other EU countries.

European Labour Market Composition of the Foreign Labour Force

There are difficulties in comparing the stocks of foreign nationals in Europe, and particularly stocks of foreigners as part of the labour force in various European countries. Citizenship in Europe is often conferred on the basis of *ius sanguinis* (by blood), but some of the major countries, such as France and recently Germany, confer citizenship based on the place of birth, as is also the practice in Canada and the United States. However, policy considerations in relation to the acquisition of citizenship change over time; thus for instance, in the United Kingdom, in 2003 a 21-year old resident who was born in December 1982 to foreign parents would be a British citizen, but another resident born in similar circumstances born only one month later in January 1983 would classified as be a foreigner.

Some of the situations that arise as a result of population movements may be quite complex. For example, as regard Germany, there are now millions of 'returned nationals' (*Aussiedler*), who returned after many years, even generations, spent mainly in the former Soviet Union, who are no longer well acquainted with the German language and may face practical problems at the workplace, similar to those normally confronting foreign workers, involving culture and language. At the same time, Germany's workforce includes a significant number of second-generation foreigners who are born and educated in Germany and who are for all practical purposes and intents Germans, although not legally so.

Keeping in mind the inaccuracies concerning such data, it can be argued that the share of foreign residents in the total population ranges between 1 and 10 per cent in EU countries. Luxembourg is a notable exception, as its share of foreigners is over 30 per

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[4] Boeri et al., 2002, p. 45.

cent of the total. But, when compared with the population composition in certain metropolitan areas (with particular characteristics not generally found throughout the country concerned as a whole) such as the financial centres in Europe (e.g. London or Frankfurt), the share of foreigners is quite similar and no longer appears so exceptional.

TABLE 1

FOREIGNERS AND FOREIGN WORKERS IN WESTERN EUROPE: 1998

	Total Pop.	Foreign Pop.	Foreign Pop.	Total Labour	Foreign Labour	Foreign Labour
	Pop (000)	Pop (000)	Percent	Force (000)	Force (000)	Percent
Austria	8,099	737	9.1	3,303	327	9.9
Belgium	10,253	892	8.7	4,261	375	8.8
Denmark	5,333	256	4.8	2,938	94	3.2
France	57,095	3,597	6.3	26,016	1,587	6.1
Germany	82,247	7,320	8.9	27,714	2,522	9.1
Ireland	3,700	111	3	1,500	48	3.2
Italy	59,524	1,250	2.1	19,529	332	1.7
Luxembourg	430	153	35.6	234	135	57.7
Netherlands	15,762	662	4.2	7,172	208	2.9
Norway	4,459	165	3.7	2,233	67	3
Spain	40,000	720	1.8	15,917	191	1.2
Sweden	8,929	500	5.6	4,294	219	5.1
Switzerland	7,095	1,348	19	3,994	691	17.3
United Kingdom	58,079	2,207	3.8	26,641	1,039	3.9
Total/Average	361,005	19,918	5.5	145,748	7,835	5.4

Source: OECD. Trends in International Migration, 2000. OECD, Paris, p.41.

Labour Migration Policies Adapted to a New Kind of Labour Shortage

Since the mid-1940s, the employment structure according to qualifications has gradually evolved into a system of relatively highly qualified jobs. Additionally, by the end of the 1990s the IT sector had fully emerged and developed into an important sector in its own right, further reinforcing this tendency. Moreover, it is a reasonable conjecture that the ageing of the EU population implies that the demand for highly qualified workers will continue, especially in the case of health professionals. Therefore, it may be expected that the labour shortages in these countries in the next decades will be most intense with respect to skilled and highly skilled jobs.

It is within this context that many countries have made legislative changes to facilitate the entry of skilled foreign workers. Most of these amendments to existing laws simply introduced greater flexibility to existing migration policies. However, in some cases specific programmes have been launched. It is interesting to note that these changes have not attracted very much criticism as could have been expected during an economic downturn that started in Europe in the second quarter of 2001.

In **France** and in the **United Kingdom**, decisions on foreign labour recruitment are generally made at the national or regional level in order to meet the demands of the labour market. The level of foreign labour recruitment is based on various labour market testing criteria, and there is a basic requirement that the wages of foreign workers must be similar to those of nationals with comparable skills working in the same occupation (a requirement common to most developed countries). However, for some occupations currently in demand, the recruitment procedures have been streamlined to exclude "labour-market testing". Examples of cases where such modified recruitment procedures are used include IT specialists and, in some instances, biotechnology, medicine, healthcare and education professionals. In addition, **France**, together with some other European countries, has also changed its laws to allow foreign students to switch their visa status upon completion of their training, allowing them access to the local labour market.

On the other hand, in the **United States**, which has a permanent immigration policy based instead on family preference, large numbers of highly skilled foreign professionals are allowed to work with renewable three-year non-immigration visas (H-1B). This temporary immigration of skilled professionals is subject to an annual quota that was increased from 115,000 to 195,000 until 2003. Other countries, such as Australia, Canada and New Zealand, which regulate permanent immigration with a points system that emphasizes an immigrant's employability (age, education, skills, work experience), have also recently taken measure to facilitate temporary immigration of skilled labour.

Although the lion's share of migration facilitation measures taken has been directed at skilled workers, some countries (e.g., **Italy** and, to a somewhat lesser degree, the **United States)** have also allowed entry of unskilled foreign labour, chiefly in the agriculture, building and civil engineering, and domestic service sectors. Furthermore, visas for seasonal workers have also become quite common in several EU member countries, notably the United Kingdom.

II. Selection Mechanisms for Foreign Workers

A great variety of employment-related immigration policies have been implemented in European countries. The differences in these policies can often be traced to distinct overall national characteristics regarding immigrant labour. Other differences in the implementation of immigration policies can be attributed to the unique labour requirements faced by each country. Differences appear also at the most practical level, in how nations actually choose or screen immigrants.

This section briefly reviews the main characteristics of immigrant selection mechanisms used by some European countries. In general, countries use more than one tool, and combine particular features of several methods in their attempt to produce the desired effect.

European countries have recourse to a variety of instruments for the admission of foreign workers from the non-European Economic Association (EEA) countries for employment purposes. The work permit systems, the main and most common means of

entry for employment in European countries, are extremely diverse regarding their purpose, requirements and their legal rules and provisions.

In Europe, employment-related immigration is usually of a temporary nature and the governing policy objectives are, therefore, distinct from other immigration policies of the traditional countries of immigration. Their objectives are based on labour market requirements and generally attempt to respond to the perceived demand for labour that cannot be met locally. Recruiting conditions may vary significantly depending on the respective countries and programmes. **France**, for instance, requires both a minimum salary and education levels for foreign workers. The **United Kingdom** creates shortage occupation lists, which ensure that those occupations have facilitated work permit processing procedures. In the **United States** quotas are used to limit skilled migrant workers. Similarly, in **Italy** quotas are established for mostly non-skilled workers in agricultural, construction, public works and other industrial sectors.

Even though the objectives of any temporary labour migration policy can be modified during an economic downturn, such a policy can still be part of a broader long-term strategy. Some programmes focus on specific occupations and usually seek to alleviate short-term imbalances affecting the local labour market, while at the other end of the spectrum there are more general programmes to facilitate the mobility of highly skilled workers. Programmes such as these are framed with a larger perspective that goes beyond current short-term labour requirements and acknowledge the reality of the globalization of the labour market for highly skilled jobs. Policies based on this view are often found in programmes that, for example, deal with the mobility of employees within multinational firms, or business investors.

Flexible Selection Categories

The United Kingdom provides one of the best examples of a work permit system. As the main labour migration channel for entry into the U.K., its Work Permits Scheme targets medium- and highly-skilled workers. It was designed to facilitate the recruitment of foreign nationals (specifically non-EEA nationals) for employment in posts that cannot be filled through the local labour supply. A minimum level of qualifications is required, although these requirements can be altered and, in fact, have recently been lowered.

Work permits are granted for up to five years and remain specific to the employer. Nonetheless, it is always possible to ask for a new work permit, in which case no new labour market test is required even if the new application relates to an occupation not included in the ‘shortage occupation list’ (discussed below). This labour migration channel also allows the entry of dependants, although they are not allowed to work in the U.K. unless they apply for a separate work permit. There are no quotas on the number of work permits issued, and admissions under this programme have steadily increased since 1994. In 2000, the number of entrants to the U.K. with such permits (67,100) accounted for 35 per cent of all labour migration entries.

The U.K. system is also quite flexible and can take into account temporary labour shortages for certain types of occupations. A "**shortage occupation list**" has been regularly published and updated since 1991 by the Department of Education and Skills, and applications for permits for the listed occupations follow a more simplified work

permit processing procedure. Typically, this shortage list refers to a number of skilled posts in the fields of healthcare, education, engineering, biotechnology and information and communication technologies.

The preparation and modification of this list demonstrates the Government's efforts to formulate an informed migration policy based on research, statistics and stakeholder consultation. Entries on this list are based on decisions made following consultations with informed experts and/or on specialized studies, especially surveys of employers. Furthermore, the government is also trying to improve sectoral labour market analyses by establishing of a number of sector-based panels to review shortages on an ongoing basis.

These sector panels now meet regularly with representatives from industry, key employers and representatives from relevant Government departments in order to assess issues such as levels of training, recruitment, skills and pay. There are currently six (6) Sector Panels covering ITCE (Information Technology Communications and Electronics), health, engineering, hotel and catering, teaching, and finance. The use of the shortage occupation list in the IT and health sectors has had a significant impact not only on the number of permits issued, but also on the geographical distribution of work permits overall. It is also important to note that the United Kingdom was the only country to respond to the recent downswing in the new technologies and communications sector by removing the related occupations from the shortage occupation list. The U.K. was able to adjust to new market realities very rapidly, while other industrialized countries maintained their previous policies for recruiting highly skilled professionals in this sector, even as the demand for such labour evaporated.

Bilateral Agreements

The conclusion of bilateral agreements is another selection mechanism favoured by some European countries. Bilateral agreements are designed to ensure the transfer of labour from one country to another. They usually include the aims of the agreement, a definition of the labour concerned, the admission criteria, the terms of migration, the status of labour migrants, fair and equitable treatment clauses and annual quotas, where applicable.

Bilateral agreements, which are managed mostly by both central and regional public authorities, present some advantages as effective management tools. They can be customized for specific purposes and categories of migrants and can help to curb the flow of irregular migrants. Both sending and receiving countries share the burden of ensuring adequate living and working conditions for migrant workers, the monitoring of the terms of the agreement and a more active management of the pre- and post-migration processes. A 2003 OECD study (2003b) concluded that bilateral labour agreements have a positive impact on overall economic growth in host countries by providing flexibility for the labour market.

Italy, like the U.K., uses bilateral agreements to obtain necessary seasonal workers.[5] The Italian labour market is characterized by sectoral and regional fragmentation with much of the growth and demand for employment coming from very small firms and enterprises for low-skilled workers.

Bilateral labour migration agreements, usually signed after a readmission agreement, are specifically related to seasonal work. Albania was the first country to sign such an agreement in 1997, together with a readmission agreement. Tunisia is the only other country to have signed such an agreement with Italy in May 2000. Tunisia had already addressed the question of readmission in an exchange of notes in mid-1998. Preferential quotas not exceeding 25 per cent of the overall quota are granted to countries actively involved in the fight against illegal migration to Italy.

III. Some Management Issues Involved in the Selection Processes

All programmes that attempt to address labour market shortages through immigration have their limitations. Specifically, they are bound by the rules of the immigrant selection process itself, and/or when they have to observe specific agreements on international mobility. Accordingly, when attempting to evaluate the importance and the efficiency of any particular programme for recruiting foreign labour, a fair assessment can be made only after reviewing the programme's own particular objectives.

Establishing Recruitment Targets

In an effort to establish the recruitment needs for foreign labour, most of the selected countries simply calculate and impose a yearly immigration quota. **Canada** and the **U.S.** apply annual ceilings, planning levels or quotas to the annual number of permanent admissions. **Italy** calculates a total quota, which is then broken down according to regions and industries. These calculations take into account economic forecasts, employer reports and regional unemployment rates. Italy also often fixes quotas in bilateral agreements with sending countries, whereas in the U.K. quotas are only used in part.

The decision-making process for determining the size and distribution of quotas involves a number of different participants. In **Italy**, the Prime Minister decrees definite numbers and the categories and nationalities of foreign workers allowed to enter the country annually. To determine the numbers and categories, the Ministry of Welfare carries out consultations with employers' associations, trade unions and other stakeholders. At the same time, the local and regional labour offices also submit their own estimates for foreign labour demand at a local level.

In the **United States**, the Immigration Act of 1990 sets the number of visas available for permanent immigrants entering the U.S. for employment reasons at 140,000 per year, including family members.

[5] Like the U.K., Italy also recruits foreign workers through a work permit system initiated by employers who have to guarantee adequate housing and the repatriation cost. The number of persons admitted is specified in annual quotas divided according to region, type of labour, job category and nationality.

The establishment of an immigrant ceiling also serves planning purposes. However, the setting of an annual immigration ceiling could also become an occasion for public discussion and/or political dispute of the relative merits of increasing or decreasing immigration.

The determination of such quotas or ceilings does not guarantee that the target number of immigrants will be reached. For example, in the U.S. at present only about half of the annual 140,000 available visas are actually filled and there is a growing backlog of applicants waiting for approval. The reason for this backlog is the complicated bureaucratic process involved in approving labour certifications and applications for admission. Specifically, in order to hire a foreign worker as a permanent resident, an employer must launch a recruitment process in accordance with Department of Labour (DOL) guidelines to prove that no similarly qualified U.S. worker is available. This process normally requires the help of an attorney and approval can take several years, as it must first be approved by the DOL and then by the Bureau of Citizenship and Immigration Services. Employers and immigrants generally become quite frustrated by the delays and tend to use temporary visa categories to bridge the gap between the decision to hire the worker and the government's grant of resident status.

Identifying the Best Candidates

Tradeoffs are often needed if programmes are to achieve their objectives. In order to identify and choose optimum immigrants from a large pool of candidates, selection must be based on some quantifiable criteria to determine the "right candidates" that best match a country's immigration policy objectives. Clear guidance is also needed to assess information provided by the immigrants themselves. Politically this is not always an easy task, particularly when the purpose of the migration policy is to support the long-term development of the labour market. The **Canadian** authorities, for instance, recently modified their points system in order to better assess those skills that are most important for the long-term integration into their labour market and into Canadian society as a whole (e.g., linguistic capacity, age, job experience). However, this modification worked to the detriment of skills more directly geared towards the immediate short-term needs of the labour market.

Furthermore, the more detailed the selection criteria are, the more costly the selection procedure becomes in terms of human and financial resources and recruitment time. Again, there must be tradeoffs between **cost in terms of time and efficiency,** in addition to any other targeted measure. Hence, countries that have chosen a point system must devote significant public sector human resources to the processing of the applications, as well as to the initial interviews, especially when attempting to test linguistic abilities. In addition, the overall effectiveness of the selection criteria itself needs to be monitored with the help of appropriate statistical tools.

In cases where employment-related immigration policies focus mainly on short-term labour-market adjustments, as is the case in Europe (and Japan) difficulties in the selection process frequently appear. In such cases it is important to be able to adjust selection procedures accordingly. In practice, however, it always takes time to properly validate qualifications and work experience and/or to assess language skills. Therefore, there is always the temptation to reduce controls and relax the selection criteria for the

sake of adaptability and flexibility. However, this also reduces the effectiveness of the selection process.

A means to address this issue is for governments to delegate responsibility for part of the selection process (generally the validation of skills) to employers, while maintaining their own responsibility for determining the basic admission criteria. The advantage of such an arrangement would be that the recruitment of foreign labour is (theoretically) more closely linked to labour market needs. Furthermore, the time needed to process applications may be significantly reduced. However, it is possible for problems with this selection process to occur if the indirect costs of recruiting foreign labour are not properly covered (such as return transport charges to the sending country, the cost of social benefits due to the labourer in case of lay-offs, etc.). In such cases, employers may not bear any burden for failing to carefully select candidates, or for unrealistically overestimating future labour needs. These problems are amplified (together with the adverse consequences for the receiving country) whenever the migrants themselves bear the administrative costs of the immigration procedure.

The adaptability of selection criteria to changes in the labour market is a critical element in the practical implementation of labour migration policies. To begin with, however, it is very hard to objectively evaluate labour shortages. They are normally recognized after the event and are extremely difficult to predict. This means that a migration policy should be updated regularly using up-to-date research and data on the current and projected state of the labour market. For a policy to be effective, institutional mechanisms that provide the rapid revision of selection criteria for certain occupations during changing economic conditions must be established. Recent experience shows the merits of such flexibility regarding IT specialists. During the first quarter of 2001, every developed country was considering new measures to recruit a greater number of foreign IT specialists and to keep their native specialists who were thought likely to emigrate. However, the situation was completely reversed in the second quarter of 2001 and there was suddenly a surplus of IT specialists, even among already recruited foreigners. Exemplary labour migration policy flexibility was demonstrated in this case by the **United Kingdom**. It was one of the first European countries to facilitate the entrance of foreign IT specialists and also to retract this position as soon as the economic situation began to deteriorate.

Another troubling feature of labour shortages is that their effects are not seen only within certain occupations, but that they tend to be regionalized. This means that national migration policies must also have regional components. Some nations, such as **France**, let the decentralized offices of the Ministry of Employment control the real needs at the local level. **Italy** defines regional immigration quotas by sector or employment type. In theory, this kind of quota system has the advantage of being comparatively flexible and at the same time capable of addressing the regional dimension of labour shortages. However, in practice, this kind of system is still quite difficult to maintain, as precise regional year-to-year forecasting is still needed.

IV. Trends and Policy Implications of the International Migration of Nurses

With the background understanding of labour migration policies, practices and associated issues, especially of the selection process, the remaining section will examine the trends of health professionals' migration, especially nurses, and the current selection practices of several European countries, Australia, and North American countries. The focus will be given to recognition of the migrants' qualification.

The shortage of health professionals has become pronounced since the mid-1990s, particularly in the industrialized countries. Many industrial countries experience acute shortages due to an increase in demands related to ageing populations. However, many have not invested sufficient resources in, for example, the education of nurses to now be able to manage such growing demand. Hence the recruitment from overseas sources has become an important solution.

This section on health workers is to assess trends in the overseas recruitment of nurses and its implications, particularly in the host countries. For this purpose, several selected countries in Europe, and North America will be closely examined.

Trends in the Migration of Nurses

The difficulties in assessing current migration flows and trends are also common to skilled migration. For example, there is no mechanism for recording skilled emigration in source countries (Findlay and Lowell 2002). Even when information is documented (as, for instance, in a labour force survey in a host country), often it is not comparable because of a lack of international standardization. Furthermore, there is a distinct lack of profession-specific data in relation to nursing, as countries define and classify differently certain sets of skills in health care (Buchan et al. 2003).

Even within one country, data collected from the employers associated with the central governmental or professional body may not be comparable (DFID 2004). For example, in the United Kingdom, where there is no central requirement for standard data, some employers of the National Health Service may define 'international' nurses differently from others. That is to say, not all international nurses require a work permit and some 'international' nurses are foreign nationals who have trained as nurses in UK and so on.

The data collected to examine the migration trends of nurses here include labour force surveys, professional registration bodies and censuses, mostly in the host countries. This is because tracking outflows in the source countries is much more difficult since these movements tend to go unmonitored. Hence, in order to measure the outflow of health care providers from a country usually a few destination countries are picked to track their migration inflows.

With certain caveats, from such data the relative size of foreign nurses in several countries can be demonstrated.[6]

[6] New Zealand was included in the source document because of its high dependence on foreign-trained nurses.

EXHIBIT 1
Host Country Registered Nurse (RN) Workforce And Foreign Nurses' Contributions

Host country	Number of RNs in workforce	Predicted shortfall (shortfall year)	Foreign nurses as percent of workforce
US	2,202,000	275,000 (2010)	4
UK	500,000	53,000 (2010)	8
Ireland	49,400	10,000 (2008)	8
Canada	230,300	78,000 (2011)	6
Australia	179,200	40,000 (2010)	–[a]
NZ	33,100	–[a]	23

SOURCES: United States: E. Spratley et al., *The Registered Nurse Population, March 2000*; BHPr, *Projected Supply, Demand, and Shortage of Registered Nurses: 2000–2020*; United Kingdom: J. Buchan et al., *International Nurse Mobility*; J. Buchan and I. Seccombe, *Behind the Headlines*; Chancellor of the Exchequer, *Budget Statement*; Scottish Executive, *A Partnership for a Better Scotland*; Welsh Assembly, *The Review of Health and Social Care in Wales*; Ireland: Health Services National Partnership Forum, *An Examination of Non-Practicing Qualified Nurses and Midwives in the Republic of Ireland*; Nursing Policy Division, Department of Health and Children, *The Nursing and Midwifery Resource*; Canada: L. O'Brien-Pallas et al., *Bringing the Future into Focus*; CIHI, *Supply and Distribution of Registered Nurses in Canada, 2000*; Canadian Nurses Association, *Planning for the Future*; Australia: Australian Institute of Health and Welfare, *Nursing Labour Force 2001*; T. Karmel and J. Li, *The Nursing Workforce—2010*; and New Zealand: Nursing Council of New Zealand. See endnotes in text for complete source information.

NOTES: Nurse workforce surveys are conducted at different points in time in each country. Data were obtained from the most recent country reports. Corresponding years for number of RNs in workforce: United States, 2000; United Kingdom and Canada, 2001; Ireland and New Zealand, 2002; Australia, 1999.

[a] Not available.

Source: Aiken et al. 2004

Most countries that were examined have large nurse workforces. As shown, foreign-trained nurses generally do not constitute a large share of the stock of nurses. However, because of the overall size of the nurse workforce in some of the host countries, the actual number of foreign-trained nurses is often substantial. For example, while foreign-trained nurses account for only 4 per cent of employed nurses in the United States, their overall number totals approximately 90,000.

Also important to note is that these countries' health workforce planning bodies project a sizable increase in national requirements for nurses within the decade. Even if the US follows the recent trends in the UK and Ireland, where the workforce of foreign-nurses stands at 8 per cent and is expected to double over the next decades, the increase is not likely to reduce the projected shortage of nurses (Aiken et al. 2004).

In terms of nurse-to-population ratio, most selected host countries have twice as many nurses for their populations as the countries of origin. It also needs to be noted that the numbers from the sources countries may well be overestimated by including in the category of 'nurses' workers with various qualifications.

EXHIBIT 2
Registered Nurse (RN)-To-Population Ratios Among Major Host And Source Countries For Foreign Nurses

Host country	RNs per 100,000 population	Source country	RNs per 100,000 population
US	782	South Africa	472
UK	847	Philippines	418
Ireland	804	Zimbabwe	129
Canada	741	Nigeria	66
Australia	941	India	45
NZ	841		

SOURCES: United States: E. Spratley et al., *The Registered Nurse Population, March 2000;* United Kingdom: J. Buchan et al., *International Nurse Mobility;* J. Buchan and I. Seccombe, *Behind the Headlines;* Ireland: Nursing Policy Division, Department of Health and Children, *The Nursing and Midwifery Resource;* Health Services National Partnership Forum, *An Examination of Non-Practicing Qualified Nurses and Midwives in the Republic of Ireland;* Canada: L. O'Brien-Pallas, et al., *Bringing the Future into Focus;* Australia: Australian Institute of Health and Welfare, *Nursing Labour Force 2001;* and New Zealand: Nursing Council of New Zealand. See endnotes in text for complete source information.

NOTES: Data for host countries were obtained from the most recent country reports. Host country data: United States, 2000; United Kingdom and Canada, 2001; Australia, 1999; and Ireland and New Zealand, 2002. Data for source countries were obtained from the World Health Organization and represent the WHO's most recent data. Source country data: South Africa and Philippines, 1996; Zimbabwe, 1995; and Nigeria and India, 1992.

Source: Aiken et al. 2004

Factors affecting the decision to migrate are not easy to measure. In general, insufficient job openings, despite growing domestic health care needs, prompt qualified nurses to seek overseas employment. In addition, poor wages, economic and social instability, poor working environment, the risks of AIDS and so on motivates health professionals to emigrate.

When the need to seek employment outside one's home country is reinforced by the so-called 'pull' factors, out-migration is established. Such pull factors for skilled migrant workers include higher wages, better living and working conditions, and opportunities for advancing their education and expertise.

Another point to be made in this context is remittances. Hard currency sent home by expatriates is of much service to developing countries. The Philippines, for example, for many years deliberately trained more health care providers than could be absorbed by the domestic health care system. These countries are taking advantage of the labour shortages in other countries and are capitalizing on their high-quality training programmes. Over 10,000 trained nurses left the Philippines in 2002 to work abroad, most going to Saudi Arabia and the United Kingdom. Remittance levels to the Philippines reached 9 per cent of GDP in 2001 (Vujicic et al. 2004).

Country Experience: Focus on the Recognition of Qualifications

The migration of health workers has been an important topic in policy debates since the late 1990s (OECD 2002, WHO 2003). Much of the flow of trained health workers is directed to developed countries that experience difficulties in filling their needs with domestically trained personnel alone. Although health workers represent only a small portion of skilled migrants, attention has been concentrated on the negative impacts of this flow on the source countries, most of then developing countries with a limited number of health care providers themselves. However, claims to either negative or positive impacts of this particular flow of migrant workers have not been sufficiently supported by relevant data, as such data as are available are often not consistent regarding the categories of education and skills to include in relation to 'skilled' and/or 'health workers' (WHO 2003).

Policy concerns of source and destination countries regarding this migration flow will be discussed in details in a later section. As regards destination countries, there are three major policy issues to consider in relation to international migration of health workers, especially nurses (Buchan et al. 2003).

First are the relative merits of international recruitment compared with other policy interventions. Such interventions are investments in nursing education, improving the retention rate, encouraging the return of non-practicing nurses, etc. The second challenge involves the efficiency in the international recruitment of nurses. Facilitating skill accreditation for proper registration and rapid work permit issuance will help attract health service providers when and where they are most needed. The coordinated placement of nurses will have to include a period of supervised practices or adaptation during which language training, cultural orientation, and social support is needed. Lastly, the ethical question in relation to the brain drain effects on source countries of such active recruitment by destination countries needs to be considered. Most destination countries adopt various codes of conduct or guidelines for employers when recruiting workers from abroad.

In the following review of several country experiences, we will however focus on the second policy issue, particularly certification processes. Nurses wishing to work abroad will have to go through the licensing and registration procedures of the receiving country. The main issue regarding the recognition of relevant qualification is:

From a receiving country perspective, these procedures are meant to ensure that professionals from abroad meet minimum criteria to safeguard national standards of patient care. Furthermore, these procedures are also seen as a way to protect the local workforce from competition from abroad in the health sector.

From a sending country perspective, these procedures often appear as complex, costly and lengthy and as constituting barriers to employment abroad. Foreign professionals may experience difficulties in having their diploma and qualifications fully recognized. This can prevent their working at their level of competence, which in turn affects their salaries (and remittances). While these barriers are seen as an impediment for sending countries wishing to export their health professionals for the remittances they can send home (e.g. the Philippines), other sending countries experiencing shortages in the health

sector see them as a way to containing a bigger outflow of professionals that are needed at home.

Even though the international migration of health workers to the selected countries here is prompted by a similar set of causes, such as ageing populations and the ensuing increase in the demand for health services, governments have also developed their migration policies based on different organizations. European countries have a relatively centralized approach to regulation and planning for the mainly public sector employment of nurses, whereas a country such as Australia has a decentralized system, and the United States allows multiple private sector employers to operate.

Here we will examine several European countries with a single point of entry via registration (that could therefore provide an overall picture of the trends) and briefly discuss also Australia, Canada and the United States, focusing on their recognition of qualification in the process of nurse immigration. The US requires anyone who wants to practice in the country to pass a standardized exam.

United Kingdom

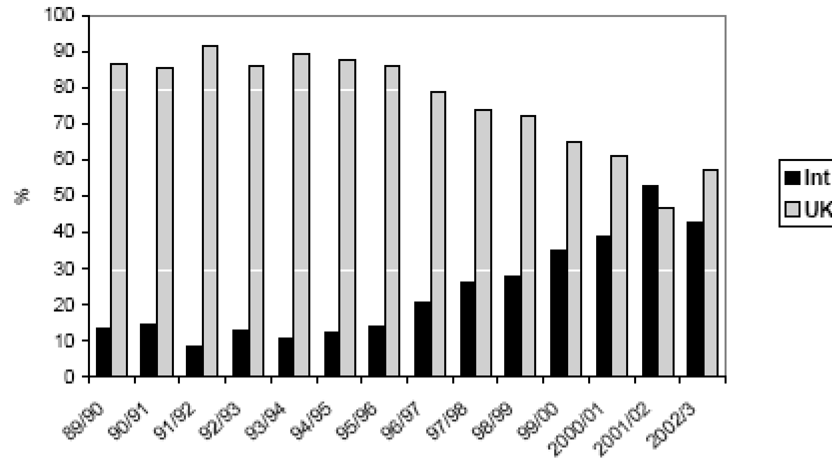
The United Kingdom has experienced significant nursing shortages in recent years. The government has concluded agreements with Spain, India and the Philippines to actively recruit in these countries. Apart from the government, individual employers and recruitment agencies are also active. Most nurses in the United Kingdom work in the National Health Service (NHS), but also in the private sector.

In order to practice in the UK, nurses must be registered with the professional regulatory authority, the Nursing and Midwifery Council (NMC). Applicants with general nursing qualifications from the other countries of the EU/EEA are allowed to practice in the UK on the basis of the mutual recognition of qualifications across EU countries. Nurses from all countries outside the EU have to apply to the NMC for verification of their qualifications to be admitted to the Register. They also have to apply for a work permit to take up paid employment in the UK. As holders of such permits, their employment in the UK is limited to a certain period.

According to the registration[7] and work permit data, there has been a significant year-on-year growth in the inflow of nurses to the UK since the mid-1990s. Between 1999 and 2002 the number of foreign-trained nurses based in and eligible to practice in the United Kingdom more than doubled to 42,000 (Buchan 2003). In 2001 and 2002, over half of the new nurses registered in the UK were from overseas sources (including those in EU).

[7] Registration data only record the fact that a nurse has been registered, they do now show when a nurse actually enters the UK or indicate what the nurse is doing. Even so, registration data are a strong indicator of trends in applications to practice in the UK:

Figure 1: International and UK sources as a % of total new nurses admitted to the UK Register, 1989/90 - 2002/2003 (Initial Registrations)



Source: UKCC/NMC data

In recent years main source countries for nurses were the Philippines, South Africa, Australia and India. Zimbabwe and some other African countries also send increasing numbers of nurses to the UK (Aiken et al. 2004). There is some concern that the recruitment from countries where this is prohibited by the government continues, as one in four new non-EU nurses in 2002 and 2003 are registered to have come from developing countries, while the number from EU countries has not increased (Buchan et al. 2003).

No information on the actual stock of international nurses is available. However, the registration data can suggest that approximately 42,000 international nurses were in the UK in October 2002, representing 8 per cent of the total number of registrants (Buchan et al. 2003) According to the survey conducted by the Royal College of Nurses in the same year, international nurses tend on average to be younger than their UK counterparts, and a higher percentage tend to work full-time in independent nursing homes (Buchan et al. 2003).

No direct examination is required for foreign-trained nurses to practise in the United Kingdom. The Nursing and Midwifery Council (NMC) carries out credential reviews for all nurse applicants to be registered for employment in the UK. This includes evidence of proficiency in English. Applicants from EU/EEA countries have the right to practice in the UK and EU countries because of the mutual recognition of qualifications across these countries. However, little movement of nurses takes place across national borders within the EU due to language barriers and the absence of substantial push/pull factors within Western Europe.

The absence of an exam might make it easier for foreign-trained nurses to eventually practice as a qualified nurse in the United Kingdom than in the United States (see the next section on the US).

Unlike doctors, who tend to be recruited individually, nurses and other health professionals tend to be recruited in 'batches' at a time from one country through recruitment agencies. Recently, the NHS has set up a website to recruit directly from other countries (www.nursinguk.nhs.uk), with special sections for applicants from Spain, India and the Philippines (the three countries with which there are agreements to recruit nurses).

Due to the increasing numbers of nurses emigrating from sub-Saharan Africa, there has been a controversy over such migration in the UK. The Department of Health published an ethics code in 1999 and the subsequent revisions explicitly prohibit the direct recruitment of nurses from Africa by the NHS. However, African nurses are still coming in large numbers via private-sector recruitment and are eventually finding jobs in the NHS (Buchan et al. 2003).

In addition to the Department of Health, the Royal College of Nursing (RCN), the largest professional association for nurses in the UK, has also produced good practice guidelines on international recruitment, covering issues such as working with commercial agencies, immigration and work permit requirements, developing and implementing supervised practice, adaptation and general introduction programmes, and professional and career development.

Ireland

As in the United Kingdom, Ireland is now importing more new entrants to nursing than it is training domestically. In the past, Ireland was an exporter of skilled migrants, including nurses, primarily to the UK and the United States. The recent Irish economic boom resulted in the enormous expansion of jobs for nurses in Ireland. Thus, Ireland now recruits actively overseas, especially in the Philippines, in addition to the UK, Australia, South Africa and India. The traditional nurse migratory pattern between the United Kingdom and Ireland has now been reversed.

All nurses practicing in Ireland are registered with An Bord Altranais, the nursing registration authority. It is therefore possible to obtain a relatively complete picture of the trends in the inflow of nurses from other countries.

Under European Union directives, nurses from other EU/EEA countries are eligible for registration by An Bord Altranais. Nurses from other countries have their applications considered by An Bord Altranais. Applicants from countries other than Australia, Canada, New Zealand and the United States may be required to work for a period of supervised clinical practice, orientation and assessment at a site approved by the An Bord Altranais. The Health Service Employers Agency (HSEA) provides national coordination of supervised clinical practice placement from non-EU/EEA nurses.

The Irish Department of Health and Children published guidelines on the international recruitment of nurses in 2001.

Norway

Norway is not a member of the EU. Instead it has maintained close ties to other Scandinavian countries and entered into an agreement for the free movement of nurses within the Nordic countries for a period of 20 years. The Norwegian Registration Authority for Health Personnel (SAFH) records nurses from other countries applying to work in Norway.

In recent years, however, Norway broadened the selection of source countries for recruitment and more nurses are coming from other European countries and beyond. Data from 2002 indicate that Sweden, Denmark, Finland, Germany and the Philippines were the five main sources of recruits.

Compared to the countries examined thus far, Norway pursues a more regulatory approach to the international recruitment of nurses both as regards the range of source countries and the annual limits for international recruits.

The Norwegian Public Employment Service (AETAT) has been recruiting nurses from other countries on behalf of Norwegian employers since 1998. It conducts interviews, screens applications, arranges language training, etc. AETAT targets specific countries for the active recruitment of nurses with a signed agreement between AETAT and a country counterpart. Initially the focus of activity was on the EU (mainly Finland and Germany). Lately, the AETAT included the Philippines and Poland. In addition to AETAT, a state-sponsored agency, private sector recruitment agencies are allowed to recruit nurses on behalf of Norwegian employers. AETAT also sets an annual limit for the number of recruits, 228 in 2001 and 260 in 2002.

Unlike the UK, US and Ireland, Norway also has the additional burden of having to provide language training to virtually all nurses coming from other countries. The Northern Nurses Federation (NNF, to which the Norwegian Nurses Association belongs) is not against international recruitment on principle. However, it calls on the authorities and employers in Nordic countries to pay special attention to internationally recruited candidates' language skills and cultural understanding in addition to professional skills to safeguard the quality of the treatment of patients.

Australia

Australia has a federal government with six independently governed States and two Territories. The legislation covering the recognition of professional qualifications can vary between States/Territories. In health professions it is necessary to register with the relevant Registration Board of the State/Territory to be allowed to practise.

Before requesting to be registered, all nurses, with the exception of those from countries with mutually recognized qualifications[8], will have to be approved by the Australian Nursing Council (ANC), which screens applications from overseas nurses.

[8] Canada, Hong Kong Special Administrative Region of China, Ireland, Singapore, South Africa, United Kingdom, United States, Zimbabwe, or holder of a Higher Education Qualification from The Netherlands, New Zealand (trans-Tasman Mutual Recognition Act).

All applicants must produce evidence of their English language proficiency by taking one of two tests, but this requirement is waived for nurses from the United Kingdom, Ireland, South Africa, Canada, Singapore and the United States of America. Some nursing qualifications from these countries meet the requirements for registration and a qualifications assessment is not necessary.

ANC assesses the documentation and advises the nurse on their suitability. Nurses who do not meet the requirements are generally required to complete a competence programme of 10 to 15 weeks in Australia. Overseas nurses can use this opportunity to demonstrate their skills in relation to Australian standards and, if successful, may register with their state nursing authority and ANC.

Once a foreign nurse is in Australia and registered in a State or Territory, she can apply for registration in another State or Territory on the basis of mutual recognition.

Canada

Similar to the US and Australia, in Canada nurses must register with the Nursing Licensing or Registering body in the province or territory in which he/she wishes to work.

In order to obtain the designation Registered Nurse (RN), candidates must apply for registration, have their credentials assessed and pass the Canadian Registered Nurse Examination or, for Quebec, *l'examen professionnel de l'Ordre des infirmières et infirmiers du Québec*. A candidate can present him/herself for this examination only on the recommendation of a provincial or territorial nurses association.

To be registered, a foreign nurse has to provide evidence of language proficiency. Candidates must have knowledge of French to practise in Québec. In New Brunswick, Manitoba and Ontario, candidates must be proficient in either French or English. In the other provinces and territories of Canada proficiency in English is the required.

The provincial/territorial regulatory bodies register the applicants who meet their professional criteria and standards of practice in their jurisdiction.

United States of America

Despite the size of its healthcare system and favourable wage structure, the United States is not the largest importer of nurses. It is true since the mid-1990s foreign-born (not necessarily foreign-trained) nurses account for one-third of the increase in nurses (Buerhaus et al. 2003). However, overall the US licensing requirement of a registered nurse has limited the inflow of foreign nurses.

Nurses who want to practise in the US must pass the National Council Licensure Examination (NCLEX-RN). To take the exam, foreign applicants must demonstrate that their education meets US standards, most notably, they must provide evidence of post-secondary education. Nurses trained in countries in which English is not the primary language must also pass an English proficiency test (the Test of English as a Foreign

Language, or TOEFL). The U.S. Commission on Graduates of Foreign Nursing Schools (CGFNS) offers an exam in many countries as a preliminary to sitting for the NCLEX-RN. The CGFNS exam reduces the number of foreign-trained nurses who travel to the United States expecting to work as RNs who fail the licensing exam. In 2002, 19,903 nurses applied for the CGFNS screening exam, of whom 17,496 actually sat the exam, and 5,718 passed. Slightly more than 3,000 took the TOEFL, and most passed. Visa screening certificates were issued to 3,482 foreign-trained nurses. Although the shortage of nurses is expected to grow in the coming years, the US does not give priority to nurses as a specific occupational category. This means that even after passing the CGFNS exam, there is no guarantee of getting a visa to enter the country.

Out of 26,506 nurses who applied for a US licence between 1997 and 2000, about one-third came from the Philippines, around 22 per cent from Canada with the rest from other countries in Africa, Asia (including 7% from Republic of Korea, and 1% from the People's Republic of China), and other regions (Buchan et al. 2003). Canada has long been a source of nurses for the United States, especially border states where Canadian nurses' credentials are generally accepted.

Unlike the UK, registration and licensing of individual nurses is conducted at the state-level nurse registration board. As each board operates independently, the actual number of nurses entering and practising in the US is difficult to come by. In addition, one nurse may be registered with more than one state board.

International recruitment efforts are made mainly by hospitals (i.e., not necessarily by a government or public entity). This is reflected in the places where foreign-born nurses work; 72 per cent in hospitals (compared to 59 per cent of US-trained nurses), only 9 per cent in nursing homes, and 8 per cent in public health (Buchan et al. 2003).

The North American Free Trade Agreement (NAFTA) has not affected the inflow of nurses from Mexico. In part this is due to the fact that most nursing education in Mexico is at the secondary-school level. Few Mexican nurses can meet US requirements for licensure and English language proficiency, and only small numbers have emigrated.

Policy issues

The industrialized countries are currently turning to international recruitment as a solution to skill shortages. This has been the cause of much concern as the lack of local human resources for health care is one of the main constraints for progress in developing countries where most of the recent international recruits came from.

Therefore, industrialized countries where there is a growing demand for health care are having to strike a balance between the need to facilitate the recruitment of nurses and the need to limit the negative impacts on the source countries.

Ethical recruitment guidelines provide a strategy for the responsible management of international recruitment of nurses. For example, the UK Department of Health established such guidelines in late 1999, following which the number of new registrants from sub-Saharan Africa and the West Indies decreased from previous levels. However,

this effect was short-lived. To begin with, the guideline does not apply to private sector recruitment (Webster 2004) and the recruitment has simply been redirected to other developing countries. Thus, the number of recruits from the Philippines grew significantly from from 52 to 3,396 between 1998/99-2000/01 (WHO 2003).

The increased flow of health workers across national boundaries, in part the result of the growth of active recruitment by some industrialized countries, raises a series of policy questions for national governments in both source and destination countries. This section will examine the policy issues of source and destination countries and discuss several practices that are being discussed or implemented to address a number of these concerns.

Source countries

First and foremost, countries experiencing a net outflow of health workers need to be able to assess the causes of the outflow and evaluate its impact on the provision of health care in the country. A recent OECD case study on South Africa examines the human resources situation in the healthcare sector of the country and the role international mobility of South African health professionals, including nurses (OECD 2004). In most cases, however, the source countries do not possess sufficient and reliable data to allow them to even have an accurate understanding of the outflow, as such data as are available often come from various sources and are often incomplete and incompatible. Impact assessments are even more difficult. Nevertheless, such an assessment is the critical first step to decide whether or not the outflow should be encouraged (for remittance inflows), or reduced (to lessen brain drain).

Needless to say, when unmanaged, such an outflow will damage not only the current health system but also the future skills base.

Some countries have responded with policy measures to prevent health workers from emigrating, including bonded employment in Ghana. However, as the fundamental push factors are left intact, these policy measures are proving to be ineffective. By dealing directly with poor wage structures and working conditions, several policy measures attempt to reduce the push factors.

The managed migration approach undertaken by the Caribbean countries is an attempt to monitor and eventually moderate the migration flows. Built on the existing links that already exist between specific Caribbean island hospitals and hospitals in the UK, Canada or the US, an initiative was undertaken to encourage exchanges of staff, and to support some “reverse migration” of staff to the Caribbean. Another initiative being discussed is temporarily employing university faculty and tutors from UK, Canada and USA to provide post-basic specialty training to source countries’ nursing students, while the host country provides financial support at local pay levels. A similar effort is being discussed between US hospitals and the Barbados government. How successful this proactive approach will be remains to be seen (DFID 2004).

Ultimately, factors such as living conditions, the political situation and access to education are as important as wages and working conditions in influencing migration. Therefore, countries should focus on solutions to manage the migration of health care

providers as an integral part of their human resources development for health care and, by extension, overall social and economic development (Vujicic et al. 2004).

Destination countries

As for source countries, monitoring and assessment is the first policy challenge for destination countries. The factors contributing to the continuing labour shortage have to be assessed. For example, poor planning, unattractive pay or career opportunities, early retirement and the like could be considered and their relative contribution estimated. In addition, the relative contribution of international recruitment compared to domestic recruitment, enhanced retention, and return of non-practicing nurses has to be examined in order to plan effective intervention (Buchan et al. 2003).

In order to better understand the level and dynamics of the migration of health workers, the cooperation between source and destination countries has to be improved. Further research involving also interested international organizations such as the World Health Organization, the International Labour Organization and the International Organization for Migration could be usefully undertaken for this purpose.

Second, an important policy issue is to see how the existing inflow can be facilitated and effectively managed to benefit the health systems of destination countries. In the United Kingdom, the policy responses include the “fast-tracking” of work permit applications, developing coordinated recruitment and placement policies and providing initial periods of supervised practice or adaptation as well as language training, cultural orientation and social support (DFID 2004).

Third, an ethics question remains as to the recruitment of nurses from developing countries. While upholding the individual right of free movement, efforts are needed not to aggravate the problems of often already weak health care systems in the source countries.

As seen in the earlier section dealing with various country experiences, different recruiting countries are developing various types of bilateral and multilateral recruitment agreements. Some of these approaches have an explicit “ethical” dimension, or attempt to encourage a win-win situation so that the source country may also benefit in the process (Webster 2004).

The UK is taking the lead on some of these developments. Detailed case studies examining the content and actual operation of some of these agreements could highlight the pros and cons of different approaches and identify the most effective and appropriate approaches for source countries.

Potential Policy Interventions in International Recruitment

In order to address the policy concerns and challenges referred to above, several different approaches are being currently discussed or implemented in and/or between source and destination countries (DFID 2004).

Organizational level

- Twinning - Hospitals in source and destination countries develop links based on staff exchanges, staff support and flow of resources to the source country.

- Staff exchange - Structured temporary move of staff to other organizations, based on career and personal development opportunities and organizational development.

- Educational support - Educators and/or educational resources and/or funding during temporary move from destination to source organization.

- Bilateral agreements - Employers in destination country develop agreements with employers or educators in source countries to contribute to, or underwrite costs of, training additional staff or to recruit staff for a fixed period, linked to training and development prior to returning to source country.

Governmental level

- Bilateral agreements - Destination country concludes agreement with source country to underwrite costs of training additional staff, and/or to recruit staff for a fixed period linked to training and development prior to staff returning to source country, or to recruit surplus staff in source country.
- Ethical recruitment code - Destination country introduces a code that restricts employers regarding the source countries that can be targeted, and/or length of stay. Coverage, content and compliance issues need to be clearly and explicitly stated.
- Compensation - Much discussed, but not much evidence in practice: destination country compensates in cash or in form of other resources source country. This could take the form of a sliding scale of compensation related to length of stay and/or cost of training, or cost of employment in destination country; possibly brokered via international agency.
- Managed migration (also regional) - Country (or region) experiencing an outflow of staff initiates programme to stem unplanned out-migration, in part by working to reduce the impact of push factors, and by supporting other organizational or national interventions that encourage planned migration.
- Training for export - Government or private sector expressly decides to develop training infrastructure to train health professionals for export market to generate remittances, or up-front fees.

International Level

- International code - As above, but covering a range of countries; its relevance will depend on content, coverage and compliance. Commonwealth code could serve as an example.
- Multilateral agreements - Similar to bilateral (above), but covering a number of countries or a region. Possibility of monitoring through international agency.

Migration policies in relation to the health care sector must conform to international agreements, including the existing GATS provisions on services via the temporary movement of persons.

V. Concluding Remarks

The urgency to develop a mechanism to routinely collect information on the number of international nurses recruited by, and working in, industrialized countries examined in this report should be emphasized. There is also a need to support the improvement of human resources data collection and evaluation in source countries, as developing countries are further weakened by the lack of adequate workforce data and planning capacity.

In addition, the review of research reports on the migration of nurses revealed relatively little about the situation of international health workers in the destination countries beyond some indications of the sizes. For example, concerning migrant nurses' experiences and future career plans, including the likelihood of return to source countries or onward movement to other countries, there has hardly been any systematic study. From a destination country' perspective, to better understand the migrants' behaviour or migration patterns is important for further planning and migration management in general.

Finally, the issue of "managing" migration is important and requires more considered investigation. It is, therefore, recommended that further policy research be supported to examine some of the issues highlighted in this paper.

References

Aiken, Linda, J. Buchan, J. Sochalski, B. Nichols, and M. Powell
2004 Trends in International Nurse Migration. *Health Affairs: The Policy Journal of the Health Sphere,* Volume 23, Number 3.

Boeri, Tito, Hanson, Gordon, and McCormik, Barry (Eds.),
2002. *Immigration Policy and the Welfare System.* A report for the Fondazione Rodolfo Debenedetti in association with the William Davidson Institute. Oxford University Press.

Buchan, J.
2003 *Here to Stay? International Nurses in UK*. London, Royal College of Nursing.

Buchan, J. T. Parkin, and J. Sochalski
2003 *International Nurse Mobility: Trends and Policy Implications*. Geneva, World Health Organization

Buerhaus, P. D. Staiger, and D. Auerbach
2003 Is the Current Shortage of hospital Nurses Ending? *Health Affairs: The Policy Journal of the Health Sphere* Volume 22, number 6:191-198.

Department for International Development (DFID)
2004. International Recruitment of Health Workers to the UK. DFID Health Systems Recourse Center. London. Downloadable from http://www.dfidhealthrc.org/Shared/publications/reports/int_rec/int-rec-main.pdf

Findlay, A. and B. L. Lowell
2002 *Migration of Highly Skilled Persons from Developing Countries: Impact and Policy Responses*. International Migration Papers 44. Geneva, International Labor Organization.

International Organization for Migration
2003 *World Migration Report, Managing Migration: Challenges and Responses for People on the Move*, Geneva, IOM.

Organization for Economic Co-operation and Development (OECD)
2002 *International Migration of Physicians and Nurses: Causes, Consequences and Health Policy Implications*. Paris, OECD.

2003a.. *Trends in International Migration*: SOPEMI-2002. Paris OECD.

2003b. *Bilateral Labour Agreements and Other Forms of Labour Recruitment: The United Kingdom Perspective.* Paris, OECD.

2004a. *Trends in International Migration*: SOPEMI-2003. Paris OECD.

2004b. The International Mobility of Health Professionals: An Evaluation and Analysis based on the Case of South Africa. *Trends in International Migration*: SOPEMI-2003. Paris OECD.

Stalker, P.
2000 *Workers without Frontiers: the Impact of globalization on international migration*. Geneva ILO.

Vujicic,M. K. Diallo, P. Zurn, A. Pantojaa, and B. Stilwell
2004. *The Migration of Health Care Workers: Creative Solutions to Manage Health Workforce Migration*. A presentation made at the Seminar on Health and Migration, 9-11 June 2004, Geneva, organized by the International Organization for Migration, World Health Organization, and the Centre for Disease Control.

Webster, R.
2004. *Bilateral Agreements*. A presentation made at the Seminar on Health and Migration, 9-11 June 2004, Geneva, organized by the International Organization for Migration, World Health Organization, and the Centre for Disease Control.

World Health Organization (WHO)
2003 *Developing Evidence-based Ethical Policies on the Migration of Health Workers: Conceptual and Practical Challenges*, Health Resources for Health 1:8 Geneva, World Health Organization. Available for download at http://www.human-resources-health.com/info/instructions/