

# U.S.-Based International Recruitment of Health Professionals in Low and Middle Income Countries

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# Presentation Outline

1. **Background:** numbers & policy context
2. **Study Findings:** industry growth & countries targeted
3. **The Impact:** what we know and don't know
4. **Policy Initiatives:** US Voluntary Code of Conduct

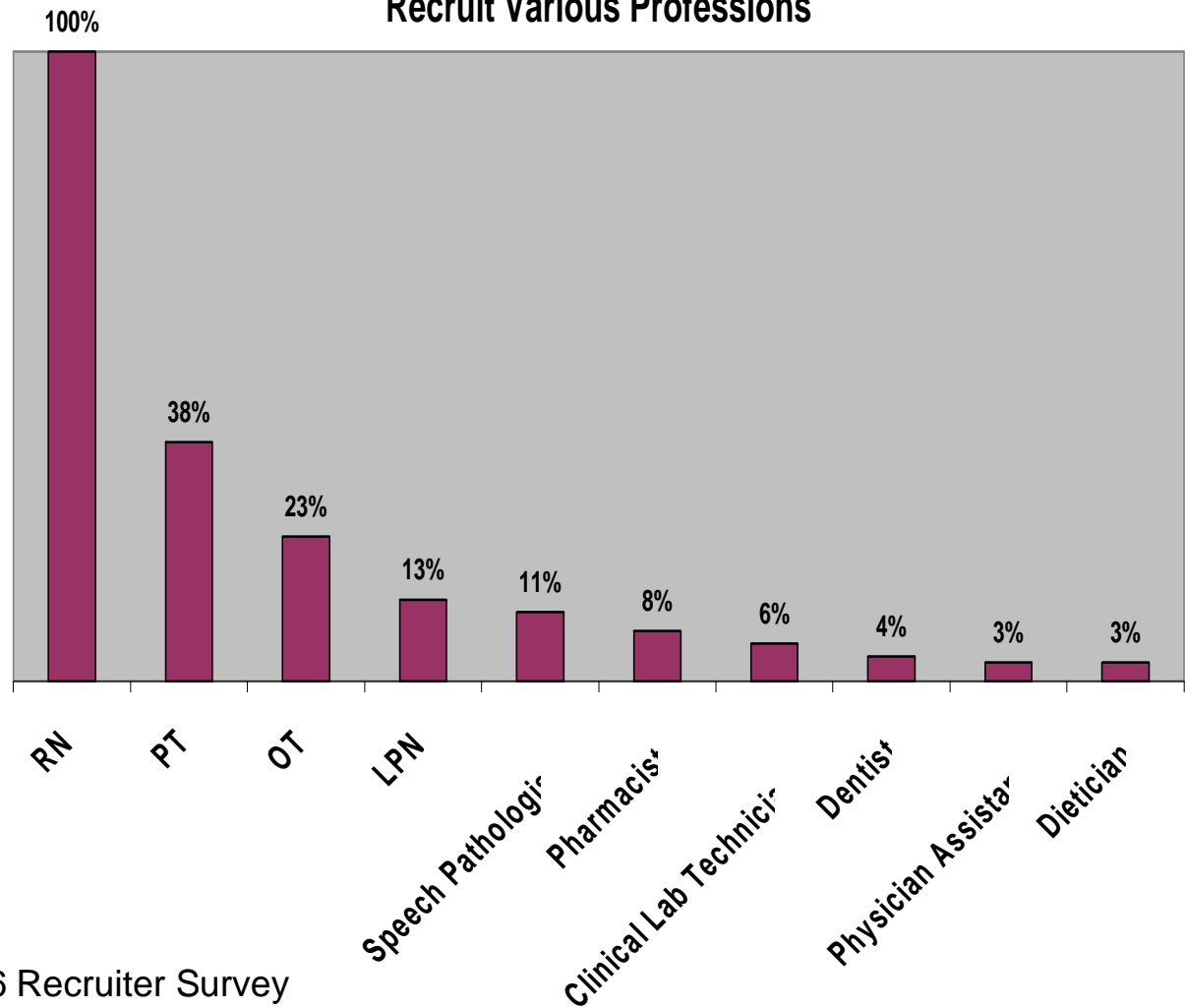


## *What health professionals are recruited?*

**\* Nursing is the primary focus of International Recruitment of HC Professionals.**

**\* 90% of international recruiting companies' revenue generated by RNs**

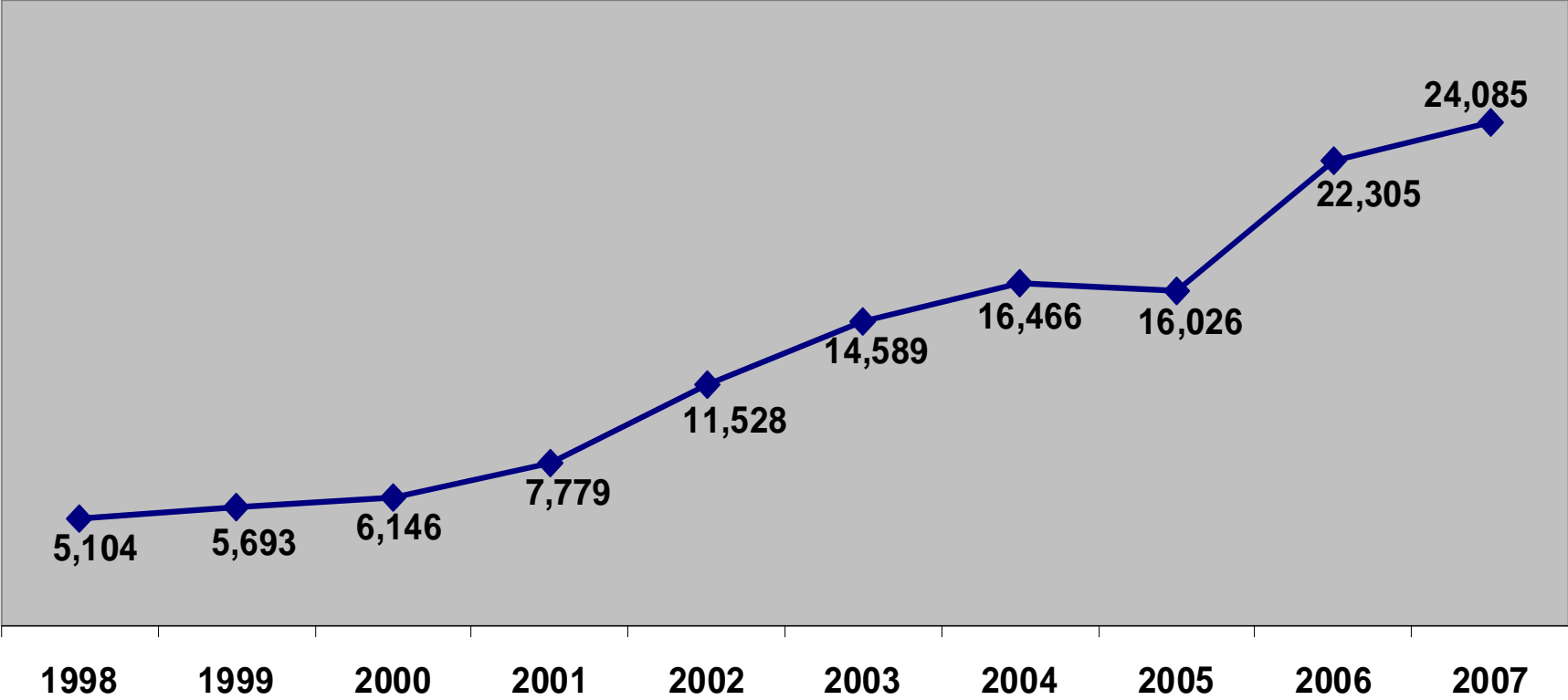
**Percentage of Companies that Recruit Various Professions**



Source: CGFNS 2006 Recruiter Survey

# How many are being recruited?

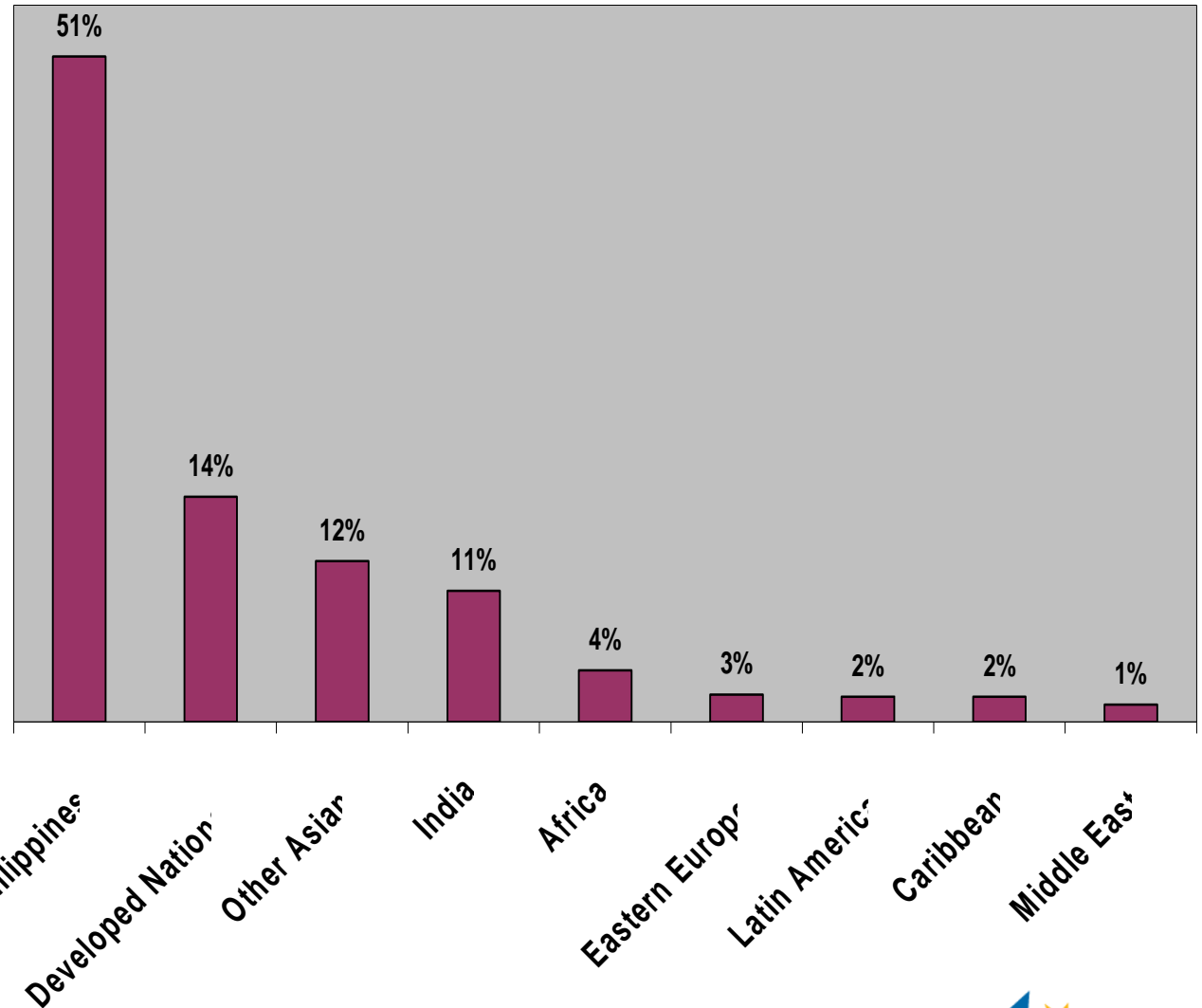
1998 - 2007: FEN NCLEX Passers



## ***Where are they coming from?***

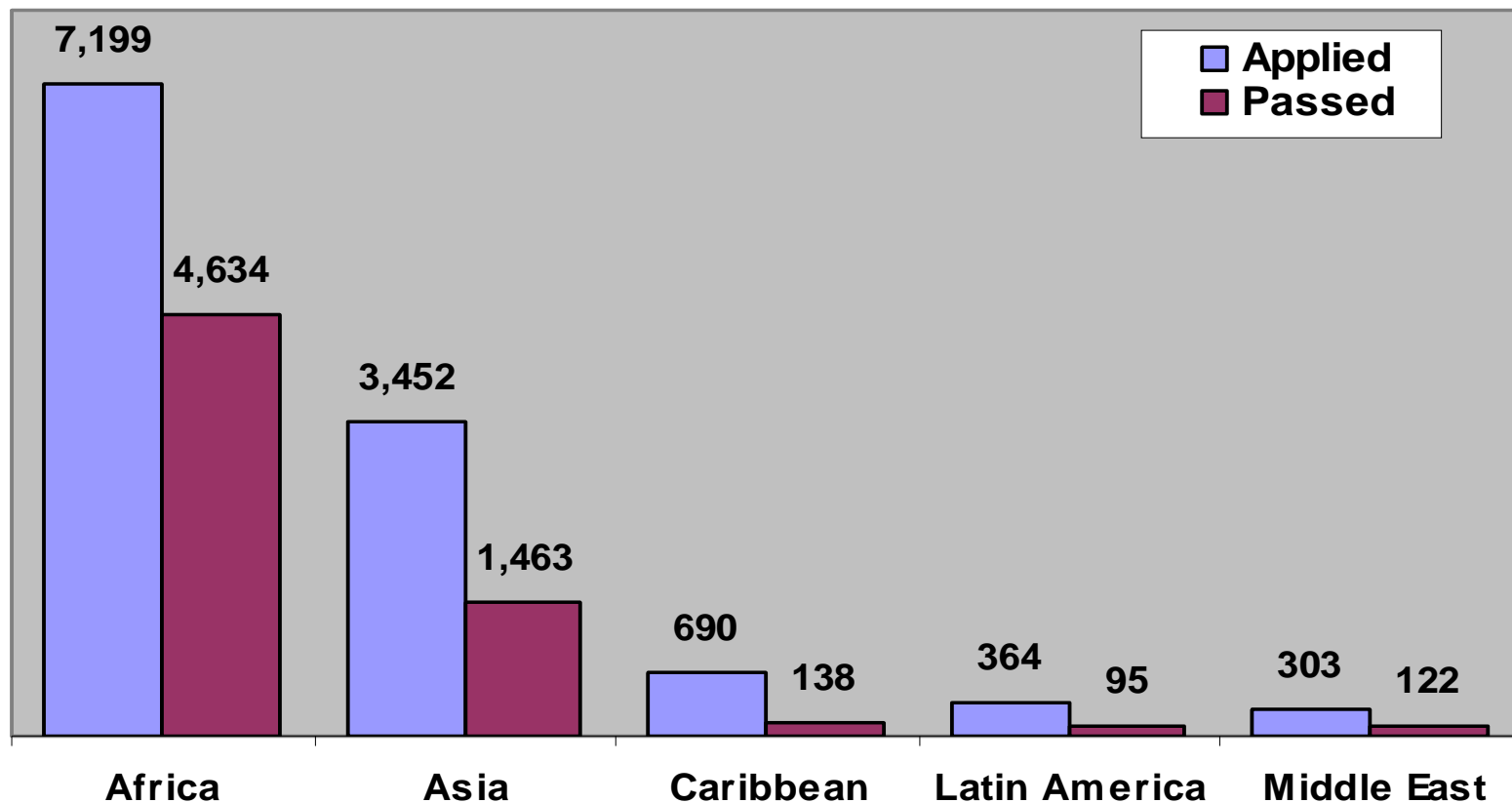
- Among source countries, over half from Philippines
- 14% from developed nations (Canada, UK and Ireland)
- 35% from the WHO's 57 countries in HRH crisis.

First Time Internationally Educated  
NCLEX Passers by Region: 2001-2005



# *What regions are most important sources?*

**NCLEX Applicants and First Time Passers In WHO Defined Countries with a Health Workforce Crisis by Region: 2001 - 2005**



# Policy Context

- U.S. has largest nurse workforce in the world – about 3 million – or 1/5<sup>th</sup> of the world supply of nurses.
- Estimated shortfall of 500,000 by 2012 due to faculty shortages and increased demand for nurses.
- Decline in federal funding for domestic nurse workforce development programs (Title VIII).
- No attention to clinical or cultural orientation standards by HRSA, Joint Commission or Medicare.
- State Dept position promotes equal access to recruiters.
- Bi-partisan sympathy in Congress to strain for hospitals of continued retrogression.
- WHR 2006 report identifies 57 nations with health workforce crisis.
- WHA Resolution 57-19 calls for Code of Practice on International Recruitment of Health Personnel by 2009.



# AcademyHealth Study

- Goal: To understand structure and practices of the US recruitment industry
- 30 fold increase in number of recruiters, from late 1990 to almost 300 in 2007.
- Two types of recruiters: placement and staffing. Both use contracts and breach fees.
- Direct recruitment by HCOs and systems also growing, with more and more spin-off agencies.
- Staffing more lucrative and now beginning to buy-out smaller firms.
- Vulnerability of FENs under current business models.



## Active overseas recruitment:

- Job Fairs
- Advertizing
- Local agents
- Commission nursing schools & hospitals

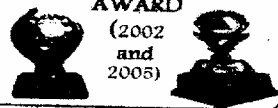
# NURSES: WHY DELAY A DREAM? GET YOUR IMMIGRANT VISA TO THE U.S. IN EIGHT MONTHS!

*It now takes us a short 8 months to obtain for our nurses their immigrant visa to the USA. That's the time we file your petition, up to the time you are interviewed at the embassy.*

*It is a fast processing that is made possible by our many years of experience in deploying nurses to the USA. Over the last 14 years, our partner in the USA, Vintage Health Resources has obtained EB-3 visas for hundreds of Filipino nurses and their families, absolutely for free!*

ABBA is recipient of the POEA's  
**TOP PERFORMER  
AWARD**

(2002  
and  
2005)



Don't be left behind. Come to us and let us help you realize your dream of going to the U.S.A on an immigrant visa!

**OUR OFFER  
START UP BONUS: \$4000.00**

- No surety bond, no deposits
- FREE immigrant visa processing for the RN & for the dependents
- NCLEX exams not in Hong Kong, Saipan or Guam, but in the USA
- Excellent NCLEX review in the USA that assures your passing
- Competitive salary
- FREE language exams and reviews
- Free housing loan and car loan
- Free health, life and professional insurance
- Guaranteed deployment in 14 tertiary hospitals in five states
- Free airfare

**ABBA**  
Personnel Services, Inc.

REGISTRATION #9913578 / Beware of Illegal Recruiters POEA LICENSE 346-LB-121503-TP

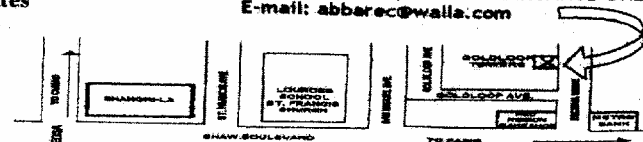
**200 NURSES  
URGENTLY NEEDED**

**U.S. CLIENT INTERVIEWS  
August 7 - 9, 2006**

**FREE ORIENTATION: Mon-Fri, 9-4  
Starting July 24-Aug. 4, 2006**

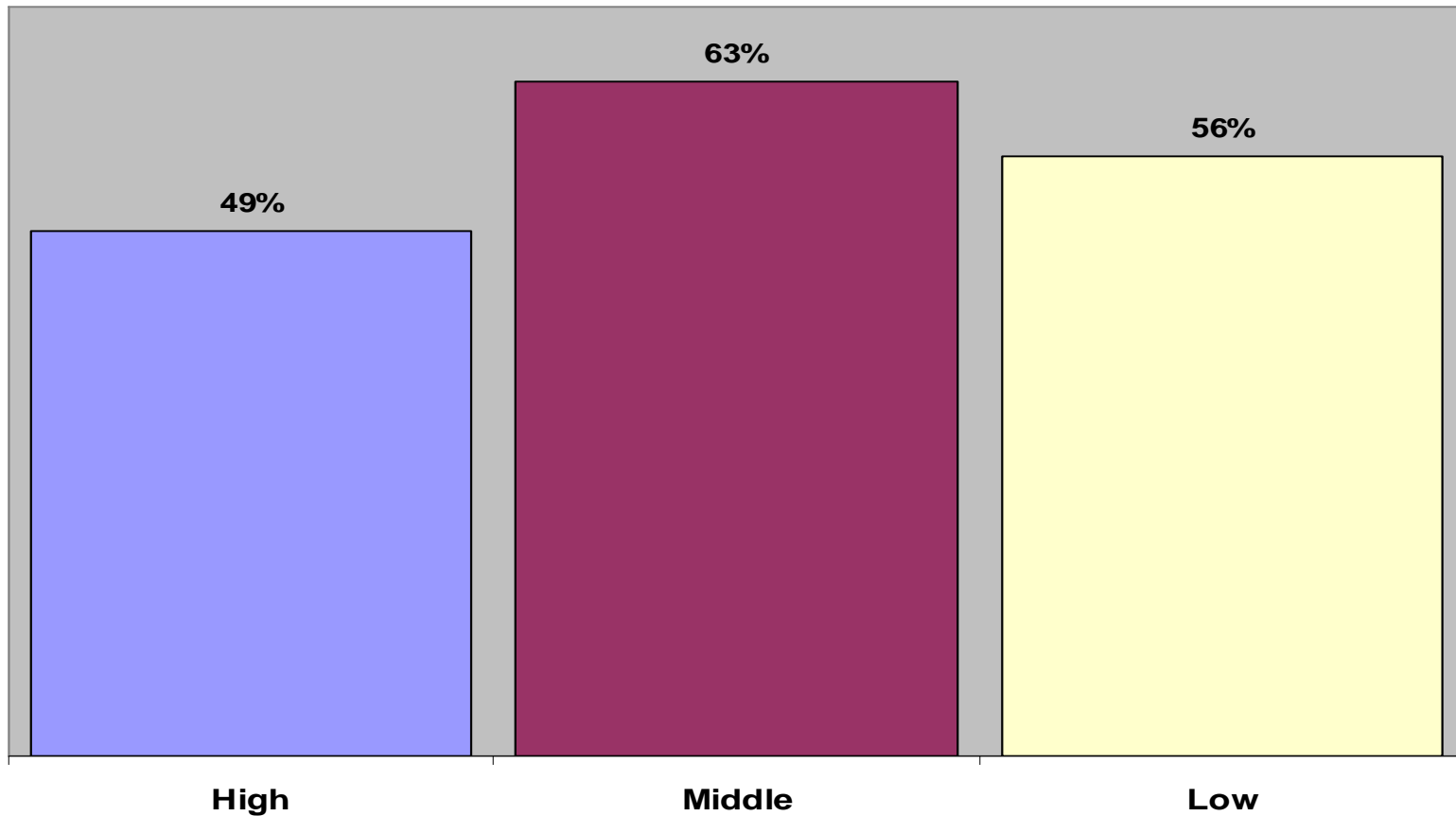
If you are a **CGFNS/NCLEX passer or waiting for results** and with at least 1-year tertiary hospital experience, come and apply personally at the address below and bring 14 pcs. 2x2 picture, two sets of resume, CG cert/pass letter or NCLEX result, IELTS/TSE/TOEFL, & other pertinent documents. Look for Ms. Marc/Mr. Joseph.

11<sup>th</sup> Floor Goldloop Tower A, Escriva Drive  
Ortigas Center, Pasig City  
0915-5357893 (FOR US APPLICANTS ONLY)  
E-mail: [abbarec@walla.com](mailto:abbarec@walla.com)



# Where are recruiters most active?

Percent of U.S.-based Recruiters Active by Source Country Income Level



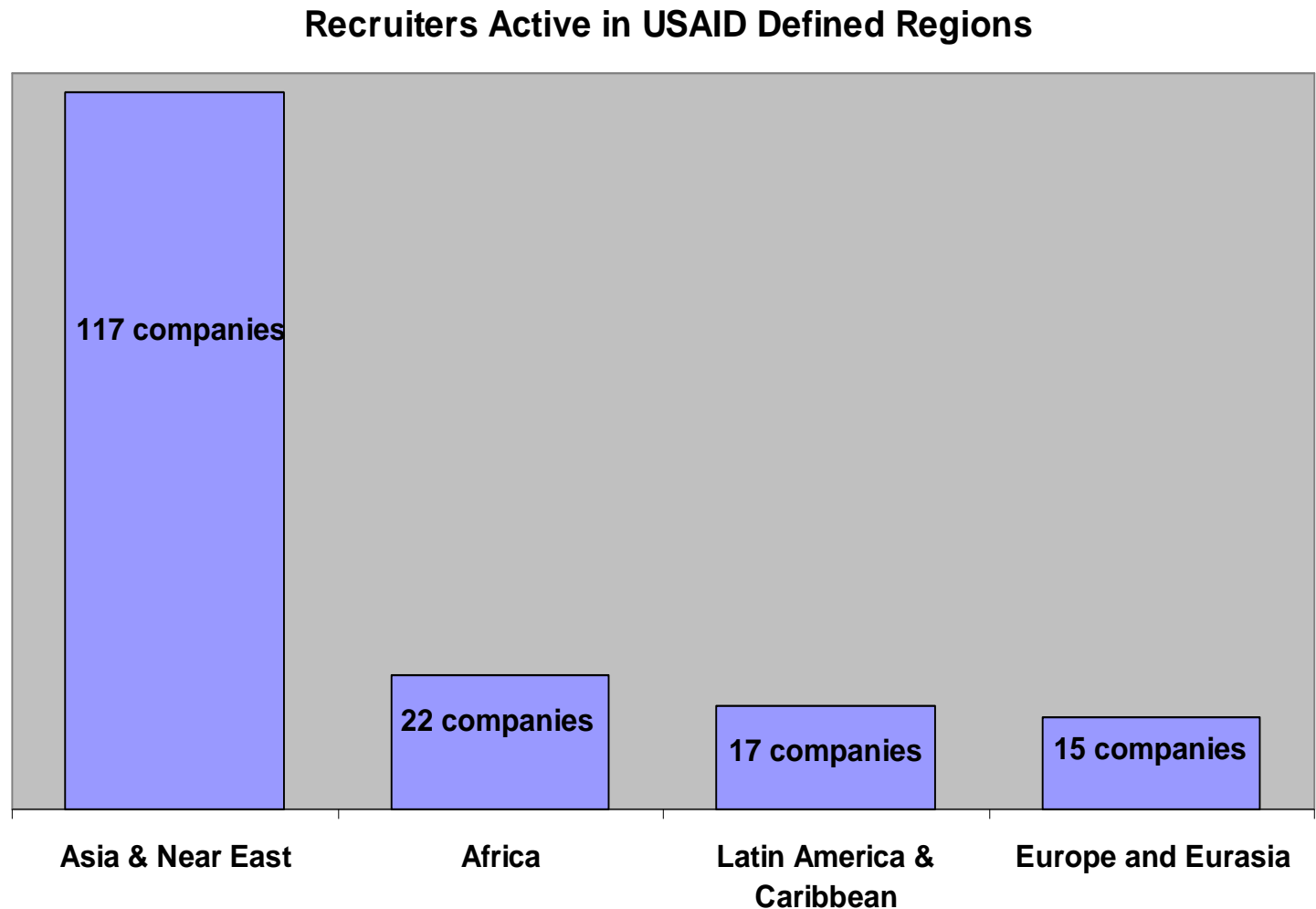
Source: Authors elaboration based on 147 recruiter Web sites.  
World Bank definition of levels



## Are recruiters in countries we aid?

129  
companies  
active in  
USAID  
countries  
(87%)

47  
companies  
active in at  
least one of  
the WHO 57  
(32%)



Source: Authors' elaboration based on review of 147 recruiter web sites

# What do we know about impact?

- Beyond scope of 2007 AH study
- Methodological challenges:
  - Difficulty in distinguishing between active recruitment and other causes of migration.
  - Difficulty in establishing causality.
- Some evidence that long term national level impact may be beneficial due to remittances and return during retirement (Clemens 2007).
- No research on short term, local impact.



# The Case of The Philippines

- Nurse to pop ratios just above 1, co-exist with unemployment.
- An explicit economic strategy has resulted in 85% nurses outside the country.
- Between '99 and '03, 27,342 nurses produced, approximately 56,000 left (Lorenzo 2007)
- Resulting boom in private (export) nursing schools. Questionable quality.
- The good news: nurse prestige has risen.
- The bad news: docs retraining as nurses (Lorenzo 2007):
  - 80% public sector retraining
  - 4,000 currently enrolled in nursing schools
  - 53% drop in med school enrollment



# Philippines cont.

## **Possible outcomes**

- 800 hospitals report physician shortages, 200 closures (PHA '05)
- Increase in shortage of nurses in rural areas, with nurse to patient ratios in provincial and district hospitals 1/40-60 (Galvez Tan '06).
- Filipinos dying without medical attention risen from 60% in early 90s to 70% in 2003 (NSO).
- Fully immunized children declined from 69.4% in 1993 to 59.9% in 2003 (NSO)

## **New policies**

- Incentives to return (tax free shopping)
- Bilateral agreements to manage flow (UK, Japan)
- National HRH Commission developing new retention strategies
- Consideration of compulsory service for public sector graduates

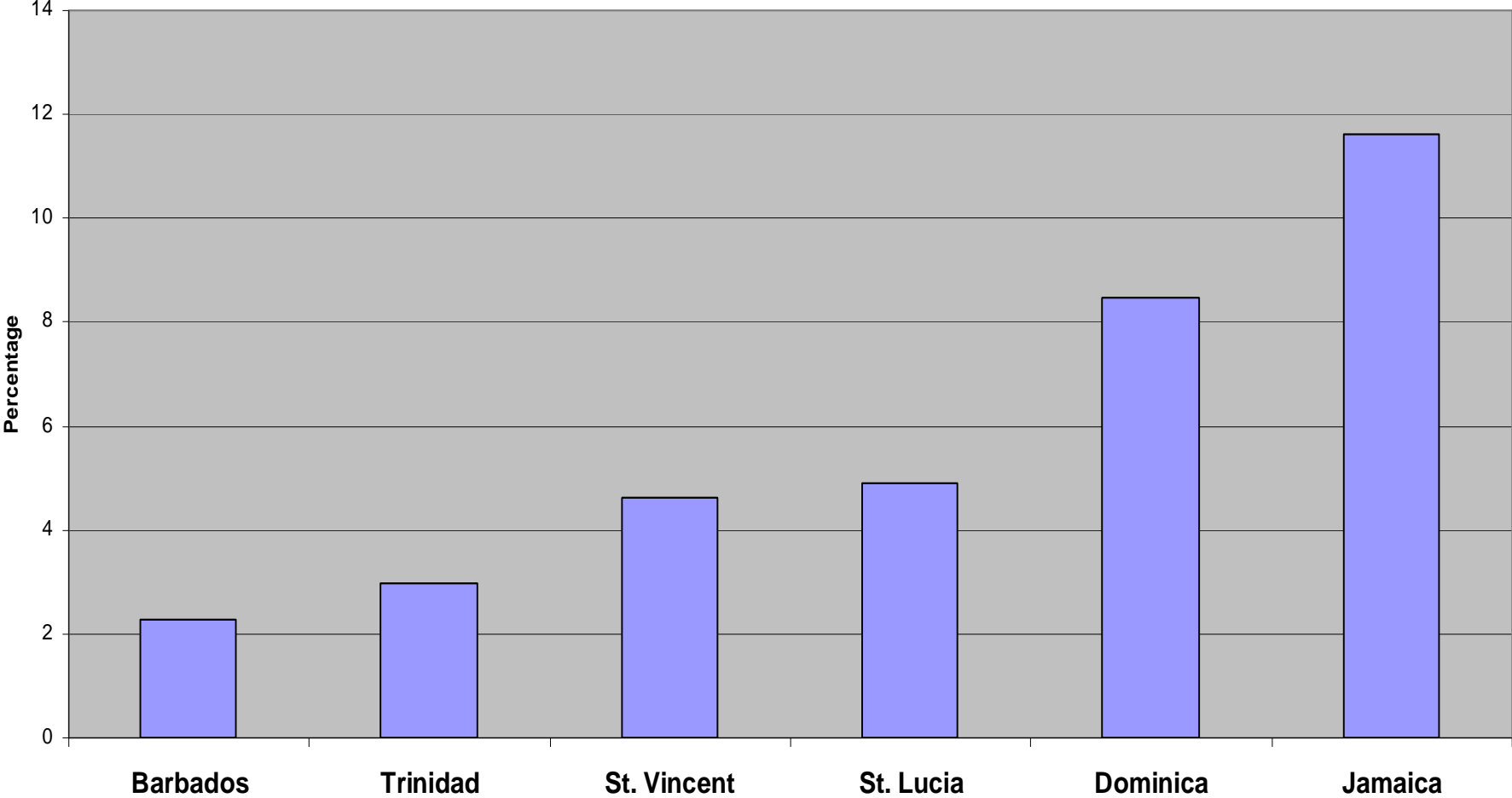


# India and China up next?

- Like the Philippines:
  - Nurse to pop ratios just above 1
  - Enthusiasm for free market extends to trade in people
  - Private education as partner in business
- But:
  - Larger countries that may be able to sustain export.



# Percent of RNs Migrated to US 2001-2005



Source: Author's elaboration using NCLEX passers

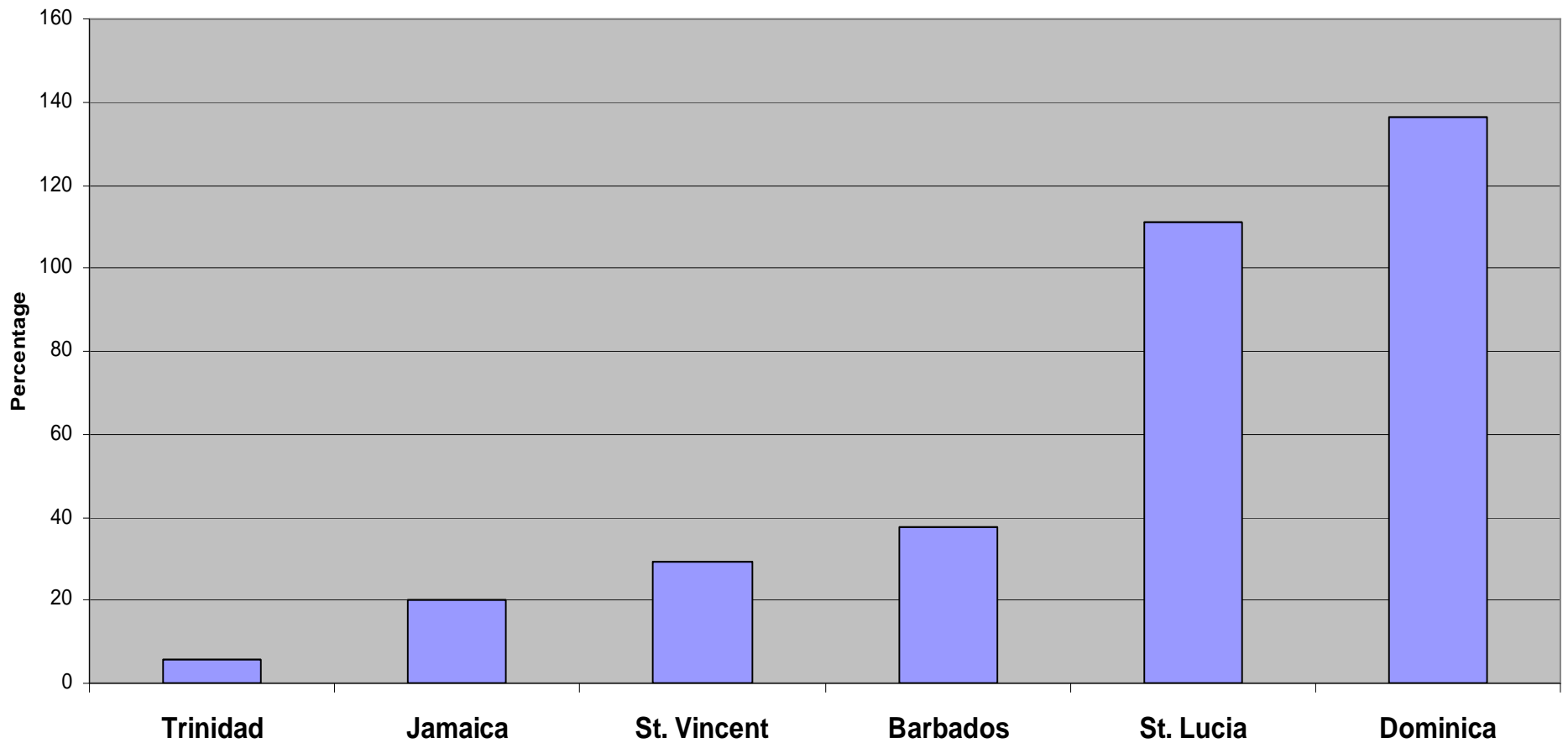


## Caribbean RN Vacancy Rates

<b>Country</b>	<b>Vacancy Rate</b>
Antigua	17.5
Barbados	20.6
Dominica	6.2
<b>Jamaica</b>	<b>58.4</b>
St. Kitts	26
St. Lucia	4.4
St. Vincent	15.7
Trinidad	53.3
<b>AVERAGE</b>	<b>42.4</b>

Source: PAHO 2005

# Percent of Vacancies RN Migrants to U.S. between 2002-2005 Could Potentially Fill



Source: Author's elaboration using NCLEX data and PAHO reported vacancy rates

# Private Sector *Voluntary Code of Ethical Conduct of International Nurse Recruitment to the U.S.A.*

- American Hospital Association
- American Nurse Association
- American Organization of Nurse Executives
- Indian, Philippine and Hispanic Nurse Associations
- Four national unions
- Non Profit Long term Care association
- State regulator (Maryland)
- Academic Health Center (Johns Hopkins)
- Joint Commission (quality accreditation body)
- Five largest recruitment companies (both types)
- Nation Council of State Boards of Nursing (licensure body)
- American Association Colleges of Nursing
- Commission on Graduates of Foreign Nursing Schools
- Experts
- **Observers** (State Dept, staff from two democratic senators, HRSA Nursing Bureau)

# Highlights of Code

- **Explicit acknowledgement of three sets of interests**, but unlike existing codes no list of ethical principals
- **Focus on practices** that were identified in research, but no explicit mention of problems.
- **Specific minimum standards**: nurse rights with regard to information and contracts and need for clinical and cultural orientation.
- **Best practices**: ideas for giving back and the importance of caution in selecting target countries.
- **Subscriber (both employers and recruiters) responsibilities** include:
  - Abiding by Code
  - Paying annual sliding fee
  - Providing information to monitoring entity
  - Agreeing to remediation and potential de-listing when non-compliance occurs.
- **Next steps**: Public roll out in Sept. Formation of multi caucus board to develop monitoring guidelines, RFPs.

