

Latest News from the Centre

Creating positive practice environments for the international nurse

The International Centre on Nurse Migration (ICNM), in cooperation with the American Nurses Association, held a conference in San Francisco (20-21 March 2007) on Positive Practice Environments for the Internationally Recruited Nurse. The programme was adapted from the London conference held in 2006 and will be followed by an event in Chicago August 5-7 2007.

ICNM releases report on self sufficiency

The critical shortage of employed nurses has generated a new focus on self sufficiency in terms of national health workforce planning. The fact that this concept has many interpretations led ICNM to commission a paper on the topic. Written by Lisa Little and James Buchan, the paper discusses the definition of self sufficiency as it relates to health human resources planning and analyses various existing or intended examples of self sufficiency in terms of their strengths and weaknesses, and impact on health systems and nurses. Recognising the benefit of a multi-cultural workforce and international learning opportunities, the term self sufficiency is not meant to prevent an optimal level of international migration. For this reason, a working definition is proposed: "a sustainable stock of domestic nurses to meet service requirements." The paper further identifies enablers and barriers to implementing self sufficiency and suggests possible indicators to measure it.

Nursing Self Sufficiency in the Global Context will be available for download in June 2007 at www.intlnursemigration.org

Paper on return migration commissioned

The increase in nurse migration is generating grave concern, especially in developing countries where the emigration of skilled health professionals may seriously impact already weakened health systems. Return migration is being talked about as a desirable approach to workforce management. However, there is little hard evidence documenting the length of stay abroad or the factors that promote temporary versus permanent migration.

In recognition of the importance of developing the knowledge base on return migration, ICNM has commissioned a paper which is planned for release in the Fall of 2007. The paper will provide an overview of general theory; explore the nature of nurse migration in terms of length of stay aboard; identify gaps in knowledge and suggest policies and actions to address key issues raised.

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Events Update

International Council of Nurses presents Nursing at the Forefront: Dealing with the Unexpected

*ICN International Conference and
Council of National Representatives
Meeting*

27 May - 1 June, 2007
Yokohama, Japan

www.icn.ch/conference2007.htm

The Network: Towards Unity for Health presents Human Resources for Health: Recruitment, Education and Retention

15-20 September 2007
Kampala, Uganda

www.the-networktufh.org/conference/

National Experiences in Assessing and Reducing Shortcomings and Negative Trends Affecting Human Resources of the Health System An International Symposium on Health Workforce

10-12 October, 2007
Lisbon, Portugal

Migration News in Brief

Norway plans to import health workers to fill domestic void

At least 100,000 new health workers will be needed in Norway's public health sector in the next decade according to a recent news report. To meet this shortfall the Norwegian government reportedly plans to import health workers from developing countries. The Minister of Labour and Social Inclusion, Bjarne Haakon Hanssen, has been quoted as saying that the import of health workers is necessary and would be a win-win situation for both Norway and the foreign workers. One strategy would be for Norway to pay for the education of nurses and other health workers in developing nations, and then bring them to work in Norway. Another possibility would be to have Norwegians seek health services abroad, says Hanssen.

The Norwegian Nurses Association opposes the government's decision to import nurses from abroad and is critical of the idea of sending Norwegian patients outside the country for care.

To read the full story, go to <http://www.norwaypost.com/cgi-bin/norwaypost/limaker?id=64034>

Source: Rolleiv Solholm (2007). Norwegian mass import of health workers. The Norway Post.

Global Alliance to launch task force on migration

The Global Health Workforce Alliance is launching a migration Task Force on 15 May 2007. Its mandate is to monitor the flow of health workers and draft an International Code of Practice, as called for by resolutions WHA57.19 and WHA58.17. The Task Force will be chaired by Mary Robinson, President of Realizing Rights, and will consist of a policy and advocacy group and a technical group.

GHWA has convened several task forces and working groups over the past several months, among them: Scaling up Education and Training and an Advocacy Working Group. The International Council of Nurses is active in both.

The Alliance, created in 2006, brings together key partners dedicated to identifying and implementing solutions to the health workforce crisis www.ghwa.org

Source: Global Health Workforce Alliance Website (2007).

Remittances of Overseas Filipinos expected to reach \$14.7 billion in 2007

Some eight million Filipino workers living overseas reportedly sent home \$1.10 billion in January 2007, up 20 percent from last year, according to a recent news release. This figure does not, however, take into account remittances that passed through informal modes, which suggests the actual figure may be much higher.

More aggressive marketing on the part of banks and money transfer companies and increased access to financial services are said to have contributed to the rise in remittance flows at the start of 2007. With improvements in bank services it is anticipated that over 90 percent of workers' cash remittances will be channeled through banks this year. According to the news release only 72 percent of remittances passed through formal channels in 2001.

The Philippines central bank expects remittances to reach \$14.7 billion this year up \$1.9 billion from 2006.

Source: Erik de la Cruz (2007). Xinhua Financial News Service.
http://services.inquirer.net/print/print.php?article_id=55045

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International conference on ensuring global human resources for health held in Geneva, Switzerland

A Call to Action: Ensuring Global Human Resources for Health was held in Geneva from 22-23 March 2007. The conference provided an opportunity for multi-disciplinary dialogue on health human resources and the international migration of health workers.

Dr Mireille Kingma, ICN Consultant, presented on the Rights of Migrants. International migration is a characteristic of today's world, including health systems. The right of people to leave their country of birth or residence is protected by international conventions of the United Nations. The full integration of the internationally recruited health professional was emphasized as a measure to protect workers' rights but also ensure patient safety. Recognising the potentially negative impact of major flows of skilled workers from developing countries, the need to migrate must be addressed and the encouragement of circular migration should be the focus of future policy-making rather than the introduction of artificial immigration bans.

Recent data from an OECD study presented by Jean-Christophe Dumont on the global health workforce indicates that if all the migrant health care workers from Africa were to return to their home countries, this would still only represent 20% of the estimated shortfall in health personnel for the region. The multiple factors that cause this shortage, effective strategies to improve the coverage of health systems, and the role of the various stakeholders (e.g. governments, professional associations, hospitals) were the subject of the two-day conference.

Presentations and webcast are available by link from the ICN website homepage www.icn.ch. A Call to Action for implementation at the national and global level will be forthcoming.

ASEAN economic ministers sign mutual recognition arrangement on nursing services

Economic ministers of the Association of the Southeast Asian Nations (ASEAN) have signed a Mutual Recognition Arrangement on Nursing Services (MRA). The MRA aims to: "facilitate mobility of nursing professionals within ASEAN; exchange information and expertise on standards and qualifications; promote adoption of best practices on professional nursing services; and provide opportunities for capacity building and training of nurses." Nurses must be registered and/or licensed by the nursing regulatory body in their country of origin before being permitted to practice in ASEAN member countries. A joint committee will be assembled to manage implementation of the MRA. This agreement will further facilitate nurse mobility in the region and therefore contribute to expanding the labour market for ASEAN nurses.

To learn more, visit The Association of Southeast Asian Nations website <http://www.aseansec.org/19210.htm>

Source: ASEAN (2006). Media Release Issued by the Chair of ASEAN Economic Ministers.
<http://www.aseansec.org/19027.htm>

Update on CGFNS denial of VisaScreen® certificates to passers of the June 2006 Philippine licensure examination

On February 14, 2007, the Commission on Graduates of Foreign Nursing Schools (CGFNS) issued a statement that those Philippine nurses who were sworn in as licensed nurses in the Philippines after passing the compromised licensure exam of June 2006 are not eligible for a VisaScreen Certificate. The VisaScreen Certification Program is a federally mandated immigration screening programme for certain foreign health professionals seeking an occupational visa to the United States of America (USA). CGFNS is designated by US immigration law to administer this programme.

Following a September 2006 fact-finding mission to the Philippines, CGFNS concluded that the licensure process for those who received their license as a result of passing the compromised June 2006 licensure examination raises significant questions about the accurate assessment of the competencies of many of those individuals. However, CGFNS has determined that the June 2006 passers are able to overcome this bar and qualify for issuance of a VisaScreen certificate by taking the equivalent of Tests 3 and 5 on a future Philippine nursing exam. On March 12, 2007, Philippine President Gloria M. Arroyo issued an Executive Order authorizing a partial re-take of the June 2006 Philippine nursing licensure examinations.

Source: CGFNS International Press Releases: February 14 & 20, 2007

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Nurses International creates partnership with European nursing schools to train nurses for America

Nurses International, a former division of CORBIA, an international consulting firm out of Greenville South Carolina, USA, has developed a programme in partnership with European nursing schools to train American student nurses for the US workforce. Recognising that the primary problem is not a lack of students but a shortage of faculty, they established the first of several American Nursing Schools (ANS) in Europe where American-trained faculty and clinical facilities are available to teach critical portions of the US nursing curriculum.

The aim of Nurses International is to graduate large numbers of associate degree and baccalaureate prepared American students for work in the US healthcare system. The first of the established schools is the American Nursing School in the Ukraine. Within the next four years, Nurses International plans to extend their programme to offer a Master's path specifically designed for those nurses who want to teach.

For more information on this initiative, please visit www.nursesinternational.us

Source: Nurses International <http://nursesinternational.us/>

Migration news from Mauritius

The Nursing Association of Mauritius (NAM) has reported a significant drop in nurse migration following the introduction of a Nurse Retention Plan in late 2005. According to Francis Supparayen, immediate past President of the Association, between 2002 and 2005 some 750 nurses (out of a workforce of 3000) emigrated, mainly to the United Kingdom. However in 2006, the association registered a loss of only 45 nurses through migration.

The retention plan, which was negotiated with the Ministry of Health, consists of a number of incentives to encourage nurses to stay in the health system including night allowances, attendance bonuses, pay for work performed on public holidays, etc. The Association continues to monitor the situation closely.

Source: Francis Supparayen, immediate past President, Nursing Association of Mauritius

Internationally educated nurses in Ontario: Maximizing the brain gain

According to a recent study conducted by the Nursing Health Services Research Unit at the McMaster University site, too few internationally educated nurses (IENs) are entering the workforce in Canada. The study, commissioned by the Ontario Ministry of Health and Long-term Care, sheds light on the challenges these nurses face in becoming licensed and entering the Canadian workforce. Major findings include:

- IENs face barriers to entering the workforce at all stages of the migration process from the time they enter Canada to starting their new position.
- IENs suffer delays and difficulty in registration. An estimated 40 percent never complete the registration process.
- Lack of information from the Canadian government prior to migration is a hurdle for immigrants with limited knowledge about nursing in Canada.
- For IENs who require additional qualifications to be eligible to practice nursing, there are various bridging/upgrading programmes with different opportunities and restrictions. Most programmes are relatively new and are funded on a temporary basis — excerpt from publication.

Useful Links and Resources

Below are a few links and resources that you may find useful.

Commission on Graduates of Foreign Nursing Schools
<http://www.cgfn.org>

EQUINET-Human Resources for Health
www.equinet-africa.org/workhuman.php

Global Commission on International Migration
<http://www.gcim.org>

Global Health Workforce Alliance
www.ghwa.org

International Centre for Human Resources in Nursing
<http://www.ichrn.org>

International Centre for Migration and Health
www.icmh.ch

International Council of Nurses
www.icn.ch

International Organization for Migration
<http://www.iom.int/jahia/Jahia/lang/en/pid/1>

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The study concludes with a number of recommendations targeting government, licensing and professional bodies, educators, employers and researchers.

To read the full report, go to <http://www.nhsru.com/documents/IEN%20Report%202nd%20edition.pdf>

Source: Nursing Health Services Research Unit (2006). Too Few Internationally Educated Nurses Are Entering the Workforce. <http://www.nhsru.com/documents/Media%20Release%20Internationally%20Educated%20Nurses%20Dec.2006.pdf>

American Samoa plans to hire nurses from the Philippines

One of American Samoa's hospitals is planning to recruit nurses from the Philippines to help alleviate a chronic shortfall. According to the Chairman of the hospital's board, "the shortage means many nurses are required to work very long shifts on a continuous basis...the same shortage exists in the United States so many hospitals are recruiting in places like India and the Philippines which are seen as sources of well trained nurses."

Source: Radio New Zealand International (2007) American Samoa to hire Philippine nurses to stem shortage. <http://www.rnzi.com/pages/news.php?op=read&id=30036>

Publications

Black and minority ethnic and internationally recruited nurses — Results from the RCN employment/working well surveys 2005 and 2002

by Geoff Pike and Jane Ball for the Royal College of Nursing

"Black and Minority Ethnic and Internationally Recruited Nurses, gathers results from the RCN's 2002 and 2005 Employment and Working Well Surveys to throw light on the problems facing BME nurses [black and minority ethnic] and IRN's [internationally recruited nurses] in the UK.

The report shows that nearly two thirds (60%) of Afro-Caribbean nurses have a second job, compared to an average of 28% of white UK qualified nurses. It also found that over two thirds (70%) of all female, Afro Caribbean respondents working in the NHS as staff nurses are the major bread winner - accounting for more than half their household income. This compares to 44% of the equivalent white group of nurses.

BME nurses also have to work longer to reach higher grades than white UK nurses. On average BME nurses worked 15.1 years to reach senior ward sister level, with white nurses taking an average of 11.8 years.

BME nurses and IRNs in particular are more likely to be employed on the basic starting grade for newly qualified nurses and junior staff nurses. This proportion increased 2002 to 2005 with fewer BME and IRNs employed at senior grades than previously.

BME nurses also suffer a higher incidence of bullying and harassment than white colleagues. Over a third (36%) of BME nurses reported being bullied or harassed by another member of staff in 2005 compared to 21% of white respondents." — Excerpt from publisher press release.

The full report is available at: http://www.rcn.org.uk/publications/pdf/bme_int_survey.pdf

ILO Multilateral Framework on Labour Migration Non-binding principles and guidelines for a rights-based approach to labour migration

by the International Labour Office 2007

"The objective of the non-binding Framework is to give effect to the Resolution and conclusions on a fair deal for migrant workers in a global economy, adopted by the 92nd Session of the International Labour Conference in 2004. The Framework provides practical guidance to governments, employers' and workers' organizations and other concerned parties on the development, strengthening and implementation of labour migration policies and practices. There are several distinctive features of the ILO Multilateral Framework. It deals only with labour migration — the subject of ILO mandate. It is the only comprehensive collection of principles, and guidelines on migration

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policy and management, which is also firmly grounded in international instruments and best practices. The Framework takes a positive perspective on labour migration consistent with the current global emphasis on migration and development. It recognizes the crucial role of social dialogue and value of social partner participation in migration policy.” — Excerpt from publisher

Available at http://www.ilo.org/public/english/protection/migrant/download/multilat_fwk_en.pdf

The ethical recruitment of internationally educated health professionals: Lessons from abroad and options for Canada

by Klassen N, McIntosh T and Torgerson R, Canadian Policy Research Networks 2007

“A new report by CPRN calls for provincial governments to take a closer look at the way they hire doctors, nurses and other health professionals from developing countries. Canada has always relied on newcomers to help deal with shortages in this field, but increasingly these professionals are coming from developing countries, especially from Africa and Asia, which have staffing shortages and critical health problems of their own. The report, looks at how other countries are handling the issue, examines the views of key players and outlines some first steps for Canada's provinces to begin the process of developing a code of practice or series of guidelines.” — Excerpt from publisher

To read the report, go to <http://www.cprn.com/en/doc.cfm?doc=1611>

New data on African health professionals abroad — working paper 95

by Clemens MA and Pettersson G, The Center for Global Development

“The migration of doctors and nurses from Africa to developed countries has raised fears of an African medical brain drain. But empirical research on the causes and effects of the phenomenon has been hampered by a lack of systematic data on the extent of African health workers’ international movements. We use destination-country census data to estimate the number of African-born doctors and professional nurses working abroad in a developed country circa 2000, and compare this to the stocks of these workers in each country of origin. Approximately 65,000 African-born physicians and 70,000 African-born professional nurses were working overseas in a developed country in the year 2000. This represents about one fifth of African-born physicians in the world, and about one tenth of African-born professional nurses. The fraction of health professionals abroad varies enormously across African countries, from 1% to over 70% according to the occupation and country. These numbers are the first standardized, systematic, occupation-specific measure of skilled professionals working in developed countries and born in a large number of developing countries.” — Excerpt from publisher

The full report is available from the Center for Global Development

<http://www.cgdev.org/content/publications/detail/9267>

Health worker migration flows in Europe: Overview and case studies in selected CEE countries — Romania, Czech Republic, Serbia and Croatia

by Christiane Wiskow, International Labour Office 2006

“The ILO Sectoral Activities Department, Health Services Unit, initiated an explorative research project on health worker mobility in Europe with focus on CEE countries. The purpose of the project was to explore and document current knowledge and information available in order to establish the current status, and identify both preliminary trends as well as information gaps and the need for further action. The project contained two main components: a literature review to provide an overview on the state of the migration discussion in Europe, complemented by initial research in selected countries for obtaining country-based insight on information available.” — Excerpt from author

The report presents the results of the research project and is available at

<http://www.ilo.org/public/english/dialogue/sector/papers/health/wp245.pdf>

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Building Global Alliances III: The Impact of Global Nurse Migration on Health Service Delivery

by Barbara L. Nichols, DHL, MS, RN, FAAN, and CEO of the Commission on Graduates of Foreign Nursing Schools (CGFNS International)

In honour of the May celebrations for the nursing profession, CGFNS distributed a white paper overview of papers presented at Building Global Alliances III, held in Philadelphia, PA, USA in the fall of 2005. The white paper is available at http://www.cgfns.org/files/pdf/docs/BGAIII_White_Paper.pdf

Papers presented at Building Global Alliances III were published in Policy, Politics, & Nursing Practice, Supplement to Volume 7, Number 3, August 2006. They are available for purchase at http://ppn.sagepub.com/content/vol7/3_suppl/

From the Editor

ICNM eNews is an initiative of the International Centre on Nurse Migration — a collaborative project launched by the International Council of Nurses and the Commission on Graduates of Foreign Nursing Schools. Established in 2005, ICNM works to address gaps in policy, research and information with regard to the migrant nurse workforce and serves as an international resource for the development, promotion and dissemination of documentation on nurse migration. Current and back issues are available online at: www.intlnursemigration.org

We welcome any feedback you may have.
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International Centre on Nurse Migration

NEWS

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