Recognition of foreign qualifications remains an important tool to insure high standards and quality in healthcare delivery, but also serves sometimes to control inflows of foreign-trained workers.1

Introduction

The international mobility of skilled workers has increased since the mid-1990s in response to international labor market needs.2 The demand for skilled workers is expected to increase in high-income states due to falling fertility rates and declining working-age populations, which is especially pressing in Europe. Eurostat, the statistical office of the European Union, predicts that the population of the EU-27 will age considerably between 2010 and 2060 due to low fertility rates and increases in longevity. Eurostat projects that the old age dependency ratio, which measures the number of people 65 years and older divided by the working-age population aged 15 to 64, will increase from 26% in 2010 to 53% in 2060.3 These demographic changes have far-reaching implications for the need for health professionals and the organization of healthcare systems.4

2 In this chapter, skilled workers are defined as workers who have completed at least “a tertiary education or the equivalent in experience.” J. Salt, “Highly-Skilled International Migrants, Careers and Internal Labour Markets,” Geoforum 19.4 (1988), 87.
High-income states are increasingly concerned about shortages of health professionals, and the recruitment and retention of these workers is currently high on policy agendas in EU member states. The EU is expecting a shortfall of one million health professionals by 2020 due to aging populations, rising expectations about quality and standards for care, and new healthcare technologies. The projected shortage will increase demand for foreign-trained nurses, but the recruitment of these workers from predominantly low- and middle-income to high-income states raises important ethical questions.

First, these nurses often come from sending states with a low nurse-to-patient ratio, and the out-migration of healthcare workers may contribute to “brain drain.” Second, foreign-born nurses are more likely to experience exploitation and abuse in the workplace. Third, foreign-born nurses are often placed in positions below their skill level, which may contribute to deskilling.

5 A. Büscher, B. Sivertsen and J. White, Nurses and Midwives: A Force for Health (Copenhagen: World Health Organization, 2009).