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Case studies in the international recruitment of nurses: Promising practices in recruitment among agencies in the United Kingdom, India, and the Philippines

edited by Davide Calenda



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ILO-EU funded project on Promoting Decent Work Across Borders: A Project for Migrant
Health Professionals and Skilled Workers (DWAB)

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Foreword

This report is a product of the ILO's *Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers*, funded by the European Union.

Although the number of ethical recruitment agencies is increasing, many migrants continue to be exposed to the risk of being lured into exploitative employment by unscrupulous brokers, agencies and employers. Noting that a segment of the recruitment industry has been active in promoting fair and ethical recruitment standards, this publication raises the visibility of promising or good practices, emanating from this particular group of agencies.

Promising and good practices, and even best practices, can evolve to become even better as organizations keep learning, introducing changes and improving on a continuous basis. Such practices are not always replicable in all contexts, but they may trigger, in the audience they intend to reach, the capacity to question one's own practices in the hope of identifying possible improvements. Promising or good practices also often act as a source of inspiration and insight for others in the field.

The authors have documented seven case studies of good practices from the United Kingdom, India, and the Philippines with the goal of sharing these widely and encouraging the recruitment industry to adopt a continuous improvement processing leading towards the promotion of safe and decent work for migrant workers in the health sector.

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Executive summary

This study is situated within International Labour Organization's (ILO) project Promoting Decent Work Across Borders (DWAB): A Project for Migrant Health Professionals and Skilled Workers in the Philippines, India and Viet Nam, with funding support from the European Union (EU). It aims to document and produce new knowledge on ethical recruitment from the perspective of private and/or public recruitment agencies (RAs), and wishes to highlight promising/good practices to build a business case for ethical recruitment. Skilled health professionals and nurses in particular are the target of this study. The analysis of the seven RAs documented during the fieldwork in the selected countries combines with an analysis of the institutional frameworks and an overview of the recruitment industries to complete this study.

At global level, the migration of skilled healthcare workers gained momentum in the mid-2000s. By 2007, 11 per cent of nurses and 18 per cent of doctors working in Organisation for Economic Co-operation and Development (OECD) countries were foreign-born. This makes the migration of professional health workers a matter of international concern. Issues of ethics and the impact of international recruitment of health professionals have raised several concerns. First, there are ethical concerns about causing skill shortages in origin countries. Second are concerns for the workers themselves, as the global finance and power imbalances between source and destination countries create a dynamic where workers, desperate to find employment overseas, are "willing" to accept migratory conditions that are below internationally recognized standards. Nurses appear to be particularly vulnerable to such imbalances.

From the early 2000s, more and more states as well as public and private organizations have been adopting codes of conduct for ethical recruitment, most of these inspired by international agreements and Conventions – e.g., the 2010 World Health Organization Global Code of Practice on the International Recruitment of Health Personnel and the ILO's Private Employment Agencies Convention, 1997 (No. 181). There is still evidence, however, that unfair practices experienced by nurses have continued.

Recruitment agencies have become the "primary source gateway" for nurses to enter the global market. Undoubtedly, many recruitment agencies and their clients – private and public health facilities – are doing business fairly and helping migrant workers to achieve significant improvements in their professional lives and economic conditions. Nonetheless there is evidence that some nurses are subject to fees for recruitment that in extreme circumstances can amount to creating an indentured employment relationship – i.e. withholding of wages and poor/unsafe working conditions, confiscation of documents, changes in conditions of employment when a contract has been signed. Many more are given inadequate or misleading information about their placements and face unexpected challenges upon arrival in destination countries.

This research was undertaken as case studies of recruitment agencies, primarily in the private sector, though there was consideration of the role of public recruitment agencies. We used the

methodological design provided by the ILO – DWAB project and adapted it to India, the Philippines, and the United Kingdom. The methodology comprised a list of areas to be considered when documenting promising practices; an interview grid to be used for interviews with managers of recruitment agencies; and a list of inclusion criteria to be followed for the identification of recruitment agencies – e.g., the agency does not charge fees to migrant workers for the recruitment process.

A snowball sampling procedure was used to identify potential promising/good practices. It was based on personal networks, peer recommendation of agencies, official datasets – e.g., lists of registered RAs held by national authorities – as well as documentary data. A total of seven private RAs were finally selected and documented: one in India, two in the United Kingdom, and four in the Philippines.

Promising practices for ethical recruitment documented in this study can rarely be ascribed to a single area of operation. The research demonstrates that ethical practice is usually diffused through the organization and is likely to emerge across the different stages of the recruitment process. The findings reveal that ethical practices extend to the post-recruitment stage as well as to the return process of migrant workers. The case study organizations included in this report are innovative and form partnerships with others to assist migrant workers. They utilize business agreements, cooperation with public authorities, and development of in-house products, as a result of which migrant workers do not have to pay for services or can access them at very competitive prices.

In all the cases documented although to different extents, developing innovative practices of pre-selection, screening, training, and pre-departure orientation as well as investing in Information and Communication Technologies (ICTs) and human resource development are key aspects of governance practiced by the documented RAs. Innovation is primarily driven by two factors. Firstly, by demand; the documented RAs mainly focus their business on large and well-reputed public and private health facilities that demand high-quality candidates and compliance with ethical standards. This places a great deal of power in the hands of client organizations to set standards, though policing of those standards may be variable. The second key factor is the ability to adapt to change. The global recruitment industry is subject to rapid changes in terms of immigration rules, professional standards for doctors and nurses, and general demand. RAs have to be adaptive and flexible to changes if they want to continue their business and be competitive. We have documented several examples of situations in which an RA had to change strategies and practices in order to adapt to a new situation in a destination country. These two factors push RAs to adopt customer-oriented and problem-solving approaches, which are particularly suitable for innovation to emerge and develop.

Within this framework, ICTs emerged as particularly important for increasing efficiency, transparency, and direct participation of migrant workers in the governance process – in particular by providing feedback on their situation abroad. In addition, ICTs allow RAs to lower costs and remain competitive. They became an efficient way of delivering training and support to workers prior to placement, and of tracking workers through the recruitment process.

The identification of relevant similarities in the actual recruitment practices across RAs with different characteristics suggests that such practices are replicable. The research demonstrates that: a) building business cases for ethical recruitment is possible and generates win-win situations; b) actual ethical recruitment practices ultimately lie in organizational commitment to continual improvement and a problem-solving approach, which stem from the willingness and capacity of the organization to deal with challenges brought by dynamic changes in the international market of health professionals.

Abbreviations

AAIHR	American Association of International Healthcare Recruitment
ASC	ASC Global Recruitment [Philippines]
ASPROE	Association of Professionalism in Overseas Employment, Inc [Philippines]
BERR	Department Business, Enterprise and Regulatory Reform for [United Kingdom]
CGFNS	Commission on Graduates for Foreign Nursing Schools
CIETT	International Confederation of Employment Agencies
DWAB	ILO Decent Work Across Borders Project
EDI	EDI Staffbuilders International [Philippines]
EEA	European Economic Area
EQ	emotional quotient
ESA	Employment Agency Standards Inspectorate [United Kingdom]
EU	European Union
GMC	General Medical Council [United Kingdom]
GOI	Government of India
ICT	information and communication technology
ILO	International Labour Organization
INR	Indian rupee [currency]
IOM	International Organization for Migration
IT	information technology
LBS	LBS Recruitment Solutions Corporation [Philippines]
MOIA	Ministry of Overseas Indian Affairs
MRA	Manpower Resources Asia [Philippines]
NCLEX	National Council Licensure Examination [United States and Canada]

NHS	National Health Service [United Kingdom]
NMC	Nursing and Midwifery Council [United Kingdom]
ODEPC	Overseas Deployment and Employment Promotion Consultants Ltd [India]
OECD	Organisation for Economic Co-operation and Development
OMCAP	Overseas Manpower Corporation of Andhra Pradesh Ltd [India]
OWWA	Overseas Workers Welfare Administration [Philippines]
NORKA	Non-Resident Keralites Affairs [India]
PDOS	Pre-departure Orientation Seminar [Philippines]
PHFI	Public Health Foundation of India
POEA	Philippines Overseas Employment Administration
POLO	Philippine Overseas Labour Office
REC	Recruitment and Employment Confederation [United Kingdom]
TOEFL	Test of English as a Foreign Language
WHO	World Health Organization
2004 Code of Practice	Code of Practice for the international recruitment of healthcare professionals [United Kingdom]

1. Introduction

Davide Calenda

This study is situated within the International Labour Organization's (ILO) project Promoting Decent Work Across Borders (DWAB): A Project for Migrant Health Professionals and Skilled Workers in the Philippines, India and Viet Nam, with funding support from the European Union (EU). It aims to document and produce new knowledge on ethical recruitment from the perspective of private recruitment agencies, and wishes to highlight promising practices to sustain recruitment agencies in their quest for ethical recruitment.

Skilled health professionals, and nurses in particular, are the target of this study. The migration of skilled healthcare workers takes place within the broad context of the accelerated globalization of the service sector in the last two decades. The migration of skilled healthcare workers gained momentum in the mid-2000s. By 2007, 11 per cent of nurses and 18 per cent of doctors working in Organisation for Economic Co-operation and Development (OECD) countries were foreign-born. The migration flow of these workers has continued, although less intensively due to economic crises in many developed countries that led to healthcare expenditure rationalization and the imposition of greater controls on numbers of migrant workers.

On the demand side, several developed countries have been actively recruiting health professionals in developing countries. They do so to fill domestic shortages stemming from demographic factors such as their ageing populations, shortfalls in training new health professionals, and changes in the labour market orientations of native workers. For instance, jobs like nursing are seen by the domestic workforce as too demanding, poorly paid, and occurring within a context of poor working conditions (Connell and Stiwell, 2006). On the supply side, the lack of jobs and career perspectives, poor wages, and poor working conditions often explain the propensity for migration by health professionals from developing countries. Within this context the scale of international recruitment has grown rapidly, as have the number of recruitment agencies who have played an important role in facilitating international migration. Recruitment firms have become 'lubricators' of international flows of health professionals (Salt and Findlay, 1989) and as the "primary source gateway" for nurses to enter the global market (Bludau, 2010). It is difficult to overstate the importance of recruitment firms; suffice to say, in the present day, it is impossible to understand the international migration of health professionals without considering the role played by these actors in the recruitment process.

Issues of ethics and the impact of international recruitment of health professionals have caused some concerns. First, there are ethical concerns about causing skill shortages in origin countries, famously highlighted by Nelson Mandela in 1999 when he criticized the British Government for causing a shortage of health workers in South Africa. Second are concerns for the workers themselves. The global wealth imbalances between source and destination countries create conditions where workers, desperate to find employment overseas, are "willing" to accept migratory conditions that are below internationally recognized standards.

Previous research within the UK context has shown nurses to be particularly vulnerable to exploitation arising from these imbalances (e.g., Calenda, 2014).

Undoubtedly, many recruitment agencies and their clients – private and public health facilities – are doing business fairly and helping migrant workers to achieve significant improvements in their professional lives and economic conditions. Unfortunately, this is not universally the case, and unethical practice has proliferated across this industry.

There is evidence that some nurses are subject to fees for recruitment that, in extreme circumstances, can amount to creating an indentured employment relationship – e.g., withholding of wages and poor/unsafe working conditions, confiscation of documents, changes in conditions of employment when a contract has been signed. Many more are given inadequate or misleading information about their placements and face unexpected challenges upon arrival in destination countries, which in extreme circumstance can mean that there is no actual employment opportunity at all.

From the beginning of the 2000s, there has been increasing uptake of ethical codes of practice in relation to international recruitment by states as well as by public and private organizations. These codes of practice have mainly been inspired by international agreements and Conventions, and in particular the 2010 World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel and the ILO's Private Employment Agencies Convention, 1997 (No. 181). Despite this, there remains evidence that unfair practices continue to be experienced by nurses across both poorly regulated and well regulated labour markets (Buchan, et al., 2005; Pittman, et al., 2012; Calenda, 2014). The continuing existence of unethical practice in countries that have regulated international recruitment suggests that the regulatory framework in the destination country is only one factor that can shape ethical recruitment. Little research has focused on non-regulatory factors, and little is known about the reasons that some organizations focus more heavily on ethical modes of recruitment than others.

This exploratory study fills a gap in the knowledge of ethical international recruitment practice. It provides evidence of promising recruitment practices in source and destination countries. These insights into promising practices can be used as a benchmark for further development of ethical approaches to recruitment. While the examples herein may not be replicable in all contexts, they provide a starting point for the development of context-appropriate practices. It is hoped that these private initiatives will complement regulatory frameworks in the pursuit of ethical recruitment for migrant workers.

This report includes discussion of seven case studies that were identified during the primary research phase (see table 1). It combines in depth research into these organizations with an overview of the institutional frameworks of the source and destination countries, including an overview of the regulatory regime and the recruitment industries. The recruitment industry, similarly to any industrial sector, is subject to policy and regulatory frameworks that respond to the political priorities of national states, which may vary significantly, as the documentation of national case studies will show. Overall, changes in migration policies in

both sending and receiving countries as well as in the healthcare sector influence recruitment practices. It has been identified, for instance, that recruitment agencies in the health sector are particularly prone to change the geographical focus of their operation to respond not only to changes in the international demand for health professionals, but also to adjust to – or bypass – challenges that may be brought by states through higher professional standards or tighter control on the recruitment process (Connell, 2010).

2. Conceptual and methodological tools

Davide Calenda

This research was undertaken as case studies of private recruitment agencies, though there was consideration of the role of public recruitment agencies, particularly in India. The primary research rests on case study design because the area is under-researched and therefore an exploratory approach has been adopted (Yin, 1994).

A methodological kit was provided by the ILO-DWAB project and adapted to three selected national contexts – India, Philippines, and the United Kingdom. It comprises a set of inclusion criteria for the selection of recruitment agencies and a list of areas of investigation (see Figure 1). The fieldwork was conducted primarily through semi-structured interviews with key informants and the collection of documentary data. In-depth interviews were conducted with managers of recruitment agencies—and in some cases with other key informants - to reconstruct and talk about the decisions they have taken, their motivations, approaches and so on. Publicly available documents such as marketing material and websites were analyzed as well to inform the selection of the case study sites. Confidential unpublished documentation from case study organizations were also collected and used in the analysis of their practices. Some documents were provided purely for background purposes with the agreement that they would not be made public. Documentary sources were used to triangulate statements made at interviews. For example, recruitment agencies often referred to documents sent to migrant workers; copies of these documents were analyzed where possible in order to substantiate the agencies claims that they provide extensive and tailored information.

The analysis of promising ethical recruitment practices presented in this report is structured around a series of critical areas where promising practices can emerge (outlined in figure 1). These form the basis for the presentation of main results in the following chapters.

Figure 1: Areas of intervention for recruitment agencies related to ethical recruitment practices



Source: ILO-DWAB, 2013

The areas for specific consideration are critical parts of the recruitment process, including technical and strategic areas. These have been presented here as conceptually distinct from each other because ethical practice can emerge in each area. Analysis of the case study data focuses around these specific practices, however it is clear from all the evidence that ethical practices are rarely situated in only one or two of these areas. In fact, where recruitment agencies operate through ethical practice, this is often evident throughout their entire organization and recruitment process, making it challenging to ascribe it to a single area of operation. Ethical recruitment therefore tends to be a holistic approach, permeating throughout the many dimensions of business operations. While it is important to understand that ethical practices are usually diffused through an organization, these analytic categories

nonetheless help to highlight specific practices that may be replicable in other contexts. The model offers the reader detailed insight into the on-the-ground translation of high-level ethical commitments into operational practices.

Areas 1 and 2 of the above figure refer to issues related to the impact of recruitment on the healthcare system of the source country. Recruiting health professionals in countries or regions with temporary or chronic shortage of health workers is unethical (Area 1). Connected to this, Area 2 refers to recruitment agencies working in partnership with national and regional governments to identify innovative and meaningful ways to ameliorate the impact of international recruitment on local health-care organizations and ensure sustainability of qualified health-care professionals in those communities.

Areas 3 and 4 constitute the core of the recruitment process and are directly linked to the experience of migrant workers. These cover both the technical process of recruitment, and also the level of information and support offered to workers through this process. For instance, full information disclosure and transparency about the employment contract and the work conditions in the destination country are essential ingredients of ethical recruitment and have a substantial impact on the experiences of migrant workers in the destination country. Fair and innovative practices in relation to screening (Area 3) will benefit both the worker and the employer. Additionally, core recruitment activities can be improved through the use of information technology (IT) (Area 8), although IT can be used in all areas described in Figure 1.

Areas 5, 6, and 9 refer to a range of activities that a recruitment agency may or may not undertake in order to assess and improve workflows, human resources, and accountability. These are important areas to consider for the development of ethical recruitment practices. They apply especially to big recruitment agencies and/or complex recruitment supply chains. In these cases, implementing effective monitoring and accountability mechanisms is essential in order to keep control over the recruitment process, especially when other actors are involved as subcontractors. Often, it is within the folds of complex supply chains that unfair practices of recruitment are hidden.

Area 7 may or may not be undertaken by the recruitment agency. It encompasses actions aimed at supporting the return and professional reintegration of migrant workers in case they decide to return to the home country on their own initiative or because they are compelled to do so due to unfavorable circumstances.

2.1 Selection of recruitment agencies

A snowball sampling procedure was used to identify recruitment agencies suitable to being included in this study. The selection was based on personal networks, peer recommendations of agencies, official datasets – e.g., lists of registered recruitment agencies obtained from national authorities – as well as documentary data. This activity took different shapes depending on the characteristics of each selected country and the networks available in each country. Further details for each country are provided in sections 2.1.1 to 2.1.3.

Five criteria were considered for including a recruitment agency in the case study sample group:

1. The agency is directly or indirectly a member of the International Confederation of Employment Agencies (CIETT) (when applicable);
2. The agency does not charge fees to migrants workers for the recruitment process;
3. The agency recruits skilled and/or health professionals;
4. There are no legal cases being held against the agency; and
5. The agency is registered as a legal entity.

Inclusion criteria No. 1 – The agency is directly or indirectly a member of the CIETT (when applicable)

The CIETT actively fosters ethical recruitment among its members by requiring them to follow guidelines predicated on best practices and international benchmarks, including, but not limited to, Convention No. 181. The CIETT has recently partnered with the ILO in the Fair Recruitment Initiative, a programme that aims to promote ethical recruitment in India, Nepal, and Bangladesh as a way to ensure that recruitment agencies are providing quality services and decent work for migrant workers. Based on the CIETT's commitment to ethical practices, it is believed that membership by any recruitment agency in the CIETT is a proxy indicator for delivering ethical recruitment. This was considered as an important criterion for this research.

Inclusion criteria No. 2 – The agency does not charge fees to migrants workers for the recruitment process

Both the 2010 World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel and ILO Convention No. 181 are strongly committed to the principle that workers should not pay for recruitment. Convention No. 181 explicitly prohibits recruitment agencies from "charg[ing] directly or indirectly, in whole or in part, any fees or costs to workers" (Article 7).

Inclusion criteria No. 3 – The agency recruits skilled and/or health professionals

The study focuses on health professionals, and recruitment agencies were therefore selected accordingly. The seven recruitment agencies selected focus their recruitment on skilled and qualified workers and have strong, if not exclusive, experience in the health sector.

Inclusion criteria No. 4 and No. 5 – There are no legal cases being held against the agency; and the agency is registered as a legal entity

These criteria mean that minimum legal requirements were scrutinized through checking the documentation publicly available, and/or asking the recruitment agency directly, when needed.

A total of seven private recruitment agencies recruitment agencies were finally selected and documented (Table 1).

Table 1: Characteristics of the recruitment agencies included in the study

Name, year of establishment, and website	Location	Recruitment sectors	Sends workers	No. of health professionals recruited since founding
India				
IFANglobal 2001 www.IFANglobal.com	New Delhi (headquarters) US, Denmark, Philippines (partners with Universal Staffing Services Inc.)	Health care, Engineering, IT	<i>Sends to:</i> Gulf countries, Singapore, Malaysia, Europe, US	3 000
Philippines				
ASC Global Recruitment 1997 www.ascglobalrecruitment.com/	Manila	Health care	<i>Sends to:</i> United Kingdom, United Arab Emirates	8 000 (also includes other skilled workers)
LBS Recruitment Solutions Corporation 2001 newweb1.lbsrecruitment.com.ph/	Manila	Health care, Gas and petroleum companies, Real estate, Urban development, Manufacturing, IT, Hotel and restaurant management.	<i>Sends to:</i> Europe, Scandinavia, Middle East, North America, Africa, Asia	1 409 nurses, 500 allied/ paramedical, 247 technical support staff (Period from 2004 to 2012 only)

Name, year of establishment, and website	Location	Recruitment sectors	Sends workers	No. of health professionals recruited since founding
Manpower Resources Asia 1974 www.mra.mits-dcl.com.ph/Default.aspx	Manila	Health care, Construction, Oil and natural gas pipelines, Petrochemical plants, Animal feed mill factories, Processing and cold storage facilities.	Sends to: Middle East (Libya, Oman, and Iraq), Netherlands, Belgium	70 nurses to Europe
EDI Staffbuilders International 1978 www.edistaffbuilders.com/	Manila (headquarters) Saudi Arabia, Indonesia, US	Health care, Oil and gas sector, Aviation, Hospitality/tourism, Construction/engineering, IT and communications, Banking and finance, Manufacturing, Sales	Sends to: US, Europe (particularly Finland)	300

United Kingdom

HCL 2003 www.hclworkforce.com	London (headquarters) Other offices in United Kingdom, Australia, India.	Health care	<i>Recruits from:</i> United Kingdom, Australia, India.	5 880 short-term and 864 permanent placements.
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Name, year of establishment, and website	Location	Recruitment sectors	Sends workers	No. of health professionals recruited since founding
Drake Medox UK 1997 (is part of Drake International Group of Companies, 1951). www.drakemedox.co.uk	London (headquarters) Canada, Australia, New Zealand, Philippines (partner of ASC Global Recruitment)	Health care	Recruits from: Philippines	7 500

The main characteristics of the selected recruitment agencies are the following:

1. They are registered as legal entities, and none have legal cases against them.
2. Five out of seven do not charge recruitment fees to migrant workers; two of the agencies – the one in India and one in the Philippines – charges fees in accordance to what is permitted by national law.
3. Nurses, allied health professionals, and doctors are the main targets or exclusive targets of the recruitment agencies.
4. Five out of seven recruitment agencies are national companies and two are multinational. They all operate internationally in different forms – e.g., offices abroad, business partnerships, corporate business.
5. The two recruitment agencies in the United Kingdom are large-size companies, whereas medium-size companies prevail among the recruitment agencies selected in India and the Philippines.
6. All seven recruitment agencies only recruit qualified and skilled workers in various sectors, including health care.

The following sub-sections provide details of how the selection of recruitment agencies operated in the three selected countries.

2.1.1 Selection of recruitment agencies in the United Kingdom

Preliminary interviews with the Recruitment and Employment Confederation¹ and NHS Employers² allowed identifying a certain number of potential agencies to be included in this research. The NHS Employers' list of approved agencies provided information on those agencies respecting the study's inclusion criteria. Applying inclusion criteria 1 and 2 to recruitment agencies in the United Kingdom was straightforward. UK law forbids the charging of fees for recruitment and enforces this legislation through the Employment Standards Agency, which is an inspectorate capable of fining organizations that break the law. This is a significant departure from the United Kingdom's usual system of regulation, which is complaint led, and demonstrates the country's commitment to tackling the unethical practice of charging fees for recruitment. In addition, the CIETT has several members in the United Kingdom. Two private recruitment agencies were finally selected as case studies (table 1).

The research was conducted primarily through semi-structured interviews with key informants and through the collection of documentary data. Interviews were conducted with a total of six individuals. Respondents came from the two selected recruitment agencies as well as from NHS Employers. Interviews were conducted either by phone or face-to-face at the organizations' offices, and lasted between 45 and 90 minutes. Initial interviews were conducted with the following individuals:

- From Drake Medox UK: Managing Director; phone interview, 15 November and 5 December 2013.
- From HCL: Managing Directors Client Solutions; Head of Clinical Governance & Compliance; Team Leader – Permanent Nursing Recruitment; London, 2 December 2013.
- From NHS Employers: Programme Lead - Healthcare Science & Immigration; London, 16 October 2013.

2.1.2 Selection of recruitment agencies in India

The fieldwork was challenging in the Indian context, primarily as a result of inclusion criteria 1 and 2, as well as the need to identify an agency supplying health professionals internationally. The practice of charging fees for recruitment is both widespread and legal in India, which reduced the number of agencies that could be targeted by the research. The CIETT network, run in India as the Indian Staffing Federation,³ has members that are mostly

¹ Recruitment and Employment Confederation is member of CIETT; it is the largest trade association within the recruitment industry in the United Kingdom (<https://www.rec.uk.com>).

² NHS Employers, set up in 2004, is the voice of employers in the National Health Service (NHS) in the United Kingdom (<http://www.nhsemployers.org>).

³ The Indian Staffing Federation was set up in 2011 by leading private employment agencies in India in order to professionalize the Indian staffing landscape. Among its objectives is the development of quality standards for the staffing industry at large and a Code of Conduct for members (<http://www.indianstaffingfederation.org/>)

involved in domestic recruitment, and not overseas recruitment. A further attempt was made to identify agencies registered with the Ministry of Overseas Indian Affairs (MOIA). However the sectorial scope was not apparent from the listings and many agencies were inactive, as had been found in previous research (Rajan, et al., 2009, p. 59). Online research was used to identify the five largest agencies in the sector. Despite many attempts, none responded to our request for information on their organization.⁴

The difficulty in engaging with recruitment agencies is itself an important finding of this research. In this context there was a climate of fear, seemingly as a result of the poor reputation and the “bad press” received by the sector. It is cause for concern that agencies fearing bad publicity appear more likely to become research shy than to want to highlight the positive and ethical aspects of their practice.

Only one private recruitment agency agreed to participate in the research. IFANglobal was established in 2001 in New Delhi through the private hospital Escorts Heart Institute and Research Centre, and moved in 2009 to Gurgaon to work with Medanta, a large multi-field medical institute. A semi-structured, face-to-face interview was carried out with the Associate Vice-President of Recruitment, Nursing and Allied Health, on 13 June 2014.

Public recruitment agencies are also included in the documentation. Even though a large majority of the international recruitment of Indian health professionals is managed by private recruitment agencies, the experience of public recruitment agencies can bring insight to understanding the trends and challenges of the recruitment system in India. Identifying and documenting public recruitment agencies was somewhat more successful than it was for private recruitment agencies. Drawing on official documentation and institutional websites, 10 state-led recruitment agencies were identified. For this study, interviews were conducted with representatives of three of these 10 agencies: OMCAP (Overseas Manpower Company of Andhra Pradesh); Overseas Deployment and Employment Promotion Consultants Limited (ODEPC); and NORKA-ROOTS (Non-Resident Keralites Welfare Association).

Three semi-structured, face-to-face interviews were undertaken with the General Managers of public agencies along with one interview with Chief Economic Adviser to the state of Kerala, and as noted above, one face-to-face interview was conducted with the Vice-President of IFANglobal, the selected private recruitment agency:

- From OMCAP: General Manager; Hyderabad, 22 April 2014.
- From NORKA-ROOTS: General Manager; Trivandrum, 24 April 2014.
- From ODEPC: Managing Director; Trivandrum, 24 April 2014.
- Chief Economic Adviser to the State of Kerala; Trivandrum, 24 April 2014.

⁴ Several key informants were contacted during this stage of the fieldwork in order to help with snowballing potential case studies, but unfortunately, this strategy was not successful. However, we wish to thank the following key informants for making themselves available to meet and share information with us: Mr S.N. Alam, Director of Emigration Policy, MOIA; Mr Noyal Thomas, Director of Diaspora Services, MOIA; and Mr R.S. Khurana, Federation of Indian Chambers of Commerce and Industry.

2.1.3 Selection of recruitment agencies in the Philippines

Applying criteria 1 and 2 was also challenging in the Philippines. There are no CIETT members in the Philippines. In addition, it is legal in the Philippines to charge fees to workers up to prescribed limits. These factors had to be taken into account and carefully evaluated along with other issues in order to avoid excluding, by default, some recruitment agencies.

Despite these challenges, the selection of recruitment agencies was made easier thanks to the availability of well-developed networks and knowledge built by the ILO-DWAB project in the Philippines. Three out of the four Filipino recruitment agencies included in the study were, in fact, selected by drawing on input provided by the ILO Office in Manila. The fourth agency (ASC Global Recruitment) was selected primarily because it is a partner agency of one of the UK recruitment agencies documented in the study (Drake Medox UK). This provided the study team the opportunity to explore the promising practices emerging from both agencies within a broader framework (i.e., the international supply chain). Four semi-structured, face-to-face interviews were undertaken with the CEOs of the selected recruitment agencies:

- From EDI Staff Builders: CEO; Makati City, 9 December 2013.
- From LBS Recruitment: CEO; Pasig City, 20 December 2013.
- From ASC Global Recruitment: Country Manager; Makati City, 25 March 2014.
- From Manpower Resources Asia, Inc.: CEO; Makati City, 16 April 2014.

3. Main empirical findings

Daide Calenda

3.1 United Kingdom

The United Kingdom has a long history of recruiting international health care workers, in particular into the National Health Service (NHS) – though in most cases this is done through recruitment agents. The United Kingdom is now one of the major destination countries for migrant health professionals and the most important in Europe. However, since 2006, the number of internationally recruited nurses from outside the European Economic Area (EEA) has decreased, mainly because general nurses were removed from the shortage occupation list that regulates entry routes for foreign workers into the United Kingdom.⁵

The United Kingdom has a mix of statutory and non-statutory regulations. It is unlawful for agencies to charge job seekers to find them employment, and this is enforced by a statutory body. In addition the Department of Health in 2004 adopted its *Code of Practice for the international recruitment of healthcare professionals* (2004 Code of Practice). It is a voluntary code of practice laying down ethical standards. It includes reference to ensuring that recruitment does not occur in countries currently facing their own shortage of health workers. NHS Employers, the public sector employers' organization, is currently accountable for maintaining the list of countries from which it is not permitted to recruit directly. The 2004 Code of Practice is not a statutory instrument and cannot be enforced in court; however it has been adopted by procurement consortia acting as gatekeepers to the NHS market. Recruitment agencies are removed from the list of suppliers when they fail to meet ethical standards, and are regularly audited to ensure compliance. This means that the United Kingdom is reasonably supportive of ethical recruitment practice.

The recruitment industry within the health-care sector is maturing and consolidating. There were 11 per cent fewer recruitment agencies in 2013 compared with 2002. This may be explained by the reduced demand for internationally recruited nurses as a result of the removal of general nurses from the shortage occupation list. Agencies are also coming together to form procurement consortia to provide nurses within framework agreements. According to the information provided by Sophie Gamwell in Chapter 4 of this report, procurement consortia account for 80 per cent of what the NHS spends on agency recruitment. She identified a move away from agencies having individual relationships with NHS trusts, and towards framework agreements managed by procurement consortia. Procurement consortia are acting as a barrier to entry into the market, with most NHS Employers using recruitment agencies that have tendered to be part of a list of approved suppliers. The process to get accepted onto this approved supplier list includes compliance checks and the requirement that agencies comply with the 2004 Code of Practice. Within the UK health sector the NHS is the main employer and user of agency services. This provides a significant

⁵ The shortage occupation list is an official list of occupations for which there are not enough resident workers to fill vacancies. The Migration Advisory Committee regularly reviews the list and calls for evidence of which occupations should be included or removed.

economic incentive for agencies to comply with standards set by procurement consortia, because failing to do so means agencies will not be able to access the NHS as a client. As a result the non-statutory environment within the United Kingdom is supportive of some kinds of ethical practices and enforces compliance without using formal regulation of the sector.

3.1.1 Promising practices of ethical recruitment in the United Kingdom

The recruitment policies of the two recruitment agencies documented in this study reflect the current trends described above. Two approaches seem to emerge from these cases studies.

One approach is characterized by the strict compliance of the recruitment agency with regulation and ethical standards, and thus the implementation of strict policies and procedures to ensure the overall recruitment of health workers is managed with transparency. A key strength of this approach is indeed its transparency and the ease with which it allows external partners to review the overall system in place. HCL, the recruitment agency, is a representative of this model. Files of individual recruited workers are regularly audited by a specific compliance team within HCL. The company has a well-established process for complaints and dispute resolution. This complaint and dispute resolution process forms part of the organization's clinical Governance Strategy and also its quality management system. The agency uses the complaint investigation, review, and analysis to inform risk management and quality improvement through corrective and preventative actions. The managing director is responsible for the complaints policy, and complaints are reviewed monthly at the senior management level. The policy itself is in line with the NHS complaints process, and mirrors the processes in place for staff directly employed by the NHS. Transparency in the process ensures that workers and companies can have confidence that their complaints are taken seriously, investigated fully and acted upon where necessary.

The second approach to ethical recruitment is built around the challenges of international recruitment for both workers and employers. A key strength of this approach is building relationships to ensure that what each party needs to achieve is thoroughly considered and built into the recruitment process. The recruitment policy of Drake Medox UK fits with this approach. This agency develops large recruitment projects in the Philippines, thereby ensuring that a single recruitment trip can produce the number of successful appointments they require. Such an approach may raise issues of impact and quality. Drake Medox UK addresses challenges related to the negative implications their large-scale recruitment projects may have on health-care facilities in the Philippines by assessing the internal labour market thoroughly. It then ensures that recruitment is geographically dispersed – for instance, both urban and rural areas are considered – avoiding areas that are experiencing shortages of nursing staff. The agency is keen to ensure that all candidates are fully screened to make sure that they have appropriate experience and qualifications *before* being introduced to an NHS client. In order to achieve these outcomes, the agency has built a very close relationship with ASC Global Recruitment – a local partner in the Philippines (see also Chapter 6) – which adheres to Drake Medox UK practices when recruiting nurses.

For workers, the approaches implemented by Drake Medox UK and its local partner means a fee-free recruitment process that is sensitive to the challenges of applying for and accepting work overseas. In being sensitive to these challenges, Drake Medox UK and ASC Global Recruitment ensure that all the processes that require face-to-face contact can be completed in a single recruitment visit. The consideration showed by Drake Medox UK for the broader situation of the migrant workers also extends to the placement stage. The agency provides transport from Manila to the hospital in the United Kingdom, so that workers can travel together and are given the chance to meet new colleagues that are migrating at the same time. This creates opportunities for peer support and to build a network at the earliest opportunity. Other support that Drake Medox UK encourages its NHS partners to provide to nurses when they first arrive in the United Kingdom include accommodation for the first six weeks, pay advances, and a “home starter kit” that includes basics items like sheets, pots and pans, and crockery. This contributes to ethical recruitment because, in addition to not charging job seekers a fee, they seek to make the migration process accessible. This approach applies to nurses from poorer backgrounds who may not otherwise possess the financial means necessary to take up placements because of the cost of travel and settlement.

Both UK recruitment agencies included in this report exceed the minimum standards required to operate within the United Kingdom. The observations stemming from the United Kingdom allow us to distinguish between two distinct approaches to recruiting health professionals: the process-driven approach and the person-driven approach. While both models make a contribution to ensuring that job seekers and client organizations receive ethical treatment, process-driven ethical recruitment offers transparent and highly transferable processes that deliver consistency. And people-driven ethical recruitment is more sensitive to the context in which workers live and employers operate.

3.2 India

The migration of health professionals from India dates back to the 1960s. Currently, India is one of the main source countries for the international recruitment of health professionals in the world. The number of destinations for health professionals recruited from India has increased and diversified due to growing international demand as well as the growing presence and reach of recruitment agencies.

The structure of the recruitment industry in India is fragmented and informal, with large sections operating outside any regulatory framework. It is characterized by the presence of a large number of unauthorized agents in the field, both firms and individuals, who often function as middlemen between foreign employers/agents or local recruitment agencies and prospective migrants. State-run recruitment agencies have been established in some Indian states to address the challenges brought forward by private recruitment agencies and to facilitate migration for overseas employment. They are authorized overseas recruiting agencies registered with the MOIA. However, their role seems to be marginal both in terms of volume of recruitment and capacity to face the challenges brought by the widespread use of informal and illegal private recruitment agencies. In general, the recruitment industry has

demonstrated little capacity to develop self-regulation mechanisms in order to foster ethical recruitment among recruitment agencies. Unethical recruitment practices have proliferated primarily among the many brokers and illegal recruitment agencies that have emerged in the last few decades.

3.2.1 Promising practices of ethical recruitment in India.

IFANglobal has been operating with hospitals since it was established in 2001. It was created to help the massive medical institute to which it is attached – Medanta – to manage retention and recruitment issues stemming from the increasing numbers of nurses leaving their jobs to work abroad. Concerns about many nurses being made subject to unethical recruitment practices also motivated the creation of IFANglobal. As such, ethical and managerial concerns are intrinsically linked to the creation of the agency.

IFANglobal could rely on its access to significant resources, such as the good international reputation of the hospital with which the agency was operating; well-developed linkages with foreign hospitals, especially in the United States; and a positive direct relationship with prospective migrant workers. A crucial part of the strategic vision for the organization was to manage the outflow of migrants from Medanta in order to support continuity of care and ethical local recruitment. This was contingent on two key things: First, the ability to persuade health professionals that the agency was capable of providing the kinds of placements that they sought; and second, that the agency would treat them fairly when doing so. The company's success in achieving these outcomes has meant that 90 percent of the average 100 Medanta nurses who chose to go overseas every month, go through IFANglobal.

The ethical approach of the agency is also supported by international partnerships. IFANglobal is a founding member and serves on the board of the American Association of International Healthcare Recruitment (AAIHR), a US-based not-for-profit organization formed in 2006, which aims to “promote legal, ethical, socially responsible, and professional practices for international healthcare recruitment” (AAIHR, n.d.).

Innovative approaches have emerged across all stages of the recruitment process. Information and Communication Technologies (ICTs) are used to deliver personalized information to workers, to inform them about job opportunities, to allow individual files and relevant documents to be accessible to workers, and to get feedback from workers placed overseas about their working conditions. Information flows are managed through a database of about 12,000 personal contacts of nurses, as well as through social media platforms like Facebook and LinkedIn.

Because IFANglobal profits primarily come from foreign employers when candidates are successfully placed, the screening process conducted by the agency is thorough and includes the assessment of both technical and soft skills such as motivation, communication, critical thinking, teamwork, and adjustment abilities. IFANglobal demonstrates ability to negotiate with foreign employers in providing the best conditions for migrant workers. For example, if a foreign employer requires nurses to acquire specific skills before placement – e.g., language

skills, as in the case of nurses recently sent to Denmark – the nurses are compensated for the loss of earnings during the training period.

Substantial controls are in place to protect workers entering placements and to prevent abuse. Employers are screened by online verifications, getting references from trusted consulting firms, visits to the health facilities abroad, face-to-face meetings with the employers, and by contacting candidates on their database in the destination country. These measures are taken to ensure that workers are sent to appropriate and decent employment sites. IFANglobal also follows up placements by making direct contact with recruited staff to ensure their ethical treatment once in the destination country. To support workers at the start of their placement, IFANglobal in some countries establishes formal agreements with property agents to assist the health professionals with housing upon their arrival in the destination country. The costs associated with the real estate agent are borne by IFANglobal, but the migrant worker pays the rent.

IFANglobal only takes fees as an exception. In almost all cases, the recruitment agency charges all recruitment-related costs to employers. On the few occasions that employers have refused to pay but in spite of this, the migrants remained interested in the employment opportunity abroad, IFANglobal has facilitated the recruitment process at a maximum payment of 20,000 Indian rupees (INR) collected from the candidate – as permitted by Emigration Act, 1983.

3.3 The Philippines

State-sponsored international migration from the Philippines has been the norm for 40 years. What began as a stopgap measure to cushion the impact of economic crises of the 1970s has evolved into a “model” in migration management. An estimated 10 million overseas Filipinos, comprising permanent, temporary, and undocumented migrants, can be found in more than 200 countries around the world. In a ten-year period from 1997 to 2007, the major destinations for Filipino migrants were Saudi Arabia, the United States, the United Arab Emirates, the United Kingdom, and Bahrain (University of the Philippines, 2011). Particularly notable is the overseas migration of Filipino nurses. According to Philippine Overseas Employment Administration (POEA) data, a total of 69,482 nurses migrated overseas for work between 2008 and 2012, or an average of nearly 14,000 nurses each year (POEA, 2012b).

The regulation of private recruitment agencies changed dramatically in 1995 following the execution of a Filipina maid in Singapore. Public criticism stemming from repeated reports of abuse and exploitation of migrant workers compelled the Philippine Government to build an elaborate state apparatus catering to different stages of the migration cycle. From 1995, the functions of the POEA expanded to include industry regulation, employment facilitation, and workers protection as well as general administration and support services.

The POEA together with the Philippine Overseas Labor Offices (POLOs) at Philippine embassies/consulates abroad constitute the key state stakeholders in the international migration process. At present, the Migrant Workers Act (Republic Act 8042) and amendment version, Republic Act 10022, govern the recruitment of Filipino workers. The amended

version strengthened the anti-illegal recruitment mandate of local government units. It also guaranteed that the Government would only deploy workers to countries that observe the human rights of workers or at the very least are attempting to address them through laws and policies. The Omnibus Rules and Regulations Implementing the Migrant Workers and Overseas Filipinos Act of 1995, as Amended by Republic Act No. 10022 defines a private recruitment/employment agency as “any person, partnership or corporation duly licensed by the Secretary of Labour and Employment to engage in the recruitment and placement of workers for overseas employment for a fee which is charged, directly or indirectly, from the workers or employers or both” (Rule II(1pp)).⁶ Recruitment agencies are prohibited from charging to workers placement fees that exceed one month of their salary abroad. Furthermore, a Philippine recruitment agency should be at least 75 per cent owned by a Filipino national and is mandated to assume joint liability with the foreign principal (the recruitment agency or employer abroad). Despite these regulatory efforts and the efforts made by the POEA to protect migrant workers, issues of illegal recruitment and poor working conditions continue to be a problem.

3.3.1 Promising practices of ethical recruitment in the Philippines

The four recruitment agencies documented in the Philippines for this study share significant similarities.

Overall, a mix of personal motivations and deep knowledge of the underlying mechanisms of the international recruitment chain constitute key factors when explaining the efforts made by the recruitment agencies to deal with challenges brought by ethical issues related to recruitment. Namely, managers and other core agency staff have often acquired prior experience on the ground as migrant workers or international recruiters. For instance, the creation of LBS Recruitment Solutions Corporation (LBS) lies in the CEO’s long experience working in Saudi Arabia as a contract worker. The founder and owner of Manpower Resources Asia (MRA) is considered a pioneer in the recruitment industry in the Philippines. The agency was already doing business prior to the establishment of the POEA. According to MRA, wide networks and experience working with multinational companies paved the way for MRA’s belief that ethical recruitment works because top-notch foreign employers are willing to pay for professional and ethical services. Because of their substantial past and current experience in international recruitment, the heads of EDI Staff Builders International (EDI), MRA, and LBS are often invited to speak on their experiences as “model” recruitment agencies. They are visible in policy circles and meetings sponsored by international organizations or the Government, where major migration stakeholders usually discuss issues and concerns relating to the sector and ethical recruitment.

Careful screening of migrants’ personal motivations, fieldwork experiences, and technical skills is done by all recruitment agencies when hiring agency staff (employees). According to one interviewee, the best person to gauge an applicant’s credentials, skills, and competence

⁶ More detailed information can be found on the POEA website “Hiring of Filipino workers”, <http://www.poea.gov.ph/about/hiring.htm> [accessed 25 Jul. 2014].

to work abroad is a former migrant worker, demonstrating a commitment to taking account of the needs of migrant workers. Teams of consultants with previous field experience are particularly helpful in pre-departure orientation seminars. Because of their experiences as migrant workers, these consultants, hired by the agencies, have a deep understanding of the skills needed and are able to minimize wastage of resources for the agency, the employer, and the applicant. Simultaneously their personal knowledge of the experience of being a migrant worker can assist new hires to gain insight into working abroad and what the positives and negative aspects of the same may be. Many agencies also send their employees on overseas assignments to enhance their appreciation of the business and to experience how it is to “live and work” as a migrant worker. According to EDI, this gives their employees the proper lens with which to understand migrants’ experiences. These policies of internal human resources management are likely to shape ethical recruitment practices.

The fieldwork among recruitment agencies in the Philippines suggests that working with and/or for multinational companies (employers) can trigger higher standards of recruitment, including ethical recruitment. In the case of EDI, their employers are Fortune 500 companies. For its part, LBS engages with what they consider to be top hospitals and top multinational companies in destination countries. ASC Global Recruitment (ASC) basically has the UK NHS as its partner and Drake Medox UK as its parent company. Quality and ethical requirements demanded by the NHS and Drake Medox UK have reinforced ASC’s commitment to high-quality and ethical recruitment as well. For its part, MRA conducts business with multinational companies, some of which are publicly listed on stock markets.

The Philippines case studies demonstrate that companies engaging in ethical recruitment practices have established stable and long-term relationships with clients. LBS, EDI, and MRA each have 30–40 years of experience, which already indicates the strength of their relationships with their clients and the wide networks that they have established. While ASC is the “youngest” agency, it inherited Drake Medox International’s network of clients, particularly, the UK Government and the NHS. They four agencies usually do not advertise their services and are approached through word of mouth. In relation to this, their focus tends to be on quality employees and niche marketing rather than volume of deployment. This means that their net profits come from reliable and sustained relationships with foreign clients and workers, relationships sustained through the assurance of providing quality workers.

Finally, a common characteristic that emerged while investigating the recruitment agencies is their investments in information and communication technologies (ICTs) to increase efficiency and transparency in the recruitment process. ICTs also help to lower transaction costs for both foreign employers and applicants, and thus make the recruitment agencies more competitive. The use of ICTs extends from recruitment to the repatriation stages of the migration cycle. Incorporating repatriation into ethical recruitment practices is especially relevant given global uncertainties and threats from political conflicts, health crises, and natural calamities. During the height of massive repatriation of engineers from Libya during the Arab Spring, for example, LBS used Google technology linked with the mobile numbers of the workers in order to track their locations and facilitate their repatriation to the

Philippines. ICTs are also used to maintain direct connections and support workers deployed in countries with traditionally weaker labour protection regulation, such as those in the Middle East and North Africa.

4. Promising practices emerging from the recruitment industry in the United Kingdom

Sophie Gamwell (Middlesex University, United Kingdom)

4.1 The UK health system

The United Kingdom health sector includes both public and private sector providers. The National Health Service (NHS) dominates the health system, accounting for over 86 per cent of all spending on health care (OECD, 2009). The NHS, and therefore the Government, is the only commissioner of training leading to medical qualifications allowing individuals to register as nurses and doctors within the United Kingdom. Consequently, the NHS manages the supply of skilled UK labour through commissioning of training. It has supplemented domestic health-care hiring with international recruitment since the 1950s, with most workers initially being sourced from Commonwealth countries.

According to the figures provided by the UK Health & Social Care Information Centre (HSCIC), by September 2010, there were 1,370,176 staff in the NHS workforce. This represents a 1.2 per cent increase from 2009, and an increase of 28.5 per cent from 2000 (an average annual increase of 2.5 per cent). In total there were approximately 810,000 nurses (including bank nurses who work on an “as and when required” basis) and 400,000 qualified scientific, therapeutic, and technical staff in the United Kingdom⁷. International recruitment has been used to fill vacant posts because of a shortage of domestic skilled labour.

The United Kingdom has a long history of overseas recruitment of nurses. There has been a recent shift away from traditional source countries, such as the Philippines and India, towards greater EU recruitment. Indeed, eight of the top 10 countries for initial nursing registration are within the EU (table 2).

Table 2: Country of initial registration of nurses in the United Kingdom, 2012-2013

Country	No. of nurses
England	16 884
Scotland	2 487
Spain	1 093
Wales	926
Portugal	790

⁷ Information retrieved online at: <http://www.hscic.gov.uk/catalogue/PUB02070/nhs-staf-non-medi-cens-bull-2000-2010-rep.pdf> [accessed 25 Jul. 2014].

Country	No. of nurses
Northern Ireland	607
Romania	400
Ireland	373
Philippines	271
India	256

Source: Nursing and Midwifery Council, 2014⁸

4.1.1 The history of international recruitment of health professionals

Labour mobility is an integral part of the global health-care industry (OECD, 2007; Bach, 2010). The OECD shows that on average 11 per cent of nurses and 18 per cent of doctors working in OECD countries were foreign-born (OECD, 2007). There are national variations reflecting differences in health care, the labour market, and wider migration patterns. The United Kingdom has a particularly high proportion of internationally recruited nurses and doctors, which is rooted in the United Kingdom's history as a colonial power. In recent decades, international recruitment of health professionals has become widespread across public and private health organizations and extends beyond Commonwealth countries, with India and the Philippines becoming important origin countries (Meardi, et al., 2011).

Within the United Kingdom, successive governments have influenced the degree of international recruitment of health professionals by changing health policy and/or migration policy (Bach, 2010). Young (2011) identified the period following the election of Tony Blair's Labour Government in 1997 as one of "openness to mobility". This period lasted until 2006, and was then followed by two periods (2006–2008 and November 2008 onwards) that have been characterized by progressive restriction on migration as a whole, as well as that of skilled migrants, including health professionals.

The expansion of the NHS workforce following the election of a Labour Government in 1997 increased demand for internationally recruited health professionals. Bilateral agreements were signed with a number of countries like India and the Philippines to facilitate recruitment of certain skilled professional health staff, particularly nurses, although other pull factors explain the success of recruitment from these countries: attractive wages, promising working conditions and careers prospects, relaxed immigration laws, historical linkages (Young, 2011; Cangiano, et al., 2009).

⁸ Data obtained directly from the NMC following the request we made in April 2014 under the UK Freedom of Information Act 2000.

The situation changed in 2005 when the NHS experienced financial difficulties caused in part by its growing workforce. The Government's focus shifted from workforce growth to productivity and modernization. The Department of Health itself suggested that demand for new staff was broadly in line with domestic supply. The lack of demand-side pressure for internationally recruited staff allowed for policy change in 2006 with the introduction of more restrictive immigration rules. The focus shifted from maintaining staffing by recruiting internationally to encouraging the growth of a domestically trained workforce. The document designed to address concerns about inadequate workforce planning, titled "A High Quality Workforce", focuses solely on training of domestic health care professionals with no mention of a role for internationally recruited workers (Department of Health, 2008). Indeed, between 2008 and 2013, the NHS Pay Review Body's reports have consistently argued that recruitment and retention were not a significant issue within the NHS (NHSPRB, 2013). The change in demand for internationally recruited health professionals has allowed the UK Government to argue that it is promoting migration policies that do not worsen global workforce shortages in health occupations (Department of Health, 2011).

Both the former Labour Administration and the current Conservative and Liberal Democrat Coalition Government have implemented immigration and health policies that reduce the number of internationally recruited health professionals entering the NHS. Immigration rules have changed in a number of important ways that are unfavorable to both nurses and doctors wishing to enter and work as health professionals in the United Kingdom. First, several occupations in the health sector have been removed from the "shortage occupation" list. For nurses, only neonatal nursing is on the shortage occupation list, and a few hospital specialisms, most importantly Accident and Emergency doctors remain on the shortage occupation list. Second, international medical graduates are no longer allowed to work "permit-free". NHS trusts are allowed a small number of tier two permits,⁹ which they may use to recruit new staff, or to retain existing staff on expiring tier two visas. The cumulative impact of these changes is that many internationally recruited nurses and doctors from outside the EEA face an uncertain future at the expiry of their current work permit.

In addition to changes to immigration policy, there have been changes in registration requirements affecting nurses trained overseas. A more challenging English language test was implemented in 2007. Further, in September 2005 the Nursing and Midwifery Council (NMC) introduced new arrangements for the registration of non-EU overseas nurses that requires all applicants to undertake "20 days of protected learning" time in the United Kingdom and for some, a period of supervised practice at an accredited institution.¹⁰

⁹ The United Kingdom has a complex system of entry requirements. Tier two visas allow successful migrants to work within the United Kingdom. They require that candidates be sponsored by an employer. Hospitals are allocated a set number of tier two visas that they are able to use to recruit staff if they are unable to fill vacancies from the UK labour market.

¹⁰ In October 2014 a new process was put in place for overseas registration. According to the NHS, "The requirements for registration are different for nurses who trained in the UK and EEA to those who trained outside the UK and EEA. Since October 2014 the only route to registration for all nurses trained outside the UK and EEA with the NMC is through the a [sic] 2-part application process." (NHS Careers, 2014). Further details can be found at: <http://www.nmc-uk.org/registration/joining-the-register/trained-outside-the-eu-eea/>

Nurses must already be qualified and have a UK sponsor where they can complete the protected learning and the supervised practice. Fees for the courses start at £1,000. Most NHS employers pay the training fees on behalf of their workforce; however this is not universally the case, and some migrant nurses are required to pay the fees themselves. In addition to the structured training programme, internationally trained nurses are also required to submit to a period of supervised practice for a minimum of three months, though this often lasts six months. These requirements have caused difficulties because there have been insufficient places available for those wanting to undertake the training, and it increases the cost of migrating to the United Kingdom (Bach, 2010). Such costs include the cost of registration with the NMC, the cost of training, visa fees, and travel expenses. Furthermore, while engaging in the training and supervised practice, internationally recruited nurses are not registered with the NMC and are therefore paid at a lower rate, as health-care workers rather than qualified nurses. Both agencies interviewed in this study reported that it can take up to 14 months for internationally recruited nurses to get registered with the NMC from the start of the recruitment process (Interview with HCL; Interview with Drake Medox UK).

4.1.2 History and regulation of the recruitment industry

The recruitment industry is a key part of the UK economy. It has operated for over 120 years. Initially, the industry was concerned with supplying entertainers and domestic servants. It now places workers across all sectors of the economy. As Burgess and Connell (2004, p. 1) note, the recruitment industry is diverse in terms of size and scale of operations, ownership, motivation, the size and range of services provided, the industries and occupations serviced, and the locality of operations. The majority of agencies operating in the United Kingdom are small or micro businesses. In 2008, a Department for Business, Enterprise and Regulatory Reform (BERR) report identified that 54 per cent of recruitment agencies were single-site operations and most (57 per cent) had fewer than five branch employees. Just 1 per cent of agencies employ over 200 staff, making large employers a tiny part of the sector (BERR, 2008). The diverse nature of the industry and the dominance of micro firms present challenges for regulation. The Recruitment and Employment Confederation (REC) is the industry professional body representing 3,776 corporate members with branches across the United Kingdom. It is active in the health-care arena, and lobbies the Government on behalf of its members in relation to flexible staffing and immigration. The REC has worked to improve standards across the United Kingdom's recruitment industry. While it has been vocally opposed to minimum legal standards for recruitment, the REC have worked with other stakeholders to produce policies such as the Department of Health's 2004 *Code of Practice for the international recruitment of healthcare professionals* (2004 Code of Practice).

The recruitment industry is divided into two key areas by the Employment Agencies Act, 1973: employment *agency activity* and employment *business activity*. Under the Act, the definition of an "employment agency" is "the business... of providing services... for the purpose of finding workers employment with employers or of supplying employers with workers for employment by them" (Section 13(2)). Employment agencies screen and place candidates that will be directly employed by a third-party employer, usually referred to as

permanent recruitment. An employment business is one that provides staff that it engages as either employees or workers to work for another business, usually referred to as supply of agency workers.

While there are two legally distinct kinds of organizations within the recruitment sector, in practice many organizations provide both agency workers and permanent recruitment services. Much of the legislation also covers both employment agency activity and employment businesses. Whilst legislation initially required agencies to register in order to operate in the United Kingdom, this requirement was removed in 1994 when the Government decided to regulate their conduct rather than requiring registration. In what follows below, the focus is on employment agencies that recruit individuals to work directly for a third-party employer, and may support recruits with applying for work permits on behalf of their employers. In contrast, employment businesses that supply agency workers are not entitled to apply for work permits on behalf of workers and therefore do not engage in the international recruitment of health workers.

4.1.3 Employment agencies

The Employment Agencies Act, 1973, as well as the Conduct of Employment Agencies and Employment Businesses Regulations, 1976 and 2003, are the main statutory instruments regulating employment agencies. Key provisions to protect workers mean that employment agencies are not permitted to charge job seekers a fee for finding work, or require individuals to pay for services as a condition of finding them work. Agencies are also not allowed to prevent workers from ending their employment, supply workers to replace workers taking industrial action, or make unlawful deductions from workers' pay. The main provisions protecting employers require agencies to carry out suitability checks when job seekers will be working with vulnerable people, and to provide full terms and conditions to end employers, including fees and procedures detailing the actions to be taken if workers are unsatisfactory. In the health-care sector, suitability checks include Disclosure and Barring Service checks on an individual's suitability to work with vulnerable people. The Employment Agency Standards Inspectorate (ESA) enforces these regulations. As part of the Red Tape Challenge, the current coalition Government is considering simplification of the regulations, though it has indicated that it intends to retain the requirement that employment agencies do not charge fees to job seekers (Department for Business, Innovation and Skills, 2013b).

In 2011–12, the ESA reported that it received 643 complaints and found 2,146 breaches (table 3). The ESA identified that there were 49 complaints in the area of health care, making up 4 per cent of the total number of complaints they received. They outlined a number of case studies in their report, including one where £22,300 was recovered for five Philippine workers who had unlawfully been charged fees for finding work as care givers and for study placement.

Table 3: Number of complaints and infractions identified by ESA, 2008–12

Year	No. of complaints	No. of infractions	No. of infractions in health care	Health care infractions as % of total infractions
2008–09	1 567	2 393	168	10%
2009–10	1 714	2 236	169	8%
2010–11	958	2 065	261	13%
2011–12	643	2 146	268	12%

Source: Department for Business, Innovation and Skills, 2013a

The recruitment industry within the health-care sector is maturing and consolidating. There were 11 per cent fewer recruitment agencies in 2013 compared with 2002 (Interview with REC). Agencies are also increasingly providing workers within framework agreements put together by procurement consortia (this accounts for 80 per cent of what the NHS spends on agency recruitment) (Interview with REC). Four large procurement consortia dominate the United Kingdom's health-care sector. They are the Government procurement service (Crown Commercial Service), the NHS London Procurement Partnership, HealthTrust Europe, and the NHS Healthcare Purchasing Consortium. These consortia have frameworks in place that govern the recruitment of health-care staff. These framework agreements typically include ethical standards that are in compliance with (or exceed) the 2004 Code of Practice. Recruitment agencies that want to provide workers to these consortia must comply with the Code, and are regularly audited to ensure compliance. This non-statutory regulation has had a profound impact on the sector, with agency providers being removed from the list of suppliers when they fail to meet ethical standards. In creating framework agreements that include an ethical component, the NHS is using its power as an almost monopoly employer of international healthcare professionals to regulate the industry by non-statutory means.

4.1.4 The 2004 Code of Practice for the international recruitment of healthcare professionals

Employment agencies in the health care sector are not subject to any additional regulation; however, the 2004 Code of Practice is a widely applied voluntary code. When it was first implemented, the Code was binding on the public sector. However, with the advent of NHS trusts, it became voluntary. NHS Employers, the sector's employers' organization, strongly encourages their members to abide by the Code when they recruit both directly and through employment agencies (Interview with NHS Employers).

The 2004 Code of Practice requires that:

- There is no active recruitment of health-care professionals from countries on the banned list.

- All international recruitment by health-care employers will follow promising recruitment practice and demonstrate a sound ethical approach.
- International health-care professionals will not be charged fees in relation to gaining employment in the United Kingdom.
- Appropriate information about the role applied for will be available to all international health-care professionals.
- All international health-care professionals will have the appropriate level of English language to enable them to undertake their role effectively and meet registration requirements of the appropriate regulatory body.
- All appointed international health-care professionals must be registered with the appropriate UK regulatory body.
- All international health-care professionals required to undertake supervised practice should be fully supported in this process.
- All international health-care professionals will undergo the normal health assessment prior to commencing employment.
- All international health-care professionals will have appropriate checks undertaken for any criminal convictions or cautions as required by UK legislation.
- All international health-care professionals offered a post will have a valid work permit before entry to the United Kingdom unless they are from the EEA area.
- Employers should respond appropriately to applications from international health-care professionals who are making an individual application.
- All newly appointed international health-care professionals will be offered appropriate support and induction (Department of Health, 2004).

4.1.5 Areas of concern

Problems with the recruitment of international health-care professionals can be divided into two main areas: First there are ethical concerns about causing skill shortages in origin countries, famously highlighted by Nelson Mandela in 1999 when he criticized the British Government for causing a shortage of health workers in South Africa. Second are concerns for the workers themselves. Some migrants are subject to fees for recruitment, which in extreme circumstances can amount to creating an indentured employment relationship. Many more are given inadequate information about their placements and face unexpected challenges upon arrival within the United Kingdom.

4.1.5.1 Recruitment from countries with shortage of health professionals

A number of countries, including the United Kingdom, have “soft” regulation that encourages agencies not to actively recruit from countries and regions experiencing shortages of health-care professionals. Both the Commonwealth 2003 and the Department of Health’s 2004 Code of Practice for the international recruitment of health-care professionals prohibit active recruitment from areas experiencing shortages of these workers. Both stop short of requiring agencies to reject unsolicited applications. The fact that the Code is voluntary and that there

is no statutory mechanism for ensuring compliance means that there are no data on the extent to which recruitment practices are in line with the Code.

4.1.5.2 Fee charging practices

Workers themselves also face many challenges when considering migrating to the United Kingdom. One major challenge concerns agencies charging fees to health professionals (Pisce, 2013, p. 4). Fees may require them to take out loans at very high rates of interest in order to pay recruitment agencies. To protect workers from abuse, the ILO Convention No. 181 prohibits such agencies from “charg[ing] directly or indirectly, in whole or in part, any fees or costs to workers” (Article 7(1)). UK law also prohibits agencies from charging fees to job seekers and the United Kingdom has an enforcement agency focused on tackling this unlawful practice. Unfortunately, national and international legal provisions and standards do not always shape practice. Recent research identified, for instance, that many nurses recruited from India reported having been charged fees for gaining employment within the United Kingdom and having been provided with inaccurate information about their employment contract and terms (Calenda, 2014).

4.1.5.3 Inefficiency of the lack of transparency and information

Inadequate support for workers moving internationally is also a concern for workers and employers alike. Professionally qualified health workers may not understand the complexities of registration with the General Medical Council (GMC) or the NMC. This may be particularly challenging for nurses, who can be required to work in a more junior capacity for up to six months before they are permitted to join the register and work as nurses. A lack of adequate information is hugely problematic because it increases the chance that nurses and doctors will be dissatisfied with their placement, and therefore that the placement will fail.

4.1.5.4 Deskilling of nursing skills

A lack of information for candidates can mean that they are recruited into unsuitable posts. For example, they may be placed into junior posts that are not appropriate to their skill level, or that result in them losing skills. Within the United Kingdom, this is most often reported in the home care sector. Recruitment agencies report that most internationally recruited nurses are clinically trained and have significant specialist skill in critical/acute care settings. Both UK agencies included in this study report behaviors from nurses who have worked in the care home sector, where they attained NMC accreditation, now seeking employment in an acute setting.. Agencies report difficulty in placing such candidates as they lack recent acute experience and have often lost skills as a result of their placements. They report that nurses are unhappy with care home placements because of the limited medical and clinical aspects of the role, and often feel like their skills aren’t used or valued (Interview with HCL; Interview with Drake Medox UK).

For employers, the practice of charging fees can also be problematic. Agencies may not properly screen candidates, and instead only cater to those capable of paying the highest fee, irrespectively of the need of the employer. This is especially problematic in safety critical jobs

like health care. Employers may be faced with workers with falsified documents, poor language skills, low morale, little or no pre deployment training, and ultimately high staff turnover.

4.1.5.5 Multiplicity of labour jurisdictions

International recruitment is a growing market – and health-care professionals make up an important segment of the internationally mobile workforce. Many global employers have subcontracted their recruitment and hiring functions, particularly in relation to migrant workers. Migrant workers are often crossing many jurisdiction lines in their movement between countries. This increases the vulnerability of transnational recruits because of fragmented employment protection across jurisdictions. Responsibility and accountability can be spread across multiple organizations operating in different labour law contexts, and migrant workers' rights may fall in between these varied legislative contexts.

4.2 Case study 1 – Drake Medox UK: Ethical recruitment and in partnership

Drake Medox UK is part of the Drake International Group of Companies, a global leader in the field of human resources, consultative management, staffing, and technology solutions. Drake Medox UK has been involved in international recruitment of nurses since 1997. The company took a strategic decision to recruit nurses and allied health professionals for hospital employers only – mainly (public) NHS Trusts and some private sector organizations – but not for (private) nursing or care homes.

The company works in partnership with the employing hospitals throughout the recruitment process. Most projects involve recruitment of more than 20 nurses at a time, sometimes in one discipline and sometimes across multiple specialties.

Drake Medox UK boasts impressive accreditations. It is a Department of Health-approved supplier of internationally recruited health-care professionals and it has been awarded a “3-Star Excellent” rating by the Care Quality Commission¹¹ for the supply of nursing services. In addition the company is a member of the REC, and through them of the CIETT. Drake Medox UK is also accredited by the Office of the Immigration Services Commissioner to provide Level 1 immigration advice, meaning they are able to make immigration applications and give advice on straightforward immigration matters.

In total the company has placed more than 8,000 nurses into NHS hospitals from overseas, and has a placement success rate of 99.7 per cent over a period of 14 years.¹²

As a leading recruiter of nursing staff, Drake Medox UK is serious about its responsibility to treat workers ethically. The company works in partnership with UK hospital employers, ensuring that operational managers are involved in the final stages of the recruitment process.

¹¹ The Care Quality Commission is the independent regulator of health and social care in England. See: <http://www.cqc.org.uk/content/about-us>

¹² This proportion refers to nurses successfully getting through the UK standards and being employed by the hospital as a fully qualified nurses

The company applies a “no fee” policy, and only works with organizations that do not charge fees to candidates.

As a registered provider to the NHS, Drake Medox UK has signed up to the NHS Employers Code of Practice for International Recruitment and is committed to:

- ethical and professional conduct;
- adherence to laws;
- transparency in terms of engagement;
- free-of-charge provision of services to jobseekers;
- respect for worker’s rights; and
- respect for confidentiality.

4.2.1 The supply chain

Drake Medox UK is able to manage the ethics of its supply chain by minimizing the number of partner organizations it gets involved with and by focusing on high-quality partnerships where there is openness to scrutiny. Currently Drake Medox UK only works with one agency when recruiting nurses into the UK: ASC Global Recruitment. The partnership has its roots in longstanding business relationships that predate the creation of ASC Global Recruitment (ASC).¹³ The partnership with ASC meant that Drake Medox UK would have significant control over its supply chain. The close relationship between the two organizations means that quality control and checks are of a very high standard and monitored effectively. In turn, ASC benefits from having a stable, high volume client who has been able to manage the processes it requires for recruitment.

4.2.2 Assessing the potential impact of recruitment

At the moment, Drake Medox UK only recruits international health-care workers from the Philippines. It has a formal process for Filipino nurses, who must be screened by ASC, Drake Medox’s partner organization in the Philippines.

Drake Medox UK does significant research before starting a recruitment process. This consists of detailed discussions with clients about their needs, consideration of the level of training in the Philippines, investigation of local partner organizations, and consideration of the wider labour market.

Most agencies that conduct international recruitment are involved in advertising and attendance at recruitment events, and also accept applications from individuals from around

¹³ According to interviews with key informants of Drake Medox UK, the company had previously recruited an auditor to monitor their overseas partners’ compliance with ethical practices. When it was discovered that the company’s previous partner organizations had unacceptable practices, Drake Medox UK and the auditor decided to set up ASC Global Recruitment to meet Drake Medox UK’s need for nurses from an ethical source. In her position as a (former) auditor, the owner of ASC had built a thorough knowledge of Drake Medox UK’s policies. Further, staff at Drake Medox UK supported her in building systems that met their specific needs and ethical standards.

the world. While recruitment agencies are not permitted to target recruitment campaigns on countries on the “banned” list, they are permitted to accept individual applications from people from those countries. This translates into a continued flow of workers from developing countries without bilateral agreements. However, unlike most other international recruitment agencies within the UK health sector, Drake Medox UK does not accept applications from workers outside the Philippines, which is defined as an “ethical source” source country.

In addition to its concern for ensuring that workers are not recruited from countries that are experiencing shortages of health-care workers, Drake Medox UK considers the impact of high levels of recruitment on local communities and hospitals in the Philippines. The company is acutely aware that excessive recruitment of staff from a single area or hospital has substantial negative implications for origin countries. For this reason, the company ensures that recruitment campaigns are geographically dispersed, avoiding areas that are experiencing shortages of nursing staff. Drake Medox UK has worked with ASC to try innovative approaches to ensuring fair recruitment. It has experimented with hosting recruitment events outside the capital and even providing English language tuition and training to potential candidates who may not be fluent. These measures have been designed to ensure access to the widest possible pool of applicants, particularly those with certain shortage skills. When recruitment events do take place in Manila, Drake Medox UK ensures that workers who are required to travel long distances to attend are able to complete all stages of selection and testing in one trip. This improves opportunities for poorer workers, and those who are remotely located.

4.2.3 Work with client organizations

Unlike many other providers in the field, Drake Medox UK offers a guarantee to its clients when it places internationally recruited nurses. If the nurse fails to gain UK registration after the period of training and supervised practice, they refund the placement fee to the employer. This means that the organization has a financial driver to ensure that placements are successful. Drake Medox UK also sees support for newly recruited nurses as central to its recruitment offer and central to its continued relationships with its clients, as it increases the probability of the nurse having a positive and long-term employment.

Drake Medox UK is selective about its work with client organizations. It has made the strategic decision not to move into the care home market for internationally recruited nurses. Rather, it places nurses primarily within NHS jobs that it considers to be higher quality employment. It estimates that the NHS does not provide for specialist placements for the highly skilled nurses that it supplies.

4.2.3.1 Giving all the information to migrant nurses

The company works closely with hospitals to ensure that potential migrants are given full information about the organization before they accept a placement. For this purpose, it asks health facilities to answer an extensive questionnaire about their organization and locality.

The company's senior management team has experience with critical care and of working in clinical settings and inducting internationally recruited workers, which informs Drake Medox's approach to information and induction support. Before joining Drake Medox UK, the Managing Director responsible for recruiting nurses from the Philippines worked as a nursing manager within a hospital ward, inducting internationally recruited nurses into an acute care setting. Using such qualified and informed recruitment staff gives the organization a detailed understanding of the information internationally recruited nurses need to help them to settle into their new roles and community.

It is important to note that the Managing Director of Drake Medox was someone with a longstanding personal commitment to ethics in recruiting internationally. She was involved in the early recruitment of nurses from the Philippines, and was involved in the creation of the Department of Health's 2004 Code of Practice. As a trained nurse herself, the Managing Director was committed to professional standards, and understood ethics in recruitment as a fundamentally important aspect of ensuring a motivated, skilled, and professional nursing workforce.

During the recruitment process Drake Medox UK has significant involvement with its client partners. The company ensures that it understands the recruitment needs and sets up interviews with qualified and vetted candidates. It also does personality testing on such things as motivations and aspirations, to ensure that hospitals get candidates who match their long-term objectives. Drake Medox UK insists that appropriate hospital managers conduct final face-to-face interviews for candidates in the Philippines. The company arranges all the logistics, and hospital managers only interview candidates who have been fully screened and assessed as suitable by Drake Medox UK.

This approach to recruitment has a number of advantages for nurses and hospital clients. It ensures that the recruitment process is managed by recruitment experts, but allows local managers to select candidates that suit their hospital. It also ensures that a substantial quantity of high-quality information is available to workers before they move. This means that workers are able to make fully informed decisions about future employment.

4.2.4 Supporting nurses after their arrival in the United Kingdom

A number of aspects of Drake Medox UK's work with internationally recruited nurses are particularly notable. All internationally recruited nurses are met by Drake Medox UK staff at the airport and often by a representative of the employer (i.e., the hospital). Nurses are brought to their hospitals in the United Kingdom and given a pack that includes a UK SIM card for their mobile phone, the contact details for the Philippine Embassy, details of the Philippine supermarkets in the area, and maps and general tourist information. The company also ensures that nurses have full information about accommodation, and encourages employers to consider whether basic living utensils can be included.

In most cases Drake Medox UK also arranges for the hospital to give workers a cash advance on their salary (which is reclaimed over a few months) to assist them with the cost of starting

work in the United Kingdom. Such an advance is particularly relevant for workers from poorer backgrounds in order to take up offers of employment overseas.

4.2.5 Concluding remarks

Promising practices of ethical recruitment within Drake Medox UK are driven by factors such as:

- having someone with internal and significant knowledge to handle recruitment in the source country (i.e., the former auditor);
- recruiting from one country and in one go;
- having a global recruitment drive that helps Drake Medox UK and employers to save costs and make ethical recruitment cost-effective;
- minimizing the number of actors involved in the recruitment process (supply chain control);
- developing continued relationships with clients (i.e., hospitals) and placing nurses primarily within NHS jobs that are considered to be higher quality employment; and
- focusing on “soft skills”.

4.3 Case study 2 – HCL: Focusing on quality and compliance

HCL is a market leader in the supply of qualified health-care professionals to public, voluntary, and private health organizations. Founded in 2003, HCL employs over 780 people worldwide, with offices in the United Kingdom, Australia, and India. The company’s turnover in 2012 was £101 million. It has global reach, with a history of recruiting candidates from within the United Kingdom, EU, and beyond. The organization prides itself on being an ethical recruiter and complying with the United Kingdom’s 2004 Code of Practice.

First amongst HCL’s corporate values is a commitment to integrity. The company also has an anti-bribery policy that is actively enforced.

The agency has 13 years of experience working in partnership with NHS organizations in the recruitment of international health care professionals. The organization places 2,000 temporary workers per week into the NHS, and internationally recruits about 500 permanent health professionals a year.

HCL is aware of the commercial pressures facing the NHS, and in particular the challenges for NHS managers. The agency has identified that these pressures are particularly acute in emergency medicine.

In addition to having branches in source countries such as Australia and India, HCL also works with partner organizations in these countries to source high-quality candidates. Their recruitment process includes advertising, filtering and processing CVs, pre-selecting candidates, interviews, offer letters, placement management, and aftercare services.

Their clients include NHS Trusts, BMI Healthcare, Care UK, and the Nuffield hospital group. Senior managers in the agency state that the company's commitment to ethical standards in recruiting international health-care workers arise both from the agency's corporate values and also from the business case for ethical recruitment. With regard to ethics, they argue that HCL is committed to providing properly trained and experienced staff to a critical health industry as a core corporate value. They contend that this requires the agency to put in place stringent checks to ensure that their workers are properly screened prior to placement. As part of its commitment to ethical recruitment, HCL often employs health professionals as recruitment agents. The reason for this is twofold: The agency values the technical skill that these health professionals have, and expects that they will be better at understanding the client's needs and at screening. Secondly, they value the commitment to professional ethics that nursing staff possess.

For HCL, the business case for implementing ethical recruitment relates to two main concerns. First, the company is aware that its major client, the NHS, has a reputation for discontinuing relationships with suppliers that act improperly, whether that is by charging job seekers fees or failing to complete full qualification and criminal record checks. The scale of contracts with the NHS means that failing to meet their ethical standards is a major driver to implement ethical recruitment practices. The second driver is the reliance on word of mouth referrals for the recruitment of new health professionals. HCL relies on its reputation, not only with hospitals, but also with job seekers. Implementing ethical practices help the agency to meet staffing targets because 31 per cent of nurses and 13 per cent of doctors are placed following word of mouth referrals. Effectively, the business' reputation as an ethical recruiter increases its attractiveness to both candidates and client organizations.

4.3.1 The supply chain

HCL does not operate through local suppliers; it recruits directly at recruitment events. On rare occasions HCL partners with audited subcontractors in origin countries to meet specific client requirements. In these cases the contracts with subcontractors prohibit charging fees to workers, and require subcontractors to comply with HCL's ethical standards. In this way, HCL uses influence over its supply chain to diffuse ethical practices. Even in India, where the organization has a branch, the UK business conducts its own recruitment events and sends its UK-based staff to large recruitment events. In part this reflects the company's view that it is easier to ensure compliance with ethical standards within its own operation than when dealing with third-party organizations. They make use of other organizations to advertise in local labour markets and run stalls at large recruitment events, but the process of recruiting and carrying out appropriate identity, medical, and qualification checks is done by HCL UK.

4.3.2 Internal audit systems

The agency has developed extensive internal monitoring to ensure that its suppliers adhere to its standards of corporate social responsibility and ethical practice, and can establish that they are doing so when audited. This monitoring system has allowed HCL to terminate relationships with subcontractors that have been found to be charging fees to internationally recruited workers. As a market leader in recruitment of health-care professionals, HCL takes

it upon itself to combat unethical practices and exploitation seriously. HCL applies a “no recruitment fee” from workers policy for recruitment and placement throughout its supply chain. The company actively asks job candidates whether they have been charged fees by HCL’s suppliers as part of its monitoring processes. If candidates claim to have paid fees, HCL investigates the claim as a complaint. And if candidates are found to have paid a fee, that fee is then refunded. HCL has terminated relationships with suppliers on the account that they had charged fees to candidates.

4.3.3 Dispute Resolution

HCL has a well-established process for complaints and dispute resolution. This complaints process forms part of the organization’s Clinical Governance Strategy and part of its quality management system. The agency uses the complaint investigation, review, and analysis to inform risk management and seeks continual quality improvement through corrective and preventative actions. The Managing Director is responsible for the complaints policy, and complaints are reviewed monthly at the senior management level. The policy itself is in line with the NHS complaints process, and mirrors the processes in place for staff directly employed by the NHS.

HCL’s comprehensive complaints policy outlines the way in which complaints from workers and organizations will be handled. The aim of the policy is to enable complaints to be managed quickly and efficiently. The policy includes a comprehensive reporting section, and complaints are tracked through the procedure. Transparency in the process ensures that workers and companies can have confidence that their complaints are taken seriously, investigated fully, and acted upon where necessary.

The complaints policy applies to any incident involving a worker that is reported to HCL, even if the information was not provided through an explicit complaint. For instance, if a service user (i.e., an NHS patient) or an employer (i.e., a hospital) provides any information or expressions of dissatisfaction that require follow up or investigation by HCL, the complaint process is invoked. Likewise, if a recruited worker or candidate offers any critical feedback in relation to the recruitment process or with regard to their UK employer, HCL will treat this as a complaint even if the worker/candidate does not initially frame issue as a complaint. For example, if a recruited worker says that they have been charged a fee by a subcontractor, this issue will immediately be addressed as a complaint even if the worker doesn’t invoke the policy or say that they are making a complaint.

Importantly, the policy is wide-ranging in its application. It encompasses complaints about HCL itself, and anyone working on behalf of HCL. The policy covers four main kinds of complaints:

- patients/health facilities making a complaint about the worker;
- the worker making a complaint about a health facilities/placement organizations;
- the worker making a complaint about HCL; and
- patients/health facilities making a complaint about HCL.

Complaints themselves are divided into three grades, informal, formal and serious. The organization commits to dealing with informal complaints within 24 hours, and formal or serious complaints are expected to be investigated and resolved within 15 days unless they require the involvement of the regulatory body (for instance the NMC). There are specific procedures in place to deal with alleged professional misconduct. HCL makes use of a confidential complaints log that is audited every month. This log is used to ensure compliance with quality standards, and to prevent future problem arising.

The complaints process forms part of the organization's quality assurance and continual quality improvement programme. The company has ISO9001 accreditation for its quality improvement processes.

4.3.4 Screening

The agency works closely with employers to ascertain their needs and has a thorough screening process to ensure that appropriate candidates are put forward. Because of its awareness of historic abuses in international recruitment, HCL takes numerous precautions to ensure that candidates are thoroughly screened prior to being offered for placements. Screening processes with candidates include comprehensive identity checks, clinical interviews with qualified doctors and nurses, questions on patient safeguarding, and language checks.

Managers within HCL argued that health-care recruitment within the United Kingdom is a particularly ethical and a compliant sector (Interview with HCL). They were aware of the implications in terms of patient care that may result from a deficient check of candidates. This concern was paramount to their focus on ethical recruitment. HCL is also conscious that much of the interest in the company from candidates and clients rests on it having a reputation for being an ethical recruitment agency. It identified that failure to meet the ethical standards laid out in the 2004 Code of Practice would result in HCL losing its status as an NHS-approved supplier, and therefore losing access to a significant number of important clients.

HCL identified that a key factor in the success of placements, and the satisfaction of NHS clients, is the level of English language skill of the health-care professionals recruited. As a result, HCL puts a particular focus on ensuring that their candidates have a high level of spoken and written English. HCL goes beyond the test of competence used by the NMC and GMC, and assesses candidates by phone, email, and face to face. HCL also supplies candidates with a specialist online training resource that supports them to improve their clinical English.

4.3.5 Recruitment process

The company's reputation in origin countries means that many workers are frequently referred to them by word of mouth. While police checks will ultimately be conducted the employer, many of the initial identity, reference, language, and clinical skills checks are done by HCL.

In most cases, doctors and nurses recruited from overseas have to enroll in learning and supervised practice at a lower grade. This process often produces delays in moving into a UK

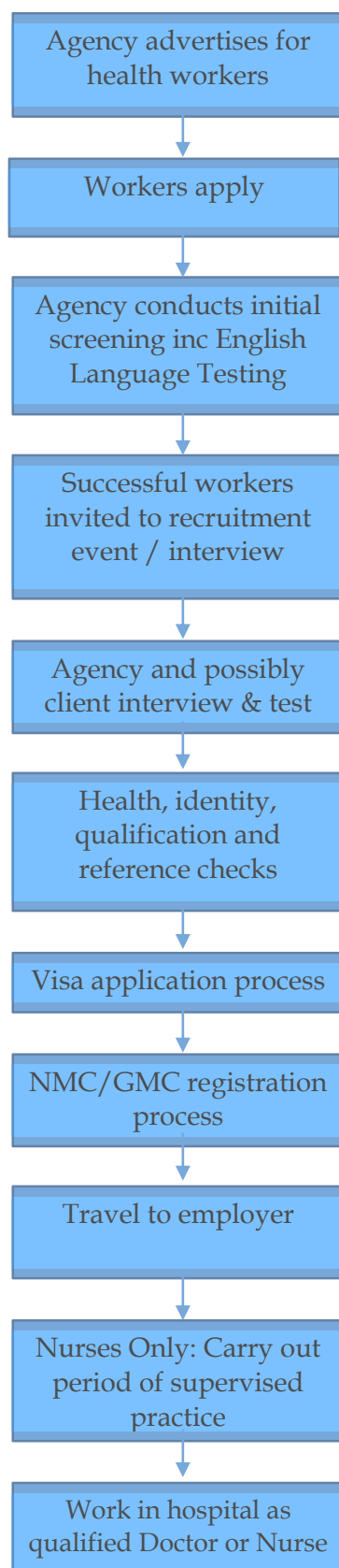
placement. HCL explains the process to candidates and ensures that they are aware of the likely delays and the expected timescales before a placement is to begin. HCL also manages the expectations of NHS and private sector clients to ensure that they understand that overseas recruitment is a slow process because of the long-winded and bureaucratic processes involved when registering as a doctor and gaining a work visa.

HCL prides itself on working with NHS trusts to ensure that internationally recruited health workers are supported when taking up initial UK placements. HCL provides support with logistics, and works with NHS trusts to identify appropriate housing and other services that may be needed. The agency publishes a booklet aimed at professional health-care workers that offers information on a range of topics from school entrance to postal services. The organization sees such support provided to recruited health professionals as integral to its role, and a fundamental part of helping to ensure that a placement is successful.

4.3.6 Concluding remarks

Promising practices of ethical recruitment within HCL seem to be mainly driven by factors such as:

Figure 2: Recruitment process of health workers to the UK



- ensuring highly efficient and transparent

- recruitment procedures through screening processes, and internal audit system, and dispute resolution. Recruiting for the NHS makes HCL even more committed to monitor and improve recruitment procedures; and

- high level of control over the supply chain.

4.4 Conclusion

The United Kingdom has been a long-standing recruiter of international health workers. It has faced international pressure to reduce its reliance on such workers, and has incrementally done so. In tightening immigration criteria, and creating more challenging standards for admittance to the GMC and NMC register, successive governments have reduced the number of international medical professionals recruited from outside the EU. While both hard and soft regulation exist to regulate international recruitment of health workers, workers are still being recruited from countries on the “banned” list, where there are risks of shortage of health professionals, and many are still being charged fees for recruitment in spite of the prohibition to do so in the United Kingdom.

Recent changes in the way that NHS employers select agencies to recruit workers from overseas are having profound changes on the sector. There has been a move away from agencies having individual relationships with NHS trusts, towards framework agreements managed by procurement consortia. Procurement consortia are acting as a barrier to entry into the recruitment market, with most NHS employers using recruitment agencies that have tendered to be part of a list of approved suppliers. The process to get accepted onto this approved supplier list includes compliance checks and the requirement that agencies comply with the 2004 *Code of Practice for the international recruitment of healthcare professionals*. The auditing and management of these agreements provides an alternative means of regulating ethical recruitment within the United Kingdom, as agencies are excluded from providing

placement services when they fail to demonstrate that they meet the prescribed ethical standards. Within the UK health sector, the NHS is the main employer and user of agency services. This provides a significant economic incentive for agencies to comply with standards set by procurement consortia, because failing to do so means agencies will not be able to access the NHS as a client. As a result the non-statutory environment within the United Kingdom is supportive of some kinds of ethical practices and enforces compliance without using formal regulation of the sector.

In addition to changes in the way that the NHS is engaging with recruitment agencies, some agencies have shown themselves to be particularly good at practicing ethically. The two agencies described in the case studies demonstrate interesting and different approaches to the ethical recruitment of international health workers. Both agencies have in common a commitment to ethical recruitment for moral and economic reasons. As noted above, recruitment agencies not complying with basic ethical practices will no longer have access to the NHS as a client. This provides a significant business incentive to ensure compliance with basic ethical prescriptions. Additional concerns around reputation cement the business case for ethical practice for both agencies.

The process for international recruitment of health professionals is outlined in Figure 2. This process is more or less common to both organizations, but the way in which it is implemented is different.

HCL is an organization committed to process improvement. It is very focused on ensuring highly efficient procedures that it continually monitors and improves. It follows a model of “process-driven ethical recruitment”. Drake Medox UK is highly relationship- and people-focused. It has created a recruitment process that takes account of the challenges of travelling long distances to interviews and recruitment events, and that supports both its clients and workers in building working relationships. It follows a model of “people-driven ethical recruitment”.

Process-driven ethical recruitment

Process-driven ethical recruitment means that firms implement strict policies and procedures to ensure compliance with regulation and ethical standards. The overall recruitment of health workers (from within and without the EU) is managed as a project. Individual health professionals are tracked from initial engagement with the agency through to appointment or rejection. Within the overall system there are sub-processes for reference, medical, qualification, identity, and language checks. The entire process is managed by HCL, meaning that it is able to guarantee that no fees are charged at any point. The process-driven approach helps to ensure standardization. A key strength of this approach is its transparency and the ease with which it allows external partners to review both the overall system in place and also individual cases. It is also easy to explain to job seekers what stage their application is at, and what the next stages of the process entail. The case study of HCL demonstrates some of the quality control and complaint handling processes that the agency uses.

Person-driven ethical recruitment

Person-driven ethical recruitment means that the recruitment process is built around both workers and employers. Drake Medox UK focuses on building relationships to ensure that what each party needs to achieve is thoroughly considered and built into the recruitment process. For client organizations, this means ensuring that a single recruitment trip can produce the number of successful appointments that they require, and that the people recruited fully meet their needs. NHS employers are keen to ensure compliance with the 2004 Code of Practice. The fact that Drake Medox UK only recruits nurses from the Philippines, a country that is said to currently have a sufficient number of health professionals, means that no nurses will be recruited in countries where health care shortages exist. Furthermore, the fact that the agency recruits from different provinces in the Philippines goes beyond the Code to ensure that no one single geographical area or hospital loses a large number of staff in one recruitment exercise.

The person-driven approach relies on volume recruitment, meaning that Drake Medox UK only supplies internationally recruited nurses in the context of large recruitment projects. In order to achieve successful person-driven ethical recruitment, the agency has built a very close relationship with ACS Global Recruitment, who share Drake Medox UK's practices when recruiting nurses. It requires that the partner agency is able to supply a high volume and high-quality talent while complying with strict procedural requirements. Drake Medox UK ensures that all candidates reaching the interview stage are appropriately qualified and experienced to meet the needs of the client organization. As such, Drake Medox UK's partner must carry out a range of checks (i.e., identity, qualifications, and reference) on each prospective nurse before they are introduced to an NHS client at interview. Some of the checks are carried out by ASC Global Recruitment. This contributes to ethical recruitment by ensuring at an early stage that applicants have appropriate skills and qualifications to work in the positions offered. The fact that these checks are carried out directly by ASC Global Recruitment also means that Drake Medox UK can be assured that there are no direct or indirect fees being asked of applicants within the recruitment process.

For workers, person-driven ethical recruitment means a fee-free recruitment process that is sensitive to the challenges of applying for and accepting work overseas. In being sensitive to these challenges, Drake Medox UK and ASC Global Recruitment ensure that all the processes that need face-to-face contact can be completed in a single recruitment visit. The company recognizes the expense and stress of migrating for work and seeks to minimize the challenges by holding regional recruitment exercises as well as completing health and identity checks the same day as the interview. It also provides transport from Manila to the hospital in the United Kingdom so that workers can travel together and are given the chance to meet new colleagues who are migrating at the same time. This provides opportunities for peer support and to build a support network at the earliest opportunity. Other support that Drake Medox UK encourages its NHS partners to provide to workers includes accommodation for the first six weeks, pay advances, and a "home starter kit". This contributes to ethical recruitment because, in addition to not charging job seekers a fee, the agency seeks to minimize the cost

to the job seeker during the application process in terms of both travel and time. This allows nurses with lower socio-economic status greater access to migration.

To understand ethical recruitment of international health professionals into the United Kingdom, one must understand that the United Kingdom has a mix of statutory and non-statutory regulation. It is unlawful for agencies to charge job seekers to find them employment, and this is enforced by a statutory body. In addition, the 2004 UK Department of Health *Code of Practice for the international recruitment of healthcare professionals* is enforced by procurement consortia that are the gatekeepers to accessing the NHS labour market. This means that the United Kingdom has a reasonably strong regulation system to enforce some minimum ethical standards.

Both agencies outlined within this report exceed the minimum standards required to operate within the United Kingdom. Both the process-driven and person-driven ethical recruitment models make a contribution to ensuring that job seekers and client organizations receive ethical treatment.

5. Promising practices emerging from the recruitment industry in India

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5.1 International recruitment of Indian health professionals

The migration of health professionals from India dates back to the 1960s, and currently India is one of the main source countries for the international recruitment of health professionals in the world. The number of destinations for Indian-recruited health professionals has increased and diversified due to growing international demand as well as the growing presence and reach of recruitment agencies.

Systemic data on and documentation of the migration of professionals from India is lacking. It is therefore difficult to determine the trends and the scale of the migration of health professionals. However, based on the distribution of recruitment agencies within the country and empirical studies carried out in destination countries, some patterns can be identified.

According to Nair and Percot (2007), nurses migrate in a step-by-step manner: first within India, mainly to metropolitan areas; then to countries in the Persian Gulf region; and finally to Europe and America. The work in Indian metropolitan areas has the added advantage of exposing the nurses to well-established recruiting agencies and training institutions, which increases their capacity for migration to a more sophisticated hospital and/or developed country (see also Walton-Roberts and Rajan, 2013). According to Khadria (2007, p. 1433) for instance, “New Delhi in north India, and Bangalore and Kochi in the south have emerged as the three main recruiting hubs. Delhi-based agencies tend to focus on the US market, while those in Kochi and Bangalore are mainly facilitating the migration of nurses to other destinations like the Gulf countries, Australia, New Zealand, Singapore, Ireland, and the United Kingdom.”

Kerala has emerged as the leading state in India from which international migrant nurses originate (Nair and Percot, 2007; see also Bhattacharjee, 2013, p. 6). Kerala is distinct from many other states in India because it has a long tradition of female education, nurse training, and migration rooted in the state’s history of Christianity (Aravamudan, 1976; Simon, 2009; Percot and Rajan, 2007). Approximately 60,000 Indian nurses, predominantly from Kerala, were estimated to be in Gulf countries in the mid of 2000s (Percot, 2006), and there has been a continual flow since (Lum, 2012). Thirty-eight per cent of Kerala’s nurses work in the United States, 30 per cent in the United Kingdom, and 15 per cent in Australia (Lum, 2012; Kodoth and Jacob, 2013).

¹⁴ Bhoomika Joshi is the main author of section 5.1.3 “State-led recruitment agencies”. Seeta Sharma is the main author of section 5.2 “Case study: IFANglobal”. Davide Calenda is the main author of the other sections of this chapter.

The Philippines and India are the two primary countries of origin for nurses migrating to work in the United States and the United Kingdom. In case of the United Kingdom, India has superseded the Philippines as the most significant source country. Buchan (2007) reports that registration figures from the NMC show an increasing migration of nurses from India, noting: "Only 30 Indian nurses were registered in 1998–99; this figure had grown to 1,830 by 2003–04 and to 3,551 in 2005–06" (p. 12). According to the OECD (2007, p. 186), "between 1997 and 2004, the share of work permits granted in the [UK] health sector to Indians almost tripled to reach 28 per cent at the end of the period". Buchan (2007) attributes this increase in the number of nurses to the growing presence of recruitment agencies in India and also to the advantage for Indian nurses to pass the English language requirements of the NMC.

Working in the United States has also become an aspiration for many Indian health professionals; health facilities in the United States have showed an increasing interest in recruiting them as well. In the last decade, for instance, there has been an expansion in the number of examination centres developed by the Commission on Graduates for Foreign Nursing Schools (CGFNS) in India. The CGFNS is an international agency that specializes in providing credential assessment services to nursing schools and pre-screens foreign-educated nurses wishing to practice in the United States. According to the CGFNS (2004), in 2004–05 a record of 10,000 Indian nurses were in the process of applying to migrate to the United States through the help of recruiting agencies in New Delhi. A July 2007 Internet search conducted by Pittman, et al. (2010) revealed that there were a minimum of 723 companies in the United States that were "actively recruiting foreign educated nurses", mostly from India and the Philippines.

Despite the top position held by India among countries supplying health professionals globally, there is still little information about the actual practices of recruitment agencies in this sector. Overall, the international recruitment industry in India is still an under-researched topic in academia. So far, the study of Rajan, Varghese and Jaya (Rajan et al., 2009 and Rajan et al., 2010) is the only attempt made so far specifically addressing the recruitment sector in India, although its main focus are low skilled workers. In that study interviews with the three main actors involved in international recruitment (recruitment agencies, migrant workers and public authorities, i.e. POEs) were triangulated to understand the situation and the challenges in the sector. Overall, the study shows that international recruitment in India is primarily characterized by the low volume of migration taking place through direct recruitment, which tends to apply mainly to big enterprises, and the marginal role of public recruitment agencies in terms of the number of workers recruited internationally through their channels. Hence, private recruitment agencies dominate the international recruitment scene in India. The structure of the recruitment industry in India has a complex articulation, which is neither systemized nor formalized. The results of the survey made by Rajan et al. (2010) among a sub-sample of recruitment agencies registered at MOIA (n. 267) show that the majority of recruitment agencies are small firms. These firms often work for other agencies receiving recruitment work outsourced by bigger recruitment agencies.

Concerning the situation in the health sector, the little we know is mainly drawn from news reports about unscrupulous recruiters or employers. In most cases these news items are about nurses. For instance, in 2013 more than 350 overseas nursing job aspirants were cheated by a Kochi-based overseas recruitment agency, and it is alleged that the recruiting agency swindled between INR500,000 to INR700,000 (US\$8,560 to US\$11,980) from these workers by promising placements in countries including the Netherlands, Finland, and Belgium (*The Hindu*, 2009). Fieldwork research carried out among the foreign health-care workforce in countries of destination has also provided evidence that Indian nurses, and nurses coming from developing countries in general, can be exposed to unfair recruitment practices (e.g., Buchan, et al., 2005; Pittman, et al., 2012; Calenda, 2014).

In theory, prospective migrant nurses should own sufficient cultural resources in order to be more autonomous in the management of their migration and recruitment process compared to unskilled or unqualified workers. In practice, few migrant nurses move abroad through direct recruitment from overseas health facilities. This can be explained by several factors. Firstly, only big health facilities are likely to recruit directly in sending countries. Private health facilities are mostly small- to medium-sized, but they also absorb a large proportion of migrant nurses and tend to use private recruitment agencies for recruitment. Secondly, the requirements to register and work as nurses abroad are often not easy to match, especially in countries such as the United Kingdom, United States, Canada, or Australia that are characterized by high standards and complex regulations for health professions. Applying for a job in health facilities in these countries, especially in the public sector, often involves complex tasks such as the validation of qualifications and previous work experience, examination of language skills, and compliance with immigration rules and other legal provisions. This process can be extremely complex for individual nurses without the support of specialized private or public recruitment agencies. A study conducted by the Public Health Foundation of India (PHFI)¹⁵ reports the following:

From the discussions with prospect migrants, it appears that there are differences in the migration process employed by doctors and nurses...The nurses appear to be more vulnerable to the vagaries of the migration process. Most of them were ill informed and were mainly dependent on third parties such as recruitment agencies/agents. These agents were recommended by either relatives or friends or were identified through newspaper advertisements or facility visits by the agents. In a few rare cases, it was mentioned that hospitals from the destination country directly approached them and provided the necessary information (PHFI, 2011, p. 145).

According to PHFI's report, recruitment agencies that provide a one-stop solution service position themselves as crucial actors in the migration process of nurses (see also Bludau, 2010).

¹⁵ PHFI is a public-private initiative structured as an independent foundation that has collaboratively evolved through consultations with multiple constituencies, including Indian and international academia, state and central governments, multilateral and bilateral agencies, and civil society groups. PHFI's mission is to help build institutional and systemic capacity in India to strengthen education, training, research, and policy development in the area of public health. For more information, visit <http://www.phfi.org/>.

Private recruitment agencies have two lucrative opportunities: (1) to help nurses comply with formal requirements; and (2) to provide training and coaching nurses for successful overseas placement: improving specialized language skills, attitudes, and relationship skills. This can be particularly profitable for recruitment agencies. Khadria (2007) estimates the agencies invest an average of US\$4,700–US\$7,000 in these processes per nurse, and earn as much as US\$47,000 once the placement materializes.

Ethical concerns stem from the fact that many workers are charged fees for recruitment. Despite the fact that charging fees up to a certain amount is legal in some countries, including India, charging workers fees for recruitment is considered by the WHO and the ILO as not conducive to improving ethical practices in international recruitment.

Profit is made by recruitment agencies through commission or direct sale of services. Sasikumar and Hussain (2008) argue that the fees migrant workers usually pay for “services” related to the migration process, including employment visas, can be 15–25 times higher than the fees proscribed by Indian law. Unethical agencies take a major share of the salary of the new migrant in addition to charging a fee for their service. For example, Nair and Percot (2007) investigated the situation of Indian migrant nurses recruited to work in Gulf countries and discovered that in certain circumstances nurses had paid a commission equivalent to three months of their salary.

Most instances of fraudulent recruitment practices carried out by private recruitment agencies relate to cheating prospective migrants of their fee money or fake promises of overseas job placements. In 2004, an agency based in Kottayam (Kerala) was investigated by the Protector of Emigrants in Kochi following a complaint registered by a nurse against the agency. According to the nurse, the agency had been demanding a hefty recruitment fee in addition to their fee for an orientation course (*The Hindu*, 2004). Over 100 nurses also registered complaints against a Bangalore-based recruitment agency that had promised them jobs in west Asian and Western European countries. The firm was instructed to refund over INR20 million (over US\$460,000) to approximately 50 job applicants (*UK Malayalee*, 2014). Another unethical practice in recruitment agencies relates to visa fraud, in which prospective migrants are provided with inappropriate entry permission to the country of work. For example, a Malayali nurse was sent to Kuwait with a Non-Work Permit Visa by a recruitment agency based in Kochi (Kerala) that also took a fee of INR846,000 (approx. US\$14,500) from the nurse (*Times of India*, 2013).

Evidence of unfair recruitment practices also appears in countries that have adopted Codes of Practice aimed at fostering ethical recruitment of foreign health professionals. In the United Kingdom, a survey was conducted in 2013 among internationally recruited nurses, a majority of whom were from Kerala (Calenda, 2014). The survey showed that a large proportion of nurses recruited by private recruitment agencies reported having received incomplete or inappropriate information about their employment contract and working tasks in the United Kingdom. Many nurses interviewed also considered the fees charged by the recruitment agencies to be inappropriate given the quality of services and assistance received, and therefore stated they would not recommend these recruitment agencies. Nurses recruited for

working in nursing homes and private health facilities turned out to be less satisfied with their recruitment experience compared to nurses recruited by public health facilities (Calenda, 2014).

To summarize, the following patterns can be drawn from the literature on international recruitment of Indian health professionals:

- Despite India becoming one of the most important source countries for internationally recruited doctors and nurses, a systemic data and documentation procedure is absent and there is a lack of documented evidence as to current recruitment practices. Indian law does not require workers to get clearances, nor does India maintain information regarding skilled migrant workers.
- Previous research in the field indicates that Indian nurses tend to migrate in a step-by-step manner, first within India, mainly to metropolitan areas, then to countries in the Persian Gulf, and finally to Europe and America. The fact that recruitment agencies tend to concentrate in Indian metropolitan areas may impact on this pattern.
- Several investigations carried out among Indian nurses in destination countries, for example the Persian Gulf, United States and United Kingdom indicate that the majority of nurses moved overseas through private recruitment agencies.
- Overall, nurses seem to be less vulnerable to unscrupulous practices in recruitment compared to unskilled and unqualified workers. Individual socioeconomic and cultural characteristics can partially explain this difference. The diversity of destination countries for Indian nurses, which include states showing increasing concern about the ethical recruitment of foreign-educated health professionals, should be considered an important factor as well in analyzing the situation of migrant nurses compared to other categories of workers.
- Evidence of unethical recruitment practice among Indian nurses continues to emerge and demonstrates that problems are not limited to countries characterized by weak legal protections for foreign workers, but also appear in countries with well-developed industrial relations.
- Unethical recruitment practices in India are not limited to practices such as overcharging workers with fees and providing misleading information about the employment contract. Unethical practices would appear to stem from a generalized process of commodification in all aspects of the migration and recruitment process. Literature in the field indicates that such a commodification process is facilitated by the limited transparency of the recruitment industry, as well as the limited effectiveness of the sanctioning power of public authorities.

5.1.1 Migration policy and regulation of international recruitment in India

Recruitment for overseas employment in India has been happening since the colonial period in Indian history (Tinker, 1974). However, the genesis of the recruitment industry as we see it today came in the 1970s with the oil and construction boom in the Gulf countries. During that period the recruitment industry became widespread through targeting the business of

overseas placements, especially in the case of low- and un-skilled migrants. This phase was marked by a lack of appropriate regulations and controls.

A second phase in the development of the current recruitment industry started in the early 1980s when fraudulent recruitment practices and the poor working conditions of many overseas workers, especially in Gulf countries, came to light. Concerns about the exploitation of workers by private recruitment agencies, along with a rise in the growth of unregistered recruitment agencies, led the Government of India to pass the Emigration Act, 1983. The Act was essentially aimed at regulating recruitment practices through introducing a licensing regime. Section 10 of the Emigration Act states that no recruiting agent can carry out the business of recruitment in India without a registration certificate issued by national registration authorities, namely the Protector General of Emigrants. The Act states that the registration certificate is granted after taking into account several requirements: the recruiting agent's financial soundness, adequacy of premises, and experience in the field of handling manpower export (GoI, 2007 [1983]). Another key provision of the Emigration Act is the ability of the Government to establish rules for imposing ceilings on recruitment fees; these fees vary depending on the qualification of the workers.¹⁶ Such limits have been set primarily with the purpose of keeping the cost of international migration, especially for low-end workers, within reasonable limits, and thus protect the workers from excessive profit-making propositions from recruiting agents (GoI, 2007 [1983]). The registration of recruiting agents under the Emigration Act began in Jan. 1984, and as of 31 Dec. 2011 there were 1,533 registered agents or agencies (MOIA, 2012a, p. 36).

The Emigration Act also explicitly addresses prospective migrant workers through the introduction of an “emigration clearance” regime. Section 22 of the Emigration Act states that no Indian citizen shall migrate unless they obtain emigration clearance from the Protector of Emigrants.¹⁷ However, in order to facilitate the free movement of skilled manpower for overseas employment, the regulatory mechanisms in India have been progressively liberalized. Several categories of workers, including nurses, have been granted exemption from the requirement of emigration clearances and are instead placed under the Emigration Check Not Required category (GoI, 2007 [1983]).

How did the Emigration Act, 1983, and related reforms in the emigration clearance regime impact on the actual practices carried out by recruitment agencies? Unfortunately, there is little empirical information on impact; hence, firm conclusions cannot be drawn. However, independent organizations, for instance the Public Health Foundation of India (2011), suggest that one limit of the reforms introduced during this period was that public intervention

¹⁶ The most current amended text of Article 25 of the Emigration Rules 1983 states the following, “No recruiting agency shall collect from the worker the charges more than the equivalent of his wages for forty-five days as offered under the employment contract, subject to a maximum of twenty-thousand rupees [US\$320], in respect of services provided by it to that worker and the recruiting agent shall issue a receipt to that worker for the amount collected by it in this regard.”

¹⁷ The Protector of Emigrants operates under the Protector General of Emigrants, whose offices are located in the nine cities of New Delhi, Jaipur, Mumbai, Kolkata, Chennai, Hyderabad, Chandigarh, Kochi, and Thiruvananthapuram.

mainly rested in licensing procedures, which had limited impact on the actual operations of the recruitment industry. In the absence of actual control and monitoring systems by public authorities, unscrupulous recruitment agencies may have found ways to continue their operations, as suggested by the many accounts of exploitation of Indian migrant workers reported by media during this second phase of development in the Indian recruitment industry.

Competencies on the regulation of the Indian recruitment industry have been progressively transferred to the Ministry of Overseas Indian Affairs (MOIA) since its establishment in 2004. However, while MOIA seems to be particularly concerned about how to channel remittances and investments coming from the diaspora (MOIA, 2012b, p. 10), critical issues related to international recruitment are poorly addressed.

5.1.2 State-led recruitment agencies

State-led recruitment agencies have been established in some Indian states in order to address the challenges brought forward by private recruitment agencies and to facilitate migration for overseas employment. State-led agencies are registered with the MOIA and work in close cooperation with the ministry as well as the Department of Labour and Employment in their state government (table 4).

Table 4: List of state-led recruitment agencies, India

No.	Name	State	Date Established
1.	Overseas Deployment and Employment Promotion Consultants Ltd. (ODEPC)	Kerala	1977
2.	Overseas Manpower Corporation Ltd. (OMC)	Tamil Nadu	1978
3.	Non-Resident Keralites Affairs (NORKA)	Kerala	1996
4.	Overseas Employment Cell (OEC)	Punjab	1998-2007
5.	Overseas Placement Bureau Rajasthan (OPBRAJ)	Rajasthan	2004
6.	Overseas Manpower Corporation of Andhra Pradesh Ltd. (OMCAP)	Andhra Pradesh	2006
7.	Haryana Overseas Placement Association Society (HOPAS)	Haryana	2006

No.	Name	State	Date Established
8.	Overseas Employment Agency of Goa	Goa	2006
9.	Jammu and Kashmir State Overseas Employment Corporation Ltd. (JKSOEC)	Jammu and Kashmir	2010

Source: Authors

These are authorized overseas recruiting agencies, which are registered with MOIA, are dependent on the Departments for Labor and Employment in their respective states and work closely with the Ministry of Overseas Indian Affairs.

Despite the fact that the role of these state-led agencies within the complex recruitment industry in India is still marginal in terms of the number of migrant workers that pass through their offices. The documentation of state-led agencies affords some insight into limitations and opportunities for the development of promising practices of ethical recruitment in the Indian context.

The fieldwork documentation focused the following state-led agencies¹⁸

Table 5: Selected state-led agencies

Name of agency	Overseas Manpower Corporation of Andhra Pradesh Ltd. (OMCAP)	Overseas Development and Employment Promotion Consultants Ltd. (ODEPC)	NORKA-ROOTS (It operates under the Non Resident Keralites' Affairs Department)
Date established	2006	1977	1996
State of operation	Andhra Pradesh	Kerala	Kerala

¹⁸ It must be kept in mind that the mission statements of the agencies are quoted from their respective introductory brochures as introductory material and should be read in the context of each agency's operation and function.

Name of agency	Overseas Manpower Corporation of Andhra Pradesh Ltd. (OMCAP)	Overseas Development and Employment Promotion Consultants Ltd. (ODEPC)	NORKA-ROOTS (It operates under the Non Resident Keralites' Affairs Department)
Mission statement	"To bring the overseas employers and aspiring youth together by eliminating unauthorized and unscrupulous private placement agencies, identify overseas employment opportunities, assist the aspirants..." (OMCAP Brochure)	Established in the wake of "lack of proper guidance...and not many genuine, cost effective and reliable recruiting agencies in the private sector" (ODEPC Brochure)	"To establish a robust and vibrant institutional framework to facilitate and support Government of Kerala in addressing the NRKs' grievances, safeguarding their rights, rehabilitating the return of migrants, enabling them to invest and benefit from opportunities in Kerala" (NORKA-ROOTS Brochure)

Source: Authors

The above-mentioned public recruitment agencies operate in the two big sending states of Kerala and Andhra Pradesh in the South of India. ODEPC is one of the oldest public recruitment agencies in India and OMCAP and NORKA-ROOTS are relatively recent ones.

As far as their respective thrust areas for recruitment are concerned, the three agencies appear to have specified areas derived from their history of recruitment. Whereas OMCAP has a diverse recruitment pool that includes drivers, construction workers, hospitality sector workers and security guards, namely a range of semi-skilled functionaries, ODEPC has predominantly recruited nurses. Due to the limited recruitment activities of NORKA-ROOTS, its thrust area cannot be yet identified. NORKA-ROOTS primarily focused its action on the implementation of social welfare schemes for Keralites workers overseas.¹⁹ The state

¹⁹ NORKA-ROOTS hosts and implements many of the social welfare schemes for migrants instituted by the state government of Kerala which offer financial assistance in cases of distress. These include *Saanthwana* which provides financial assistance in case of death, for treatment of serious medical conditions and assistance toward marriage related expenses to families whose annual income does not exceed Rs. 100,000 (approx. 1700 USD); *Karunyam*, a specific fund for repatriating the mortal remains of NRKs from outside and states within India and assurance schemes which provide legal aid to 'support Keralites who are imprisoned abroad for no fault of their own and for minor offences' as well as 'providing free air tickets to such persons released from foreign jobs and who are not able to afford the tickets' (NORKA-ROOTS Brochure).

government of Kerala under the aegis of the NORKA Department delivers these schemes. It entered the business of recruitment for overseas employment in 2011.

One of the common elements in the mission statement of these agencies, as can be seen from the table above, is the need to facilitate safe migration for those going abroad for work whether by ‘eliminating unauthorized and unscrupulous private placement agencies’ (OMCAP) or by ‘safeguarding their rights’ (NORKA-ROOTS). When the NORKA Department was established in 1996, it was in the context of a high number of complaints and grievances reported by Kerala migrants working in the Gulf Council Countries related to fraudulent recruitment practices and unsuitable wages and working conditions. It was established to deal with these challenges and provide relief and assistance to migrant workers in need (interview with the General Manager of NORKA-ROOTS, April 24, 2014).

In the substance of their operations, skill building, up gradation and certification are the primary targets for all three agencies, which they are keen to build on to meet the increasing and varying demands of overseas employers.

An illustration of this is OMCAP, which along with facilitating safe migration, matches the demand of potential recruiters with corresponding skill sets from its registered candidates, especially semi-skilled migrants (Interview with the General Manager, April 22, 2014). OMCAP organizes Occupational Competency Certificates of international standards and enhance employability through training in spoken and written English and the language and general information of the prospective employer country (OMCAP mission statement).

Taking cue from the operations of OMCAP, ODEPC is developing training programs in functional and language skills and are diversifying their clientele by ‘looking beyond the Gulf’ (Interview with the Managing Director of ODEPC, April 24, 2014). Similarly, one of the areas that NORKA-ROOTS is now planning to enter into is that of skill up gradation. NORKA-ROOTS established the Skill Upgradation Training Programs in collaboration with Industrial Training Institutes under the Directorate of Industrial Training, Government of Kerala to train prospective migrants. The objective of the program is to upgrade the young Keralites workforce to meet the challenges of the overseas employment market.

Services provided by the agencies and related fees

In the last few years, especially since 2009 according to the General Manager, OMCAP began to address this recognized need for certified up-skilling for aspiring migrants. It now provides demand-based training to those registered with OMCAP. OMCAP’s emphasis on skill up gradation of the migrant workers is posited as a win-win situation for both the overseas employer and for the migrant; the overseas employer is able to match its needs for a particular set and level of skills and the migrant worker is in a better position to negotiate their employment conditions. In addition, according to the General Manager in interview, “Improving skills among registered clients of OMCAP constitutes a valuable addition to the workforce in the resident state as well”.

OMCAP charges a fee of 200 Indian rupees (US\$3.20) for lifetime registration which means that clients can be included in the OMCAP database for a lifetime, providing continuous access to overseas employment opportunities. In addition, it charges the following costs for additional services:

Table 6: Fees charged by OMCAP for services

Service Provided	Fee charged
Visa clearance assistance	INR500 (US\$8)
Air ticketing assistance	INR500 (US\$8)
Medical Check up	INR200 (US\$3.20)
Insurance	INR200 (US\$3.20)

Source: Authors

OMCAP acknowledges that increasing the skills of the workforce is one of the most important challenges in addressing the needs of the overseas employers recruiting in India. According to the General Manager, this approach has helped OMCAP “...identify the market for skills in overseas countries and the demand for Indian employees, produce a skill gap analysis and then to develop training systems methodology, tools and infrastructure and finally to practical skill up-gradation, enhancement and assessment, training and certification. If the potential employees [for overseas employment] are suitably trained then they would perform activities skillfully and get better wages” as the “unskilled and semi-skilled have a greater chance of being lured by various private agencies and exploited”. Therefore, according to OMCAP, skilling of the prospective migrant worker is one of the ways to counter the malpractices of recruitment agencies and build capacity within the workforce as well.

The services delivered by ODEPC to prospect migrant workers do not differ substantially from those delivered by OMCAP. However, the fees for registration charged by ODEPC follow a different logic compared to the ones of OMCAP. ODEPC fees vary according to workers’ qualifications:

Table 7: Fee for registration charged by ODEPC

Nature of qualification	Fee for registration
Professional Post Graduate (e.g. doctors, engineers)	INR600 (US\$9.70)
Skilled/Semi skilled	INR200 (US\$3.20)
Unskilled	INR70 (US\$1.10)

Source: Authors

The NORKA Department was initially established to oversee the welfare of migrant workers and has now established an interest in facilitating overseas recruitment for intending migrants. NORKA-ROOTS is the only public organization in Kerala authorized by Kerala State to undertake Certificate Attestation services for migrants, validating the required. Authenticated certificates are sent to the Ministry of External Affairs (MEA), New Delhi for Embassy attestation and to Mumbai for Consulate Attestation via NORKA, which charges different rates according to the nature of the Certificate and the authority of attestation:

Table 8: Department Certificate Attestation by Indian authorities

Authority of Attestation	Fee charged
State government	INR50 per certificate (US\$0.80)
UAE Embassy, Delhi and Mumbai	INR2 500 per certificate (US\$40.30)
Saudi Embassy	INR500 per certificate (US\$8)
Kuwait Embassy	INR1 250 per certificate (US\$20.15)
NORKA service fee	INR600 (US\$9.70) +INR250 (US\$4) (per additional Embassy Attestation)

Source: Authors

NORKA-ROOTS has established skill up gradation programs in technical coaching, spoken English, communication skills, computer training and soft skills including classes on recruiting procedures, visas, employment contracts and emigration for candidates. As a program fee the agency charges its candidates 20 per cent of the total training cost, of which the minimum cost is Rs.5000 (US\$81.15) and the maximum Rs.10,000 (US\$161.30).

Conclusive remarks

Primarily guided by the idea of making migration for overseas employment safe and inexpensive, State-led recruitment agencies are concerned with the welfare of the migrant. Supported by state governments and in line with the national level policy mandate, public recruitment agencies currently reflect unity on the matter of upgrading the skills of migrant workers. Adoption and implementation of programs may differ between agencies but it is clear that this programming is part of their future strategies for recruitment in overseas employment.

As stated in the mission of these agencies and elaborated upon by General Managers during the interviews, the consolidation and upgrading of migrants' skill set is seen a significant way in which migrants can be empowered to negotiate their terms of employment rather than being exploited. The involvement of public agencies in overseas recruitment minimizes the role of middlemen and fraudulent agencies in issuing visas and employment contracts as the public recruitment agencies operate through direct contact with the relevant Embassies and employers.

However, these agencies also encounter limitations. Due to the manner in which nodal agencies are set up within state departments, their management changes with a change in government. NORKA-ROOTS is awarded a large number of programs to implement but, as reported by the General Manager, has inadequate manpower to implement them. This general manager also noted a lack of participation by the agency in decision-making processes regarding financial support to be granted to NORKA-ROOTS. Such decisions are currently taken top-down. The General Managers of OMCAP and ODEPC also noted these challenges and limitations. It is worth noticing that overall, these problems look somewhat similar to those highlighted by Rajan et. al (2010) when they interviewed the managers of the PGE offices, as reported in the previous sections.

The most critical point is the intermittent changes in the management of the agency due to political rotation. This was identified as a disabling factor by these interviewees who stated that it caused discontinuity in the functioning of the agency. In addition, this situation limits the development of relationships: the willingness and the capacity of recruitment agencies to build long-term relationships and partnerships with foreign employers are important factors when explaining promising practices of ethical recruitment, as cases documented in the UK and the Philippines indicate. The impacts of these limitations in developing ethical recruitment practices warrant further investigation. These factors also arise for the Indian private recruitment agency IFANglobal documented in the next section.

5.2 Case study 1: IFANglobal

5.2.1 History and main characteristics in brief

The analysis presented here is based on primary documentation and a semi-structured, face-to-face interview with the Associate Vice President of Recruitment Nursing and Allied Health of IFANglobal, Medanta.²⁰

IFANglobal was established in 2001 in New Delhi, India, within the well-known private hospital Escorts Heart Institute and Research Centre. It then moved to Medanta, a large multi-field medical institute established in Gurgaon (National Capital Region) in 2009, and IFANglobal has been attached to this hospital since.

IFANglobal operates as global recruitment agency in the health care, engineering and IT industries. It has successfully placed more than 6,000 professionals since its creation. IFANglobal has offices in the United States, Philippines (partner office), Denmark, and Delhi. The Delhi branch has seven staff members and places workers mainly in the Gulf countries, Singapore, Malaysia, Europe, and the United States.

²⁰ "In June of 2008 IFANglobal made the strategic decision to partner with Dr Naresh Trehan, a cardio-vascular surgeon of international repute who leads one of the largest multi-specialty hospitals in the world, Medanta: the MediCity (www.medanta.org) in Gurgaon, India (Delhi region). Medanta is a 1,600 bed hospital which specialises in Heart, Critical Care, Neurosciences, Bone & Joint, Cancer, Liver, Gastroenterology, Kidney, Urology, Transplant and Regenerative Medicine. IFANglobal is the leading provider of nursing staff and training programmes for Medanta." IFANglobal's "Certification & Associations". Available at: <http://www.ifanglobal.com/certificate-association> [accessed 23 Nov. 2014].

The recruitment agency raises profits mostly from foreign clients – i.e., employers. Despite Indian law allowing recruitment agencies to charge workers fees up to a certain amount, IFANglobal only takes fees as an exception. In almost all cases, IFANglobal charges all recruitment-related costs to employers. As reported by the Associate Vice President during the interview, on the few occasions that clients have refused to pay and candidates have still been interested in the opportunity, IFANglobal has facilitated the recruitment process at a payment of maximum INR20,000 collected from the candidate (as permitted by Section 25 of the Emigration Rules, 1983).

According to the Associate Vice President, the creation of IFANglobal lies in the large attrition rate experienced by the Escorts Heart Institute and Research Centre due to the unexpected loss of a large number of nurses to overseas employers. In order to better manage this attrition rate and to not be disadvantaged by large numbers leaving the hospital simultaneously, IFANglobal was established. Creating an in-house overseas recruitment facility would facilitate the hospital with workforce planning by giving the nursing unit early notice of possible resignations. When a nurse interested in going overseas registers with IFANglobal, the nursing department is informed.

Internal and international recruitment of nurses constitutes a key asset of IFANglobal. Recruited nurses come from across the country, many from the southern states, such as Kerala, as there are more nursing schools in that region. Many of the nurses are new graduates coming in through campus recruitment from universities across over the country, but a number of experienced nurses are also recruited.

As noted above, the United States, Gulf countries, Singapore, Malaysia, and Europe are the most important destinations. Drawing on direct feedback from clients previously recruited, IFANglobal prefer to avoid sending nurses to Saudi Arabia and South Africa unless candidates, once fully informed about difficult working conditions in these countries, explicitly ask to be considered for recruitment in these countries. Countries experiencing armed conflicts, such as Libya, are also excluded from recruitment.

IFANglobal is the sole recruiter for Medanta, which has about 3,600 nurses and an attrition rate of approximately 100 per month, or about 30 per cent annually. It actively recruits, trains, and places nurses in Medanta, the domestic market, and overseas, providing opportunities and support for all nurses joining Medanta to go overseas.

Concern about ethical recruitment was an important motivation, along with improving manpower planning. As understood from the Associate Vice President, there was concern at IFANglobal that many nurses were being charged high fees by private agencies for overseas recruitment. In order to protect nurses and doctors from exploitation in the recruitment process, IFANglobal moved to provide cheaper and better services for nurses and doctors wishing to migrate. The hospital's managers were aware that the contacts Medanta had with foreign health facilities and the high reputation of the hospital in the sector would be important resources in achieving these aims.

Building up a reputation and capacity based on ethical business practices led IFANglobal to create international partnerships. IFANglobal is a founding member and serves on the board of the American Association of International Healthcare Recruitment (AAIHR), a US-based not-for-profit organization formed in 2006. The AAIHR aims “to represent the mutual interests of US-based organizations that participate in the recruitment of foreign-educated healthcare professionals, and to promote legal, ethical, socially responsible and professional practices for international healthcare recruitment” (AAIHR, n.d.). The AAIHR adopted a Code of Practice of Ethical Recruitment aimed mainly at fostering full transparency in the recruitment process.²¹

5.2.2 The Recruitment Process

5.2.2.1 Finding job opportunities

Finding job opportunities for nurses wishing to migrate is a key activity for IFANglobal. These job opportunities may derive from direct requests from overseas hospitals, but IFANglobal also proactively seeks new markets on its own.

IFANglobal rarely uses newspapers to advertise jobs, preferring to proactively reach out to nurses where they are – in colleges, hospitals, and training centres. The agency hires consultants to deliver information, make contacts, and seek out suitable candidates in different states across the country.

Tailored information and interactions with prospective migrant nurses are delivered through both traditional and new media. A database of about 12,000 personal contacts of nurses enables the agency to deliver personalized information through direct mailings. Social media platforms, such as Facebook and LinkedIn, have enabled widespread dissemination of information about job opportunities. The agency’s website offers potential candidates the opportunity to register, upload their resumes, and search for job opportunities.

New nurses hired by Medanta engage in a half-hour session in which IFANglobal outline the services it provides, the opportunities for working abroad, and why nurses do not need other recruitment agencies. Ninety per cent of nurses who leave Medanta for overseas, an average of 100 nurses every month, go through IFANglobal.

5.2.2.2 Information transparency

IFANglobal provides detailed information related to the recruitment process to candidates and maintains full transparency across the process. From the start, IFANglobal gives clear direction on what the destination country is like, wages, benefits and obligations, the contract period, accommodation, and other contract details. It also asks the candidate for permission to share information with employers.

²¹ Information about the AAIHR Code of Ethics is available at: <http://www.aaihr.org/?AAIHRCode>. At the time of last access (15 Jul. 2014), the full Code of Ethics was not available on the AAIHR website.

This direct approach can be illustrated through the way the company handles placement of nurses in the United Arab Emirates. All candidates are required to verify their credentials by registering online with the relevant United Arab Emirates health authority²² and to provide other documentation if further evidence is requested. To keep the process transparent and to enable candidates to know immediately what documents are requested or where in the process their application is, IFANglobal shares login and password details to give candidates full access to the official United Arab Emirates Government website. This instills confidence in the candidates and makes it clear that IFANglobal is not withholding information or causing delays.

Before overseas placement, IFANglobal ensures that the recruited nurses receive all employers' commitments in writing.

5.2.2.3 Thorough and innovative screening and pre-selection process implemented by IFANglobal.

The screening and pre-selection process is a substantial investment for IFANglobal. This comprises a first level screening of soft skills such as motivation, communication, personality, critical thinking, teamwork, and adjustment abilities, and a second level in which the company screens for clinical skills through in-house testing modules, essentially written tests based on job specialty. The agency also uses web-based clinical assessment tools developed by the international company Prophecy.²³ Particular tests address the administering of medication, as this is a common point of error among nurses. Honest feedback is provided after the screening process so that candidates have a realistic view of their skills and areas where they might need improvement. Candidates are informed if there are additional training needs for clinical or licensure requirements, and they can undertake the additional training at their own cost.

Short-listed candidates are sent to the employers, who usually interview them before making a final selection. Depending on the type of interview offered – telephonic, Skype, or face-to-face – IFANglobal provides interview coaching and reviews content-related questions. The duration of this training varies, depending on the candidate's requirements, and it imparts personalized one-to-one inputs. The most intense input from IFANglobal at this stage is to those candidates who will have face-to-face interviews with employers. While all candidates are given input on questions that may be asked, input is also provided on presentation and grooming. Practice group discussions are held among candidates, if required.

If IFANglobal cannot send a candidate due to changes in migration or recruitment policies in the country of destination, the agency will nevertheless hand over relevant certifications related to competence / skills assessment, regardless of the agency's financial outlay. Attestations of certificates are not conducted by IFANglobal and are the responsibility of the

²² Dubai Health Authority for Dubai, Abu-Dhabi Health Authority for Abu Dhabi. This procedure costs INR10,000 per candidate (approx. US\$160), which is covered by IFANglobal.

²³ The tool's name is NurseTesting, which was developed by Prophecy to create a standardized system of testing for nurses and health-care professionals seeking employment at health-care facilities and staffing agencies. More information can be retrieved at www.nursetesting.com [accessed 12 Jan. 2015].

candidate. IFANglobal verifies certifications for the national market, via nursing council authorities in India, but not for overseas markets. Foreign employers have to verify qualifications themselves.

5.2.2.4 IFANglobal's pre-departure orientation.

IFANglobal places considerable effort into providing nurses with meaningful and innovative pre-departure orientation. This is done using an array of user-friendly processes, as well as through facilitating direct contact between prospective migrant nurses and nursing peers who have already migrated overseas.

Foreign employers are usually asked by IFANglobal to provide videos showing the health care facility, the work environment, and the broader context within which the facility is situated. These are shared with potential candidates. For the United States, IFANglobal prepared a video called "Life in America", which gives a realistic picture of the destination to nurses before they leave. A deployment kit is provided by the employer, which includes an orientation package and information on what nurses should or should not bring with them to the destination country. This employer orientation package is provided approximately 10 days before departure to allow preparation time.

The commitment shown by IFANglobal in supporting migrant nurses through the sensitive stages of the recruitment process goes beyond classic pre-departure orientation activities. Detailed information of the main social characteristics of the destination country is provided, drawn from direct knowledge built by the team through their networks and visits to foreign employers. The organizational structure and culture of the foreign employer is also explained to candidates, including the position of nurses in the hierarchical system of the health facility and how they are expected to liaise with supervisors. If the candidate wants more information and IFANglobal has previously deployed candidates to that country or facility, the agency provides contact details in order to enable personal interaction between the nurses. This is done after requesting permission from the previously deployed nurse.

Another practice developed by IFANglobal as part of pre-departure activities is the organization of a farewell party in cases where many nurses leave at the same time. IFANglobal staff may even go to say goodbye to nurses at the airport. According to the Associate Vice-President of Recruitment, Nursing and Allied Health, these practices are important in providing a personal touch, which often results in many recruited nurses continuing to maintain contact, becoming sources of information on job opportunities, as well as returning to IFANglobal in the future. These practices also allow the agency to connect with nurses' family members.

5.2.2.5 Skills training and testing for nursing candidates

IFANglobal outsources basic training and testing activities to reputable specialist agencies that operate to high national and international standards. All nurses are trained through Vidyanta,²⁴ a training institute supported by the Government of India's National Skills Development Authority. Vidyanta certifies nurses for Basic Cardiac Life Support and Advanced Cardiac Life Support. The agency employs clinical trainers internationally, especially in recruitment for employers that the agency consider strategic for further business. In general, IFANglobal funds training of nurse candidates, but employers may be asked to pay for certain types of training. For example, Danish employers needed nurses to have a certain level of language skills. IFANglobal requested the employer to set up and fund a Danish language-training course. Since nurses were required to attend the course full-time, six days a week, IFANglobal successfully negotiated for nurses to be compensated for the loss of earnings.

If the foreign employer is unlikely to pay for the skills and qualification upgrades of candidates, the candidates are asked to pay for their training themselves. In these cases IFANglobal provides nurses with detailed guidance on obtaining required qualifications and attestations, and informs the nurses of any costs. The recruitment team is well versed in the specific requirements for individual destination countries and will help candidates to address any problems.

5.2.2.6 Controls in place for placement of nurses

IFANglobal places candidates in Medanta as a priority. If candidates prefer other options or are not suitable for Medanta (for instance, they do not understand the regional language), all other opportunities in both Indian and international markets are shared with them.

IFANglobal prefers to deal with the Ministries of Health of various countries as employers, but also takes contracts for private hospitals. Private hospitals on average pay less for recruitment than public ones but are more likely to demand a high number of candidates, which increases profitability for IFANglobal. The wish to be associated with well-reputed private hospitals constitutes an important element of the agency's commercial strategy.

IFANglobal's Business Development Team checks foreign employers in order to ensure that they are not fake employers, that the health facility matches desired standards, and that all contract details are clear from the start. These checks can include online verifications, references from trusted consulting firms, visits to the health facilities abroad, face-to-face meetings with the employers, and contacting health professionals that IFANglobal previously placed in that country. In countries where the employer does not provide accommodation to the candidates, IFANglobal establishes formal agreements with property agents to assist the

²⁴ Vidyanta Skills Institute is a training institute that offers simulation-based clinical training for the health-care sector and soft-skills training for the health-care and non-health-care sectors.

health professionals with housing when they arrive. The costs related to the property agent are borne by IFANglobal but the employee pays the rent.

IFANglobal has a Facebook page and connects to the nurses it places. This gives them access to the experiences of the nurses they have deployed through photographs, videos, and comments. With nurses' permission, the agency uses this online material to inform potential candidates, and also to check that the nurses' experiences conform to the agreed terms and conditions of their placement. The IFANglobal team does at times visit the workplace approximately six months after deployment. This is mainly to see if more business can be brought back to IFANglobal, since by that time the employer has judged the quality of the worker and *vice versa*. If the worker has a problem, IFANglobal tries to resolve it, which may include negotiation with the employer or providing additional information to nurses. Staff may also visit the nurses again if there is any adjustment difficulty or any misunderstanding between employers and employees. To date, no candidate has returned due to poor placement. For those that return for other reasons, IFANglobal tries to find placement for them within Medanta or with other clients. This is not common, as most remain overseas.

5.2.2.7 Concluding remarks

IFANglobal's creation lies in the direct experience that agency's founders – working as doctors and managers in a hospital – had with challenges faced by both individual workers and the hospital itself, i.e., the unpredictable exodus of health personnel, especially nurses, from the hospital and the exploitation those personnel faced in migrating overseas. Established to manage better the high attrition of nurses from Escorts Heart Institute and Research Centre and then at Medanta, IFANglobal is deeply entrenched in the hospital administration and is committed to first filling vacancies at the hospital. Its business practice comes from following ethical practices in the recruitment process, which is supported by high-end technology to maintain a database of health workers and to get candidates to return to IFANglobal when looking for a change in career. By providing extensive pre-departure orientation, skill training opportunities, and thorough testing methods, IFANglobal ensures that candidates are ready for a new career overseas, and that the agency is not likely to receive complaints from either employers or the candidates themselves. By charging fees entirely to employers (except in unusual circumstances) and following-up after placement, IFANglobal do not have to advertise because their reputation in the nursing community helps them to expand their business. International accreditation with the AAIHR attracts both employers and nursing candidates.

5.3 Conclusion

As a country that sends out workers, India has charted a long and varied course, from the migration of Indians as indentured plantation workers during the colonial period in the 19th century to that of health professionals to the United Kingdom; of construction workers and nurses to the Gulf; of IT professionals to the United States in the 20th century. At the present time, India's burgeoning and diverse workforce is seeking wider avenues both at home and abroad, and recruitment agencies, whether public or private, continue to play a vital role.

The regulatory framework of the recruitment industry in India is essentially built on The Emigration Act introduced in 1983 and its subsequent amendments. The protection of migrant workers against illegal recruitment agents and practices is primarily given to a national registration authority, the Protector General of Emigrants. Tougher registration requirements have been introduced across the years, and the sanctioning powers of the Protector General of Emigrants have been aligned to a degree. The Indian context has been criticized for being ineffective in response to the challenges brought by a recruitment market that is still highly fragmented. At the bottom of this market are complex networks of individual brokers and illegal recruitment agencies that profit from vulnerable workers, often with the complicity of formal recruitment agencies. Similarly, state-led recruitment agencies established in some Indian states have limited capacity to instill ethical behaviors in the private recruitment market.

Within such a framework, it is not easy for case studies in ethical recruitment to emerge. Clearly identified during fieldwork was the difficulty in applying the inclusion criteria adopted in this study for identifying case studies of promising practices of ethical recruitment. Suspicion as to the aims of this study shown by some managers of recruitment agencies may reflect that recruitment agencies lack incentive to demonstrate what they do and to increase their service delivery skills.

IFANglobal is an example of ethical recruitment whose main components are a solution-focused approach; transparency; a personal touch focused on building long-term trusted relationships with recruited workers and foreign employers; outsourcing services only to reputable organizations that follow high international standards; and developing corporate social responsibility through participation in international associations. The agency's founders invested in reputation, originally derived from the hospital in which they operated, as well as in their capacity to develop highly skilled healthcare professionals for high-quality recruitment in which employers – not workers – would pay. Concerns about the lack of professionalism and ethics in the recruitment of nurses were an important motivation in the creation of IFANglobal.

6. Promising practices emerging from the recruitment industry in the Philippines

Jean Encinas-Franco (University of the Philippines Diliman)

State-sponsored labour out-migration from the Philippines began 40 years ago with the Philippine Labor Code of 1974. The law marked the recognition that overseas employment was “an important strategy to absorb excess domestic labour” and cemented “the institutionalization of government participation in overseas employment” (Asis, 1992, p. 71). What began as a stopgap measure to cushion the impact of the economic crisis of the 1970s has evolved into what has become a “model” in migration management.

The Philippines ranks fourth in the world among remittance-receiving countries. In 2013, remittances grew more than 6 per cent from the previous year and totaled US\$22.76 billion (Bangko Sentral ng Pilipinas, 2014). Though it is explicitly stated in the Migrant Workers and Overseas Filipinos Act of 1995 (Republic Act 8042) that “the State does not promote overseas employment as a means to sustain economic growth and achieve national development” (Section 2(c)), remittances account for about 10 to 12 per cent of the country’s gross domestic product. Public criticism brought by periodic reports of abused and exploited migrants has compelled the Philippine Government to build an elaborate state apparatus catering to different stages of the migration cycle. The purpose is to better manage migration and protect migrant workers who contribute to the economy via their remittances. Specifically, the Government has been regulating private recruitment agencies through its Philippine Overseas Employment Administration (POEA). The recruitment industry has expanded in size along with the growth of overseas employment, becoming a strong pillar of the labour out-migration process.

The Omnibus Rules and Regulations Implementing the Migrant Workers and Overseas Filipinos Act of 1995, as Amended by Republic Act No. 10022 (henceforth, the Omnibus) defines private recruitment/employment agency as “any person, partnership or corporation duly licensed by the Secretary of Labor and Employment to engage in the recruitment and placement of workers for overseas employment for a fee which is charged, directly or indirectly, from the workers or employers or both” (Rule II(1pp)). A private recruitment/employment agency operating in the Philippines must be 75 per cent owned by a Filipino (POEA, 2002) and is mandated to assume joint and several liability with the foreign principal/employer. According to the Omnibus, this provision refers to “the liability of the principal/employer and the recruitment/manning agency, for any and all claims arising out of the implementation of the employment contract involving Filipino workers for overseas deployment. If the recruitment/manning agency is a juridical being, the corporate officers and directors and partners, as the case may be, shall themselves be jointly and severally liable with the corporation or partnership for the aforesaid claims and damages” (Rule II(1s)). Joint liability is a key component of governing the process of recruiting for overseas employment. Joint liability ensures that an individual or a corporation is accountable in Philippine territory in cases of legal disputes.

An attempt has been made to avoid conflicts of interest by prohibiting travel agencies and people working in government agencies from establishing recruitment agencies (IOM and

SMC, 2013). In addition, those with past records of illegal recruitment as well as individuals who have previously worked with agencies whose licenses has been revoked by the POEA are also disqualified from engaging in recruitment. Proof is required that the agency would have sufficient capital to ensure that it can cover workers' claims whenever there is a need. The POEA Rules and Regulations Governing the Recruitment and Employment of Land-based Overseas Workers requires agencies to have at least 2 million Philippine pesos (PHP) in capital (approximately US\$42,750). Moreover, when an agency's application for license is approved by the POEA, PHP1 million is required to be deposited in an escrow account to answer claims made by workers (IOM and SMC, 2013). A license granted to an agency is effective for four years, after which time renewal is required. The POEA regularly monitors capitalization requirements of recruitment agencies. According to its *2011 Annual Report*, the licenses of 35 recruitment agencies were confiscated in 2011 for failure to replenish their capitalization requirements (POEA, 2012a). As of 13 May 2014, there were 854 land-based recruitment agencies with a valid license, according to the POEA's website.²⁵ This figure excludes manning agencies recruiting seafarers.

The regulation of private recruitment agencies in the Philippines was forever changed in 1995 following the execution of a Filipina maid in Singapore. Because of huge public protests in the wake of what Filipinos saw was an innocent maid wrongly accused of murder, the Government of President Fidel Ramos, through Congress, approved the aforementioned Migrant Workers and Overseas Filipinos Act of 1995 (Republic Act 8042), sometimes referred to as the Magna Carta of Overseas Filipino Workers. It is a landmark law and a watershed in the history of labour emigration. Prior to this, policies regulating the recruitment industry were contained in separate circulars of the POEA. Since Republic Act 8042, the functions of the POEA have expanded to include industry regulation, employment facilitation, workers' protection, general administration, and support services. At present, Republic Act 8042 and its amended version, Republic Act 10022, govern the recruitment of Filipino workers. The amended versions strengthened the anti-illegal recruitment mandate of local government units. It also guaranteed that the Government would only deploy workers to countries that observe the human rights of workers or at the very least are attempting to address them through laws and policies.

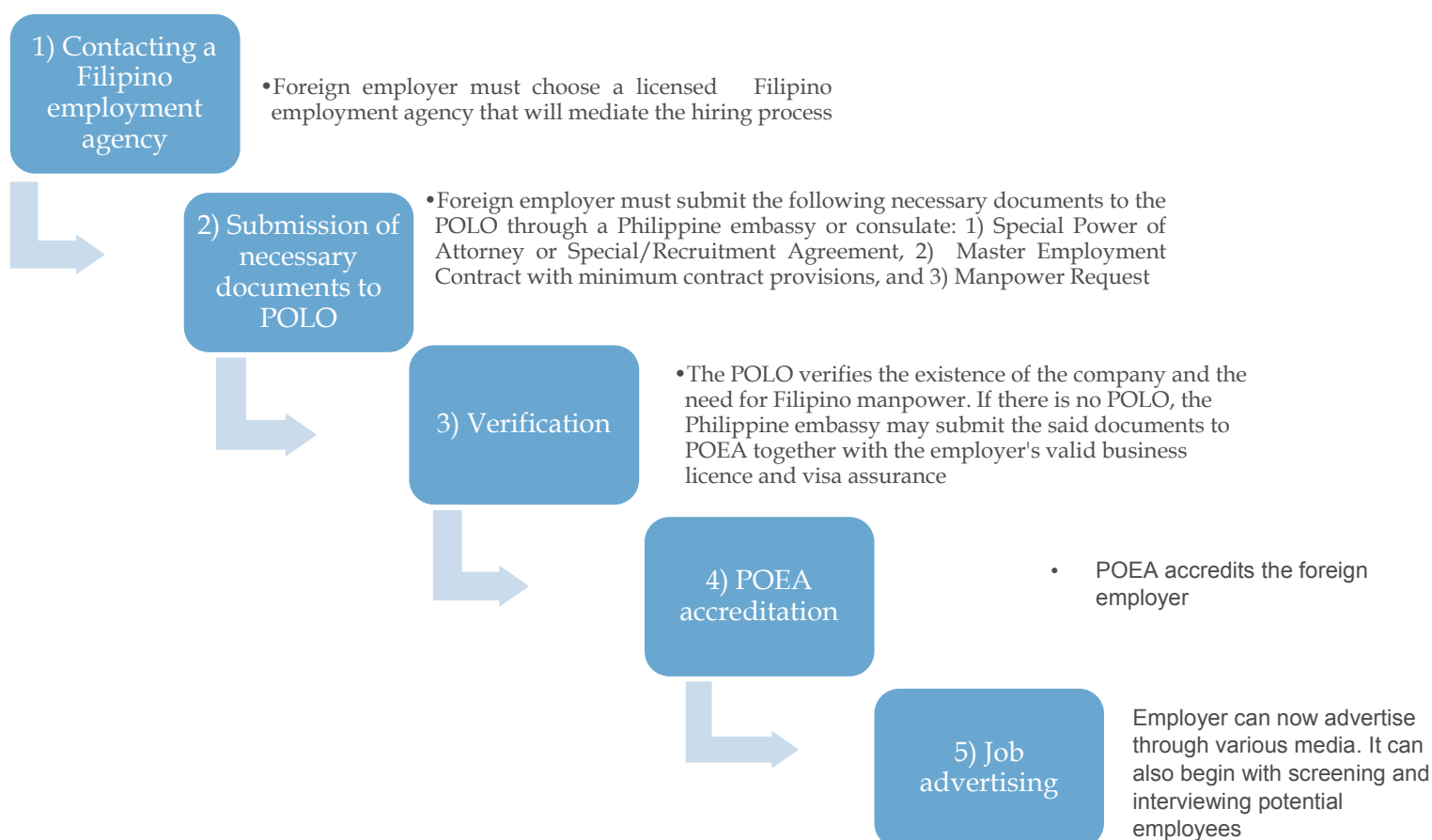
With the advent of President Benigno Aquino's Administration in 2010, there has been a marked change in policy discourse on labour emigration. In the Social Contract with the Filipino People, one of the Aquino Administration's key policy documents, the mantra is to make overseas employment "a choice rather than a necessity". This has been mainstreamed in presidential speeches and pronouncements relative to labour emigration. Even the Philippine Development Plan 2011–2016 echoed this theme. Previous development plans refer to migration usually in the context of remittances' contribution to economic growth (IOM and SMC, 2013). However, the Philippine Development Plan 2011–2016 depicts migration in line with broader issues of development, such as reintegration, financial literacy programmes, etc.

²⁵All Philippine recruitment agencies are listed on the POEA website. For the most up to date figures, see "Status of recruitment agencies", <http://www.poea.gov.ph/cgi-bin/agList.asp?mode=allLB> [accessed 4 Dec. 2014].

(IOM and SMC, 2013). Protection and welfare services continue to remain important in the current administration. It should be noted that “migration as choice” discourse was the same theme that characterized President Fidel Ramos’²⁶ term in the wake of promising economic growth in the 1990s before the Asian financial crisis.

²⁶ Fidel Ramos was president of the Republic of the Philippines in 1992–1998. It was during his Administration that the landmark Republic Act 8042 was made into law in the wake of public outcry on the Flor Contemplacion case.

Figure 3: The process of hiring Filipino migrant workers through a private recruitment agency



Source: Scalabrini Migration Center and International Organization for Migration. Country Migration Report, The Philippines 2013.²⁷

As figure 3 indicates, Philippine recruitment agencies and their counterparts abroad, as well as foreign employers go through an elaborate process before any recruitment activity can take place. The POEA goes into great detail explaining this process in the “Hiring Filipino workers” section of its website (POEA, n.d.). The process of recruiting Filipino migrant workers begins when an employer from a migrant-receiving country seeks out licensed recruitment agencies either through the POEA website or through a Philippine Embassy. Once the employer has identified an agency in the Philippines, they submit the required documents to the Philippine Overseas Labor Office (POLO) at the Philippine Embassy/Consulate. This allows the POLO to accredit the employer by determining the legitimacy of the company or project and the need for Filipino workers. The POLO, headed by a labour attaché, is the Labor Department’s representative in Philippine embassies abroad. POLOs have several functions, among which is to “promote and protect the general welfare

²⁷ International Organization for Migration’ “Philippines Country profile”. Available at: <https://www.iom.int/files/live/sites/iom/files/Country/docs/CMReport-Philippines-2013.pdf> [accessed 12 June 2014].

of Filipino workers abroad”; act as “marketing agents... with the authority to enter into contracts with foreign employers”; assist Filipino migrant workers in preparing contracts and documents relating to their employment; collect fees and design model contracts of employment (Embassy of the Philippines – Greece, 2010). In destination countries where there is no POLO presence, the recruitment agency must get accredited directly through the POEA (IOM and SMC, 2013).

The labor attaché in the destination country would require a special power of attorney, a human resource demand, and the company’s business license. The foreign employer issues the power of attorney to the recruitment agency, to act as the employer’s representative in the Philippines. The labor attaché then subsequently sends these documents to the POEA for verification purposes. In cases when the foreign employer is already accredited, only a manpower demand is needed in subsequent hiring. Once the verification process is over, the employer receives an accreditation from the POEA.

The Philippine-based recruitment agency subsequently advertises the need for workers in a specific country and then conducts the preliminary screenings, tests, and interviews on behalf of the foreign employers or principals. Recruitment agencies charge the foreign employers for such services rendered. Moreover, the foreign employers/principals also pay PHP200 processing fee per worker to the POEA, the visa fee of the worker, and the US\$25 membership of the worker to the Overseas Workers Welfare Administration (OWWA). Recruitment agencies are prohibited from charging placement fees to workers that exceed one month of the worker’s salary (POEA, n.d.). However, there have been complaints from workers that some agencies actually charge more than this via salary deductions and other unscrupulous schemes. This will be discussed in detail below.

The US\$25 OWWA membership fee is meant to support the operations of the welfare agency in assisting contract workers. A member is entitled to OWWA’s insurance and healthcare benefits, livelihood programmes, and other welfare benefits. One can become a member either during contract processing at the POEA or voluntarily on the job-site. Renewal is done when a contract is renewed or when a new contract begins. The OWWA takes charge of the one-day Pre-Departure Orientation Seminar (PDOS) of members. However, the OWWA has allowed a number of exemplary and award-winning recruitment agencies to conduct their own PDOS.

6.1 Emigration of health professionals

The Philippines has one of the most active emigration flows in the world. An estimated 10 million overseas Filipinos, comprising permanent, temporary, and undocumented migrants, are in more than 200 countries around the world. In 2012 alone, POEA data indicate that 2 million overseas contract land-based and sea-based workers were deployed (POEA, 2012b).

Of the land-based workers, 458,575 were new hires²⁸ while 976,591 were rehires²⁹. Among land-based workers, Saudi Arabia, the United Arab Emirates, Singapore, Hong Kong (China), and Qatar have consistently been the top five destinations from 2008 to 2012.

Among land-based workers, Filipino health professionals are among the most in-demand across the world. In a ten-year period from 1997 to 2007, the major destinations for Filipino health professionals were Saudi Arabia, the United States, the United Arab Emirates, the United Kingdom, and Bahrain (UP, 2011).

The migration of Filipino nurses is particularly notable. According to POEA data from 2008 to 2012, an annual average of nearly 14,000 nurses were deployed abroad as new hires. For the same period, a total of 69,482 nurses left to work abroad. Table 5 indicates the extent of deployment of selected medical and allied health professionals as new hires from 2006 to 2010. Nurses top the list, followed by physiotherapists and occupational therapists. It must be noted, however, that POEA data could be underreported, as their deployment statistics only account for job orders and not the educational and professional background of the worker. This means, for example, that a licensed nurse who leaves for work abroad as nursing personnel is accounted for as nursing personnel. Along the same lines, a medical doctor whose job abroad is a nurse, is accounted for as a nurse in POEA's deployment statistics. Medical professionals who left as tourists but eventually found work abroad are also not part of this data system. As will be discussed in more detail below, this has implications in determining the de-skilling trend.

Table 9: Deployment of selected medical and allied health professionals as new hires, 2006–10

Profession	2006	2007	2008	2009	2010
Dental Assistants	414	553	526	658	384
Dentists	71	102	111	139	109
Dieticians and Public Health Nutritionists	100	255	293	210	185
Doctors Medical	171	168	217	224	176
Medical Assistants	27	37	46	31	13

²⁸ The Bureau of Labour and Employment Statistics defines "new hire" as a "land-based worker being contracted for overseas employment for the first time by a foreign employer through a duly licensed placement agency." Philippines Statistics Authority's "Glossary". Available at: http://labstat.psa.gov.ph/Glossary/glossary_view.asp [accessed 5 Oct. 2014]

²⁹ The Bureau of Labour and Employment Statistics defines "rehire" as "a land-based worker who resumes employment with the same foreign employer under the same, if not better, terms of contract through the original licensed agency representative or service contractor within the prescribed period." Philippines Statistics Authority's "Glossary". Available at: http://labstat.psa.gov.ph/Glossary/glossary_view.asp [accessed 5 Oct. 2014]

Midwifery Personnel (NEC)	18	109	57	56	17
Midwives Professional	367	423	404	391	266
Nurses Professional	13 525	9 178	11 495	13 014	12 082
Nursing Personnel (NEC)	452	575	1 123	451	349
Pharmaceutical Assistants	95	180	199	209	126
Pharmacists	80	103	55	165	92
Physiotherapists and Occupational Therapists	716	968	1 171	1 266	896

Source: POEA, 2015.

6.1.1 Key issues and challenges in recruiting migrant workers, especially health professionals

6.1.1.1 Illegal recruitment problems and poor working conditions.

Issues of illegal recruitment and poor working conditions continue to be a problem. While such cases are commonly associated with low-skilled workers, such as those employed as domestic help, skilled professionals – specifically health workers – are also often victimized. Empirical studies of Filipino nurses (Ball, 2004) and seafarers (McKay, 2007) have documented institutionalized gendered and racial discrimination experienced by these two highly skilled types of Filipino workers. A case in point is the Sentosa case, which received extensive media coverage in the Philippines. In 2006, 27 nurses and physical therapists were recruited to work in the United States but were victimized via contract substitution and what appeared to be human trafficking. Upon arrival in New York City, their licensure expenses were not reimbursed and worse, their actual salaries did not reflect those stated in the contract. Their recruiters even sued the workers for abandoning their jobs when the workers left and filed a class-action suit against the recruiters. Eventually the workers won the case both in the Philippines and in New York. The Philippine Nurses Association had been a strong force in raising awareness of this case and other reported abuses and exploitation of both local and migrant nurses.

Reports like the Sentosa case has made the Philippines a source country for human trafficking, according to the US State Department's 2012 *Trafficking in Persons* report. The report specifically mentions that even Filipino "engineers and nurses, are also subjected to conditions of forced labour abroad" (Department of State, 2012, p. 284). While the Philippines have a law in place on trafficking, the report raised the issue that corruption, inadequate funding support, and inefficiencies render enforcement and prosecution weak.

Since its establishment, the POEA has grappled with the issue of illegal recruitment. In recent years, it has launched the POEA Citizens Watch Against Illegal Recruitment and Human Trafficking and continues to undertake agency education and provide pre-licensing seminars to officers and staff of licensed agencies. The purpose of these seminars is to better educate recruitment agencies on the nuances of POEA policies and the law. In 2011 and 2012, over a thousand participants were involved in these seminars (POEA, 2012a). Republic Act 10022 likewise strengthened Pre-Employment Orientation Seminars, especially in rural areas, and local government units are therefore mandated to collaborate with the POEA in this regard.

6.1.1.2 Exorbitant placement fees and debt bondage.

One issue of major concern with regard to the recruiting of Filipino health workers for overseas employment is that unscrupulous recruiters are charging exorbitant (and consequently illegal) fees for their services, sometimes to the extent of workers effectively being left in a debt bondage situation in the destination country.

In 2013, for example, the Philippine Embassy in Norway (2013) issued warnings to potential nurse migrants amid reports that recruitment consultancy firms had been spreading false information regarding language lessons and other requirements to work in Norway, for which they collected huge sums from applicants. The Embassy further reported that some nurses who had been victimized arrived in Norway with no clear employer nor a residence in which to stay.

In 2008, the New Zealand Nurses Organization, a trade union of nurses, reported cases of Filipino nurses who have fallen victims to exploitation, debt bondage, and “slave-like” conditions. Some recruitment agencies had actually prevented migrants’ mobility by withholding their passports, “pressuring nurses to sign up for hire purchase agreements soon after arrival; arranging deductions from wages; and fostering excessive dependency of nurses on immigration agents for accommodation and childcare” (Jimenez, 2008). According to a report in the *New Zealand Herald*, Filipino nurses were sent by recruiters to New Zealand on student visas and were promised that they could undertake bridging courses as a means to become registered nurses, but were instead made to train for caregiving to the elderly. Compounding the nurses’ trouble was that they were unable to terminate their contracts due to a penalty clause of 2,000 New Zealand dollars in the event they pre-terminate. As a result, nurses acquired debts to their employers and recruiters (Jimenez, 2008). The case was reported to the Philippines’ Department of Labour and Employment and the POEA.

6.1.1.3 Brain drain and de-skilling

Brain drain is defined by the ILO (2005) as “a phenomenon of well-educated professionals who permanently migrate from developing to industrialized countries”. In this regard, ethical recruitment of health professionals, especially in developing countries experiencing shortage of health personnel, is an important issue.

Technically, the Philippines has a “net surplus” of nurses as a result of wide public perception that a nursing degree is a passport to migration. In fact, estimates indicate that while the

country produced nearly 400,000 nurses from 1991 to 2000, only 15 per cent worked in the local market while the rest responded to demand from abroad (ILO, 2005). Currently, unemployment is high among nurses in the Philippines, as stringent job requirements, often requiring years of relevant experience, and job screening for nurses, especially those bound for the United States and Europe, prevents many from working overseas. For this reason, Saudi Arabia is a major market for Filipino nurses, as the screening process is less stringent (Tan, 2005). Unemployment among nurses in the Philippines is also compounded by low demand from the public sector due to budget constraints.

But though there may on the surface appear to be a surplus of nurses in the Philippines, what alarms public health experts is that the demand from abroad is for specialized nurses with specific skills in the medical field. Lorenzo, et al. (2007, p. 1406) opine that the “shortage of highly skilled nurses and the massive retraining of physicians to become nurses elsewhere has created severe problems for the Filipino health system”.

While “brain drain” is often evoked to note the mass exodus of skilled health professionals from the country, there is little mention of de-skilling, which is already happening to doctors training to be nurses. Likewise, because of the increasing annual production of nurses, coupled with the strict screening process in most destination countries and the local unemployment situation, nurses might be leaving the Philippines to take up less specialized posts as either caregivers or domestic helpers. Because the POEA does not account for educational degrees and only counts job orders, it is difficult to find out the extent of this de-skilling trend. Deskilling also happens when an experienced Filipino nurse is given a nursing position at lower rank than their experience would dictate because they have fewer years (10 years) of basic education compared to nurses from destination countries with 12 to 14 years. The Philippine Government’s programme to increase the years of education from kindergarten to Grade 12 is underway.

6.2 Case study 1: EDI Staffbuilders International

The information contained in this section of the report is derived from the interview with a representative of EDI Staff Builders, as per Section 2.1.3 of this report. Other data that supports the information in this section were contained in the company website, their brochures, and a company profile emailed to the researcher.

EDI Staffbuilders International (EDI) began operations as a recruitment agency in 1978 in response to the growing need for Filipino engineers and executives in the Middle East during this period. Its parent agency, John Clements Consultants Inc. was initially involved in local executive recruitment in the Philippines. At that time, EDI’s founders realized that most managers and executives were expatriates, when the local talent pool could be tapped. It thus began hiring Filipino managers as a human resource strategy. When the demand for overseas employment started, the agency diversified its operations and included recruitment for work abroad.

After more than three decades in the business, EDI’s market niche is still the recruitment of highly skilled professionals and executives. It boasts in its company profile of catering to 49

of the Fortune 500 list of companies. EDI calls this business model “market segmentation”. In fact, it only averages about 2,000 deployed workers per year in contrast to the total of 300,000 new hires that the POEA deploys annually. Currently, EDI has deployed more than 70,000 Filipino executives and managers to 37 countries. Sixty percent of the agency’s deployment is at the level of manpower, while 40 percent are managerial and professional levels. EDI’s deployment coverage is diverse: the oil and gas sector, aviation, hospitality/tourism, construction/engineering, information technology and communications, banking and finance, manufacturing, and sales. In the past five years, its top 10 deployment destinations are the United States, Canada, Saudi Arabia, Qatar, the United Arab Emirates, Malaysia, Singapore, East Timor, Papua New Guinea, and Hong Kong (China). Among health-care workers, EDI primarily deploys nurses to the United States and Europe, particularly Finland. The agency also deploys pharmacists and doctors to Papua New Guinea. In recruiting nurses, they focus on markets where there is less risk. As a result, total deployment of nurses is less than one hundred in Finland, and more than 200 in the United States.

6.2.1 EDI’s organizational principles in support of ethical recruitment

EDI’s strong association with John Clements Consultants, Inc. as its parent agency, has greatly shaped EDI’s ethical recruitment practices. The meticulous and elaborate selection of internal personnel is important in avoiding misbehavior and corruption that can impact on the agency’s recruitment of overseas workers. EDI’s employees undergo recruitment process training managed by John Clements. Thus, EDI employees benefit from John Clements’ long experience of having a rigorous hiring criteria and training plan. Aside from technical competence, EDI’s representative notes, “behavior and motivational factors are important in the employee selection process” (Interview with EDI). Screening interviews are conducted by the Recruitment Consultant, Supervising Consultant or Managing Consultant, Human Resource Specialist, Human Resource Manager, and finally, the President.

While such a recruitment process seems to be generally standard practice, John Clements’ rigorous human resource reputation is reflected by the fact that they cater to multinationals and top companies in the Philippines who would naturally aim for the best service. Moreover, apart from the hiring process, EDI also ensures continuous development of employees by investing in intensive and structured Learning and Development Programmes that are customized and targeted according to personnel’s role in the organization. These training programmes are focused on improving personality, technical know-how, analytical thinking, global etiquette, customer centricity, management reports, and exclusive use of Harvard University-based materials on leadership development. From these trainings, it can be deduced that employees acquire a sense of the agency’s corporate vision and values, and this potentially motivates them to avoid misconduct that can damage the agency’s reputation. Sustained training of employees as they move up the corporate ladder is shaped by the “Partners for Life” mission statement of the John Clements Consultants Group to which EDI belongs. This pertains both to employees and successful placements as “life-time career partners”.

More importantly for overseas hiring, a vital dimension of employee skills training is that some are sent on overseas assignments to enhance their appreciation of the business, to experience cultural immersion, and to experience how it is to “live and work” as a migrant worker. According to EDI, this gives their employees the proper lens with which to understand migrants’ experiences. In dealing with applicants for overseas employment, employees are therefore no longer strangers to their situation. In addition, this also sharpens employees’ understanding of destination countries’ contexts, which can prove valuable in educating potential migrants during pre-departure orientation seminars and during the application process.

For all workers, temporary housing is arranged until such time that the workers’ housing allowances are granted to them by their employers. Follow-ups and monitoring of workers is done through Facebook and a monthly newsletter that features success stories. EDI also has a team of people that conducts onsite monitoring to gauge the workplace conditions of their workers as well as their ability to integrate into their new employment setting.

EDI closely monitors its own policies and performance. The agency’s finances and operations are assessed by the Philippines’ top accounting firm, Sycip, Gorres and Velayo. John Clements undertakes a corporate review every six months. EDI, for its part, conducts a monthly review of challenges and success recruitment stories as they brainstorm on how they can make their services more effective.

6.2.2 Screening of clients

The strong human resource management orientation described above is translated to EDI’s recruitment process for overseas employment. EDI has an elaborate screening process utilizing technical consultants such as engineers and nurses who are cognizant of the professional parlance and technicalities of each recruitment field. The agency also requires applicants to have a psychometric examination and emotional intelligence test. Consent to disclose the results of tests to the foreign principal and to EDI is acquired from applicants during the pre-screening stage when the recruitment process is explained to them in detail. The results of the pre-screening process provide the employer with an overview of the candidates’ competencies. For those fields that require specific technical positions, EDI ask the applicants to take technical examinations in accredited testing centres, such as the Government’s Technical Education and Skills Development Administration. For health professionals, EDI require board certification, adequate Test of English as a Foreign Language (TOEFL) scores, and – for United States-bound nurses – a passing score on the National Council Licensure Examination (NCLEX). The foreign principal either pays for the applicant to take the TOEFL and NCLEX, or reimburses the applicant afterwards.. Some applicants have already secured TOEFL exams and if their scores meet the foreign principal’s criteria, then all the expenses incurred to pass the TOEFL are reimbursed (which include the review fees and exam fees). The foreign principal pays for review programmes aimed at preparing nurses for the TOEFL and NCLEX. There are now readily available online NCLEX review programmes, which foreign principals give to applicants for self-study. The foreign principal also pays for airfare and accommodation when applicants take the NCLEX in Guam. For those who are

bound for Finland, a Finnish language teacher trains the candidates on language and culture to prepare them for integration. Candidates are provided an allowance even at this level, courtesy of the foreign principal.

The representative admits that EDI's business model of no placement fees and no salary deduction from employees is expensive on the part of their partners abroad. In fact, he states, EDI is "considered as one of the most expensive recruitment companies in the Philippines". However, the agency believes that the quality of service that they implement ensures employers of very high quality employees. In the long run, employee productivity and competence outweigh the transaction costs of hiring them. It can also be argued that EDI is able to do this primarily because they deal with what they argue to be among the top employers in migrant-receiving countries that are willing to pay the price for acquiring good quality workers. In the words of its CEO and President (EDI, n.d.):

Every recruitment company's mission should be that of finding the best employment opportunities for qualified people, and in the process, contribute to the quest for higher corporate productivity and the achievement of a better quality of life for the people.

6.2.2.1 Utilization of information technology and interviews

Software tools, social media, and the Internet in general are used extensively by EDI in its operations. In the recruitment process, they utilize Facebook and Twitter accounts as well as their website, which displays employment opportunities by job categories. The agency likewise uses a popular online job-matching site called workabroad.ph, but the EDI representative admits that face-to-face interviews are still an important aspect of their recruitment. In fact, their recruitment consultants are trained on the nuances of conducting effective job interviews. As such, the agency still adheres to the value that person-to-person contact brings. This seems to be a strategy that EDI believes adds value, as it helps them gauge the personality of the applicant and not just rely on documentary sources.

6.2.3 Promotion of client-centred services and documentation

In terms of other documentation requirements, the agency assists candidates in obtaining accreditation for their credentials, such as a license to practice one's profession from the Department of Foreign Affairs and the Philippine Regulatory Commission, which regulates board examinations and the practice of Filipino professionals. To avoid cases of misrepresentation by some applicants, EDI also fully explains in great detail how applicants should fill in EDI's *curriculum vitae* template. The details of job descriptions and contract specifications are also explained in great detail to the candidate. The pre-departure orientation seminar (PDOS) is conducted in the EDI office every week. This allows the agency to tailor-fit the PDOS to the requirements of the migrant-receiving country and the potential concerns of the workers.

6.2.4 Implementation of a reintegration programme

Reintegration back into the Philippines is built into the recruitment practices of EDI. This is fundamentally influenced by the corporate mantra of “partners for life”. Overseas workers may opt to return to the Philippines for good, and EDI helps them find local jobs or entrepreneurship opportunities. Workers who become experts in their fields abroad may also opt to join EDI as facilitators and trainers when they permanently return to the Philippines. When a worker returns and has gained career capital and expertise, they may be a potential candidate for top-level management roles in the Philippines through John Clements’ Executive Search & Selection Division.

Additionally, EDI maintains and invests in a long-term relationship with their local and international clients consistent with the “partners for life” mission. The agency not only assists in human resource planning, recruitment, and learning and development, but also employee retention, leadership development, and corporate social responsibility. An online monthly newsletter also fosters communication between clients, workers, and EDI.

But despite EDI’s self-assessment as a world-class recruitment agency, it still wishes for the recruitment industry in the Philippines to have a bigger voice, especially those agencies that espouse ethical recruitment. However, this situation is made more complicated by the fragmented nature of Philippine recruitment companies, which sees 19 associations hardly coordinating with each other. EDI is also not a member of the CIETT. It is however a member of a member of the Association of Professionalism in Overseas Employment, Inc. (ASPROE), a group of five recruitment agencies that do not impose placement fees of migrant workers.

6.3 Case study 2: LBS Recruitment Solutions

The information contained in this section of the report is derived from the interview with a representative of LBS Recruitment, as per Section 2.1.3 of this report. Other data that supports the information in this section were contained in the company website, their brochures, and a company profile emailed to the researcher.

The representative founded LBS Recruitment Services (LBS) in 2001. On its website, LBS prides itself as being “a leading Philippine agency for the placement of professionally and technically qualified manpower to Europe, Scandinavia, Middle East, North America, Africa and Asia”. Currently, LBS caters to 21 countries, from Afghanistan to Yemen, that have vacancies for key positions in their industries. It deploys engineers in gas and petroleum companies as well as in the real estate, urban development, and manufacturing sectors. Likewise, LBS facilitates the employment of professionals for communication, information technology, and hotel and restaurant management. For health professionals, LBS focuses on nurses who are able to work in government, specialized, and private hospitals; general clinics; psychiatric hospitals; and nursing homes for long-term care and aged patients. From January 2004 to June 2012, LBS’ Medical Services Division deployed 1,409 nurses, 500 allied/paramedical staff, and 247 technical support staff.

According to the representative, he established his agency after working for many years in Saudi Arabia as a contract worker. He used his overseas experience and personal knowledge of POEA regulations as a market niche to gain the trust of foreign employers and to expand his network. He actively participates in policy circles and often speaks in migration forums held by the Government and international organizations. He has headed two of the biggest associations of recruiters, the Philippine Association of Service Recruiters, Inc. and the Philippine Association of Manpower Agencies Accredited to Taiwan.

6.3.1 The LBS recruitment model

As a recruitment model, LBS chose what the representative believes is the “shortest distance” to minimize risk. This means that LBS directly hires applicants for foreign employers abroad, without involving brokers in destination countries or in the provinces of the Philippines. According to the representative, this model ensures LBS’ full control over worker quality. He argues that by using brokers in the provinces and in destination countries one runs the risk of not getting the most qualified worker, since some brokers are just “money-driven”. This also explains why LBS does not deploy workers in key Asian markets, which the representative refers to as “broker-driven”.

The direct hire model also allows LBS to choose the best employers who can be expected to demand highly qualified workers. Thus, LBS is compelled to continually improve its human resource system to recruit only the best applicants. The agency likewise ensures that POEA requirements such as the special power of attorney assigning LBS as the legal representative of the employer in the Philippines, employment contracts, and the manpower demand are in order before it starts working with a new employer. These are all verified first by relevant Philippine labour attaché in the host country before the accreditation process with the POEA can begin. Beyond requiring official documentation from employers, LBS also employs Internet research on the employer to get as much data as possible before the agency decides to work with them. This would include background information on the employers and any other facts that will assist LBS in deciding on whether the agency would be a good employer.

6.3.2 Continuous improvement of the agency’s information technology system

A key to LBS’ competitive advantage in ethical recruitment practices is its vigorous use of the latest in information and communications technology (ICT), including the use of mobile applications on Android phones (figure 4). LBS’ utilizes a customized in-house online tool that the representative believes is the first and only one among recruitment agencies. From the application stage to repatriation, migrant workers and employers are able to access such technology with transparency, speed, and ease. It lowers transaction costs for both employers and applicants, thus making LBS more competitive. Applicants from the provinces no longer have to have frequent trips to Manila and so are able to save on transportation costs.

Applicants have access to their accounts, which they can use to follow up on their application using the LBS mobile application tool on their Android phones. Employers for their part, benefit from the large database of *curriculum vitae* that are accessible at their disposal and videoconferencing functions that can be used for interviews and meetings, thus saving on

travel costs. This state-of-the-art technology also enables LBS staff to be more efficient and accessible to their clients. The LBS' Corporate Manual details the following key features of the system: 1) distant document capture and transmission; 2) database archiving and filtered retrieval; 3) reformatting of documents to common templates; 4) multi-party web/audio conferencing/interviewing up to seven videos plus 100 parties; 5) employer and applicant's access to own dedicated account on LBS website; and 6) automated alerts to archived applicants, and automated forwarding of filtered new CV's to employer clients. Moreover, the system facilitates employer-employee relationships, as it has an online database of deployed workers that has many uses, including an early warning system that alerts the agency if the migrant's contract is 15 days away from expiring. This potentially avoids unnecessary disputes over contracts, and at the same time prepares the migrant and the employer for transition.

The technology also enables communication between overseas workers and the families they have left behind in the Philippines. In the near future, LBS will be launching a feature that alerts the migrant through his mobile phone of special family occasions such as birthdays and anniversaries, as a means of keeping workers better connected to the lives of their loved ones.

LBS' use of technology also assists the agency with coming to the aid of workers who find themselves caught overseas in countries experiencing emergencies or civil unrest. During the height of massive repatriation of engineers from Libya during the Arab Spring, LBS used Google technology linked with the mobile numbers of the workers such that they were able to track workers' locations. The foreign employers, who were multinational corporations in Libya operating in the gas and oil sector, likewise had built-in contingency plans that facilitated the efficient repatriation of the migrants at no cost to the Philippine Government. Besides in-house technology, LBS also utilizes other online job portals such as LinkedIn, WorkAbroad and JobsDB.

Figure 4: Screenshot of LBS Mobile Recruitment Application



Source: LBS, LBN Mobile Recruitment APP¹

6.3.3 Maintaining a pool of in-house consultants

While technology may be a great advantage for LBS, the representative's experience as a contract worker in Saudi Arabia convinced him that the best person to gauge an applicant's credentials, skills, and competence to work abroad is a former migrant worker. LBS employs the usual recruitment process and double checks applicant's licenses and other certificates of competency through professional associations and the Philippine Regulatory Commission, but it also makes use of a team regular consultants – all former migrant workers – who conduct interviews to determine an applicant's skills and readiness to work abroad. The consultants are also highly knowledgeable of the health sector in which the migrant will work, and they review worker contracts to optimize LBS' business strategies and assist the agency's employer clients and workers. The work of such consultants greatly assists LBS in knowing the right mix of applicants and skills that are needed for a job order, thus avoiding wastage of time and resources by the agency, the employers, and the applicants. At the same time, the consultants also help applicants gain a much deeper insight on working abroad and what they can expect. As a means towards ethical recruitment, this practice prepares the worker not only for the requisites of the job but also in terms of having the right mindset for overseas work. The consultants also review contract practices, administrative requirements, and knowledge of the industry with the applicants.

Beyond hiring consultants who were former migrants, the representative notes that most employers prefer applicants with prior experience abroad. As such, LBS courts relationships with workers with previous overseas experience. The representative believes that having extensive overseas experience reduces information asymmetry and increases the chances of applicants being hired. Problems with recruitment and overseas work are usually associated with lack of information on the part of migrants, so previous overseas experience can be a strong indicator of future success in a similar role.

6.3.4 Promotion of transparency

The representative says that part of LBS' standard operating procedure is to exercise transparency in their recruitment process, which is facilitated by their technology. Housing accommodations, resettlement, access to banks, health care, and even how to go about acquiring a driver's license are discussed in a half-day PDOS that LBS itself conducts.

Even as LBS is an advocate of not charging workers placement fees, the lack of an international standard regulating recruitment agencies around the world, prevents the agency from observing this to the fullest extent. The representative clarifies that sometimes "the practices in the destination country do not support" a no placement fee policy. For this reason, about 50 per cent of the nurses they recruit are charged placement fees, but not exceeding their monthly salary as mandated by Philippine law. Nurses pay these fees before leaving, and it is not deducted from their salaries.

6.4 Case study 3: ASC Global Recruitment

The information contained in this section of the report is derived from the interview with a representative of ASC Global Recruitment, as per Section 2.1.3 of this report. Other data that

supports the information in this section were contained in the company website, their brochures, and a company profile emailed to the researcher.

ASC Global Recruitment (ASC) is a partner agency of Drake Medox UK in the United Kingdom, which handles international recruitment of nurses for the UK National Health Service Trusts and independent hospitals. Since 1997, Drake Medox UK has deployed 7,500 nurses and allied professionals. The Philippines was identified as one of the top countries in the world that can respond to the United Kingdom's demand for health professionals. Currently, ASC deploys medical professionals, medical technologists, physical therapists, radiographers to the United Kingdom. Deployment of nurses to Abu Dhabi is in its initial stage. Since 1997, ASC has recruited and deployed 8,000 Filipino nurses and skilled workers in the United Kingdom and the United Arab Emirates. Drake Medox UK and ASC are affiliated with Drake International, a global human resource agency founded in Winnipeg, Canada, in 1951. It operates in nine countries all over the world.

6.4.1 Shared principles and partnerships in ethical recruitment

ASC's ethical recruitment practices and its competitive edge are framed by its parent agency, Drake International which is ISO-certified (ISO 9001:2000) and has links with the UK Government's NHS and the National and Midwifery Council (NMC). The NHS is the "major provider of healthcare in the [United Kingdom]" and specifically employs four in five nurses (Buchan, 2006, p. 113). Because ASC/Drake International directly supplies nurses for the NHS, usually in bulk, it is able to minimize costs due to economies of scale. For as long as there are big demand and qualified hires from the Philippines, the agency is assured of steady and stable income. At the same time, the NHS is able to infuse ethical practices to ASC, mainly because of its adherence to the Code of Practice for the International Recruitment of Healthcare Professionals.³⁰ Specifically, the Code prohibits active recruitment of nurses from developing countries, except from those that have arrangements with the UK Government, such as the Philippines (Buchan, 2006). The Code sets standards for competence and professional development for health workers, including language proficiency. More importantly, it guarantees the application of UK employment laws to foreign nurses. These ethical values complement very well with those of Drake International. Drake International follows a strict code of ethics which puts the "clients' interest first" and "maintain[s] confidential treatment of all client information" (Drake International, 2015a). Its "operating philosophy is based on the principle that organizations achieve the highest level of performance when they are staffed with the right people, working with the right skills, knowledge and behaviors, using the best processes and technology-driven solutions, over an extended period of time" (Drake International, 2015b). Furthermore, the company believes that the return of investment for the company is derived from the marriage of productivity and performance by hiring the right employee who can perform excellently, training by coaching and mentoring, and daily management of employee output. Moreover, "The Drake

³⁰ NHS Employers. Code of Practice for international recruitment, <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment> [accessed 18 Nov. 2014].

Creed” (box 1) enshrines the parent agency’s corporate ethos, which in turn shapes ASC’s recruitment strategies and values. The creed echoes a manifesto of ethical recruitment practices in relation to both its clients and job candidates. Among other things, Drake International assures its employer clients of “confidentiality” and “the highest caliber” of candidates. For its candidates, non-discrimination is a key component as well as the non-charging of placement fees.

Box 1
“The Drake Creed”

TO ALL DRAKE CLIENTS, WE OFFER

- Complete confidentiality
- The highest caliber of screening, assessing, and checking of all Drake candidates
- An objective and accurate appraisal of the ability, qualifications, and experience of the candidate we recommend
- An understanding that we will only refer candidates that, in our conscientious opinion, are qualified for the position
- A readiness to decline referral of candidates placed by Drake within the last 12 months, unless the intention to leave has already been discussed with the employer
- Should any post-placement problems or misunderstandings develop between employer and employee, a willingness to help negotiate an amicable resolution or counsel the parties concerned
- On request, a statement of our activity to locate a suitable candidate on our client's behalf
- A guarantee of satisfied service from Drake to replace within a specified period if the candidate proves unsatisfactory
- To collaborate with our clients to build and implement a customized solution for their business that will focus on results

TO ALL DRAKE CANDIDATES, WE OFFER

- Confidential treatment of all information
- No discrimination of any kind under any circumstances
- An objective and accurate appraisal of the ability, qualifications, and experience of the candidate we recommend
- No fee of any kind charged for the placement service we provide
- An objective assessment of candidates in relation to careers being sought
- Understanding and professional career counseling when requested
- A comprehensive outline of the responsibilities entailed when accepting a position through Drake.

Source: Drake International, 2015c.

6.4.2 Marketing, recruitment qualifications, and procedures

As soon as a UK employer submits a demand for nurses to ASC, the agency advertises via its website, social media, and the job portal workabroad.ph. Minimum qualifications for nursing candidates include one year of experience in a tertiary hospital setting (minimum of 100 bed capacity) and in the specialty area required by the hospital in the United Kingdom, and a 7.0 score on the IELTS English language exam. The representative admits the language criterion

is the toughest. Some nurses qualify based on professional experience but back out upon learning the tough requirement for the IELTS. However, as has been noted earlier, the language requirement is a key component in ethical recruitment that emanates from ASC's links with Drake and the NMC. As a job requirement, proficiency with British English, as a guiding principle of the Code of Practice, is linked to ensure "safe and skilled communication with patients, clients, careers and colleagues". Outside of the work environment, this also ensures that Filipino nurses will be able to smoothly adjust to life in the United Kingdom.

Aside from qualifications, expert interviewers at ASC assess the emotional quotient (EQ) skills of applicants. Once a batch of applicants is processed, the employers, according to the representative, come to Manila and conduct interviews themselves. Like language proficiency, testing for EQ skills ensures that nurses will not only have the technical competence for the job but also the right attitude and social skills to navigate the work environment and deal with colleagues and employers. As a tool for ethical recruitment, EQ tests are aimed to avoid unnecessary workplace conflicts that can potentially create problems for the nurses and ASC later on. Moreover, workers with high EQs tend to be better at adjusting to a life outside the Philippines away from one's comfort zone and family.

When applicants are hired, it typically takes a maximum of eight months before they leave for work abroad. This waiting period is typically the result of candidate processing by the NMC, and can depend on the timeliness of applicants' document submission. The NMC determines whether the qualifications, training, and experience of nurses seeking to practice in the United Kingdom are consistent with UK regulations. ASC requires applicants to register with the NMC online or in writing. The NMC asks applicants questions regarding their qualifications and scrutinizes supporting documents as part of a first stage review. Upon passing the initial application process, the NMC sends an application pack to the applicant via ASC, which requires them to complete a number of forms and mail them back to the NMC. ASC then provides the applicant with a personal reference number, which the applicant must use to access application details. This completes the second stage of the application process. The applicants are then required to undertake the Overseas Nurses Programme in a UK-approved education institution in the United Kingdom. This consists of 20 days of protected learning and a supervised practice minimum of three months. These courses allow the UK Government to determine the applicant's capability to practice nursing in the United Kingdom. ASC advises applicants not to travel to the United Kingdom unless they have already secured a slot in a school.

Candidates pay for registration with the NMC, which is currently £153 (NMC, 2015), and the cost of pre-employment medical examinations. The cost of the Overseas Nursing Programme (ONP) is between £1,500 and £1,700. Whether this is paid for by the applicant depends on the ASC's client hospital.

6.4.3 Implementation of migrant-centred services

Pre-departure orientation seminars are conducted for half a day on the premises of ASC. The agency has been allowed by the OWWA to conduct its own PDOS with a licensed trainer and some nurse consultants who were previous migrants. The representative likewise explains that the employer prepares settlement in the host country. During the first month, nurses are accommodated in the hospital quarters, after which they are expected to rent private accommodation. The hospital handles the housing, and relocation needs are arranged.

6.4.4 Promotion of quality assurance

As for performance review and audit processes, the representative explains that since Drake International is an ISO-certified agency, the processes in ASC are all documented and periodically reviewed by officials of Drake International who come to the Philippines for the sole purpose of reviewing ASC's processes.

The representative argues that she hopes that what ASC is doing can be "contagious". Overall, she believes that the business case arising from ethical recruitment practices is the knowledge of the dismal situation faced by nurses in the Philippines. She believes this should compel recruiters to abide by the rules and choose the best employer for these nurses, not simply exploit them for financial gain. Moreover, ethical recruitment has its own rewards. ASC does not have to spend on advertisements because words of mouth from both the employers' and nurses' sides has enabled ASC to expand their business. Their good reputation is their competitive advantage.

6.5 Case study 4: Manpower Resources Asia, Inc.

The information contained in this section of the report is derived from the interview with a representative of Manpower Resources Asia, Inc., as per Section 2.1.3 of this report. Other data that supports the information in this section were contained in the company website, their brochures, and a company profile emailed to the researcher.

Manpower Resources Asia, Inc. (MRA) began its business operations in 1974, at about the time that government-sponsored overseas employment formally started with the enactment of the Labour Code of 1974. MRA is an ISO-9001-2008-certified agency whose manual of operations is often referred to by the POEA.

6.5.1 MRA's pioneering work on ethical recruitment

The representative, MRA's founder and owner, is a pioneer in the recruitment industry. He was already doing business even prior to the establishment of the POEA. He built a local construction company in the 1970s when French and US multinational companies were his clients. This was his jump-off point when recruitment of Filipinos for overseas work in the Middle East started in the mid-1970s and the same multinational companies began doing business in the region. According to the representative, these companies have good track records and most are actually publicly listed in the stock markets in their own countries. The representative's wide network and experience working with multinational companies paved the way for his belief that ethical recruitment works because topnotch foreign employers are

willing to pay for professional and ethical service. For this reason, he founded the Association of Professionalism in Overseas Employment, Inc. (ASPROE) in 1986, which currently has five members, including EDI. ASPROE is the only association of Philippine recruitment agencies whose members are all non-fee charging and are hall fame awardees of the POEA. In the old days, he explains, “They thought I was crazy because I could have been a multi-millionaire if I had collected fees.” Currently, he argues, his advocacy of no placement fee is now being pushed. But as can be seen in the small membership of ASPROE, the representative’s advocacy is far from being achieved.

MRA deploys its workers in the Middle East (Libya, Oman, and Iraq) with European and US multinational companies as employers. MRA’s first foray into sending health workers overseas was a small contingent of medical personnel as part of overseas Filipino workers in project sites where companies would normally require medical clinics. Five years ago, the agency began deploying hospital-based nurses to the Netherlands and Belgium. So far, the agency has already deployed 70 nurses to these countries.

6.5.2 Building language competencies of migrants

MRA benefits from the representative’s international network that he has been built up over decades. Moreover, his business model thrives from his being a longtime adviser of the POEA, his extensive knowledge of government regulations, and his personal connections in embassies and multinational corporations. This information is in fact prominently presented in the agency website and seems to be a part of MRA’s marketing strategy. MRA’s extensive contacts facilitated the establishment of a language school.

As can be gleaned from the experience of ASC, language competency is a key requirement in successful migration. Oftentimes, problems associated with adjusting to a new cultural setting and work environment are brought on by poor communication abilities. In the Netherlands, Dutch language competency is needed to pass the Civic Integration Examination. This is a requirement for granting of a residence permit. In the past, the representative states that language tests were provided in the host countries. However, the language requirement policy changed. Currently, applicants are required to take the language test prior to departure. The employers bear the cost of the four-month language training programme. Instead of outsourcing language lessons and to maximize his competitiveness, the representative together with two Dutch nationals and two other Filipinos in the human resource business established the Centre for Multicultural Studies Incorporated. A former Dutch ambassador to the Philippines is a co-founder. Children of expatriates in the Philippines also take language lessons at the Centre. For nurses, the Centre customizes its language training to the context and culture of Netherlands and Belgium. Specifically it aims “to prepare them to work in the healthcare sector” using conversational language “in the domain of hospital language, teambuilding, assertiveness and effective communication” (Centre for Multicultural Studies, Inc., n.d.). The sessions are done six hours a day for six days a week. From the testimonials found in the MRA website, it can be gleaned that the lessons are effective and that the nurses were happy with the experience. Some nurse testimonials were actually written in Dutch. According to the representative, employers were in fact amazed at the facility of Filipinos to

learn a new language. The passing rate in the Civic Integration Exam for students of the Centre is 98 per cent.

Initially, the difficulty in establishing equivalence between the Philippine nursing curriculum and those of Belgium and the Netherlands posed problems for MRA. However, the host country governments considered the hospital experience gained by the nurses as a substitute for the differences in the curriculum. The screening process for nurses usually entails the comparison of the applicant's school curricula with that of the standards for Belgium and the Netherlands. According to the representative, employers are partial to graduates of top-performing schools, but are currently favoring nurses from lesser-known schools who top the nursing board exam. He admits that for general nurses, the screening process is not that strict, but it gets tough once hospitals in the host countries require surgical and neurological nurses. Aside from the language tests, psychological tests are also performed through the use of psychometric tests. MRA also extends its services to small hospitals by sending human resource experts to the host country so as to facilitate the process of recruiting foreign nurses from the Philippines. These experts assist in making it possible for these hospitals to understand and implement the rigours of overseas recruitment and navigate the rules, regulations, and requirements of the Philippines and the host country. These services are paid for by the hospitals.

6.5.3 Automation through the Manpower Requisition System

Advanced technology is embedded in MRA's recruitment process. The agency has a Manpower Requisition System (MRS) that links its Recruitment and Operations Department via what it calls an "automated and online request management system." The MRS sorts and manages online forms in response to manpower requirements. The Recruitment Department then sources from its database pool, sending relevant *curriculum vitae*s to the Operations Department for placement purposes. Employers are likewise able to access MRA's information systems to receive updates on the status of applicants. MRA's information system for seafarers is likewise advanced, and states that it "replaces the old-fashioned Maritime Personnel System". This seafarers information system can produce POEA contracts and reports and can even record crew documents and transcripts. Such technology also extends to the internal staff of MRA, which is managed through an online human resource management tool monitoring attendance records, 201 files, etc. Such a system enables MRA to cut transaction costs, manage a huge volume of applicants, and be more efficient in servicing both workers and employers. Since agency executives can access the system anywhere through its Top Management access feature, managers can speedily act on important matters in real time.

6.5.4 Promotion of migrant family-centred programmes and services

Another key component of MRA's ethical recruitment is its Family Department, which serves as a focal point for serving families of migrants. It usually handles family concerns and serves as a network of information and updates on migrants' situation overseas. For an agency that predominantly recruits single women, the representative argues that this is important to prevent families from worrying about the condition of their daughters. In turn, the

department also ensures that family concerns are brought to the attention of the migrants. This network of families enabled MRA to establish a Loans and Savings Association that is licensed by the Central Bank wherein workers remit a monthly amount of about 70 per cent of their basic salaries, which is distributed to their families. The remittances include social security payments that are borne by the workers. For their part, employers remit in bulk to MRA their employer counterpart of the social security payment. According to the representative this scheme is more cost efficient for both the employer and the worker, as bulk remittances reduce the cost of money transfers. Migrant workers have long complained about the high cost of remitting money even after a law exempting such transfers from documentary stamp tax.

6.5.5 Adherence to local and destination country policies

The joint liability provision in Philippine law discussed at the top of this chapter, which holds both the employer and the recruitment agency liable if anything happens to migrants, which was discussed earlier Act 8042, is taken seriously by MRA. For this reason, MRA thoroughly discusses the dispute and grievance procedure in the standard contract with the workers. For his part, the representative reveals that he refrains from signing a recruitment contract with an employer until a personal meeting takes place. Annual spot checks of project sites is also part of the services his agency provides. To avoid problems with recruitment, MRA carefully reviews health professional policies and standards in the host countries and how they will impact on the deployment of Filipino nurses. This is particularly necessary in the case in Belgium, which because of its federal³¹ set-up would have different policies for each federal unit. The agency also conducts its own PDOS where hospital policies on employment terms and the work environment are explained. Contracts, personal security, Filipino nurses' networks in the host country, and even housing arrangements and rent are discussed. Thus, it can be said that ensuring recruitment and selection processes are in line with host country policies and reviewing employer backgrounds prevents MRA from being subjected to the joint solidarity provision of the law. Besides, a lawsuit based on claims by a migrant worker will potentially cost MRA its license and the good reputation that it claims to have among both employers and workers. It would mean huge costs and problems for MRA to incur lawsuits or a suspension of its license.

6.6 Conclusion

The conclusions in this section are based on the findings and observations related in the four case studies above. Generally, the insights revolve around why these cases have succeeded as well as issues and concerns on ethical recruitment practices. The case studies also showed that operationalization of ethical recruitment not only requires the enforcement of ethical systems and processes but is also grounded by principles, values, and aspirations upheld by recruitment agency owners, their teams, and clients in order to build better and more

³¹ Under a federal government, each federal unit would have relative autonomy in certain spheres of government. Hence, this explains different policies among federal units.

substantial relationships. Across the cases, quality seems to be the overarching goal sustaining the various ethical systems and processes.

International networks influencing ethical recruitment practices

The companies discussed above have a wide network of employers as well as exposure to key stakeholders that shape their recruitment practices. In the case of EDI, their employers are Fortune 500 companies. For its part, LBS engages with what they consider to be top hospitals and top multinational companies that, for instance, have contingency plans in crisis situations. This was demonstrated in the successful repatriation of engineers by LBS at the height of the Libyan crisis in 2011. ASC basically has the United Kingdom's NHS as its partner and Canada-based Drake International as its parent agency. These two entities have provided ASC with a framework to pursue ethical recruitment practices. MRA conducts business with multinational companies, some of which are publicly traded.

Both MRA and EDI are members of ASPROE, an organization of recruiters that do not charge fees to workers. EDI's parent company, John Clements, enables it to achieve the highest standards in recruitment. The representative of LBS is often invited to speak on repatriation and reintegration issues owing to his wide experience in recruitment and his leadership of key recruitment agency associations. Thus, the heads of EDI, MRA, and LBS are often invited to speak on their experiences as "model" recruitment agencies. They are visible in policy circles and meetings sponsored by international organizations or the government, where major migration stakeholders discuss issues and concerns relating to the sector and ethical recruitment. MRA's founder and owner practically grew his business in parallel with the growth of overseas employment of Filipinos. He was also an adviser to the POEA and a member of the Gancayco Commission that recommended policies to overhaul recruitment for overseas employment in the Philippines.

Establishing long-term relationships with clients and workers

The case studies demonstrate that companies engaging in ethical recruitment practices have established long-term relationship with their clients. They usually do not advertise their services and are approached through word of mouth. In relation to this, their focus is on quality employees and niche marketing rather than volume of deployment. This means that their net profits come from reliable and sustained relationships with clients and workers, and assurance of providing quality workers. This also ensures a steady flow of clients and return on investment. Word of mouth from both foreign employers and migrants comes out in the interviews as a reliable way to expand their businesses. LBS, EDI, and MRA each have 30 to 40 years' experience, which in itself indicates the strength of their relationships with their clients and the wide network that they have established over these years. While ASC is relatively the "youngest", it inherited Drake International's network of clients, particularly, the UK Government.

Advanced IT systems to improve employer–client relationships in ethical recruitment

The case studies likewise demonstrate capability in harnessing the latest information technology as a complement to their strong human resource components. Their investments in such technology, coupled with utilizing highly qualified staff and consultants, enables them to select the best applicants from a large pool who can match the qualities demanded by the foreign employer. By far, LBS' technology is most superior and more advanced than the ICT tools utilized by the other three agencies. LBS' mobile application even extends to the repatriation stage of the migration cycle, an important dimension that even the Philippine Government is grappling with. Incorporating repatriation in ethical recruitment practices is especially relevant given global uncertainties and threats from political conflicts and natural calamities. It also mitigates risks attendant to deploying workers in so-called hot-spot countries in the Middle East and North Africa.

Emotional quotient as a complement to technical competencies

The emotional quotient test is another important factor. All four companies rely on EQ tests as a complement to the technical skills requirements for applicants. This means that the workers deployed have been determined to likely be equipped with the emotional intelligence and capability to avoid such problems as depression, stress, and work attitude-related disputes that may otherwise jeopardize their employment abroad. It is also especially important that workers possess the necessary emotional wherewithal to cope with life abroad in a multicultural setting and work environment. While EQ tests may already be standard practice, even among local companies, they can be considered promising practice for overseas work application given the emotional toll that migrants may face. Indeed, reports of suicides, depression, and mental illness among migrant workers indicate that EQ is important to ensure emotional health. It also avoids wastage of investments in time and money made by the workers and employers during the application process.

Valuing the experience and competencies of former migrant workers in the recruitment process

The experiences of former migrant workers are utilized in fostering ethical practices at two levels. The representative of LBS Recruitment employed his own experience as a contract worker in Saudi Arabia to build and operate LBS. He also employs former migrant workers as nursing and engineering consultants. EDI even employs former recruits as consultants upon retirement from work abroad. As has already been mentioned, the value of this lies in not only the sharing of expertise but also in determining the quality of applicants that are needed by employers and that can withstand the mental rigors of work abroad. At another level, employers privilege people who already have prior work experience abroad. The representative of LBS Recruitment pointed this out in the interview. The preference for hiring workers who have already been overseas is likely related to minimizing risk, presumably because such workers already know how to navigate the overseas job environment.

Pre-selection of workers in pursuit of quality human resources

One can argue that the stringent human resource standards and practices of the four recruitment agencies enable them to pre-select their workers from the general pool of would-be labour migrants. This means that they get the best and the brightest and those with good emotional quotient skills. Because of this, the companies in the case studies are able to demand from employers a relatively good rate per applicant compared to other recruitment agencies. This therefore would explain why they can afford to rely on “quality rather than on quantity”. EDI even boasts that they are considered to be the most expensive agency in the Philippines, but the agency seems to be confident that this reputation is something that relates to the quality of their services and recruits.

7. **Final conclusions**

Davide Calenda

This research has explored the adoption of ethical international recruitment practices across three countries – the United Kingdom, India, and the Philippines. It has focused on how and why organizations sought to implement ethical practices through the recruitment of international health professionals. An array of drivers of ethical recruitment has been identified. These may stem from a combination of institutional, organizational, and individual factors.

The importance of the institutional context and the characteristics of the agency in shaping ethical recruitment practices emerged clearly in the United Kingdom. At the macro level, changes in the policy of international recruitment of health professionals pushed for a concentration, restructuring, and maturation of the recruitment industry as described in the UK chapter. The progressive move away from agencies having individual relationships with NHS trusts, towards framework agreements managed by procurement consortia has changed the structure of the industry. This means that compliance with ethical codes is, for the first time, monitored by a body with the power to exclude those in breach from supplying health professionals to NHS trusts. As a result, in the United Kingdom more centralized procurement acts as a barrier to entry for recruitment agencies seeking to supply health professionals to the NHS. This allows for more effective implementation of the NHS 2004 Code of Practice on the international recruitment of health professionals by procurement consortia than was the case when this was policed by NHS trusts themselves.

The capacity to provide successful and well-motivated candidates while proving full compliance with ethical requirements has therefore become key for recruitment agencies wishing to work with the NHS, and in the United Kingdom in general. Within this framework, Drake International and HCL are good cases in point. They are large firms that can mobilize international networks, highly specialized skills, and well-established formal procedures in order to successfully combine ethical concerns and market considerations. Being well-known large firms, these recruitment agencies are exposed to public scrutiny and accountability. They are also subject to checks from the aforementioned procurement consortia.

Corporate governance across the supply chain was highlighted as a concern by both United Kingdom-based organizations. In this study, governance over the supply chain meant ensuring transparency, compliance with ethical standards, audits, and dispute resolution. In Drake Medox UK's case, the difficulty in ensuring compliance with ethical standards when using a third-party organization on the ground in the Philippines, meant that they worked with an individual to set up a new agency, over which they had greater control from the outset. HCL had also sought to work with partner organizations across the globe and found long supply chains, even with stringent controls, difficult to manage. Ultimately the organization decided to conduct most of its recruitment in India from its UK office, with United Kingdom-based staff travelling to recruitment events to directly recruit doctors. These examples are indicative of the ways in which UK organizations manage the risk of

encountering unethical practices that could undermine their reputation and ultimately access to the NHS client.

In the Philippines, the institutional context is also an important factor to consider when explaining the emergence of ethical recruitment practices, as argued by Encinas-Franco in chapter 6. The Government's support for training health professionals who will migrate to other countries is supplemented by a regulatory regime aimed at protecting migrating workers from abuse and unethical practices. Nonetheless the fieldwork revealed that a wide variety of personal factors also influenced the development of ethical recruitment, in particular the life histories and motivations of individual managers and entrepreneurs. Encinas-Franco documented a number of personal and business motivations that drove individuals to embrace ethical practices, which included the experience of being a migrant worker, contact with networks of other recruiters and agencies overseas, and the desire to build up long-term, high trust relationships with organizations in destination countries. Some managers in the Philippine case studies emphasized the importance of supply chain governance as a critical factor in the development of some kinds of ethical practice, especially in relation to transparency and consistency in the recruitment process. Their commitment in building long-term relationships meant that their on the ground practice was heavily influenced by requirements of agents in destination countries, including those with ethical components. Agencies revealed that practices that were initially developed in response to the demand of one contract or employer became diffused through the organization. For example, the founder and owner of Manpower Resources Asia interviewed for this study identified that top-notch foreign employers were prepared to pay for ethical practice, and as a result, practices that he initiated in the construction sector were transferred to the health sector when Manpower Resources Asia entered that market.

Personal motivations were most pronounced in the Philippines, but they were also reflected in the UK and Indian case studies. UK managers cited factors like their commitment to their profession as nurses and commitment to delivering high quality and motivated staff for the NHS, because of its importance as a public provider of health care, as reasons for wanting to engage in ethical recruitment of health professionals. In India, the approach could reasonably be called "enlightened self-interest", as hospital administrators established a recruitment agency in part to manage their own attrition rates and to ensure continuity of care within their hospital. Nonetheless, founders of that international recruitment agency identified that recruitment could be done better and more ethically, benefitting migrant workers, foreign employers, and local health facilities as well. They sought out wide national and international networks to enhance their ethical practices and used their experiences as doctors and managers to improve the process of recruitment and migration for health professionals.

Promising practices of ethical recruitment documented in this study can rarely be ascribed to a single area of operation. The research demonstrates that ethical practice is usually diffused through the organization and is likely to emerge across the different stages of the recruitment process. The findings reveal that ethical practices extend to the post-recruitment stage as well as to the return process of migrant workers. A "welfare-model" of recruitment emerged from

the research, especially in India and in the Philippines. In some cases recruitment agencies provide welfare services that compensate for the lack of effective state intervention in the field. Actions undertaken by some recruitment agencies to support the return and the professional reintegration of migrant workers are cases in point. Welfare services are also deployed to lower both material and intangible costs of immigration, such as supporting migrant workers in finding affordable accommodations abroad, lowering the cost of remittances, facilitating family reunification also through helping migrant's spouse to find a job abroad. Recruitment agencies do not do this for entirely altruistic reasons; these services reduce the cost of relocation for migrant workers and make successful placements more likely. The case study organizations included in this report were innovative and formed partnerships with others to assist migrant workers. They engaged business agreements, cooperation with public authorities, and development of in-house products, through which migrant workers did not have to pay for services or could access them at very competitive prices.

In all cases documented, although to different extents, innovating practices of pre-selection, screening, training, and pre-departure orientation as well as investing in Information and Communication Technologies (ICTs) and human resource development were key aspects of the governance of the documented recruitment agencies. Innovation is primary, driven by two factors. Firstly, by the demand: the documented recruitment agencies mainly focus their business on large and well-reputed public and private health facilities, which demand high quality candidates. Recruitment agencies in the global south that wish to supply workers to very large organizations such as the NHS in the United Kingdom can be compelled to comply with ethical standards in order to acquire or maintain those client relationships. This places a great deal of power in the hands of client organizations to set standards, though policing of those standards may be variable. Again, enlightened self-interest is likely to play a part in the motivation of the NHS client organizations to commit to ethical standards. This is because workers recruited through fair and transparent processes are likely to have been subject to greater scrutiny through the recruitment process and will be more likely to meet experience and qualification standards and to manage a successful placement. A second key factor in determining the likelihood of a recruitment agency innovating to enhance ethical practice is its ability to adapt to change. The global recruitment industry is subject to rapid changes in terms of immigration rules, professional standards for doctors and nurses, and general demand. Recruitment agencies have to be adaptive and flexible to changes if they want to continue their business and be competitive. We have documented several examples of situations in which the recruitment agency had to change strategies and practices in order to adapt to a new situation in the destination country. These two factors push recruitment agencies to adopt customer-oriented and problem-solving approaches, which are particularly suitable for innovation to emerge and develop.

Within this framework, ICTs emerged as particularly important for increasing efficiency, transparency, and direct participation of migrant workers in the governance process; in particular providing feedback on their situation abroad. In addition, ICTs allow recruitment agencies to lower costs and remain competitive. They became an efficient way of delivering

training and support to workers prior to placement, and of tracking workers through the recruitment process.

Some evidence of the return of the investments made by recruitment agencies on quality of recruitment and ethical practices can be drawn from the research:

- Word of mouth referrals account for a significant proportion of new candidates;
- Long-term, stable relationships with well-known companies and health facilities in the client portfolio;
- Low proportion of health professionals who return due to bad working conditions and low rate of complaints and dispute resolutions; and
- Public acknowledgement – i.e., awards, invitation to speak as key stakeholders in relevant policy dialogues.

The identification of relevant similarities in the actual recruitment practices across recruitment agencies with different characteristics suggests that such practices are highly replicable. The research demonstrates that a) building business cases of ethical recruitment is possible and generates win-win situations; b) actual ethical recruitment practices ultimately lie in organizational commitment to continual improvement and a problem-solving approach, which stem from the willingness and capacity of the organization to deal with challenges brought by dynamic changes in the international market of health professionals.

The institutional context, in particular state regulation and active enforcement, is important in shaping international recruitment; however it is not the only factor that determines the ethical stance of organizations. Recruitment agencies that have links with one (or more) large organizational client have their practices shaped by the demands of said client. These client demands may arise from ethical considerations, such as in the UK context with organizations demanding compliance with the NHS 2004 Code of Practice on international recruitment, or they may arise from corporate social responsibility policies. Furthermore they will be shaped by regulatory pressure in the form of immigration policy and professional accreditation, which have a significant role in shaping demand for, and utilization of, foreign-born health professionals. What is very clear from this research is that at a sectorial level, health facilities are the end beneficiaries of international recruitment; their role in triggering ethical recruitment is fundamental.

Bibliography

American Association of International Healthcare Recruitment (AAIHR). no date. "About AAIHR". Available at: <http://www.aaihr.org/?page=ABOUTUS> [19 Jun. 2014].

G. Aravamudan. 1976. "Nurses and nuns from Kerala", in J. Devaki (ed.): *Indian women* (New Delhi, Government of India), pp. 261-270.

M.B. Asis. 1992. "The overseas employment programme policy", in G. Battistella and A. Paganoni (eds): *Philippine labour migration: Impact and policy* (Manila, Scalabrini Migration Center), pp. 68-112.

Bach, S. 2010. "Managed migration?: Nurse recruitment and the consequences of state policy", in *Industrial Relations Journal*, Vol. 41, No. 3, pp. 249-266.

Ball, R. 2004. "Divergent development, racialised rights: Globalised labour markets and the trade of nurses – The case of the Philippines", in *Women's Studies International Forum*, No. 27, pp. 119-133.

Bangko Sentral ng Pilipinas. 2014. "Overseas Filipinos' cash remittances". Available at: <http://www.bsp.gov.ph/statistics/keystat/ofw2.htm> [19 Jun. 2014].

Bhattacharjee, A. 2013. *Migration of Indian health professionals to selected European nations: The case of Denmark, Netherlands, Norway, Sweden*, CARIM-India Research Report 2013/07 (San Domenico di Fiesole, Robert Schuman Centre for Advanced Studies, European University Institute).

Bludau, H. 2010. "Creating migrant nurses: How recruitment firms create successful migrants for the global market", in *Durham Anthropology Journal*, Vol. 17, No. 01, pp. 87-106.

Buchan, J. 2006. "Filipino nurses in the UK: A case study in active international recruitment", in *Harvard Health Policy Review*, Vol.7, Spring, pp. 113-120.

—. 2007. *The UK, Asia and international recruitment of nurses*, Asia Research Institute Working Paper Series No.87 (Singapore, Asia Research Institute).

—; Jobanputra, R.; Gough, P.; Hutt, R. 2005. *Internationally recruited nurses in London: Profile and implications for policy* (London: King's Fund). Available at: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/internationally-recruited-nurses-london-profile-implications-policy-working-paper-jim-buchan-kings-fund-22-september-2005.pdf [19 Jun. 2014].

Buchan, J.; Seccombe, I. 2012. *Over-stretched. Under-resourced: The UK nursing labour market review* (London, Royal College of Nursing).

Burgess, J.; Connell, J. 2004. "International aspects of temporary agency employment: An overview", in J. Burgess and J. Connell (eds): *International perspectives on temporary agency work*. (London, Routledge), pp. 1-23.

Calenda, D. 2014. *Investigating the working conditions of Filipino and Indian-born nurses in the UK*, ILO Asia-Pacific Working Papers Series (Makati City, ILO).

Cangiano, A.; Shutes, I.; Spencer, S; Leeson, G. 2009. *Migrant care workers in ageing societies: Research findings in the United Kingdom Report* (Oxford, Centre for Migration, Policy and Society, University of Oxford).

Centre for Multicultural Studies, Inc. no date. "Dutch language training for nurses". Available at: <http://www.dutchteachermanila-cmsi.com.ph/nurses.asp> [19 Jun. 2014].

Chanda, R. 2007. *Foreign investment in hospitals in India: Status and implications* (Bangalore, Indian Institute of Management Bangalore).

Commission on Graduate Foreign Nursing Schools (CGFNS). 2004. *Global connections: 2004 annual report* (Philadelphia, CGFNS).

Connell, J. 2010. *Migration and the globalization of healthcare. The health worker exodus?* (Cheltenham, Edward Elgar).

—; Stilwell, B. 2006. "Recruiting agencies in the global health care chain", in C. Kuptsch (ed.): *Merchants of Labour* (Geneva, ILO), pp. 239-253.

Department for Business, Enterprise and Regulatory Reform (BERR). 2008. *Agency work in the UK: A review of the evidence*, Employment Relations Research Series, No. 93 (London, BERR).

Department for Business, Innovation and Skills. 2013a. *Employment Agency Standards (EAS) Inspectorate annual report 2011 to 2012* (London, Department for Business, Innovation and Skills).

—. 2013b. *Reforming the regulatory framework for the recruitment sector – Government response to consultation* (London, Department for Business, Innovation and Skills).

Department of Health. 2004. *Code of Practice for the international recruitment of healthcare professionals* (London, Department of Health).

—. 2008. *NHS next stage review: A high quality workforce* (London).

—. 2011. *Health is global: UK Government strategy 2008-13* (London).

Department of State. 2012. *Trafficking in persons report* (Washington, D.C.), pp. 284-287. Available at: <http://www.state.gov/documents/organization/192597.pdf> [19 Jun. 2014].

Drake International. 2015a. "The Drake Code of Ethics". Available at: <http://ph.drakeintl.com/about-drake/drake-code-of-ethics.aspx>. [12 Feb. 2015].

—. 2015b. "Who is Drake?". Available at: <https://ca.drakeintl.com/about-drake/about-drake-international.aspx>. [12 Feb. 2015].

—. 2015c. "The Drake Creed". Available at: <https://ca.drakeintl.com/about-drake/the-drake-creed.aspx>. [12 Feb. 2015].

EDI Staffbuilders International (EDI). no date. "EDI and the International Labour Organization (ILO): Partners in safeguarding the welfare of international migrants". Available at: <http://www.edistaffbuilders.com/EDIandILO.html>. [7 Nov. 2014].

Embassy of the Philippines – Greece. 2010. "Philippine Overseas Labor & [sic] Office (POLO)". Available at: <http://athenspe.dfa.gov.ph/index.php/philippine-overseas-labor-office-polo> [27 Jan. 2014].

Embassy of the Philippines – Norway. 2013. "Advisory: Filipino nurses & healthcare workers should be wary of advertisements & consultancy firms that peddle misleading information about nursing jobs in Norway". Available at: <http://www.philembassy.no/news-item/advisory-filipino-nurses-healthcare-workers-should-be-wary-of-advertisements-consultancy> [25 Nov. 2014].

Encinas-Franco, J. 2013. "The language of labour export in political discourse: 'Modern-day heroism' and constructions of Overseas Filipino Workers (OFWs)", in *Philippine Political Science Journal*, Vol. 34, No.1, pp. 97–112.

George, S. 2005. *When women come first: Gender and class in transnational migration* (Berkeley, University of California Press).

Government of India (GOI). 2007 [1983]. *The Emigration Act, 1983 and The Emigration Rules, 1983* (Mumbai, Current Publications).

Gill, R. 2011. "Nursing shortage in India with special reference to international migration of nurses", in *Social Medicine*, Vol. 6, No. 1, pp. 52–59.

The Hindu. 2004. "Illegal agencies fleece nurses recruited for U.S., U.K.", 4 June. Available at: <http://www.thehindu.com/2004/06/04/stories/2004060404700500.htm> [3 Aug. 2014].

—. 2009. "Recruitment firm accused of cheating", 6 Feb. Available at: <http://www.thehindu.com/todays-paper/tp-national/tp-kerala/article348542.ece> [8 Feb. 2015].

IFANglobal. no date. "Certification & Associations". Available at: <http://www.IFANglobal.com/certificate-association.php> [23 Nov. 2014].

Iliffe, S. 2000. *From general practice to primary care: The industrialization of family medicine* (Oxford, Oxford University Press).

International Labour Organization (ILO). 2005. *Migration of health workers: Country case study Philippines*, Sectoral Activities Programme Working Paper (Geneva). Available at: http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_161163.pdf [2 Oct. 2014].

International Organization for Migration (IOM); Scalabrini Migration Center (SMC). 2013. *Country migration report: The Philippines* (Manila).

Jimenez, F. 2008. "Exploitation of nurses in New Zealand continues". *GMA News Online*. Available at: <http://www.gmanetwork.com/news/story/84320/pinoyabroad/exploitation-of-nurses-in-new-zealand-continues> [17 Feb. 2015].

Khadria, B. 2007. "International nurse recruitment in India", in *Health Services Research*, Vol. 42, No. 3, pp. 1429–1436.

Kodoth, P.; Jacob, T.K. 2013. *International mobility of nurses from Kerala (India) to the EU: prospects and challenges with special reference to the Netherlands and Denmark*, CARIM-India Research Report 2013/19 (San Domenico di Fiesole, Robert Schuman Centre for Advanced Studies).

Kumar, S.K; Rajan, S.I. 2014. *Emigration in 21st century India* (New Delhi, Routledge India).

Lorenzo, F.M.; Galvez-Tan, J.; Icamina, K.; Javier, L. 2007. "Nurse migration from a source country perspective: Philippine country case study", in *Health Services Research*, Vol. 42, No. 3, Part 2, pp. 1406–1418.

McKay, S. 2007. "Filipino sea men: Constructing masculinities in an ethnic labour niche", in *Journal of Ethnic and Migration Studies*, Vol. 33, No. 4, pp. 617–633.

Meardi G.; Lozano R.M.; Artiles A.M. 2011. *International migration of health workers: Can Spain follow the British steps?*, paper presented at Industrial Relations in Europe Conference, Barcelona, 1–2 Sep.

Meija, A.; Pizurki, H.; Royston, E. 1979. *Physician and nurse migration: Analysis and policy implications* (Geneva, World Health Organization).

Ministry of Overseas Indians Affairs (MOIA). 2012a. *Annual report 2011–2012* (New Delhi, Ministry of Overseas Indians Affairs). Available at: http://moia.gov.in/writereaddata/pdf/annual_report_2011-2012.pdf [23 Nov. 2014].

—. 2012b. "Revised Indian Community Welfare Scheme in Indian Missions Abroad". Emigration Policy Division, Ministry of Overseas Indian Affairs. National Health Service Pay Review Body (NHSPRB). 2013. *NHS Pay Review Body: Twenty-seventh report 2013* (London, NHSPRB).

National Statistics Office. 2013. *2012 survey of Overseas Filipino Workers*. Available at: <http://www.census.gov.ph/content/2012-survey-overseas-filipinos> [23 Nov. 2014].

Nair, S.; Percot, M. 2007. *Transcending boundaries: Indian nurses in internal and international migration*, Occasional Paper Series No. 29 (New Delhi, Centre for Women's Development Studies).

NHSCareers. 2014. "Information for overseas nurses". Available at: <http://www.nhscareers.nhs.uk/explore-by-who-you-are/international-healthcare-professionals/information-for-overseas-nurses/> [5 Jan. 2015].

Nursing and Midwifery Council (NMC). 2015. "Trained outside the EU/EEA". Available at: <http://www.nmc.org.uk/registration/joining-the-register/trained-outside-the-eueea/> [accessed 5 Jan. 2015].

Organisation for Economic Co-operation and Development (OECD). 2007. "Immigrant health workers in OECD countries in the broader context of highly skilled migration", in *International Migration Outlook 2007* (Paris).

Percot, M. 2006. "Indian nurses in the Gulf: Two generations of female migration", in *South Asia Research*, Vol. 26, No. 1, pp. 41–62.

Percot, M.; Irudaya Rajan, S. 2007. "Female migration from India", in *Economic and Political Weekly*, Vol. 42, No.4, pp. 318–25.

Philippine Overseas Employment Administration (POEA). 2002. *POEA Rules and Regulations Governing the Recruitment and Employment of Land-based Overseas Workers* (Manila).

—. 2012a. *Annual Report 2011* (Manila). Available at: <http://www.poea.gov.ph/ar/AR2011.pdf> [8 Sept. 2015].

—. 2012b. *2008–2012 overseas employment statistics* (Manila). Available at: www.poea.gov.ph/stats/2012_stats.pdf [8 Sept. 2015].

—. 2015. "Deployment statistics". Available at: <http://www.poea.gov.ph/stats/statistics.html>. [8 Sep. 2015].

—. no date. "Hiring Filipino workers". Available at: <http://www.poea.gov.ph/about/hiring.htm>. [8 Sep. 2015].

Pisce, J. 2013. "Nurses warned on Norway jobs", in *People Journal Sunday*, 3 Feb.

Pittman, P.M.; Folsom, A.J.; Bass, E. 2010. "US-based recruitment of foreign-educated nurses: Implications of an emerging industry", in *American Journal of Nursing*, Vol. 110, No. 6, pp. 38–48.

Pittman, P.; Herrera, C.; Spetz, J.; Davis R.C. 2012. "Immigration and contract problems experienced by foreign-educated nurses", in *Medical Care Research and Review*, Vol. 20, No. 10, pp. 1-15.

Public Health Foundation of India (PHFI). 2011. *India: Mobility of health professionals* (New Delhi).

Rajan, S.I.; Varghese, V.J.; Jayakumar, M.S. 2009. *Beyond the existing structures: Revamping the overseas recruitment system in India* (Thiruvananthapuram, Centre for Development Studies).

—. 2010. *Overseas recruitment in India: Structures, practices and remedies*, Working Paper 421 (Thiruvananthapuram, Centre for Development Studies). Available at: <http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/3160/wp421.pdf?sequence=1> [14 Nov. 2014].

Salt, J.; Findlay, A. 1989. *International migration of highly skilled manpower: Theoretical and developmental issues* (Paris, OECD).

Sasikumar, S.K.; Hussain, Z. 2008. *Managing international labour migration from India: Policies and perspectives*, ILO Asia-Pacific Working Paper Series (New Delhi, ILO).

Tan, E. 2005. "Policies and institutions for training and skills development of migrant labour", in C. Mackenzie (ed.): *Labour migration in Asia: Protection of migrant workers, support services and enhancing development benefits* (Geneva, IOM), pp. 219-268.

Tinker, H. 1974. *A new system of slavery: The export of Indian labour overseas 1820-1920* (London, Oxford University Press).

Tigno, J.; Singh, R.; Teofino, M. 2000. "Social development and Philippine overseas employment policy (1975-1997)", in *Philippine Journal of Public Administration*, Vol. 44, No. 1, Part 2, pp. 29-44.

Times of India. 2013. "One held for duping nursing students", 24 April. Available at: http://articles.timesofindia.indiatimes.com/2013-04-24/kochi/38789852_1_visa-fraud-detailed-probe-police-station [4 Oct. 2014].

Tyner, J. 2009. *The Philippines: Mobilities, identities, and globalization* (New York, Routledge).

University of the Philippines. 2011. *National profile of migration of health professionals: Philippines*. Available at: http://philipus.de/mohprof.eu/LIVE/DATA/National_profiles/national_profile_Philippines.pdf [14 Nov. 2014].

UK Malayalee. 2014. "Over 100 Kerala nurses allege fraud by Bangalore based recruitment agency", 11 June. Available at: <http://www.ukmalayalee.com/latest-news/news.php?id=MzQy> [3 Mar. 2014].

Walton-Roberts, M.; Rajan, I.S. 2013. "Nurse emigration from Kerala: 'Brain circulation' or 'trap'?", in *India Migration Report 2013* (New Delhi, Routledge). Available at: http://www.academia.edu/2335246/_Nurse_emigration_from_Kerala_Brain_circulation_or_trap_ [14 Nov. 2014].

Yin, R. 1994. *Case study research: Design and methods*. 2nd ed. (Thousand Oaks, Sage Publishing).

Young, R. 2011. "A major destination country: The United Kingdom and its changing recruitment policies", in M. Wismar, et al. (eds): *Health professional mobility and health systems: Evidence from 17 European countries*. (Geneva, World Health Organization), pp. 295–337.

Case studies in the international recruitment of nurses: Promising practices in recruitment among agencies in the United Kingdom, India, and the Philippines

This study is situated within International Labour Organization's (ILO) project, Promoting Decent Work Across Borders (DWAB): A Project for Migrant Health Professionals and Skilled Workers in the Philippines, India and Viet Nam, with funding support from the European Union (EU). The report aims to document and produce new knowledge on fair and ethical recruitment from the perspective of private and/or public recruitment agencies (RAs), and to highlight promising/good practices to build a business case for ethical recruitment.

Although the number of ethical recruitment agencies is increasing, many migrants continue to be exposed to the risk of being lured into exploitative employment by unscrupulous brokers, agencies and employers. However a segment of the recruitment industry has been active in promoting fair and ethical recruitment standards and this publication documents these with a view to raise the visibility of the promising/good practices emanating from this particular group of agencies.

Skilled health professionals and nurses in particular are the focus of this study. The analysis of the seven RAs documented in three selected countries (United Kingdom, India, and the Philippines) is combined with a review of the institutional frameworks and an overview of the recruitment industry.

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