



**Recruitment of Foreign Educated
Health Professionals to the US:
*The Public Policy
Imperative***

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The Challenge

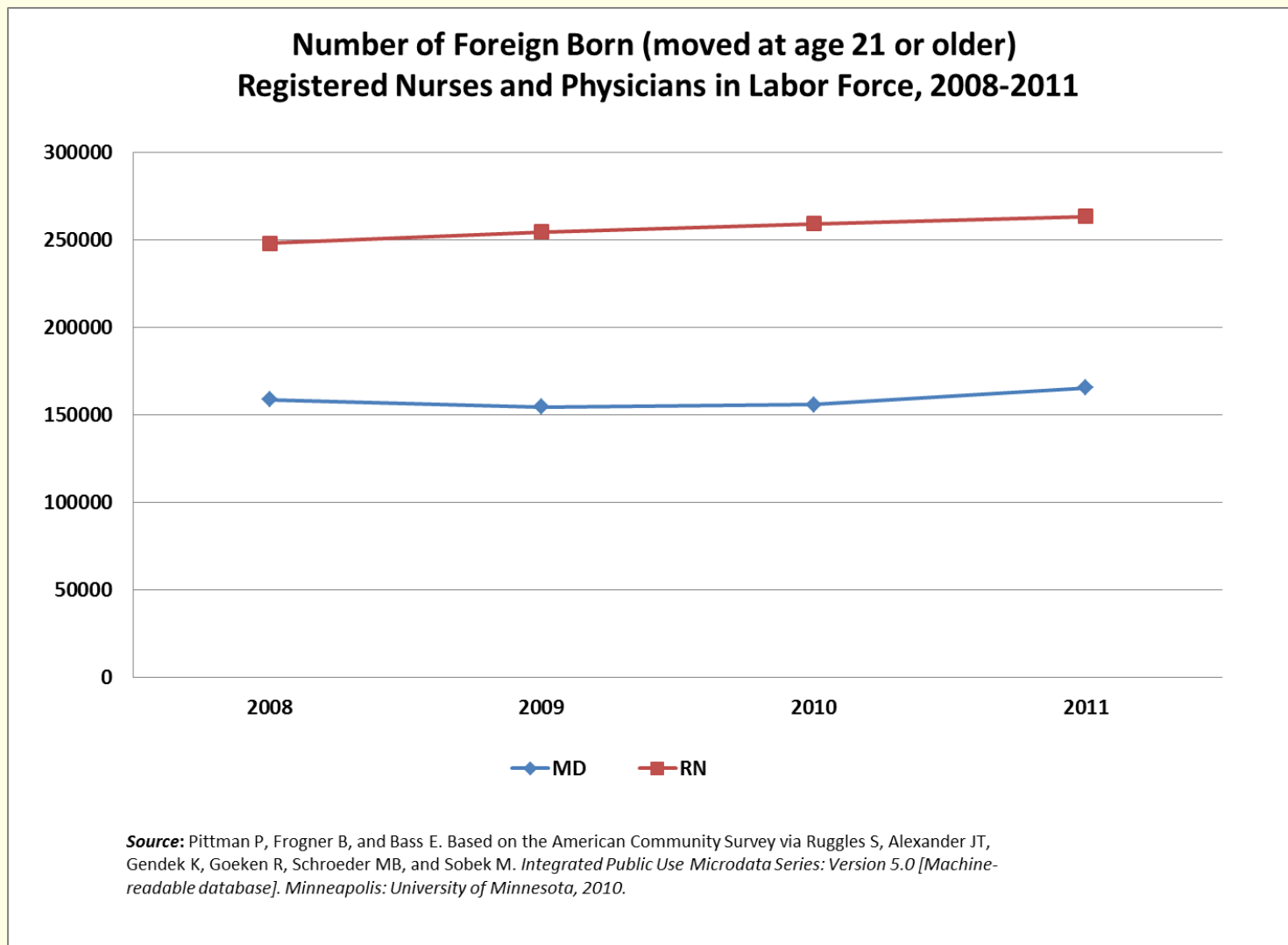
Good Public Policies

1. Determining Need
2. Ensuring Quality
3. Protecting Rights
4. Being Responsible

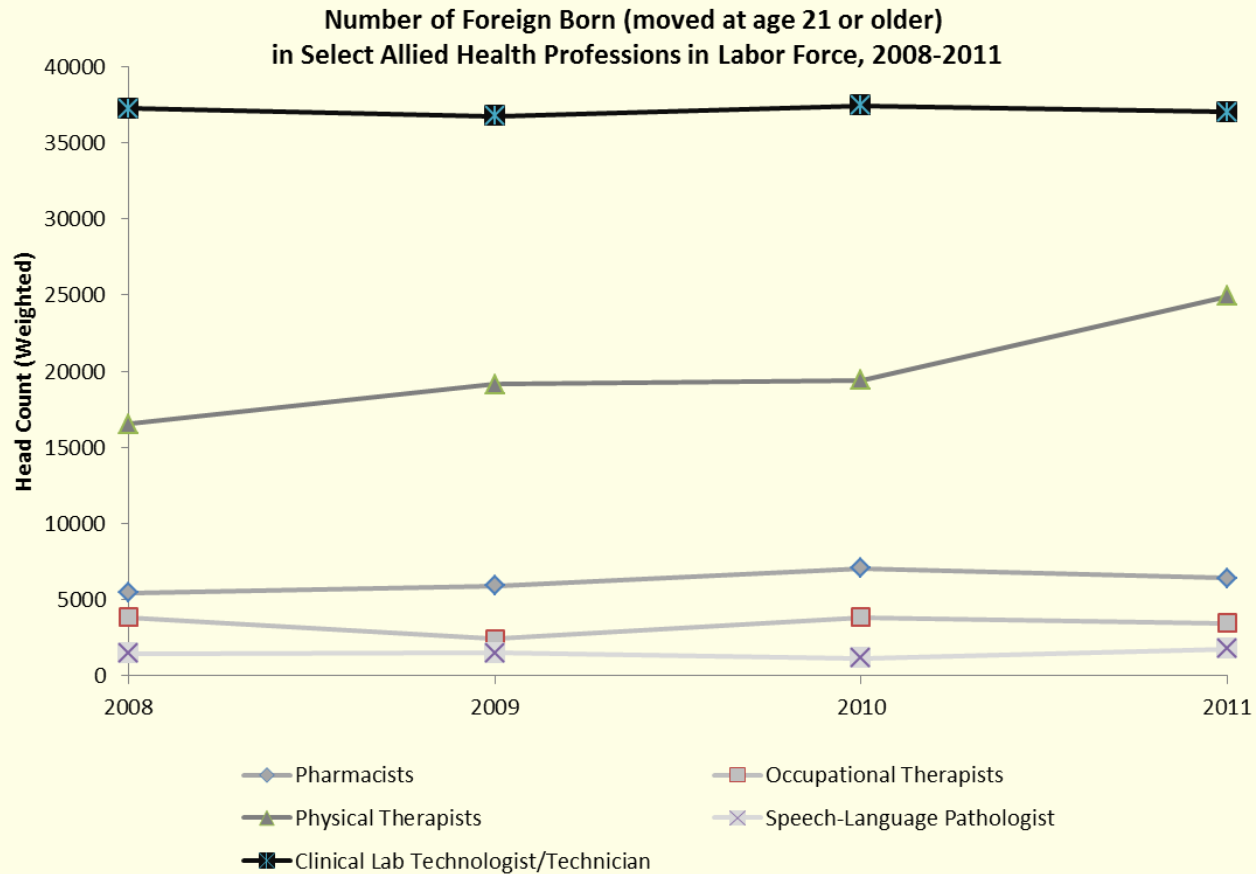
XENOPHOBIA

FOR-PROFIT DRIVEN

Registered Nurses and Physicians in Labor Force

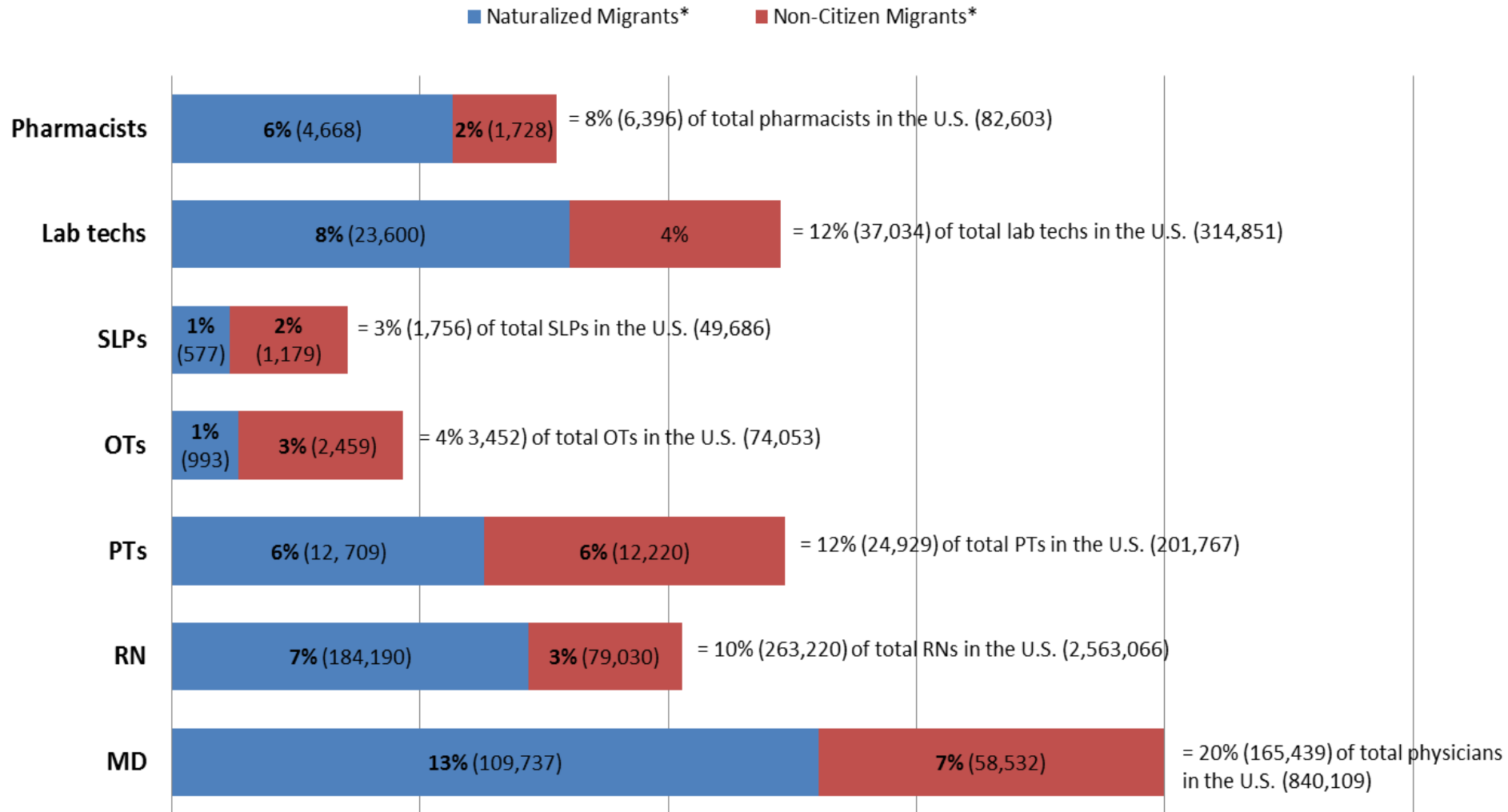


Allied Health Professions in Labor Force



Source: Pittman P, Frogner B, Bass E, Dunham C. International Recruitment of Allied Health Professionals to the United States: Piecing Together the Picture with Imperfect Data. *Under review*. Based on the American Community Survey via Ruggles S, Alexander JT, Gendek K, Goeken R, Schroeder MB, and Sobek M. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

Immigrants as Percent of Total Stock of Select Health Professions, 2011



Notes: * All naturalized and non-citizen migrants are foreign born and migrated to the U.S. at the age of 21 or older.

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NEED

- 2 Policy Worlds
- National counts not very useful
- Current system: employer (and staffing) lobbying.
- Volatility for RNs
- Questions: Will ACA create need? Will recovery create need?

CIR

- New point system overseen by national agency that determines flow and tracks data.
- Other implications:
 1. MDs exempt from H1B cap
 2. New W visa unskilled
 3. Undocumented pathway
 4. Backlog

Backlog of Foreign-Educated RNs by Select Country

Country	2012*	2011*	2010	2009	2008	2007 ¹	2006 ²	2005	2004	2003	TOTAL	Priority date**
China	42	49	82	107	190	121					591	7/1/2007
India	133	154	260	484	1,437	3,495	3,370	1,549	1,359	726	12,967	12/8/2002
Jamaica	8	10	16	15	43	50					142	7/1/2007
Nigeria	22	26	43	79	57	37					264	7/1/2007
Philippines	1,787	2,078	3,498	6,254	9,101	10,217	2,559	4,617	5,110	5,052	35,494	9/8/2006
S. Korea	287	334	562	723	973	567	1363	1234	846	693	3,446	7/1/2007

Notes:

* NCLEX examination statistics by country are not publicly available for 2011 and 2012. These numbers were imputed by using the % change in the overall number of first time internationally educated NCLEX-RN passers. In 2011, the number of passers decreased by .4059% and in 2012, the number decreased by .14%.

** As of April 2013. See http://www.travel.state.gov/visa/bulletin/bulletin_5900.html

¹ For countries with the priority date 7/1/2007, only passer from July – Dec. were included.

² For countries with the priority date 9/8/2006, only passer from Oct. – Dec. were included.

QUALITY

Policies

- Unique and costly credentialing and licensure (universally loathed) ensures quality
- Move towards harmonization post CIR?

Problems

- Inadequate clinical and cultural orientation
- Accents lead to patient backlash, secrecy
- Team integration challenges

MIGRANT PROTECTIONS

Problems derived from information asymmetry

- Signing contracts abroad
- Rise of staffing model
 - Gaming prevailing wage
 - Punitive contracts to keep them in place.
 - Exacerbated during backlog clearance

CIR

- Public Registry (HC exempt?)
- No fees (breach?)
- Admin complaint system
- Liability of employers

RESPONSIBILITY

- Brain drain limited to certain regions
- Some benefits (Mexico?)
- Dangers of export model, e.g., nursing in India and Philippines
 - Rush to nursing led to lower standards and proliferation of private schools, with WHO blessing.
 - Private sector exploitation
 - Valve slams shut in '08
 - Activism and improvements along with drop in nursing
 - New surge with ACA and CIR?
- **CIR does not address responsibility**

In Short

To be continued....