

Migration News in Brief

World Health Assembly adopts the code of practice on international recruitment of health personnel

The code of practice on the international recruitment of health personnel aims to establish and promote voluntary principles and practices for the ethical recruitment internationally of health personnel. It provides members with principles for recruitment that strengthen the health systems of developing countries. It discourages states from actively recruiting from developing countries that face critical shortages of health workers and it encourages states to facilitate a “circular migration of health personnel” to maximize the sharing of knowledge and skills. It also incorporates rights equally of both migrant and non-migrant health workers.



The draft code was considered by the Executive Board in January 2010, who agreed to put it forward for the WHA's consideration.

Work will now begin on implementation of the code, including the establishment of a framework and identification of the data required to monitor its application and impact.

However, a recent review paper has highlighted the challenges in implementing the code, stressing that there will be a need to improve monitoring of cross border flows of staff and to develop a better understanding of effective methods of “managing” migration through bilateral agreements and other mechanisms.

Further information: Briefing paper, including draft code, available at http://apps.who.int/gb/ebwha/pdf_files/EB126/B126_8-en.pdf. Provisional agenda, WHA: http://apps.who.int/gb/ebwha/pdf_files/EB126/B126_27-en.pdf. Buchan J “Challenges for WHO Code on National Recruitment” *BMJ* 2010; 340:c1486.

New World Bank study on nursing shortage in the English-speaking Caribbean highlights the impact of migration

According to “The Nurse Labor and Education Markets in the English-Speaking CARICOM* – Issues and Options for Reform,” the region is facing a rapidly growing shortage of nurses as demand for quality health care increases, due to an aging population and high numbers of nurses emigrating drawn by higher paying jobs in Canada, the United Kingdom and the United States.

These shortages, the report says, may compromise the ability of the English-speaking CARICOM countries to meet their key health care service needs, especially in the areas of disease prevention and care. In addition, the shortage

of highly trained nurses reduces these countries' capacity to offer quality health care, at a time when the Caribbean aims to attract businesses and retirees as an important pillar of growth.

The World Bank estimates that there are 7,800 nurses working in the English-speaking CARICOM, or 1.25 nurses per 1,000 people, roughly one-tenth of the concentration in some OECD countries. Demand for nurses exceeds their supply throughout the region: 3,300, or 30 percent, of all positions in the sector were vacant at the time of the study.

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Migration News in Brief

New World Bank study... from 1

In the coming years, demand for nurses in the English-speaking Caribbean will increase due to the health needs of the aging population. Under current education and labour market conditions, however, supply will slightly decrease. As a result, the World Bank expects that the unmet demand for nurses will more than triple during the next 15 years — from 3,300 nurses in 2006 to 10,700 nurses in 2025.

Data suggests that about 21,500 English-speaking CARICOM-trained nurses are working in Canada, the United Kingdom and the United States. That is three times higher than the workforce in the English-speaking CARICOM. Between 2002 and 2006, more than 1,800 nurses left the region to work abroad. Although emigration has recently decreased, the analysis indicates that the recent decline in emigration is the result of changes in immigration policies abroad, rather than lessened interest in working abroad.

The study reports that wage differentials are a key factor in nurse decision to migration, with 95 percent of Jamaican nurses reporting that a better salary was the key motivation. Other work-related factors, such as work environment and career development opportunities, were also found to be important.

To meet the demand for nurses in the English-speaking Caribbean, the report suggests a range of strategies including increased training capacity, better management of migration, strengthened data quality and availability, and the adoption of a regional approach.

“English-speaking Caribbean countries need to examine their policy responses towards the migration of health workers”, said Christoph Kurowski, World Bank Sector Leader for Human Development and lead author of the report. “Ideally, countries in the region should adopt a joined approach that balances the rights and interests of nurses and governments, as well as poorer and richer countries within the broader framework of the Caribbean single market economy.”

*The English-speaking CARICOM includes Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago.

The report is available at http://siteresources.worldbank.org/INTJAMAICA/Resources/The_Nurse_Labor_Education_Market_Eng.pdf

New OECD policy brief on health worker migration

In March 2010 the Organization for Economic Cooperation and Development (OECD) released a new policy brief, International Migration of Health Workers: Improving International Co-Operation to address the Global Health Workforce Crisis.

This policy brief provides new insights on recent migration trends for doctors and nurses up to 2008, and discusses the main causes and consequences for destination and origin countries. The Brief reports that migration on nurses has increase in many OECD countries since 2000, though the United Kingdom and Ireland were exceptions, showing decreases of 4 and 2.7 percent respectively. Permanent migration of foreign-registered nurses to Australia increased six-fold over the same period, and tripled in Canada. In the United States, the number of foreign-trained nurses has decreased significantly in the last two years, following large increases between 2001 and 2007.

The policy brief argues that the recent economic crisis is unlikely to ‘drastically’ affect international migration of health personnel, as the sector is ‘more resilient to a cyclical downturn’ than many other countries, though it notes that in the medium-term the number of health workers trained and recruited could be affected (see also reports on Canada, Japan and Ireland later in this newsletter).

It presents possible policy responses stressing the importance of international co-operation to address the worldwide scarcity of health workers.

It is available at <http://www.oecd.org/dataoecd/8/1/44783473.pdf>

Events**2010 World Conference on Disaster Management**

Toronto, Canada, 6–9 June 2010

<http://www.wcdm.org/>

International Conference on Research in Human Resources for Health

Rio de Janeiro, Brazil, 9 – 11 June 2010

http://www.obsnetims.org.br/ver_evento.asp?id=64

Second Global Forum on Human Resources for Health

Bangkok, Thailand, First quarter 2011

<http://www.who.int/workforcealliance/forum/2011/en/index.html>

**“Nurses Driving Access, Quality and Health”:
ICN Conference and CNR**

Valetta, Malta, 2–8 May 2011

<http://www.icn2011.ch/>

Study on nurse migration in Guyana



According to Guyana's Health Minister, Dr Leslie Ramsammy, the country spends \$600M on nurses' education annually and about half of that is lost in migration for the same period, reports the *Stabroek News*.

Speaking at a workshop aiming to identify ways to curb migration co-hosted by the Pan American Health Organisation (PAHO), the minister said that "The challenge is not to eliminate migration, the challenge is to ensure that migration doesn't have such an impact that it interferes with the quality of education we provide, that it negates the investment we make in the sector..."

A recent study, which was conducted by Jamaican Human Resource Development (HRD) consultant Una Reid, involving some 200 nurses out of an estimated population of 490, found that nurses in Guyana are motivated to leave for professional development, better quality of life and better working conditions. The study identified the top reasons given for migration by the nurses included work environment, professional recognition, conditions of work that relate to the workload and the degree of stress nurses work under, poor equipment

and supplies, and the lack of orientation and in-service education. The study reported that nurses have few opportunities for further study and personal development. The better pension schemes and other benefits and the job promotion process available in developed countries are also incentives to leave.

Reid called for improved workplace conditions such as staffing levels, safety, physical facilities, supplies and equipment as the key measures in efforts to stem the flow of migration, coupled with the creation of work environments that foster professional accountability, allowing nurses autonomy in decision-making with respect to the nursing profession. She also suggests:

- the establishment of staffing patterns and blueprints for the health care facilities in line with identified needs and organizational philosophy
- initiating structures, systems and protocols to facilitate maintenance of care standards with centres of excellence in the hospitals, health centres and schools of nursing supported by evidence-based practices
- improving appointment processes, including reducing the 'wait period'
- making salaries commensurate with the level of nursing education and experience,

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Experts warn of Canadian nursing shortage

A recent report in the *Toronto Star* has warned that Canada is in danger of losing large numbers of nurses to other countries as provincial governments freeze or cut nursing jobs in response to budget pressures. It says that health experts warn Canada could face a repeat of the 1990s, when health-care cuts by the provinces drove as many as 27,000 nurses to the United States to look for work.

The *Toronto Star* reports that QMI Agency recently released data suggesting that up to 250 Quebec nurses are working in a single university hospital in Lausanne, Switzerland. Job freezes implemented by provincial governments, in response to budget deficits, are believed to contribute to the outflow. American recruiters from Texas, California and other states are



offering signing bonuses, more education, housing stipends and other incentives to recruit Canadian nurses. The paper

reports that factors contributing to Canadian nurse migration are:

- more opportunity for a single, full-time position
- the ability to continue graduate-level education with an employer's support
- cultural similarities in United States, the United Kingdom and Australia
- ease of travel home (if working in the United States)
- the desire among new graduates to work and travel
- the desire for a safer workplace with better working hours.

Some Canadian provinces are seeking to retain nurses through better incentives, such as a shift to less physically demanding work for older nurses, extra perks for weekend workers, an option for seasonal work for "snowbird" nurses who spend part of their year in warmer climates, allowing those in emergency rooms to order X-rays and tests, using their full scope of skills and promises of full-time work for up to seven and half months to new graduates.

Source: Spencer, C: "Experts Warn of Nursing Shortage" *Toronto Star Canada*, 20 March 2010.

European Commission begins evaluation of directive on qualifications

The evaluation process for the European Commission’s Directive 2005/36/EC (DIR36), adopted in 2005, was discussed at a conference in March 2010, reports the European Federation of Nurses Associations (EFN).

The directive consolidates and modernises the rules currently regulating the recognition of professional qualifications. On 20 October 2007, at the end of the transposition period, this directive has replaced 15 existing directives in the field of the recognition of professional qualifications. It constitutes the first comprehensive modernisation of the Community system since it was conceived 40 years ago.

A number of changes have been introduced compared with the existing rules, including greater liberalisation of the provision of services, more automatic recognition of

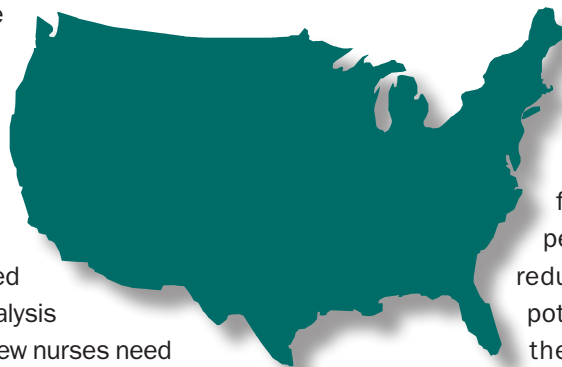
qualifications and increased flexibility in the procedures for updating the directive.

Experts are to be appointed to conduct the evaluation of the directive over a two-year period. Participants at the March conference discussed a range of issues including mobility, impact of educational reforms and technological advancements, the role of professional bodies and the automatic recognition of the sectoral professions including nurses and midwives. Participants also highlighted the directive’s importance in enabling mobility and simplifying the recognition process. The fact that the Bologna process focused on students, rather than existing professionals, was also noted.

Sources: EFN Update April 2010, European Federation of Nurses Associations Web page “European Commission: The EU Single Market” http://ec.europa.eu/internal_market/qualifications/future_en.htm

Standards raised for USA national licensure examination

The National Council of State Boards of Nursing (NCSBN) in the United States of America has raised the passing standards for the National Licensure Examination for Registered Nurses (NCLEX–RN®). The changes, introduced on 1 April 2010, follow an analysis of the knowledge and skills new nurses need to practice safely. The NCLEX passing standard is evaluated every three years, and was increased in response to changes in U.S. health care delivery and nursing practice that have been required by the greater acuity of clients seen by entry-level RNs.



The new test includes increased emphasis on the ‘management of care’ subcategory, defined as providing and directing nursing care that enhances the care delivery setting to protect clients, family, significant others and health care personnel. At the same time, the test will reduce emphasis on the ‘reduction of risk potential’ subcategory defined as reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

Sources: <http://news.nurse.com/article/20100315/national01/103150001/-1/frontpage> and <https://www.ncsbn.org/1983.htm>

Economic recession hits Irish nurses

Irish nursing graduates are looking abroad for employment as the embargo on recruitment introduced by the Health Service Executive in September 2007 enters its third year.

The Irish Nurses Association’s professional development director, Annette Kennedy, predicted in a recent article that 90 percent of the 1,600 nurses who graduated in 2009 would emigrate due to better job prospects and conditions of employment available overseas.

Concerns about pension security and continuation of employment contracts have resulted in retirements and the

departure of the large number of nurses recruited from overseas between 2000 and 2006.

There are concerns about the long-term impact for the health service, as labour shortages are predicted over the coming years.

Source: Fegan C (2009) “Nurses Forced to Turn Backs on Ireland for English Jobs” *Daily Mail*, London. Available at <http://www.pronurse.co.uk/news/articles/2114-nurses-forced-to-turn-backs-on-ireland-for-english-jobs>



Migrant Nurses in Japan

Under the Economic Partnership Agreement, Japan has accepted nurse candidates from Indonesia and the Philippines since 2008. However, the number of candidates from Indonesia in 2010 has decreased to one-third of the 2009 levels, with 58 nurse candidates and 83 care worker candidates accepted. This is due to the deterioration of the domestic employment situation increasing the availability of Japanese employees. The large financial burden for health care institutions accepting foreign candidates is also a factor.

Language has proved a significant barrier to nursing candidates seeking to pass the Japanese Nursing Licensure Exam within a three-year period. Language training is the responsibility of each health care institution after employees enter the work force, but support groups and others requested that the government improve support for

candidates studying Japanese. As a result, the Japanese government is to provide more support for language training costs including study fees charged by Japanese language schools and Japanese language teachers' fees.

The Ministry of Health, Labour and Welfare regards accepting foreign nurses and care workers, under the framework of the EPA as a 'special measure' and does not believe it influences the domestic labour market.

Source: Japan Nurses Association



Study on nurse migration... from 3

outstanding performance, workplace location and patient acuity level

- recognizing and rewarding individual nurses' merit and excellence
- implementing career structures that enable career mobility based on advanced education, experience and tangible acknowledgment of advanced education,
- establishing and managing a national, dynamic human resources information system that captures the total nursing workforce in Guyana, and a national tracking system where each nurse who graduates receives an identification number that is kept during their career and provides a career and job movement record.

Sources: Alleyne, O, "Workshop to devise 'action plan' to limit nurse loss" *Stabroek News*, Guyana 03/02/2010 <http://www.stabroeknews.com/2010/stories/02/03/workshop-to-devise-%E2%80%98action-plan%E2%80%99-to-limit-nurse-loss/>, Ministry of Health, "Jointly sponsored workshop deliberates on curbing nurse migration" http://www.health.gov.gy/news_gc_100203_nurses_migration.php

Useful Links and Resources

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

Asia Pacific Action Alliance on
Human Resources for Health
<http://www.aaahrh.org/aaah.php>

CGFNS International
<http://www.cgfns.org>

Clearing on Nursing Shortage Issues, Office of the
Professions, New York State Education Department
<http://www.op.nysed.gov/prof/nurse/nurseclearinghouse.htm>

Global Health Workforce Alliance
<http://www.ghwa.org>

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

International Council of Nurses
<http://www.icn.ch>

International Labour Organization –
International Labour Migration
<http://www.ilo.org/public/english/protection/migrant/>

International Organization for Migration
<http://www.iom.int>

Migration Policy Institute
<http://www.migrationpolicy.org>

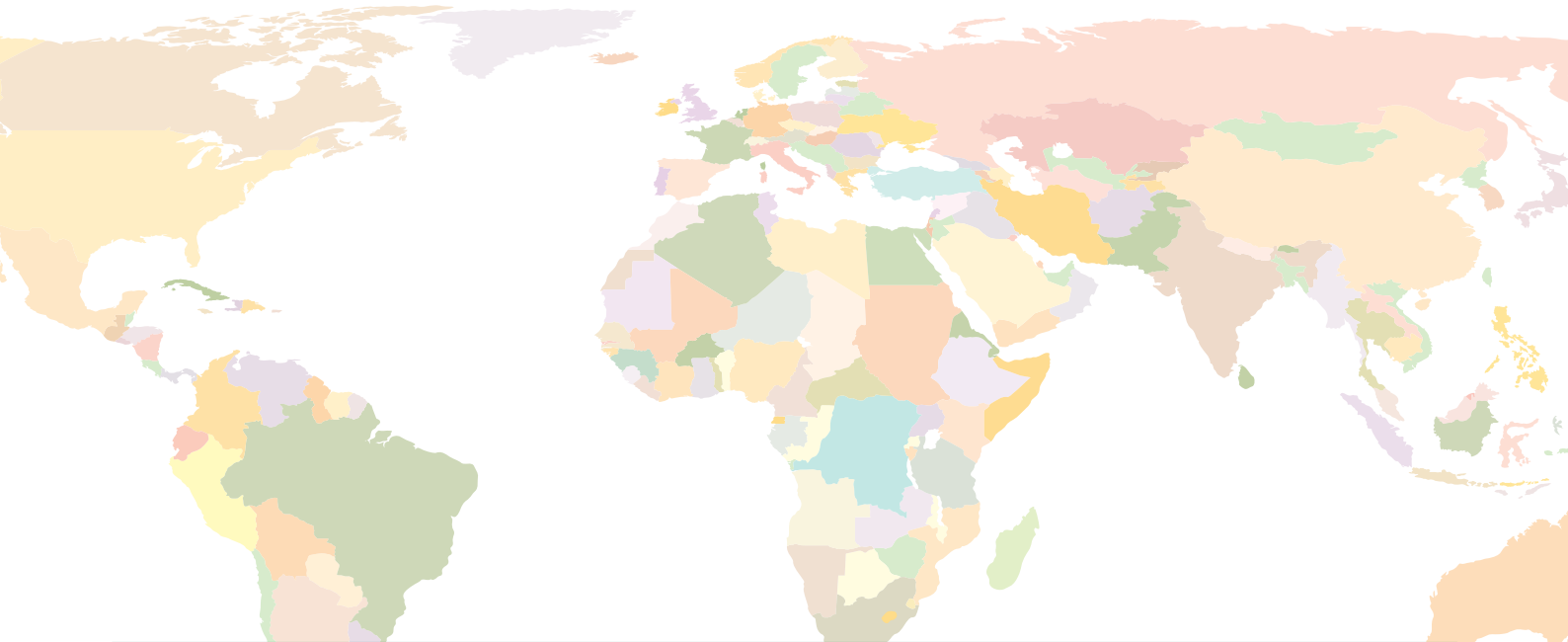
Mobility of Health Professionals (MohProf) Project
<http://www.mohprof.eu>

The World Bank: Health Systems:
Human Resources Web page
<http://go.worldbank.org/WBF7LWUHAO>

New Canadian framework for recognition of foreign qualifications

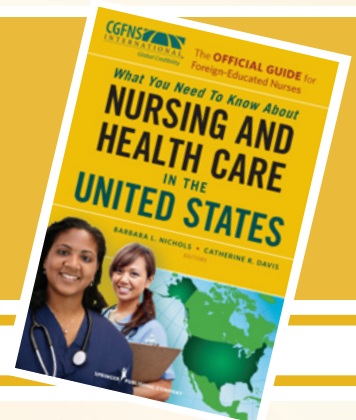
As part of its Economic Action Plan, the Canadian Federal government allocated \$50 million over two years (2009/10 and 2010/11), to introduce A Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications. The framework aims at integrating immigrants and other internationally-trained workers into the Canadian labour market by assessing and recognizing foreign credentials and qualifications in a timely manner. Registered nurse is one of eight target occupations selected to have both the processes and supports necessary to ensure the application of the Framework's principles by 31 December 2010.

The framework can be retrieved from http://www.hrsdc.gc.ca/eng/workplaceskills/publications/fcr/pcf_folder/PDF/pcf.pdf



The Official Guide for Foreign-Educated Nurses
**What You Need to Know About
 Nursing and Health Care
 in the United States**

EDITORS: Barbara L. Nichols, DHL, MS, RN, FAAN and Catherine R. Davis, PhD, RN



This book is the only guide to the U.S. healthcare system that is specifically intended for foreign-educated nurses.

Order online:
www.springerpub.com/cgfn-nurses



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 CGFNS International. 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/sections/research/icnmenews.shtml

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International Centre
 on Nurse Migration
eNEWS

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