Chapter 11

International Recruitment: Current Trends and Their Implications for Small States

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11.1 Introduction: international recruitment and skilled migration – a polarising debate

The mobility of skilled professionals is one of the salient features of present-day globalisation, due in no small part to global labour shortages in key sectors such as health and education. However, these flows are increasingly complex, as would-be migrants respond to shifting realities both at home and abroad in a dynamic and rapidly changing global economy. Furthermore, the mobility of the skilled is not always a straightforward process. On one hand, skilled workers around the globe are increasingly aware of opportunities abroad and are often able to communicate with migration intermediaries in real time, thanks to increasing access to the internet. On the other hand, skilled workers' mobility may be constrained by lengthy visa processes, difficulties in attaining relevant work licensure or other qualifications in destination countries, abusive practices of employers or recruitment agencies, and deep-rooted austerity programmes in many traditional receiving countries that have hardened 'anti-immigration' stances and may limit opportunities for highly skilled and low-skilled migrants alike.

This report focuses on international recruitment of the skilled, with a particular emphasis on the impact that this has on small countries within the Commonwealth (see especially section 11.4). The international recruitment of the skilled is a politically contentious issue, with much of the debate in both policy and academic circles focused on the recruitment of skilled health workers – especially physicians and nurses – from developing countries to comparatively wealthy nations in the Organisation for Economic Co-operation and Development (OECD) such as the United States, the United Kingdom, Canada, Australia and New Zealand. In response to developing countries' concerns, a series of policy measures have been implemented in the last decade, notably the UK Department of Health's code of practice on the ethical recruitment of health personnel from low-income countries, the Commonwealth Secretariat's Protocol on the Ethical Recruitment of Health Workers, the Voluntary Code of Ethical Conduct of the Recruitment of Foreign-Educated Health Professionals to the United States, and the World Health Organization's Global Code on the ethical recruitment of health personnel. The Commonwealth's protocol on health worker recruitment is paralleled by a separate protocol on the ethical recruitment of teachers within the Commonwealth.

Broadly speaking, these codes condemn the 'active' recruitment of professionals and are typically voluntary as opposed to legally binding. However, there is an unresolved tension in policy discussions between the rights of developing states, including small states, to retain their skilled workers and the rights of the skilled themselves to move. In fact, there is evidence to suggest that many skilled persons train with a view towards migrating, and that emigration by individuals in professional sectors can give more individuals an incentive to invest in training in that sector, even if this does not equal a net 'brain gain' (Beine et al. 2001). Although policy-makers often view recruitment agencies as having a coercive influence on skilled workers in developing countries, it is clear that in some cases the workers initiate contact with employment agencies themselves, as these agencies are capable of acting as valuable intermediaries that can help would-be migrants to navigate immigration processes and gain access to jobs in destination countries (Pittman et al. 2007: 12).

Thus, at the onset, it is worth considering the broader realities in which various forms of skilled recruitment – and skilled migration more generally – occur. The mobility of the skilled is not only a characteristic of South–North migration flows, but also a highly relevant aspect of intra-OECD migration flows, with a high level of movement of skilled personnel between different states (Skeldon 2009: 9). As Skeldon (2009: 9) argues, 'One of the basic features of the skilled international migration system is that it is dominated by migrants from the developed world itself, plus a relatively small number of middle-income developing countries', as was evidenced by the fact that in 2000 the United Kingdom, Germany, South Korea and Canada were among the ten countries with the largest numbers of skilled migrants living and working outside their borders. Furthermore, although present-day academic and policy discourses on brain drain gravitate towards the migration of skilled professionals from developing regions, particularly sub-Saharan Africa, Asia-Pacific and the Caribbean, the term 'brain drain' was first used to describe the emigration of doctors and scientists from the UK to North America in the 1960s (Skeldon 2009: 9).

Significantly, a constructive debate on international recruitment is constricted by a general paucity of data on what proportion of skilled migration from developing countries is due to the 'active' recruitment of migrants. The paucity of data is compounded by the fact that there is limited research on the practices of recruiting agencies, many of which do not operate with a high degree of transparency. The result of this lack of information is that in many cases both migration researchers and policy-makers have only an uncertain understanding of the way in which recruitment firms recruit prospective migrants. The lack of a solid evidence base on the role that recruitment plays in the international migration of the skilled has perhaps contributed to an over-reliance on anecdotal accounts detailing the practices of recruitment agencies. So, although there is strong evidence of questionable practices on the part of some recruiters, it is extremely difficult to establish the overall magnitude of these problems.

Given the partial understanding of how significant the international recruitment of the skilled is, and how recruitment agencies operate in practice, there are several important points to bear in mind from both sending and receiving country

perspectives. It is clear that the adoption of immigration legislation in key destination countries favouring the immigration of the skilled has been important in facilitating skilled flows from the developing world to select OECD destinations. Although it would perhaps be going too far to construe these policies as a form of 'active' recruitment in their own right, there can be little doubt that the policy efforts of countries such as the United States, the United Kingdom, Canada, Australia, New Zealand and others to attract skilled migrants has created the wider context in which a rapid expansion in the migrant recruitment industry has taken place. Conversely, for sending countries, there may be a temptation to blame the recruitment industry for the widespread emigration of skilled professionals – even when many of these workers are leaving of their own accord.

As should be clear by now, any investigation of the international recruitment industry must necessarily navigate politically contentious topics such as brain drain, the rights of the skilled to leave their countries of origin to pursue better opportunities abroad, and the entrenched inequalities that are characteristic of the twenty-first-century global economy. Given the lack of data on skilled recruitment, this chapter discusses recruitment that is occurring from small states, against the backdrop of wider patterns of emigration from those states. As will be shown, the challenges of emigration of the skilled, in many cases encouraged by recruiters, are often particularly acute for small states, partly because they may lack both the training facilities and fiscal resources to easily replace these workers. However, to return to the brain drain debate, it is important to bear in mind that the outflow of workers is not necessarily a permanent phenomenon and, under the right conditions, brain drain can later give way to brain circulation or even brain gain (Tanner 2005: 20).

This report is structured as follows: section 11.2 examines emerging patterns of recruitment and the diversification of skilled migration flows, including an assessment of skilled flows from Commonwealth small states; section 11.3 focuses on the impacts of the recruitment industry in the global North, including case studies on nurse and teacher recruitment in the USA, and recruitment in the UK medical sector; section 11.4 focuses on the impact of the international recruitment on small states, including case studies on health worker emigration from Mauritius and Barbados, and teacher emigration from Guyana; section 11.5 discusses factors that may affect future trends of skilled recruitment; and section 11.6 introduces policy options in the area of skilled recruitment.

11.2 Skilled migration in the current epoch of globalisation: emerging patterns of recruitment and shifting flows of the skilled

Although there is a consensus that international recruitment is key to facilitating various types of migration, surprisingly little research has investigated how the recruitment of skilled professionals takes place or the practices that constitute 'international recruitment'. This section will explore recent trends in skilled recruitment by considering, first, the range of activities and processes that fall under

this broad and often ambiguous heading. As this discussion will show, it is extremely difficult to disaggregate the recruitment of the skilled from patterns of skilled migration more generally, and it is important to note that these flows are becoming increasingly diverse. Second, the shifting nature of these flows has particular implications for small states, which will also be touched on.

Within emerging trends of international labour migration, the role of the recruitment industry is highly fluid, often shifting its focus in order to meet temporary labour market demands. Thus, as Kuptsch (2006: 1) argues, 'the ultimate shape of the [recruitment] industry is not clear.' The fluid nature of the global recruitment industry is partly due to the increasing diversification of migration flows of workers, which transcend the predictability of 'traditional' migration corridors based on linguistic or colonial ties, and have become increasingly complex. Again picking up Kuptsch's argument, 'global sources of workers and destinations of migrants are diversifying, as more countries send workers abroad and recruit or tolerate the entry of migrants. Within sending countries, migrants are being drawn increasingly from the top and bottom rungs of the job ladder' (2006: 1). Thus, while much of the policy and academic debate has focused on the recruitment and emigration of skilled professionals, the migrant recruitment industry also facilitates the movement of relatively low-skilled manual labour to key destinations, with arguably the most relevant migration corridor being from Southeast Asian countries to the Gulf Cooperation Council (GCC) states (for example, see Baruah 2006).

The recruitment of skilled workers has been taking place against a backdrop of increased global competition for skilled workers. In general, skilled migration commonly relates to persons 'having a university degree or extensive/equivalent experience in a given field' (Iredale 2001: 8), but there is no doubt that much of the attention on skilled recruitment has been focused on the recruitment of skilled health workers, in part because these professionals are assumed to play a pivotal role in developing countries achieving health-related benchmarks articulated in the Millennium Development Goals. However, as Connell (2010: 4) notes, the international migration of skilled health workers parallels, to some extent, the increasing mobility of other types of professionals, particularly information technology (IT) workers, engineers and teachers. For Connell (2010: 4), these flows represent an often overlooked aspect of globalisation, reflecting 'the growth and accelerated internationalisation of the service sector in the last two decades, rising demand for skilled workers in developed countries (where training is increasingly costly) and their supply in countries where once they were absent.' This is reflected by the fact that 'traditional' settlement countries (including Australia, Canada, New Zealand, the United States and the United Kingdom) have implemented policies to attract highly skilled migrants (Cerna 2010: 1).

One striking feature of the shift in patterns of skilled migration and recruitment, particularly among skilled health workers, has been the rapid increase in the number of skilled women who are moving internationally. Available data suggest that, broadly speaking, skilled women are more likely to migrate from developing countries than men, although in some cases this appears to be in part for non-economic reasons, such

as family reunification (Docquier et al. 2011). This marks an extreme departure from earlier patterns of skilled migration. As Connell (2010: 4) observes of the emigration from the health sector among countries in the Pacific, 'Thirty years ago, doctors – mostly men – were the main migrant group, but nurses – mostly women – have become more numerous, and migration has taken a new gendered structure'. The growth in the international migration of skilled women is one of the most important shifts in skilled migration trends, and it is evident that, in sectors such as nursing and teaching, international recruitment agencies are playing a pivotal role in facilitating this type of migration.

11.2.1 Defining international recruitment

Any discussion of international recruitment must attempt to define what exactly this comprises. This is not a straightforward endeavour, as a number of heterogeneous activities fall under the banner of recruitment, including active recruitment by third-party recruitment agencies, direct recruitment by states or large employers, or even 'back door' recruitment of foreign-educated skilled workers who are already working in destination countries. The situation is made still more opaque by the fact that few studies have investigated the ways in which recruitment agencies actually recruit workers. As Connell and Stillwell (2006: 243) note, despite the widespread consensus regarding the importance of recruitment agencies in facilitating the international movement of workers within the health sector, there is surprisingly little information available on how such agencies operate, and whether reported abuses related to recruitment are systematic or limited to a small share of the recruitment market.

However, based on the studies that do exist, it is possible to gain some valuable insights into the operation of the recruitment industry in select sectors. For example, a 2007 study by Pittman and colleagues that focused on US-based nurse recruitment firms uncovered a rapidly changing industry. Using a web-based search methodology, the survey identified 267 international nurse recruitment firms operating in the United States, ranging from large, multinational recruitment firms to small 'mom-and-pop' arrangements (Pittman et al. 2007: 4). According to the study, this represented a significant increase over the number of firms operating in the late 1990s, when according to industry insiders around 30 to 40 US firms were involved in international nurse recruitment (Pittman et al. 2007: 4). This explosion in the number of US-based recruiters appears to have occurred in response to a mushrooming nurse shortage in the USA, which, combined with economic growth during these years, created a robust demand for foreign-educated nurses. The financial crisis of 2007–08, coupled with the consolidation of firms within the recruitment industry itself, appears to have partially reversed this trend: a reappraisal of the situation by Pittman and colleagues (Pittman et al. 2010) suggested the number of US-based firms involved in nurse recruitment had shrunk to 211 by January 2010, partly because of smaller recruiting firms being purchased by larger competitors.

A 2009 study by the American Federation of Teachers (AFT) suggests that similar trends have emerged in the teacher recruitment market in the USA, albeit on a smaller scale. The study identified 33 recruitment agencies that actively recruit

foreign-trained teachers to work in the USA (American Federation of Teachers 2009: 15). The study cautioned that recruiters often promote positive aspects of teaching in the USA, while failing to explain potential drawbacks such as income tax rates and the relatively high cost of living (American Federation of Teachers 2009: 14). This is a complaint about the recruitment industry voiced by migrants across various sectors, and has also emerged in focus group discussions held with North African teachers recruited for teaching positions in the UK (K Ochs, interview, 2011). The AFT's study suggests that in some cases recruitment agencies collect fees only from teachers, whereas in other cases school districts or private institutions bear the cost of recruitment agencies' services, and in a limited number of instances both migrants and client institutions were charged (American Federation of Teachers 2009: 15).

In other cases, available evidence suggests that international recruitment occurs in even more circuitous and indirect ways. In the UK, for example, a survey of 400 London-based, foreign-born nurses showed that 'back door' recruitment from the UK private sector to the National Health Service (NHS) was relatively commonplace (Buchan et al. 2006). The study, which included nurses from both OECD countries and the global South, found that about two thirds of nurses had used a recruitment agency to enter the country, and more than half had switched jobs since arriving in the UK, typically moving from the private sector to the NHS. These 'back door' flows are particularly significant, as the private sector does not face the same ban on active recruitment that the NHS does under the UK code of ethical health worker recruitment, and such private–public movements of health workers are not barred under the code (Buchan et al. 2006). There is also strong anecdotal evidence of a 'carousel effect' among skilled migrants, with nurses, for example, sometimes moving multiple times, to a different receiving country each time. This can complicate the potential regulation of recruitment, as sometimes nurses are recruited in their country of current employment, rather than their country of origin (Pittman et al. 2007: 15).

Although small states contribute a relatively small number of skilled professionals to the international stock of skilled migrants because of their small population size, there is clear evidence to suggest that small states are in some instances targeted by recruitment agencies or by employers directly. Pittman's study of the US-based nurse recruitment industry identified 11 recruitment agencies working in the Caribbean (Pittman et al. 2007: 19), and the recruitment of teachers from Caribbean countries including Jamaica and Guyana in the late 1990s is also well documented (American Federation of Teachers 2009: 34). However, recruitment from small states does not always follow predictable patterns. For example, Connell and Stillwell (2006: 243–4) observe that 'In this century there has been active recruitment of Fijian nurses for [the United Arab Emirates], a country that few in Fiji would have had any knowledge of until then.' This followed recruitment of Fijian nurses in the 1990s to nearby countries including the Marshall Islands, Nauru and New Zealand (Connell and Stillwell 2006: 244).

These examples provide a window – albeit a limited one – into the way in which the recruitment industry actually operates in certain contexts of skilled recruitment,

though they fail to expand on the range of strategies used by recruiters to attract prospective migrants. The literature on skilled emigration suggests that a variety of techniques are used by recruiters to target skilled workers. In the case of widespread Western recruitment of health professionals in South Africa, for example, reported methods include advertising in national newspapers and journals, sending text messages or personal emails to health workers directly, promoting employment abroad through internet sites and holding recruitment workshops (Mills et al. 2008: 685). Most codes and protocols on the ethical recruitment of skilled health workers rely on the notion that only the 'active' recruitment of health workers should be limited under these codes – and in practice there exists ambiguity between providing information about employment opportunities abroad and active recruitment. This distinction has been further blurred by internet-based recruitment, which has clearly been a significant innovation that has broadened the horizons of international recruitment in recent years, allowing new types of exchanges between recruiters and would-be migrants. Connell (2010: 3) argues that web-based information on jobs abroad has made it easier than ever for health workers to effectively 'recruit themselves' by initiating contact with recruitment agencies, who can then assist them with the immigration process and job placements.

11.2.2 Shifting patterns of skilled migration

From the available data and evidence, it is difficult to ascertain the impact that international recruitment has on small states. This is in part because it is not possible to disaggregate in existing sources of macro-data the professionals who have migrated using recruitment agencies from the overall stock of skilled migrants. However, it is clear that, in general, flows of skilled professionals have become more complex in the past several decades. The emergence of new patterns of skilled health worker migration, or what Connell describes as the 'global care chain', is a case in point. Connell (2009: 6) notes that relatively simple flows of migrants from sending countries to migration destinations have been displaced by more complex flows that operate at regional and global levels:

> Australia and New Zealand recruit and absorb from the Pacific island states (which recruit from Burma and China) as they in turn supply the United Kingdom. Fiji loses nurses to the Marshall Islands and Palau; many move on to the United States, the United Kingdom and the United Arab Emirates (UAE). In the Caribbean, Guyanan [sic] nurses move to several countries, including St. Lucia and Jamaica. Jamaican nurses travel to the Virgin Islands and the United States, while Jamaica recruits from Ghana … Dependent territories, such as Anguilla in the Caribbean and Guam and American Samoa in the Pacific, gain workers from nearby independent states. In both the Caribbean and the Pacific, two-tier systems, part of the hierarchy within the global care chain, link relatively small and poor island states to nearby richer states and territories, and then onwards to the developed world, culminating in the United States.

In this context, the definitional difference between sending and receiving countries is breaking down, as many countries increasingly export *and* import healthcare

workers. However, the countries that come off the worst in this global circulation of skilled health workers have poorly performing economies, and emigration can lead to a vicious circle creating steadily worsening working conditions for those who remain behind (Docquier et al. 2011). Not surprisingly, this often encourages further emigration, particularly if efforts are not made to improve working conditions.

Data on emigration from small states are limited by the fact that often the most accurate figures come from receiving countries, with census data providing the best form of macro-data on skilled flows. The fact that there are high levels of skilled emigrants from small states abroad is well documented by the 2000–01 round of national census data, which showed extremely high rates of emigration of the skilled from many small states in the Commonwealth (see Table 11.1). Indeed, census data show that nine of the ten countries that have the highest percentage of tertiary-educated migrants living in OECD countries are small states within the Commonwealth. The 2010–11 round of national censuses was not available for analysis at the time of writing, so the 2000–01 round of census data remains the best source of comprehensive, comparable data on emigration flows, and provides some level of insight into the wider context in which the recruitment of the skilled is taking place.

However, these data, although widely cited as evidence of the extensive 'brain drain' from such small nations, are actually a somewhat poor way of measuring the loss of locally trained professionals, and an even more blunt instrument with which to understand levels of international recruitment. In fact, when Beine et al. (2007) controlled for age in this dataset, counting only tertiary-educated individuals who entered their host OECD country after the age of 22, the rates of emigration among the tertiary-educated decreased fairly significantly for many countries, indicating that some tertiary-educated emigrants undertook a significant proportion of their education abroad (see Table 11.2). Although these data still show very high rates of emigration of tertiary-educated workers, they also succeed in highlighting the fact that many of the skilled who are abroad were probably educated there as well. Indeed,

Table 11.1 Top source countries of tertiary-educated workers, 2000–01

Country	Percentage of tertiary-educated workers who have emigrated
Guyana[a]	89.0
Grenada[a]	85.1
Jamaica[a]	85.1
St Vincent and the Grenadines[a]	84.5
Haiti	83.6
Trinidad and Tobago[a]	79.3
St Kitts and Nevis[a]	78.5
Samoa[a]	76.4
Tonga[a]	75.2
Saint Lucia[a]	71.1

Note: [a] Commonwealth country.
Source: 2000 OECD population censuses

Table 11.2 Emigration rates of tertiary-educated persons who emigrated when they were 22 or older (only countries with populations above 250,000 included)

Country	Percentage of tertiary-educated nationals who have emigrated
Guyana[a]	81.9
Jamaica[a]	74.6
Haiti	73.7
Trinidad and Tobago[a]	67.5
The Gambia	60.4
Cape Verde	55.5
Sierra Leone[a]	48.4
Barbados[a]	47.5
Mauritius[a]	45.1
Fiji[a]	44.5

Note: [a] Commonwealth country.
Source: Beine et al. 2007

even in cases where people moved after the age of 22, it is hard to establish whether they received their professional skills training at home or abroad, particularly at the level of post-graduate education.

Another reason that such net emigration rates tell only part of the emigration story is that they do not give any indication of where skilled professionals are migrating to. In the case of countries in the Caribbean and the Pacific, overall patterns of emigration are overwhelmingly from the global South to the North, with some 85.2 per cent of total emigrants from the Caribbean and 75.6 per cent of emigrants from the Pacific residing in the global North in 2000 (ACP Group of States Secretariat 2011: 60). In part, this reflects a larger 'culture of migration' from many of these small island states to relatively nearby OECD high-income economies, or to states where former colonial ties exist. These wider patterns of emigration are reflected in the flows of skilled emigration from these regions captured in census data, which show significant emigration of tertiary-educated migrants from Commonwealth small states to traditional settlement countries such as the United States, the United Kingdom, Canada, Australia and New Zealand. These stocks hint at particular flows of skilled migration from small states in the Pacific and the Caribbean; as Thomas-Hope (2011: 18) observes, 'From Commonwealth countries in ... the Pacific, the movement [of skilled] has been chiefly to Britain, Australia, New Zealand and Canada, as well as to the USA and the Middle East, and from the Caribbean to Canada, Britain and the USA.'

In all cases, the migration of the skilled appears to be part of larger flows of migrants to these countries, as tertiary-educated migrants account for only part of the migration stock in these states, although the degree to which this is the case varies considerably depending on the country of origin. Table 11.3 depicts the top five migration corridors for skilled workers from small states within the Commonwealth[1] to the USA, the UK and Australia. Table 11.3 also illustrates the high stocks of tertiary-educated female

Table 11.3 Top skilled migration corridors: Commonwealth small states to select OECD countries, 2000

Recipient country	Source country	Total migrant stock	Tertiary-educated migrants	Female proportion of skilled (%)
USA	Trinidad and Tobago	159,310	73,565	58.2
	Guyana	172,000	67,128	53.3
	Barbados	46,620	19,198	59.0
	Belize	34,854	15,202	58.4
	The Bahamas	18,704	9,816	62.7
UK	Cyprus	63,880	22,225	45.5
	Malta	27,020	9,209	48.5
	Mauritius	24,102	8,212	40.6
	Guyana	18,124	7,941	57.5
	Barbados	19,666	5,120	63.5
Australia	Fiji	33,257	19,262	50.0
	Malta	46,233	6,530	40.1
	Mauritius	14,794	6,113	48.4
	Cyprus	18,839	5,937	44.5
	Samoa	6,560	2,889	54.7

Note: Percentages rounded to one decimal place.
Source: Author's elaboration from Docquier et al. (2007)

migrants who were living abroad at the time of the last census. In all five of the most common skilled migration corridors from Commonwealth small states to the USA, stocks of tertiary-educated women exceeded those of tertiary-educated men in 2000, emphasising just how strong the gendered dimension of migration flows has become in these countries. The picture is more mixed for the main migrant-sending Commonwealth small states to the UK and Australia, although the pattern generally holds true for small states in the Caribbean and the Pacific.

These flows reflect what it becoming increasingly normal globally. At a global level, macro-data show that skilled women have higher emigration rates to OECD countries than skilled men, although some of this difference is apparently accounted for by interdependencies, such as family reunification, rather than migrating to actively pursue employment abroad (Docquier et al. 2012). The growth in female emigration to OECD countries, which is occurring on a large scale among both highly skilled and low-skilled migrants, is also significant because migrant men and women are being affected in very different ways by the economic upheaval that is occurring in many countries, with female migrants generally faring better than their male counterparts (see section 11.5 for more on these recent shifts).

Despite the fact that skilled migration from the global South still has a strong bias to OECD countries, secondary flows to regional 'economies of transition' are gaining in importance in patterns of African, Pacific and Caribbean migration (L De Boeck, interview, 2011). A database compiled by Docquier and colleagues (2011) includes stocks of tertiary-educated persons in 46 non-OECD countries according to the 2000

round of censuses; it shows that, although such stocks are dwarfed by the stocks of skilled migrants in OECD destinations, some interesting secondary flows of emigrants are nonetheless evident from these data. For example, Trinidad and Tobago served as something of a regional hub for migration from small states within the Caribbean, as it absorbed relatively significant flows of migrants from neighbouring countries, including skilled professionals (see Table 11.4).[2]

11.3 Global North: impacts of skilled recruitment

The migration of the skilled to high-income countries became increasingly prominent in the two decades leading up to the economic crisis of 2008, and this reality was reflected in the transformation of immigration policies in many key migrant-receiving countries in the global North. This marked a departure from the period following the Second World War, when many industrialised states primarily targeted low-skilled immigration, often through the adoption of guest worker programmes (Cerna 2010: 1). Some of the most affected sectors have included engineering, the IT sector, biotechnology, healthcare and teaching (Cerna 2010: 1). Traditional recipient countries such as Australia, Canada, New Zealand and the United States have implemented strategies to attract highly skilled migrants, initially as a means to increase their human capital and then later as a way to shore up worker shortages in key sectors (Cerna 2010: 1).

These policy developments chime with an increasing global competition for the skilled, which is often couched in the terms of global labour market demands, as articulated in the General Agreement on Trade in Services (GATS) Mode 4 regulations on the mobility of workers in the services sector (for example, see Salmon et al. 2007: 1,368). Another significant policy that is aimed at attracting the 'best and the brightest' on a global scale is the European Union's Blue Card Scheme, an EU-wide initiative that allows for the temporary migration of skilled migrants from 'third countries' to EU member states (Cerna 2010: 9). Increasingly, GCC countries, as well as China and India, are also attracting skilled workers, although it is too soon to discern what impact this will have on small states. Even Japan, which has long been resistant to allowing the immigration of workers who are not of Japanese descent, has recently negotiated bilateral agreements with Indonesia and the Philippines to import health workers in response to the rapid ageing of its population (Connell 2010: 7).

Table 11.4 Intra-Caribbean migration of skilled workers to Trinidad and Tobago, 2000

Country	Total stock of emigrants	Stock of tertiary-educated emigrants
Guyana	4,157	292
Grenada	10,682	217
St Vincent and the Grenadines	7,932	157
Barbados	1,434	125
Saint Lucia	935	121

Source: Author's elaboration from Docquier et al. (2011)

The most immediately obvious sector in which the recruitment of foreign-educated professionals is making an evident impact in key OECD receiving countries is health. One indicator of this is the fact that the number of foreign-trained doctors has increased dramatically in certain countries over the past several decades. In the USA, the number of foreign-trained doctors rose from 70,646 in 1973 to 209,000 in 2003, while a comparable rise has also taken place in the UK, which has seen its total number of foreign-trained doctors increase from 20,923 in 1970 to 69,813 in 2003 (Connell 2008: 8). In these countries, foreign doctors now represent 27 per cent and 33 per cent of their respective medical workforces, which shows the magnitude of their reliance on foreign doctors (Connell 2008: 8). Significantly, the USA is also a world leader in postgraduate medical training, and increasingly these medical personnel stay in the USA after earning their degrees. According to the American Medical Association (2010: 4), 25 per cent of all physicians working in the USA in 2007 were 'international medical graduates' who had taken on further training in the USA before entering the workforce.

Similar trends have occurred in other countries that have opened their doors to foreign-trained physicians, including Canada, Australia and New Zealand (Connell 2008: 8). In Canada, 22.4 per cent of the 63,682 doctors practising in the country in 2007 were educated abroad, and in some provinces nearly half of the doctors were foreign-trained, for example 49 per cent of doctors practising in Saskatchewan (Runnels et al. 2011). Similarly, data from New Zealand show that it has one of the highest proportions of overseas health workers in the world (Connell 2010), with some 34 per cent of its physicians coming from abroad (Lowell 2008: 63). Australia forms the other major magnet for internationally educated physicians in Australasia, with an estimated 21 per cent of its physician workforce made up of doctors who have come from abroad (Lowell 2008: 63). What makes these figures more significant is that not all high-income OECD countries have pursued policies allowing increased immigration of health professionals from foreign countries. For example, in countries such as Germany and France, only about 7 per cent of the physician workforce in 2003 was made up of doctors from abroad (Connell 2008: 8).

This section will examine the recruitment of skilled workers in key receiving countries, focusing on the health and teaching sectors in the USA and the UK, in particular. It will look at the role that recruited workers play in key sectors, and will consider how the recruitment of these workers has affected the sector in question. In many cases, the employment of foreign-trained skilled professionals is viewed by firms as a temporary solution to staffing problems – although in some countries high turnover or inadequate domestic training of workers in key sectors makes the employment of skilled workers from abroad a more or less permanent fixture of domestic labour forces. In some cases, the recruitment of migrant workers may exacerbate deteriorating working conditions in sectors with high turnover rates – such as teaching and nursing – as the temporary employment of migrants lessens the demand from workers to resolve the underlying reasons for high turnover in those sectors.

11.3.1 US case study: nurse and teacher recruitment

The USA is often the preferred destination for skilled emigrants from destinations around the world, and the skilled from small states are among those who often harbour ambitions to work in the country. According to the studies mentioned below on the nursing and education sectors, international recruitment clearly plays a significant role in facilitating international flows, but it is equally clear that a significant number of the skilled migrants are moving on their own, or initiating contact with recruiting agencies to help them gain immigration documents and job placements. In some cases, migrating through a recruitment agency can threaten the 'migration project' itself if migrants are exposed to abusive employer practices or if promised job placements do not materialise. However, as has been cautioned in section 11.1, it is unclear how widespread the abusive practices are, in part because such cases are more likely to gain media attention or other forms of scrutiny than success stories.

Active recruitment accounts for a significant proportion of the foreign-educated nurses coming to the USA. A 2006 survey of recently arrived foreign-educated nurses in the USA conducted by the Commission on Graduates of Foreign Nursing Schools (CGFNS) suggested that 41 per cent of such nurses were recruited in their home country (Pittman et al. 2007: 4). This was an increase from the 2003 National Council Licensure Examination survey, which suggested that 35 per cent of nurses were recruited abroad (Pittman et al. 2007: 4). The 2006 GCFNS survey also found that it was marginally more common for nurses to be recruited directly by hospitals than for them to be recruited by third-party firms (Pittman et al. 2007: 4). In the case of the former phenomenon, it appears that direct hospital recruitment of nurses was taking place almost exclusively in India and the Philippines, whereas Pittman et al. found that third-party recruiters were actively recruiting from at least 74 countries, including Caribbean states (2007: 14, 19).

The study found that a diverse set of actors were involved in nurse recruitment to the USA. In some cases, founders of firms were themselves immigrants – a trend particularly common among Filipino Americans (Pittman et al. 2007: 10). Others who had spearheaded international nurse recruitment included US nurses who had worked in domestic nurse recruitment, recruiting agencies that had previously been involved in the recruitment of IT professionals before the dotcom crash of the late 1990s, and companies that grew out of private healthcare systems and were initially formed to meet the internal needs of their parent companies (Pittman et al. 2007: 11). The staffing agency model, whereby nurses have a contract directly with the recruitment agency, typically for a period of 18–36 months, was found to be increasingly common, thanks in no small part to its profitability. Staffing agencies typically charged hospitals or other health services clients US$60–80 per hour for use of their nurses, whereas nurses made between US$25 and US$35 per hour for their work (Pittman et al. 2007: 14).

Although the study found that recruiters were acutely aware of the controversy inherent in recruiting nurses from countries which have severe nursing shortages, it nonetheless found that a number of firms were recruiting from areas with identified

shortages, including 25 recruiting from Africa, 18 from Latin America and 11 from the Caribbean (Pittman et al. 2007: 19). Table 11.5 shows the recruiting firms that were active in the Caribbean at the time, noting those agencies that targeted Commonwealth small states in particular. Significantly, this offers only a partial window into US nurse recruitment abroad, as only 124 of the 267 recruiting agencies identified by Pittman and colleagues stated the countries in which they were recruiting (Pittman et al. 2007: 14).

Focus groups with nurses conducted as part of the study by Pittman et al. (2007: 26) also revealed anecdotal evidence of serious abuses suffered by nurses, in addition to questionable employment practices, although it is important to state that this evidence is limited to Filipino nurses who were working in New York City.[3] Some nurses were not allowed to keep copies of the contract that they had signed, had their immigration documents retained by recruitment agencies and were subject to substantial 'breach fees' if they broke their contract, which according to some nurses were as high as US$50,000 (Pittman et al. 2007: 26). Nurses also complained about being paid less than domestic counterparts, and stated that at times the terms of their original contracts were altered when they entered the USA (Pittman et al. 2007: 26). Around 18 per cent of recruitment firms were also found to charge nurses fees for various services they provided, including assistance with navigating the immigration process and providing job placements, according to the 2006 CGFNS study cited above (Pittman et al. 2007: 14).

A study of recruitment of teachers to the USA conducted by the American Federation of Teachers (AFT) also uncovered a growing recruitment industry, albeit on a smaller scale. The recruitment of teachers has been taking place against the backdrop of significant teacher shortages in the USA, with the AFT estimating that 200,000 new teachers need to be hired each year, including 70,000 in urban, high-poverty areas (American Federation of Teachers 2009: 9). According to US immigration data, 19,329 overseas-trained teachers were working in the USA on temporary visas including H-1B and J-1 visas in 2007, a 30 per cent increase from 2002, when there

Table 11.5 US-based nurse recruitment firms active in the Caribbean, 2007

Recruiting company	Source countries in region
Acirt USA	Caribbean
ALDA Solutions	Caribbean
Amerecares	Caribbean
Assignment America	Bermuda, Jamaica[a], Trinidad and Tobago[a]
D'Jobs International	Puerto Rico
Global Nursing International	Caribbean
Kennedy Healthcare Recruiting	Grenada[a], Haiti
Madison Healthcare	Caribbean
Nurse Immigration USA	Jamaica[a], Trinidad and Tobago[a]
South Nassau Community Hospital	Puerto Rico
World Health Resources	Dominica[a]

Note: [a] Commonwealth country.
Source: Author's elaboration from Pittman et al. (2007, Table 3)

were 14,943 such teachers in the USA (American Federation of Teachers 2009: 10). Most recruitment firms collect fees from either teachers or employers, although a few require payment from both employers and employees, ranging from US$3,000 to US$13,000 (American Federation of Teachers 2009: 15). Recruiters often provide a number of services in exchange for fees, which may include prescreening qualifications, scheduling interviews, securing visas, arranging flights and housing, or conducting orientations (American Federation of Teachers 2009: 15).

Based on a comprehensive review of news coverage of migrant teachers in the USA, the AFT study provides insights into some of the abusive practices that exist in the US teacher recruitment industry, which are not dissimilar to those reported for the US nursing recruitment industry. These include high 'breach fees' in cases where contracts are held directly by recruitment agencies, teachers being employed as 'temps' rather than full-time employees (and thus being paid at lower rates than their domestic counterparts), and unequal benefits for foreign-trained teachers (American Federation of Teachers 2009: 17–19). In one case, a particularly unscrupulous recruiter made false promises to Filipino teacher recruits, charging them US$10,000 apiece for residency and job placements in Texas, but fewer than 100 of the 273 recruits actually had jobs waiting for them when they arrived in the USA – a scenario that eventually led to the recruiter being charged with visa fraud (American Federation of Teachers 2009: 17). Other problems that foreign-educated teachers encountered were culture shock and communication barriers (American Federation of Teachers 2009: 19–20).

There are clearly strong financial incentives for recruiting nurses and teachers, as shortages in both of these sectors have made finding domestic replacements a costly endeavour. A 2002 study by the HSM Group found that the cost of replacing a nurse in the USA could be up to US$92,442, two times a nurse's annual salary (Pittman et al. 2007: 7). Additionally, recruitment of the skilled is becoming a lucrative business in its own right, particularly in the case of the 'staffing agency' model, whereby nurses or teachers are employed directly by the recruitment agency and are essentially loaned to the agency's clients. However, as models of recruitment embrace the concept of 'flexible labour', there are significant questions about the quality of services provided. For example, some nurses interviewed as part of Pittman and colleagues' focus groups stated that they felt they had been given insufficient training before beginning work, and feared that this presented a danger to the patients they were treating (Pittman et al. 2007: 26). Likewise, the problems emigrant teachers reported regarding culture shock and communication barriers hint at a large set of institutional challenges that accompany the international recruitment of the skilled.

11.3.2 UK case study: medical sector recruitment

The migration of doctors and registered nurses to the UK rapidly increased in the early 2000s, with nurse immigration to the country peaking in 2001 and physician immigration peaking in 2003 (OECD 2010). The UK had 13,926 foreign-educated physician registrants in 2003,[4] a figure that steadily decreased year on year to just 5,211 in 2008 (OECD 2010). Physicians from small states within the Commonwealth appear to have played only a small part in the physician surge: 408 physicians from

Barbados emigrated to the UK between 2002 and 2004, but aside from Malta, which regularly supplies doctors to the UK, few other Commonwealth states lost large numbers of physicians to the UK between 1991 and 2004 (Bhargava et al. 2011).

Similarly, large developed and developing countries dominated the growth in the number of emigrant nurses in the UK. Buchan and Sochalski (2004: 589) observe that between 2001 and 2002, for the first time, more foreign-educated than domestically educated nurses were added to the UK nurse register. The approximately 16,000 nurses who entered the UK register that year came largely from the Philippines (7,235), South Africa (2,114), Australia (1,342) and India (994) (Buchan and Dovlo 2004: 8). However, it is clear that migration from small states also played a part in this nursing boom, with 248 coming from the West Indies in 2001–02, part of a total of 1,212 nurses who came to the UK from this region between 1998 and 2003 (Buchan and Dovlo 2004: 8). The number of emigrant nurses registering in the UK since 2003 has decreased to an even greater extent than the number of doctors, however, with just 4,181 foreign-educated nurses joining the UK's nurse register in 2008.

There is no doubt that the active recruitment of health workers played a part in the rapid increase of foreign-educated health workers coming to the UK. In 2001, the Department of Health in England introduced a code of practice for international recruitment for NHS employers, banning the active recruitment of health workers from low-income countries unless there was a bilateral agreement in place with the government in question (Buchan et al. 2009). The code was updated in 2004. A 2004 study that engaged with a number of NHS recruiters found that none of these agencies reported actively recruiting in developing countries other than India and the Philippines in the years leading up to the study, while other common countries of active recruitment included Spain and Australia (Buchan and Dovlo 2004: 11).

However, one of the main limitations of the UK's code of practice is that it applies only to active recruitment in the public sector – and thus does not apply to health workers from low-income countries who are already in the UK. This means that, in practice, international recruitment to the UK involving nationals from low-income countries is still possible, despite the code. For example, a study of 400 London-based foreign nurses from both OECD and Southern countries found that 'back door' recruitment, whereby nurses moved from the UK private sector to the public sector, was relatively common (Buchan et al. 2006). Around two thirds of the nurses surveyed indicated that a recruitment agency had been involved in facilitating their move to the country. Furthermore, over half of the nurses (57%) had switched jobs since coming to the UK, with the majority of these nurses moving from the private sector to the NHS (Buchan et al. 2006).

Overall, the international recruitment of health professionals to the UK helped the NHS to deal with staff shortages, as the health service absorbed large numbers of foreign-educated professionals between 2001 and 2006 (Young et al. 2010). Clearly, the recruitment of skilled health workers presented a 'value-for-money' solution to a temporary staffing shortage in the NHS. For example, by recruiting Ghanaian-trained doctors, the UK saved an estimated £65 million in training costs between 1998 and 2002 (Mills et al. 2008: 688). However, the large-scale integration of the

foreign-trained staff into the NHS brought with it a number of challenges. Among these were pressures on existing staff, time spent on induction and pastoral support for immigrant workers, and human resource and workforce planning challenges (Young et al. 2010). Thus Young and colleagues (2010: 195) conclude that 'the wider costs and challenges, meant … that large-scale international recruitment was not a sustainable solution to workforce shortages'.

11.4 Small states: impacts of skilled recruitment

This section will explore how the emigration of skilled professionals affects small states in particular, by first considering how the 'brain drain' debate relates to small states and then presenting case studies on the emigration of health workers from Mauritius and Barbados and the emigration of teachers from Guyana. From a macroeconomic standpoint, at least, the emigration of professionals appears to accrue economic benefits for some developing countries (Beine et al. 2001). Furthermore, over the longer term, there are some examples of countries with extremely high rates of professional brain drain going on to attain high levels of development, most notably South Korea and Taiwan (Skeldon 2009). In these cases, the mobility of skilled professionals, far from hindering these countries' development, provided a key source of access to the world's pre-eminent economic market in the 1980s and 1990s, the USA.

Like other developing countries, different small states have unequal resources. In the Pacific, some island states are mainly countries of emigration, whereas other, more well-off, small countries are principally the recipients of migrants. For example, while American Samoa, Cook Islands, Fiji, Samoa and Tonga are mainly countries of emigration, countries such as Brunei, the Federated States of Micronesia, Guam, the Marshall Islands, Nauru, North Marianas Islands and Palau are all characterised by net immigration (Connell 2010: 8). Within the Caribbean, there are similar discrepancies in relative wealth between states, with, for example, the success of the tourism industry in countries such as Barbados and the Bahamas and the wealth created by the oil sector in Trinidad and Tobago leading to patterns of intra-regional labour migration (Castellani 2007: 10).

As with other developing countries, there is some limited evidence to suggest that the emigration of the skilled from small countries can in certain contexts have favourable implications for the sending countries' skilled worker stock, as the prospect of emigration creates incentives for more people to undertake training in skilled sectors than otherwise would be the case. Once this happens, so the theoretical argument goes, not all of these skilled people will actually choose to – or have the opportunity to – emigrate, and as a result the country will have a net 'brain gain' due to an overall increase in trained personnel. An empirical example of this occurred in Fiji, which has seen a mass emigration of Fijian skilled professionals of Indian origin due to political upheaval in the country that began with a military coup in 1987 (Chand and Clemens 2008: 2). At the same time as this has been occurring, there has been mass investment in higher education among young Indian Fijians, so that the stock of tertiary-educated people in the country is actually higher than before the onset of the political crisis (Chand and Clemens 2008: 3).

Of course, the very context in which this rapid investment in higher education is taking place draws into question whether or not this particular net 'brain gain', which correlates strongly with Indian Fijians' desire to emigrate from Fiji, will bring long-term benefits for the country, with these skilled persons contributing to the country's development. On a global scale, Bhargava and colleagues (2011) found that, although the emigration of physicians from developing countries did tend to stimulate an investment in training, this was not enough to create a net 'brain gain' in the vast majority of cases. Moreover, the emigration of skilled workers may leave some small states in a particularly difficult position, if they lack training institutions within their own borders.

In some cases, the impact of skilled migration – partly spurred on by recruitment – is evidently a problem. For instance, a recent World Bank report on the nursing sector in the English-speaking Caribbean found that the number of nurses trained in this group of countries who were working in Canada, the USA and the UK was a staggering 21,500 – more than three times the number of nurses who were working within the region as a whole (World Bank 2009). This rate of emigration is not observed in any other region in the world, and yet there are additional contextual factors that risk further compounding the problem. For instance, the annual number of graduates from the region's nursing programmes is constrained by low completion rates, with just over half of accepted students completing nursing programmes, a lack of fully qualified nurse educators, and the potential for rising demand for nurses across the region in the coming years due to an ageing population (World Bank 2009).

However, as has already been mentioned in this report, the mobility of professionals is one of the salient features of the present-day global economy, and most of these flows are within the OECD. As Skeldon argues, developing countries have to accept the fact that, if they train healthcare professionals up to global standards, a certain proportion will emigrate (Skeldon 2009). It is also important to point out that emigration is hardly the only challenge that is facing health systems in many small states. In countries such as Vanuatu and Kiribati, there is a very strong urban bias in the distribution of skilled health workers, especially physicians (Connell 2010: 9). This is a feature of many health systems in the developing world more generally, as in many cases there are few health facilities in rural areas and, where these do exist, there are high turnover rates for health workers (Skeldon 2009).

Given these difficult realities, a number of states within the Caribbean have begun considering innovative new approaches to nurse recruitment and employment. In St Vincent, nurses are being trained directly for the 'export' market in the USA and, at time of hiring, US partners will reimburse the government around US$17,000 for each Vincentian nurse employed in their organisations (Salmon et al. 2007: 1,364). This model attempts to cut out third-party recruiting agencies and ensure that the sending country's government benefits directly from recruitment, with the funds received by the government re-invested in nurse training (Salmon et al. 2007: 1,364). In Jamaica, some nurses split their time between Miami and their home country, working two weeks per month in the United States and the remainder of the month in Jamaica

(Salmon et al. 2007: 1,364). Under this scheme, nurses pay for their own transport, but their work in Miami nevertheless significantly augments their income, and Jamaica does not completely lose their skills and expertise (Salmon et al. 2007: 1,364).

The literature on the recruitment and emigration of teachers is less well established. Several countries in the Caribbean were acutely affected by teacher recruitment in the late 1990s and the early 2000s, and Jamaica was particularly vocal about these losses (K Ochs, interview, 2011). However, more recently, there appears to be a new trend towards teacher unemployment in some Caribbean states. This reflects the fact that recruitment sometimes occurs as the result of short-term shortages rather than long-term trends, as well as the fact that policies – such as the Commonwealth protocol on teacher recruitment – may rapidly change the recruitment landscape.

11.4.1 Mauritius case study: health worker migration to OECD countries

On a per capita basis, Mauritius is one of the more well-off states in Africa, boasting an estimated US$12,356 per capita annual income in 2009, the sixth-highest on the continent. The country has witnessed a significant amount of health worker emigration. The 2000 census figures revealed that an estimated 46 per cent of the country's physicians resided abroad, with the main receiving countries being France, the UK and Canada (Crush et al. 2007: 28; see Table 11.6). The nurse emigration rate is even more extreme, with an estimated 63 per cent of the country's nurses working abroad. This represented 4,531 emigrant nurses, the highest number of any country in the Southern African Development Community (SADC) except South Africa (Crush et al. 2007: 29; see Table 11.6).[5]

The active recruitment of healthcare professionals has clearly played a role in the emigration of health workers from Mauritius, particularly with respect to the substantial flows of nurses from the country to the UK. The president of the country's largest nursing union condemned active recruitment by the British of the country's nurses in 2004, stating that 'The British send recruitment agents who very discreetly make contact with nurses and directly negotiate the contracts. Last week, 26 nurses were lured away by a single recruiter' (quoted by Connell and Stillwell 2006: 245). The census data on nurse emigration are backed up by nurse registration data from the UK, which showed that Mauritius was among the main source countries on the UK nurse register between 1998 and 2003, when 185 nurses from the country became registered in the UK (Buchan and Dovlo 2004: 8).

According to Anazor's (2010) case study of the Mauritius nursing sector, there have been two distinct waves of nurse emigration during the past several decades. The first began in 1982, when 150 Mauritian nurses migrated to work in Kuwait and Saudi Arabia as part of an official government programme, which saw them given three years of unpaid leave (Anazor 2010: 19). This programme was seen as a resounding success, as nurses gained highly technical experience while abroad, and these experiences were important in creating the skills base that allowed Mauritius to open a cardiac centre and renal dialysis unit (Anazor 2010: 19). The initial success of this

Table 11.6 Doctors and nurses from Mauritius in selected receiving countries, 2000

Workers	Home	Abroad	% emigrated				
Doctors	960	822	46				
Nurses	2,629	4,531	63				
Workers	**UK**	**USA**	**France**	**Canada**	**Australia**	**Belgium**	**South Africa**
Doctors	294	35	307	110	36	20	19
Nurses	4,042	107	86	75	195	22	3

Source: Author's elaboration from Crush et al. (2007)

programme resulted in an ambitious government plan to train a further 2,000 nurses at the expense of the state, and in the following years 800 nurses were recruited to go to the Middle East. However, the Mauritian government ultimately put an end to this scheme, as costs of training were being borne by the state (Anazor 2010: 19).

Anazor notes that a second phase of nurse emigration took place between 2000 and 2005, in the wake of a global nursing shortage. According to the Mauritius Nursing Association, around 700 qualified nurses migrated to the UK during this period, representing about 20 per cent of the country's nursing workforce (Anazor 2010: 19). Unlike in the first phase of nurse migration in the 1980s, this was not sanctioned by the state, and wreaked havoc on Mauritian health services, especially as many of the emigrant nurses specialised in areas such as intensive care, cardiac care and surgical nursing (Anazor 2010: 19). Significantly, this disorderly emigration also involved the apparently permanent severing of ties between the nurses and the country's national health service: as Anazor notes, 'All the 700 nurses, the majority of whom were aged 25 to 35 years with 10 to 15 years of service, resigned from the service and none have returned' (Anazor 2010: 20).

In response to the broader emigration of health professionals, the government of Mauritius has put in place a number of measures in an attempt to improve working conditions in the sector in order to make emigration – with or without the aid or recruitment – a less enticing option. These measures include salary increases and the decentralisation of the health sector's management (Crush et al. 2007: 42–3). The country has also provided allowances for health workers deployed on the country's outlying islands, and is investigating ways to improve training and career path opportunities for health workers. Taken as a whole, these measures attempt to resolve some of the country of origin factors that make emigration an attractive option for many health workers. These incentives appear to have yielded some positive results, at least in the first few years after their introduction in 2003; a 2007 survey suggested that the emigration rate of nurses had fallen from 20 per cent to 2 per cent (Anazor 2010: 5). It is also possible that the introduction of the UK Department of Health's ethical recruitment guidelines – which prohibited direct recruitment from Mauritius – played a part in this decline (Anazor 2010: 5).

11.4.2 Barbados case study: sending and receiving health workers

Barbados has a long history of emigration in the country's health sector, with large numbers of nurses moving abroad to the UK, the USA and Canada as early as the 1950s, a flow that continued unabated into the 1960s (Buchan and Dovlo 2004: 28). The strategies devised by the government at the time to counter the country's nurse emigration problem sound remarkably familiar to the policy options on the table today, illustrating that in some respects the fundamental factors that have encouraged the out migration of health workers from the island have changed little over the intervening decades. The plan developed in the 1960s to help offset the effects of the widespread emigration of nurses included an increase in salaries for nurses, the recruitment of overseas nurses on one- to two-year contracts, upgrading of training and an increase in numbers of nursing students (Buchan and Dovlo 2004: 28).

However, these policy interventions were clearly not successful over the longer term, as large numbers of the country's health workforce have continued to emigrate. In 2000, 3,496 Barbadian nurses were working in OECD countries, an estimated 78 per cent of the country's nursing workforce (OECD 2007: 212). At the time, the rate of emigration of doctors was less acute, with OECD data indicating that 275 physicians – or 46 per cent of country's stock – were abroad in OECD countries (OECD 2007: 212). However, the emigration of Barbadian physicians appears to have increased dramatically from 2000, with 214 physicians from the country moving to the UK in 2004 alone, according to UK immigration data (Bhargava et al. 2011). This followed the migration of 148 physicians from Barbados to the UK in 2003 and 46 in 2002, after a number of years of extremely minimal physician migration to the country (Bhargava et al. 2011). Overall, the emigration of nurses appears to be a more entrenched pattern: while the number of physicians working in the public sector increased from 319 in the early 1990s to 386 in 2003, the number of nurses working in the public sector declined by about 17 per cent between 1999 and 2003 as a result of emigration (Pan-American Health Organization 2008: 31).

Again, there does not appear to be any definitive evidence of the extent to which active recruitment facilitated such flows. However, it is clear that recruiters have been active in the Barbados health sector. A 2003 focus group study with nurses in the country suggested that visits from foreign recruiters (primarily from the USA), web-based recruitment by agencies and contact with Barbados-based recruitment firms were among the factors that facilitated emigration (Buchan and Dovlo 2004: 32). However, interviews with Barbadian nurses also pointed to the role of social networks in facilitating migration, as in many cases prospective migrants already had contacts with emigrant nurses working in destination countries (Buchan and Dovlo 2004: 32).

Significantly, Barbados's relative wealth means that it is also a receiving country of immigrant nurses, which, as mentioned earlier in this section, is a strategy that dates back to the 1960s. In the past, the country has actively recruited nurses from Guyana (Buchan and Dovlo 2004: 30), and under the proposed CARICOM Single Market and Economy (CSME) the free movement of labour within the Caribbean means that the country would potentially stand to gain health workers from neighbouring

countries, thanks to its relatively high remuneration (World Bank 2009: 43). Indeed, recruitment of nurses from the Caribbean region, Africa and Southeast Asia has been one of a range of policies pursued by the country's Ministry of Health in recent years as short-term measures to help shore up the country's ongoing nursing shortage (Pan-American Health Organization 2008: 11).

11.4.3 Guyana case study: systematic teacher emigration

Even compared with other small states, Guyana is characterised by relatively high rates of emigration. An estimated 41 per cent of its overall population resides abroad (Durand 2009: 24), and this large emigrant population is reflected in the importance of remittances to the country's foreign exchange; they accounted for 17.3 per cent of the country's gross domestic product in 2009 (World Bank 2011: 50). In 2010, the country received US$300 million in remittances – the fourth-highest total in the group of countries considered to be 'small states' according to the World Bank definition of the category (World Bank 2011: 50).

Although Guyana experiences high rates of emigration across a number of sectors, the active recruitment of teachers has made the country an often-cited example of the 'poaching' of teachers by comparatively wealthy states. According to an estimate cited by the Ramphal Commission, Guyana trains about 300 teachers per year, and loses about the same number to emigration, meaning that the country faces an uphill battle in retaining teachers (Commonwealth Secretariat 2011: 11). According to the Guyana Ministry of Education, the country supplies teachers to the USA, the UK and Canada, and Guyanese teachers are also attracted to opportunities in other Caribbean countries including The Bahamas, Turks and Caicos, and Barbados (Ochs and Jackson 2009). Data from the Guyana Teacher's Union, meanwhile, suggests that Guyanese teachers have recently started moving to Botswana (Ochs and Jackson 2009), which is noted for its reliance on expatriate teachers to support the rapid expansion of its primary and secondary education systems since the mid-1960s (Appleton et al. 2006: 777).

The emigration of teachers from the country has been the source of considerable policy attention in multilateral fora: indeed, the large-scale recruitment of teachers from Guyana and fellow CARICOM countries – especially Jamaica, Trinidad and Tobago, and Barbados – helped to set in motion the policy discussions that led to the adoption of the Commonwealth's Teacher Recruitment Protocol (American Federation of Teachers 2009: 34). Nevertheless, the emigration of teachers from Guyana remains poorly documented at the national level, as no systems are in place to monitor the overseas recruitment of teachers (Ochs and Jackson 2009). The Guyana Ministry of Education has found it difficult to obtain information on recruitment from teachers who leave their posts, and there is not a database detailing Guyanese teachers who are working in other countries (Ochs and Jackson 2009). Additionally, the country has not received requests from other countries or their recruiters to recruit teachers (as required under section 4.2 of the Commonwealth protocol), and it seems that in Guyana this policy framework has had little impact on the inclination of teachers to look abroad for employment opportunities.

11.5 Future trends

Future trends of international recruitment of the skilled will be determined by at least two key factors. First, trends are likely to be affected by fluctuations in demand for skilled labour in some countries that have been welcoming skilled workers on a large scale in the past two decades. This is linked to an emerging politics of austerity in many receiving countries that has led to a tightening of immigration policies across the board, including in some cases for skilled professionals, irrespective of labour market demands in certain sectors. Second, there exists the possibility that the migration of the skilled will become increasingly diverse, and less biased towards OECD destinations, with 'economies of transition' increasingly attracting skilled migrants from both within their regions and further afield. Of course, these two broad issues address only 'pull' factors of migration in destination countries, whereas improvement in sending countries' economies and working conditions can also lead to lower emigration rates, the possibility of return migration or the immigration of skilled professionals from other states. This section, however, will focus primarily on potential transformations in the key 'pull' factors that help to shape the international migration and recruitment of the skilled.

From a labour market perspective, the global financial crisis, coupled with austerity programmes in many receiving countries in response to the crisis, have had a transformative effect on demand in some sectors where international recruitment has been common up to recent years. For example, in the UK health sector, which, as discussed in section 11.3, saw major international recruitment in the late 1990s and early 2000s, the period between 2008 and 2010 witnessed 37,000 job losses, including 15,000 migrant jobs (OECD 2011: 86). In contrast, the education sector in the UK created 350,000 jobs over this period, 50,000 of which were taken by migrants (OECD 2011: 86). In the USA, meanwhile, both the health and education sectors continued to be net recruiters from 2007 to 2010, in contrast with national trends towards growing unemployment. The health sector added 130,000 migrant workers (and 720,000 domestic workers) from 2007 to 2010, while the education sector added 31,000 migrants (and 85,000 domestic workers) over the same period (OECD 2011: 88).

However, labour market conditions do not always directly translate into immigration policy, and this is perhaps particularly the case during times of austerity. As Cerna (2010: 3) observes, 'One political response has been a backlash against globalisation in general, and trade and immigration in particular'. Increasingly, the politics of immigration are having an effect on skilled workers as well as their low-skilled counterparts, as major receiving countries tighten their immigration rules. For example, in response to growing unemployment in 2009, Australia reduced its quota for skilled immigrants and their families from 133,500 to 115,000, and reduced the list of skills in short supply that allowed workers to qualify for temporary 457 visas (Cerna 2010: 8). This was amid calls from Australian unions to halt all 457 visa entries to the country altogether (Cerna 2010: 8).

The Australian case is not an isolated example. In the UK, new rules were introduced in 2009 to ensure that employers advertise jobs to British workers before they are offered to non-EU migrants, and measures were also introduced to limit access of

persons on the country's Highly Skilled Migrant Programme to benefits and social housing (Cerna 2010: 12–13). In the USA, meanwhile, demand for workers in the H-1B temporary skilled visa category has long outstripped the number allowed under the current quota, with 163,000 employer requests being lodged for 85,000 visas during the 2009 fiscal year (1 April 2008 to 31 March 2009) (Cerna 2010: 15). Despite calls for the government to revise the cap on H-1B visa applications, however, this looks unlikely to happen in the short term, as immigration reform has mostly been put off by the US Congress.

It is possible that these political and economic shifts in key receiving countries will lead existing secondary flows of migration to become more prevalent. In the face of increasingly restrictive policies in Europe and North America, migrants from the African, Caribbean and Pacific, in particular, are likely to go wherever the best opportunities are (L De Boeck, interview, 2011). Within the Caribbean, the implementation of the CARICOM Single Market and Economy could enhance already existing intra-regional skilled migration (Thomas-Hope 2010: 3). Finally, it is possible that the growing middle-income economies, such as India, China, South Africa and Brazil, may increasingly become destinations for skilled migrants in the coming decades.

11.6 Policy options

Given the durability of some trends of skilled migration, such as the emigration of skilled health workers from the Caribbean, the success of policies in this area cannot necessarily be measured by stopping emigration flows completely. However, there is a wide array of policies available to deal with the specific issue of international recruitment, as well as wider issues of skilled emigration. Importantly, policy-makers must be aware that skilled migrants may still pursue opportunities elsewhere even if conditions at home are improved, and the high rate of intra-OECD skilled migration is testament to the fact that this is by no means a marker of a lack of development.

Martin (2011: 4), writing in the context of the recruitment of migrants from South and Southeast Asia to the Middle East, argues that a range of policy options are needed to improve the governance of international recruitment, including educating and informing migrants about recruiter practices and working conditions abroad, regulating recruiters, promoting competition and/or ethical recruitment among recruiters, or establishing government recruitment monopolies. Many of these rely strongly on co-operation between non-governmental organisations, community organisations, the private sector, international organisations and governments (Martin 2011: 4). Nevertheless, it remains unclear how transferable such policy measures are to the phenomenon of skilled recruitment from small states, as some such states may lack the human resources capacity to engage in comprehensive policy measures of this kind.

The most commonly pursued policy option related to international recruitment has been the creation of codes and protocols governing the ethical recruitment of skilled personnel from developing countries. These codes have arguably had an impact at the policy level, especially by creating a set of shared principles that can lead to more effective bilateral agreements between governments (Connell and Buchan 2011). However, codes are often limited by their non-binding nature and, the more precise

codes become, the greater the likelihood that they will not be fully endorsed by receiving countries (Connell and Buchan 2011). For example, Canada chose not to fully endorse the Commonwealth protocol on the recruitment of health personnel because it contained specific language on compensation for countries of origin (Connell and Buchan 2011). There are also indications that codes have poor visibility outside the policy world, particularly among prospective skilled migrants in sending countries, who, research has shown, are largely unaware of the UK code of practice for health worker recruitment and the Commonwealth protocol on ethical teacher recruitment (Buchan et al. 2009; Ochs and Jackson 2009).

Beyond establishing codes on recruitment, states can do more to try to engage with recruitment agencies or migrant employers directly. There are existing models of best practice for this, such as the Philippine Overseas Employment Administration (POEA), a dedicated government agency which is tasked with regulating the private sector recruitment industry in the Philippines, including licensing recruitment agencies and negotiating the best deals for overseas Filipino workers (POEA 2011). In addition to encouraging a 'managed migration' approach to international recruitment, engaging with the recruitment industry is one way to gain access to better information on emigration that is occurring, as large recruiters in particular have access to detailed data on emigrants in their internal databases, which are not publicly available (K Ochs, interview, 2011).

In some instances, state agencies may be able to negotiate deals with migrant employers directly, and the St Vincent nurse export programme (mentioned in section 11.4), which aims to train nurses directly for export to the USA in exchange for compensation from US hospitals (Salmon et al. 2007: 1,364), represents a possible model for this. Such an agreement with receiving country employers can ensure that the source country, as opposed to the recruiting company, benefits directly from recruitment. Another example comes from Jamaica, where some nurses split their time between Miami and their home country, working two weeks per month in the United States and the remainder of the month in Jamaica. Although, as indicated above, under this scheme nurses pay for their own transport, their work in Miami significantly augments their income, and Jamaica does not completely lose their skills and expertise (Salmon et al. 2007: 1,364). Bilateral agreements on temporary migration of skilled workers, such as the policy discussed in section 11.3 which enabled the migration of Mauritian nurses to Middle Eastern countries in the 1980s (Anazor 2010: 19), represent another possible policy option.

Such innovative measures go beyond simply attempting to address international recruitment as a process whereby professionals are 'poached' from developing states by wealthier economies. In practice, many skilled professionals may initially undertake training partly to go abroad, or may see migration as a means to access professional development opportunities that are unavailable to them in their home countries – which is particularly relevant in the case of many small states. Policies which restrict movement completely may prove to be counterproductive, possibly encouraging skilled professionals to leave in less than ideal circumstances or to permanently cut professional ties with their countries of origin.

Notes

1 Jamaica was not included in these tables because it has a population of more than 1.5 million, thus exceeding the population threshold for the World Bank's definition of small states.
2 These data do not capture all significant intra-Caribbean flows, as only immigration to select Caribbean countries is assessed.
3 Pittman and colleagues attempted to conduct additional focus groups with nurses in other cities, but nurses were reluctant to participate in these focus groups, and it remains unclear why this was the case (P Pittman, interview, 2010).
4 Buchan et al. (2009) theorise that the number of physician registrants in the UK in 2003 may have been inflated by doctors from countries such as Malaysia and Hong Kong securing precautionary registration ahead of changes in UK registering procedures without any plans to travel and begin working in the UK.
5 Importantly, these data capture only health workers who were actually employed in the health sector abroad, and thus do not capture any potential 'brain waste' in cases where skilled health workers have migrated but are not working in the health sector (Clemens and Pettersson 2008).

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