

Worlds Apart?

The UK and International Nurses

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Summary

- During the last few years international recruitment has been a major contributor to growth in NHS nurse staffing, but recent evidence highlights a marked fall in international nurses entering the UK register in the last two years, as a result of reduced demand because of NHS funding deficits and because of tightened regulations on entry to the UK.
- Since 1997 more than 90,000 international nurses have registered in the UK- the major source countries being the Philippines, Australia, India and South Africa.
- This has represented about four out of every ten of all first time registrations of nurses in the UK in that period.
- International recruitment has been a policy solution to nursing shortages in NHS hospital care and independent nursing homes, it has not contributed so significantly to staffing levels in NHS community nursing.
- “Outflow” of nurses from the UK to other countries, as measured by NMC verifications, has risen in recent years- the UK recruits nurses from developing countries (and Australia), and “loses” nurses to developed countries – Australia, New Zealand, Canada, the USA and Ireland.
- Whilst active international recruitment may be declining, there is another ongoing policy challenge- how best to utilise effectively, and treat fairly, the tens of thousands of international nurses who have been encouraged to come to the UK since the late 1990’s.

1. Introduction

This interim commentary provides an overview briefing on the UK nursing labour market, with a specific focus on international issues. The commentary is being published in advance of a full labour market review, due later in the year. The Royal College of Nursing (RCN) has commissioned both this commentary and the full review.

This commentary is published against a nursing labour market backdrop very different to that which existed twelve months ago. Financial difficulties and deficits in parts of the NHS, most notably in England, have led, in places, to recruitment freezes and redundancies; there are also reports of newly qualified nurses finding it more difficult to get nursing jobs^{1 2}. In our last labour market report, published in October 2005³, we highlighted that UK nursing labour market indicators were pointing to a more uncertain and challenging future than had been the case in the earlier part of the decade. It is apparent that these labour market challenges have become much more pronounced in recent months.

Until recently, the key feature of the NHS nursing workforce in recent years had been staffing growth. This had been achieved by a range of policy initiatives in the four UK countries, designed to increase the numbers of new nurses being trained, to improve retention of those already in nursing and to attract back those who have left. Of these three “home based” initiatives, it was the increase in training that had the largest numerical impact in recent years⁴.

A fourth approach, evident in all four UK countries, but most prominent as an active policy in the NHS in England, has been international recruitment. Active international recruitment of nurses has made a vital contribution to NHS staffing growth, but it has not been without its critics. Concerns have been raised about an adverse impact on nurse staffing in some developing countries, and questions have also been asked about the wisdom of being so reliant on non UK sources for recruits.

One of the reasons that active international recruitment has been so attractive to policy makers in the UK is that it offers the possibility of a “quick fix” – the nurses are trained elsewhere, at someone else’s expense, and can be recruited and working in the UK within a few months – not the four years it would take to commission and train a UK educated nurse. The rapid nature of the policy response can work both ways – if and when funded demand for nurses in the UK falters or reduces, the numbers of international recruits can also be reduced, virtually overnight. This now appears to be happening in the UK.

This commentary examines, in particular, the significance of international links as a major contributor to growth of the nursing workforce in the UK, and also highlights more recent indicators of a rapid decline in international nurses registering in the UK.

2. The End of an Era of NHS Nurse Staffing Growth?

Recent media reports suggest that financial difficulties are causing some NHS employers, most notably in England, to “freeze” vacant posts, and in some cases to make staff redundant. This comes after a period of several years of sustained growth in the NHS nursing workforce, driven by increased funding. The Health Departments in all four UK countries have, since the late 1990’s, become active in attempting to raise NHS nurse staffing levels. Student nurse intakes have been increased and top down NHS nurse staffing growth targets have been set.

Using the most recently published comparable workforce data from the four UK countries it is evident that significant but variable levels of overall nurse staffing growth have been achieved (Table 1; some caution required in interpreting data as definitions vary in the four countries, and across time). [Note: NHS workforce census data in England, due for publication in March 2006 has been delayed and was not available at the time of writing this commentary.]

Table 1: Whole time equivalent and per cent change in the NHS Qualified Nursing and Midwifery Workforce, 1997 to 2004, four UK Countries (September).

	1997	2004	%Change 1997 - 2004
England	246,011	301,877	23%
Scotland	35,245	38,907	10 %
Wales	17,228	20,126	17%
Northern Ireland	11,085	13,093	18%

Sources: DH Statistical Bulletin 2005/04; Northern Ireland – DHSSPSNI; Scotland data - ISD Workforce Statistics; Wales –SB 20/2005; Note: per cent Figures are rounded.

NOTE: Data for England includes bank nurses; data for other three countries does not.

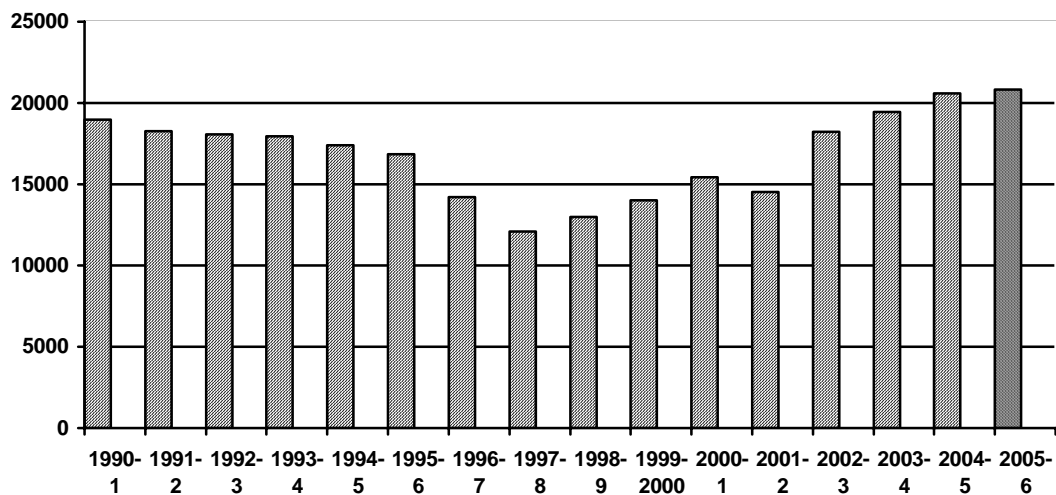
The rate of growth in nurse staffing achieved in the four UK countries since 1997 has been variable, with England reporting notably higher growth (partly related to inclusion of bank nurses), and Scotland reporting the lowest rate of growth.

3. “Growing our own”

In recent years there has been significant annual growth in the number of new nurses entering the UK register from pre-registration education in the UK, following on from a period of substantial decline in the previous decade. This recent growth reflects an increase in admissions to pre-registration nurse education, supported by increased government funding, and the impact of national advertising campaigns. In England, in 2004/5 £5.8 million was spent by the NHS in recruitment and advertising campaigns⁵.

In 1990/91 there were 18,980 “new” nurses entering the UK register from education and training in the UK (Fig 1). The annual number of entrants fell year on year to a low of just over 12,000 in 1997/8. This decline was a direct result of the significant reductions in the number of student places that were funded in UK nurse education in the first half of the decade.

Figure 1: Number of new entrants to the UK nursing register from UK sources, 1990/1 to 2005/6 (estimate)



Source: NMC/UKCC. [Data for 2005/6 is estimated, based on first nine months data]

There has been a significant upward trend since 1997/8; the new intake from UK education exceeded 20,000 in 2004/5, and provisional data for 2005/6 suggest that this growth has

continued. It should be noted however that financial pressures in the NHS in England are likely to reduce significantly the number of training places commissioned in 2006/07. Scotland has already announced a 10% cut in intakes to pre-registration nurse education for this year⁶.

It is clear that the significant increase in funding to commission pre-registration nurse education places in the UK has been the main contributor to staffing growth up to 2005, at around 15-20,000 per annum in recent years. The impact of initiatives to improve retention, such as Improving Working Lives, is difficult to assess because of an absence of reliable data at the national level. The only consistent source (the OME survey)⁷ has a relatively low response rate in some years, but appears to suggest little change in wastage rate. Similarly, “official” returner schemes appear to have had a relatively stable impact over the last few years, contributing about 3,000-4,000 nurses per annum.

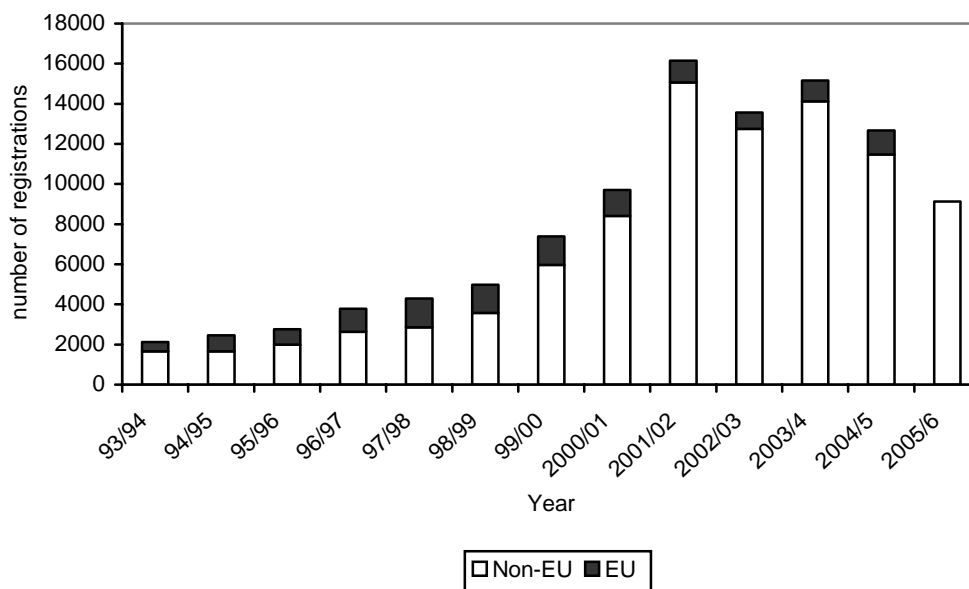
4. The quick fix of international recruitment

The other source of “new” nurse recruits is active recruitment from other countries. International recruitment is attractive to policy makers because it enables rapid recruitment, without the expense and lead in time that commissioning more training places requires. Since the late 1990’s the UK, particularly England has been very active in recruiting nurses from a range of countries. A network of NHS international recruitment co-ordinators to facilitate overseas recruitment by NHS organisations has been established and the NHS Purchasing and Supply Agency has issued guidance on procurement of international healthcare professionals⁸.

Data from the NMC register can be used to assess trends in the numbers of non UK nurses entering the UK (Figure 2)¹. The key indicator is the level of initial admissions to the NMC Register of nurses and midwives originally trained and registered outside the UK.

¹ There are limitations in using NMC data to monitor the inflow of nurses to the UK, because it registers intent to work in the UK, rather than the actuality of working. Overseas nurses may be registered, but not move to the UK, or they may move to the UK but not take up employment in nursing.

Figure 2 : Admissions to the UK nursing register from EU countries and other (non EU) countries 1993/94 - 2005/6 (estimate)



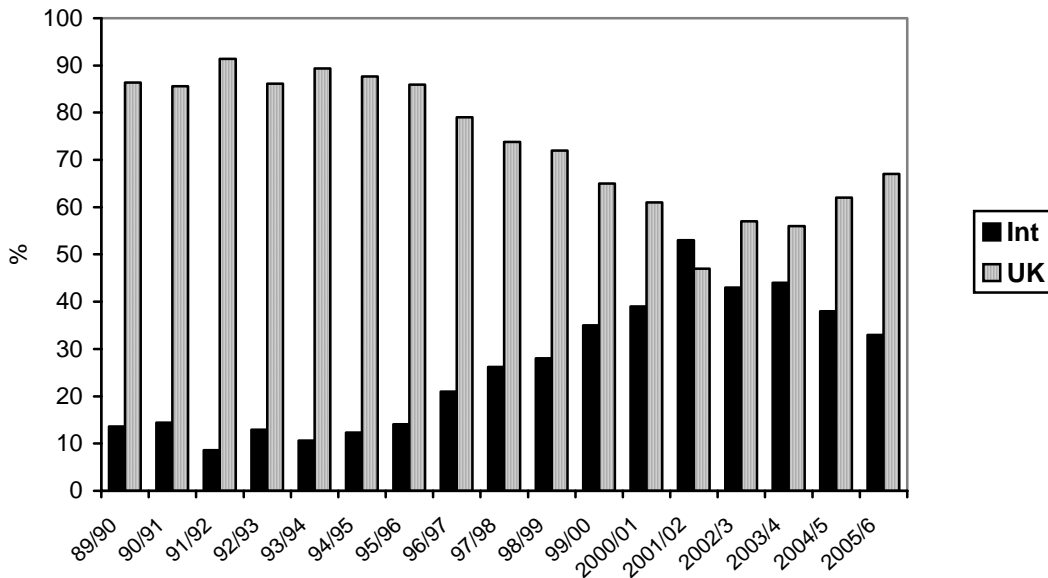
Source: NMC/UKCC [Note: 2005/6 non- EU estimate is based on data from first nine months of the year; EU data not yet available]

Rapid growth in the annual number of entrants to the UK register from overseas in the late 1990's and earlier years of this decade is highlighted in Figure 2. Since April 1997 there has been an aggregate total of more than 90,000 overseas admissions to the UK register. There was an apparent “dip” in 2002/03 but this was related to a backlog in applications due to the introduction of a new computer system. In the year to March 2005, a total of 12,670 initial entrants were admitted from all overseas countries, with India, the Philippines, Australia and South Africa being the four main sources countries. However there has been a marked reduction in overseas registrants in recent years; provisional data for 2005/6 suggest this decline has continued. The reasons for this reduction, discussed later in the report, relate to declining demand in the UK rather than to any shortfall in potential supply of international nurses.

The importance of overseas countries as a source of new nurses for the UK is highlighted in Figure 3, which shows the relative contribution of UK and of overseas sources to “new” nurse registrations since 1989/90. In the early 1990's, overseas countries were the source of about one in ten nurses entering the UK register. The overseas contribution rose rapidly in the late 1990's, both in terms of numbers and as a percentage of total new entrants. In the most recent

years there has been some reversal of that trend, because of the larger numbers coming onto the register from UK sources, as highlighted in Figure 1. Even so, in recent years, overseas countries have contributed about four in every ten new entrants to the UK nursing register.

Figure 3: International and UK sources as a % of total new admissions to the UK nursing register, 1989/90 - 2005/2006 (estimate) (Initial Registrations)



Source: UKCC/NMC data; (2005/6 estimate is based on data available for first nine months of the year)

The NMC data tells us how many nurses have registered in the UK but does not provide much information on where or what they are doing. The vast majority of international registrants (96% in 2004/5) are entering in “Part 1” of the NMC register that they are general nurses. Survey evidence⁹ highlights that most internationally recruited nurses in the UK are working in the NHS acute sector, in basic grade “D” jobs, or are working in independent sector nursing homes. Very few are working in NHS community nursing. Only 13(3%) of the sample of 380 international nurses surveyed in 2004 reported they were working in NHS community nursing or primary care, compared to 261(69%) working in NHS hospitals¹⁰. Active international recruitment has helped “solve” the hospital based nursing shortage; it has not been a solution to shortages in the NHS community sector, where specialist skills or qualifications are more likely to be required.

Whilst there has been a numerical decline in the number of new international nurse registrants, there continues to be large numbers of nurse applicants with ambitions to enter and work in the UK. The NMC report that from April 2004 to April 2005 they received a total of 69,173 requests for information on the application process and in the same period the NMC's overseas assessment team considered and made decisions on 53,440 applications¹¹.

All nurses from non EU countries applying for registration are now required to complete a 20 day "Overseas Nurses Programme" (ONP) in the UK before registering, and many are also required to undertake a period of adaptation in the UK before they are registered. The ONP was introduced in September 2005 and represents a significant additional requirement for international nurses. To comply, they must find the time, and a place on an ONP course. Many applicants, even when successful in the initial phase of application, are stuck in the recruitment pipeline- awaiting a place on an ONP course, or an adaptation place. There is reportedly a significant backlog of international nurses awaiting full assessment before they can register to practise in the UK. In July 2005 the NMC reportedly estimated that there were "37,000 overseas nurses already in the UK who are unable to start work because they cannot find supervised practice placements"¹². More recently, reports have suggested that the cost and time involved in undertaking the ONP has contributed to the decline in international applicants, from 1,412 requests for applications in the month of September 2005, to 505 in January 2006¹³.

5. The EU

The data shown in Figure 2 highlight that the countries of the EU have not been significant sources of growth for international recruitment to the UK. First level registered nurses from nations of the European Union have free mobility within the EU under Directives that guarantee mutual recognition of nursing qualifications. This includes the ten states that acceded to the EU in May 2004 (provided that their qualifications meet minimum EU training standards).

The reason for relatively low inflows of nurses from EU countries is likely to be primarily due to language differences. As yet there is little sign that the relatively poorer accession states in Eastern Europe have become a source of nurse recruits for the UK. In May 2004 - end March 2005, the NMC registered a total of 231 nurses from all ten accession states; the majority from Poland¹⁴. Numbers are likely to increase from this low base line, partly because of relative ease of travel (budget airlines provide possibility of temporary moves, to work short time) but as yet the accession states do not appear to have been a major source of nurses for

the UK (other nurses from the accession states may have travelled to the UK to work as unregistered nursing assistants or care assistants; this is not recorded in NMC data).

6. The Department of Health Code and other regulation

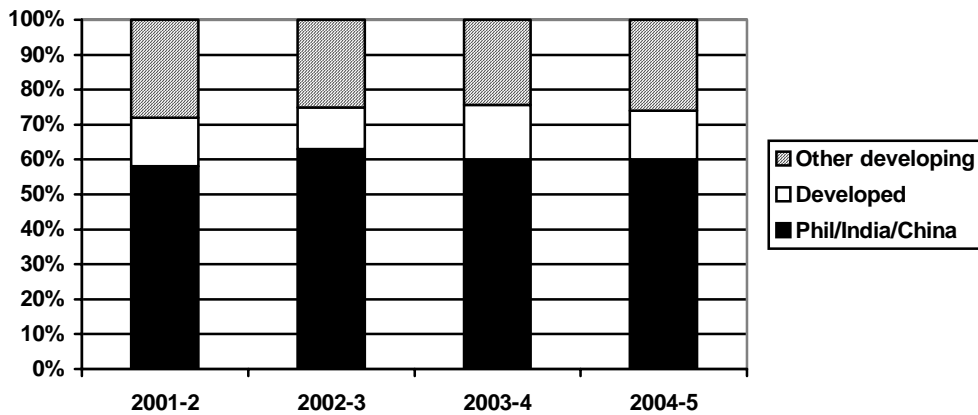
Recruitment of nurses from the developing world has been controversial and the Department of Health in England has attempted to limit the potential negative impact. It first established guidelines in 1999¹⁵ which required NHS employers not to target South Africa and the West Indies, and then introduced (in 2001)¹⁶ and then strengthened (in 2004)¹⁷ a Code of practice of international recruitment for NHS employers. This Code requires NHS employers not to actively recruit from developing countries unless there is a government to government agreement. At the time of writing, such agreements exist only with China, India and the Philippines- other developing countries are identified as “no go” areas for NHS recruiters

The Department of Health Code covers some, but not all private sector employers, and does not prevent health professionals taking the initiative to apply for employment in the UK, or to come to the UK for training purposes. Because the NHS in England does not record centrally how many international nurses it recruits or employs¹⁸, it is not possible to verify the extent to which NHS employers have complied with the Code. Recent survey evidence¹⁹ has also highlighted the issue of so-called “back door” recruitment – where the private sector has recruited nurses from Africa who have moved quickly to work in the NHS when they have arrived in the UK.

NHS Employers has now taken over responsibility for day-to-day monitoring and for the practical aspects of international recruitment. In December 2005 NHS Employers issued a revised list of agencies which NHS organisations were “strongly advised” to use when engaging in international recruitment²⁰. Media coverage earlier this year highlighted that there has been a reduction in the number of agencies on the list, from 178 to 140, and that only 32 of the 140 listed agencies had the two employer references that were requested²¹.

What effect has the Code of Practice had on international nurse recruitment? NMC data shows that, in 2004/5 the three ethically “acceptable” developing countries of China, India and the Philippines were the source of 60% of all non EU nurse registrants to the UK register (in practice China currently remains the source of only very small numbers of nurses for the UK). This means that in that year, more than 3,300 nurses entered the UK register from developing countries on the so called “banned” list – accounting for more than one in four entrants from non EU countries (Fig. 4 below).

Fig 4: % of entrants onto the UK nursing register, from non EU countries, by source country, 2001/2002 to 2004/5



Source: NMC. Note; excludes “other”; China was only identified separately in 2004/5

There has been little change in the proportion of international nurses coming from countries on the list in recent years. The numbers have reduced, but so too have numbers coming from developed countries such as Australia and New Zealand. In 2004/5 one of the largest drops in numbers of registrants was from Australia- down by 35%; there was also a 20% decline in registrants from New Zealand. This suggest that, whilst the Code may have some effect on channelling entry routes, of greater significance in the last year has been the decline in demand from the UK, and/or the backlog of international applicants not yet registered.

The recent reduction in the number of international nurses being entered on the UK register is unlikely to reverse in the short term, partly because of a “softening” of demand in the UK, and partly due to the effect of the new NMC requirements. The new Overseas Nurses Programme (ONP), and new English language tests, introduced by the NMC from September 2005 are likely to limit the number of successful applications from some countries²². Coupled with the large number of international nurses already in the UK but awaiting an adaptation place, this suggests a continued bottle-neck in international inflow and increased delays for many international nurses as they attempt to register²³. This may also deter potential future international applicants as well as slowing the entry pace of those who apply and are accepted to work as nurses in the UK. Current NMC proposals²⁴, if implemented, to raise the English language test level for international nurse applicants, would be a further constraint.

7. International Nurses in the UK

There is no accurate or up to date estimate of the total number of international nurses in the UK. Inflow data from the NMC points to more than 90,000 international nurses having been registered in the UK since April 1997. Not all will have come to the UK; and not all that have come will have remained, but even so it represents a huge potential additional to nursing resources in the UK.

Research in 2002 suggested that approximately 7.5% of UK based nurses at that time were from international sources²⁵; on that basis, and given the significant inflow since, it is likely that currently one in ten or more of working nurses in the UK was trained in other countries. Much higher proportions of international nurses are evident in some parts of the UK, most notably London.

The 2005 RCN membership survey included responses from several hundred internationally recruited nurses (IRN), representing 6% of respondents to the survey. The survey enables comparisons to be made between home trained nurses and IRNs (although caution must be used in interpretation, give the differences in relative sample sizes). Key findings included:

- 61% of IRNs are on clinical grade D, compared with 14% of UK qualified nurses
- 87% of IRNs work shifts, compared with 52% of UK qualified nurses
- 42% of IRNs have additional jobs, compared with 26% of UK qualified nurses
- 23% of IRNs were degree qualified, compared with 18% of UK qualified nurses
- 23% of IRNs worked in nursing homes, compared with 4% of UK qualified nurses
- 15% of IRNs were men, compared with 7% of UK qualified nurses

Source: Ball and Pike, 2005²⁶

The more recently published RCN survey on wellbeing and working lives of UK nurses also included a small sample (155) of IRNs. The survey reported that IRNs were more likely to have taken periods of absence from work in the previous three months (speculating that this may relate to increased levels of stress associated with having recently moved to the UK). IRNs were also more likely to report that they had been bullied or harassed at work than were UK qualified nurses²⁷. Racism has been reported in several survey and studies of IRNs working in the UK^{28 29}.

A 2005 survey of 380 international nurses who were recent arrivals in the UK, and RCN members working in London gave further insight into the profile, experiences and career intentions of international nurses³⁰. The sample of nurses came from more than 30 different countries; three quarters of these nurses (76%) who reported that they were married or had a partner also reported that they were currently living with their spouse/partner in the UK. Two thirds of respondents (66%) reported having children - but of these respondents, 61% had children living with them in the UK and 39% reported children living in their home country. This highlights that not all nurses have left their partner and other close relatives “at home”.

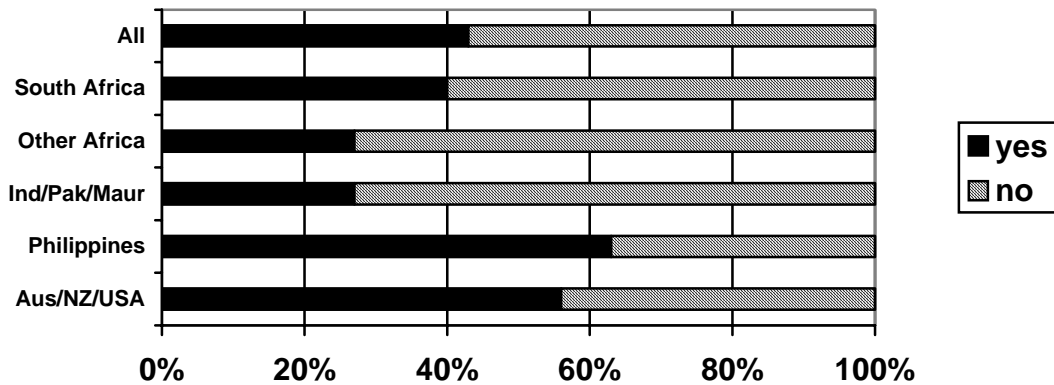
Two thirds (62%) of the nurses reported that they were the sole or main contributor to family income, and more than half reported that they regularly sent money back to their home country. In many cases this regular remittance amounted to a significant amount of their total income. At the time of the survey two thirds (69%) of the respondents were working in NHS hospitals in London, 13% were working in the independent sector and 10% were working in nursing homes. There was clear evidence of “back door recruitment” by the NHS, with many nurses reporting that they had initially worked in the UK for private sector employers before moving quickly, sometimes immediately on completion of adaptation, to work in the NHS.

There was also evidence that some international nurses believe that they are being underpaid in relation to their experience and contribution. More than half (52%) of the nurses who were paid on NHS clinical grading rates indicated that they believed their grade was appropriate. However, this dropped to only 31% of nurses from sub-Saharan Africa- who were also more likely to report being paid on grade D than nurses from other countries.

The nurses from Australia, New Zealand and the US indicated that they were not planning a long term stay in the UK, and nurses from South Africa tended to report that they planned to return home after a few years. The majority of the nurses from other countries reported that they were considering a long term stay (five years or more) in the UK.

However, these nurses were also aware of career opportunities in other countries. Four out of every ten (43%) reported that they were considering moving to another country to work as a nurse (Fig. 5). In particular 63% of Filipino nurses were thinking of a move, mainly to the United States. Given that more than 20,000 Filipino nurses registered in the UK in the period 2000-2004, this represents a potentially significant outflow.

Fig 5 :IRNs in London: are you considering a move to another country?, by main regional grouping



Source: Buchan et al, 2005

8. Outflow of Nurses from the UK

Much of the recent attention of the UK and its relations with international nursing labour markets has focused on inward recruitment, but the international flow of nurses is two way. The UK nursing press and general media often carries stories about the arrival of teams of recruiters from the USA, Canada and Australia, all here to “poach our nurses”.

Like the UK, the US, Canada and Australia have all highlighted their ageing nurse populations, which, over the decade, could exacerbate current nursing shortages. The US has quantified its nursing recruitment need as being in excess of 1 million registered nurses between now and 2012 (including 623,000 to fill newly created jobs)³¹. The Canadian situation has been quantified as a shortfall of around 78,000 nurses by 2011³².

Most countries have now implemented a similar package of solutions to address these shortage problems- promoting retention by improving working conditions and career opportunities, increasing the numbers being trained etc ^{33 34 35}. However, all the English speaking developed countries in the world are, to some extent, reliant on international recruitment, either as a deliberate national policy, as in Ireland, or as the result of employer initiatives, as in Australia and the USA. In the USA there is also reportedly an increased effort to attract more foreign nurses by increasing the availability of visas, as a result of lobbying by the American Hospital Association³⁶. The UK shares language, cultural and nursing similarities with these countries which facilitates cross border flows.

Some estimate of outflow of nurses from the UK can be determined using data held by the NMC on verifications reported to other countries. Whenever a UK registered nurse applies for registration in another country, that country’s registration body should contact the NMC for verification of the nurse’s details².

Table 2 shows the verification data for 2004/5. A total of 8,044 verifications were issued, with Australia, the USA and the countries of the European Economic Area (EEA, primarily Ireland), being the three main destinations. Together these destinations accounted for three quarters of all notified potential outflow of UK registered nurses and midwives. Add in New Zealand and Canada, and more than 95 % of total outflow is accounted for by just these five developed countries.

Table 2: Number of verifications issued to “destination” countries, 2004-5

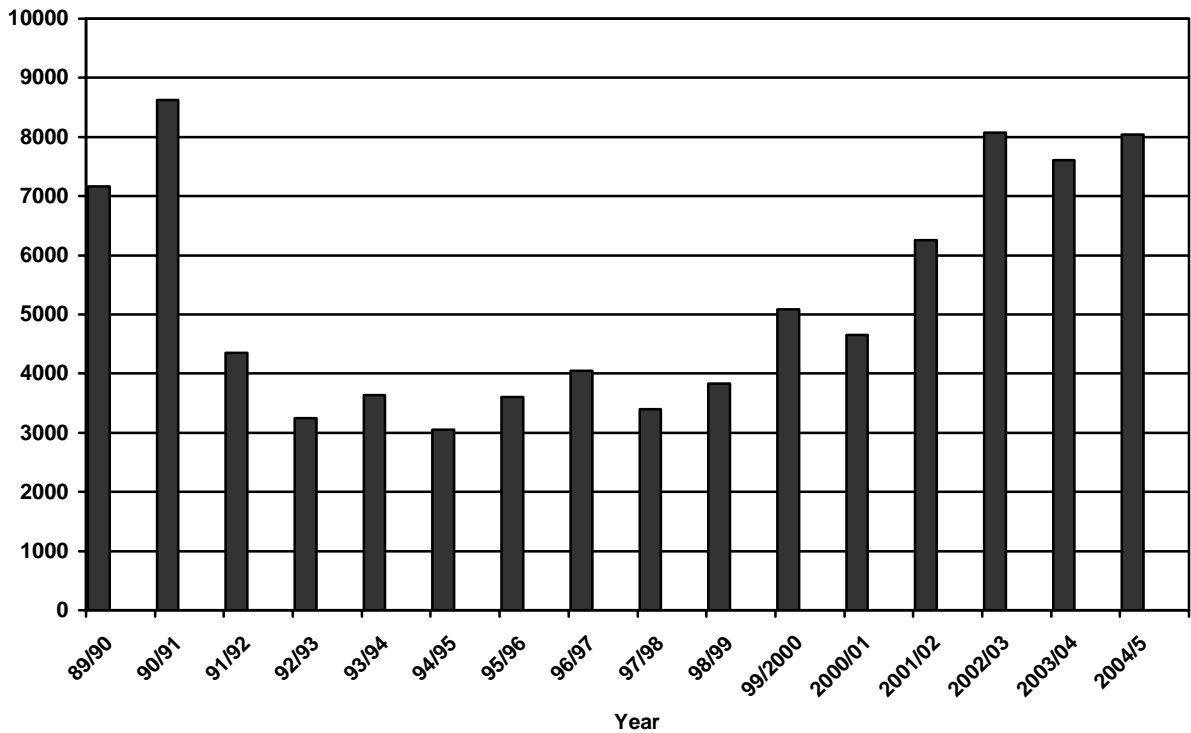
Africa	46
Australia	3296
Canada	461
European Economic Area	1284
New Zealand	1097
USA	1729
Others	131
Total	8044

Source: NMC. Note: Ireland data is included within EEA

Overall trends in outflow are shown in Fig. 6. The number of verifications issued declined in the first half of the last decade, but there has been a rising trend since the mid 1990’s.

² The NMC data indicates an intention to nurse in other countries; it does not necessarily record an actual geographical move. There will also be some double counting when a nurse applies to move to more than one country, and some of the outflow will be of foreign nationals who, having undertaken pre- or post-registration nurse education in the UK, return home.

Fig 6: Annual no. of verifications issued by NMC/ UKCC, 1989/90 - 2004/2005



The NMC verification data gives some indication of outflow of UK registered nurses; what it does not tell us is how many of these nurses are UK trained, how many have been trained in other countries (and for how long the latter have been in the UK). If a nurse is mobile and has moved once across national boundaries, she may be more likely to consider a further move. As noted above, the survey of “recently arrived” 380 international nurses (who had been working in London for two years or less) highlighted that many were considering staying for five years or more in the UK, but that they were also aware of opportunities in other countries. Filipino nurses were most likely to be considering a move. The United States was the most commonly reported potential destination³⁷.

Additional evidence that some UK based international nurses regard their stay as a temporary stop on the way to the US comes from data collected by the US Council of Graduates of Foreign Nursing Schools (CGFNS). The CGFNS screening examination can be taken in London; it is an early potential step in applying for licensure to practice in the US. In 2005, more than 85% of the nurses who took the exam in London had not been educated in the UK. The majority of these were from the Philippines and India (see Table 3).

Table 3: Applicants Taking CGFNS Examination in London, by Country of Education, 2005

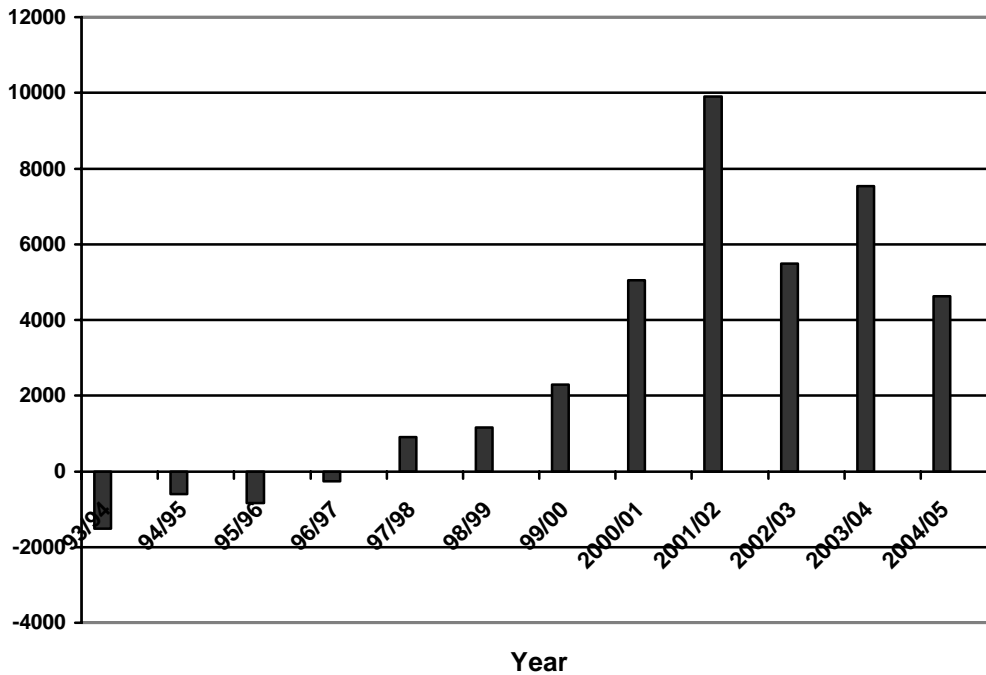
Country of Education	Number of Test Takers (N = 265)
Philippines	90
India	79
United Kingdom	36
Nigeria	22
Other countries	38

Source: CGFNS

9. Net Inflow/ Outflow of nurses to/ from the UK

What has been the aggregate effect of inflow and outflow of nurses in recent years? Some indication of the net flow of nurses to and from the UK can be determined by comparing NMC data on new registrants from other countries, with verification data (Figure 7). By this measure, the rapid growth in inflow in period between the mid 1990's and 2001/2002 meant that the UK had moved from a position of net balance, to becoming a net importer. However, the reduction in inflow in more recent years, coupled with some upswing in outflow, has halved the net gain.

Fig 7: Net flow of nurses to/ from UK, as measured by UKCC/ NMC registration data 1993/4 to 2002/3



The other important factor to note is that while most inflow of nurses has been from Australia and a range of developing countries, most outflow has been to other developed countries. The UK tends to be receiving nurses from English speaking developing countries in the “new” Commonwealth in Asia and Africa (plus the Philippines), whilst “losing” nurses to English speaking developed countries in the old Commonwealth (plus Ireland and the USA).

10. Conclusion

In our labour market review in 2005 we highlighted that the introduction by the NMC of the twenty day Overseas Nurses programme (ONP) would add to the recruitment “bottle neck”, as it appeared that there were to be relatively few places available, in comparison to applications. Combined with the longer running difficulties in finding clinical placements and adaptation places for international nurses, it is clear that the registration route for international nurses has become more complicated and time consuming in recent months. With proposals for a tougher English language test also being discussed by the NMC, and the introduction of a “points based” immigration policy for the UK³⁸, the likelihood is that entry to the UK will become even more challenging for international in the next few years.

If the supply side may be constrained by these regulatory and legal changes, it is also clear that the demand side has adjusted markedly in recent months as a result of budget deficits in the NHS. The NHS is moving rapidly away from the policy of active large scale international recruitment of nurses, to one where such recruitment is being scaled down, because funded vacancies no longer exist at the levels that made international recruitment the preferred “quick fix” policy option.

A nurse in the Philippines, consulting the Department of Health dedicated website for international recruitment will find, at the time of writing this report, the message: *“Philippines - We are unable to accept any further applications until further notice”*. A nurse in India consulting the India section of the same Department of Health dedicated recruitment website will find the message: *“The application process is currently under review - no further applications can be accepted in the meantime. Please access the British High Commission site where there will be information once the new process has been agreed. It is envisaged that this will be in October”*³⁹ (There is no more information on the British High Commission web site). The active international recruitment policy followed by the Department of Health in England since the beginning of the decade has been phased down.

Similar issues have been reported in relation to international recruitment of doctors. The Department of Health recently announced that increases in “home grown” training has lessened reliance on international recruitment and that it is to tighten the requirements for doctors recruited from non EU countries⁴⁰.

The underlying demographics point to a growing requirement for nursing care over the next ten years, combined with an increasing need to replace the many UK nurses who will enter retirement age; but what is becoming increasingly unclear in the current NHS funding situation is how much of that demand will be met by the NHS.

The early part of this decade is not the first time that the UK has engaged in active international recruitment of nurses to make good home based shortages. Recruitment of nurses from the Caribbean was a feature of policy in the middle decades of the last century⁴¹, and their UK career experiences have not always been positive, with reports of discrimination and under utilisation of skills⁴².

The policy focus may be shifting away from active international recruitment of nurses, in the short term at least. This scaling down of international recruitment activity must not

draw attention away from another ongoing policy challenge- how best to utilise effectively, and treat fairly, the tens of thousands of international nurses who have been encouraged to come to the UK since the late 1990's.

References

- 1 Herbert I (2006) NHS Trust cuts 1,000 jobs to avoid budget deficit of £30m. *The Independent*, 17/3/2006
- 2 Doult B, Agnew T (2006) Hundreds fail to find a nursing job six months after graduation. *Nursing Standard* 20 (21),5.
- 3 Buchan J Seccombe I (2005) Past Trends, Future Uncertain. Royal College of Nursing, London (<http://www.rcn.org.uk/publications> accessed March 15th 2006)
- 4 Buchan J Seccombe I (2005) Past Trends, Future Uncertain. Royal College of Nursing, London (<http://www.rcn.org.uk/publications> accessed March 15th 2006)
- 5 Hansard (2005) column 570W, 7 July.
- 6 Scottish Executive, Health Department. "Dear colleague" letter, 20th December 2005. Directorate of Human Resources, SEHD, Edinburgh.
- 7 Office of Manpower Economics (2005) Workforce Survey Results for Nursing Staff Midwives and Health Visitors, 2005. OME London.
- 8 NHS Purchasing and Supply Agency (2005). International recruitment of healthcare professionals: Procurement guide, version 1. PASA.
- 9 Buchan J, Jobanputra R, Gough P, Hutt R (2005) International Nurses in London: Profile and Policy Implications. Kings Fund, London. (<http://www.kingsfund.org.uk/resources/> accessed March 15th 2006)
- 10 Buchan J, Jobanputra R, Gough P, Hutt R (2005) International Nurses in London: Profile and Policy Implications. Kings Fund, London . (<http://www.kingsfund.org.uk/resources/publications/internationally.html> accessed March 15th 2006)
- 11 NMC (2005) Overseas page. www.nmc-uk.org accessed August 29th.
- 12 Parrish and Pickersgill, (2005) Home Office considers special visa to support overseas nurses. *Nursing Standard* 19 (46), July 27th, p12.
- 13 Doherty L (2006) NMC blamed for scale of planned fee rise. *Nursing Times* 102 (11) p3.
- 14 NMC (2005) Statistical Analysis of the Register. NMC, London.
- 15 Department of Health (1999) Guidance on International Nurse Recruitment. Department of Health, London
- 16 Department of Health (2001). Code of practice for NHS employers involved in the international recruitment of healthcare professionals. Department of Health, London
- 17 Department of Health (2004). Code of practice for the international recruitment of healthcare professionals. Department of Health, London.
- 18 Hansard, written answer, 9 February, 2004, Col 1208W.
- 19 Buchan J, Jobanputra R, Gough P, Hutt R (2005) International Nurses in London: Profile and Policy Implications. Kings Fund, London (<http://www.kingsfund.org.uk/resources/> accessed March 15th 2006)
- 20 NHS Employers (2006) <http://www.nhsemployers.org/workforce/> (accessed March 9th 2006)
- 21 Parrish C (2006) New figures point to an increase in agencies flouting recruitment code. *Nursing Standard* 20 (18), p10.
- 22 *Nursing Standard* (2005) Tougher language tests could lead to fewer nurses. *Nursing Standard*, 19 (26) March 8th, p4.
- 23 Strachan Bennet S, Doherty L (2006) Overseas nurses face severe delays to NMC registration. *Nursing Times* 102 (1), p2.
- 24 Nurses and Midwives Council (NMC) (2006). English language tests for overseas applicants. NMC Council briefing. NMC, London, 20/3/2006
- 25 Buchan J (2002). Here to Stay? International Nurses in the UK. Royal College of Nursing. London
- 26 Ball J, Pike G (2005) Managing to Work Differently. Royal College of Nursing, London
- 27 Ball J, Pike G, PTRC, University of Leeds (2006) At breaking point? Royal College of Nursing, London.
- 28 Allen H and Larsen J (2003) We need respect: experiences of internationally recruited nurses in the UK. Royal College of Nursing, London.
- 29 *Nursing Standard* (2005) Overseas staff targeted by racist thugs. 20 (14), p9.
- 30 Buchan J, Jobanputra R, Gough P, Hutt R (2005) International Nurses in London: Profile and Policy Implications. Kings Fund, London. (<http://www.kingsfund.org.uk/resources/publications/internationally.html> accessed March 15th 2006)
- 31 Martiniano R et al (2004) Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections 2001-2012. Center for Health Workforce Studies, University at Albany, NY State.

-
- 32 CNA Canadian Nursing Association (2002) Planning for the Future: Nursing Human Resource Projections. CNA, Ottawa
- 33 Health Canada (2003) A Report on The Nursing Strategy for Canada. Health Canada, Ottawa
- 34 see e.g. American Hospitals Association (2002). In Our Hands: How Hospital Leaders Can Build a Thriving Workforce, AHA, Chicago, USA.
- 35 Senate Community Affairs Committee (2002) The Patient Profession: Time for Action. Report on the Inquiry into Nursing. Senate Community Affairs Committee. Canberra.
- 36 AHA News (2005) Senate budget recognizes need for foreign RNs to help stem shortages. October 31st.
www.AHANews.com
- 37 Buchan J, Jobanputra R, Gough P, Hutt R (2005) International Nurses in London: Profile and Policy Implications. Kings Fund, London (<http://www.kingsfund.org.uk/resources/> accessed March 15th 2006)
- 38 Nursing Standard (2006) Immigration points system could damage recruitment, RCN warns. Nursing Standard, 20 (27),p9.
- 39 Department of Health (2006) www.nursinguk.nhs.uk (accessed 21 March 2006)
- 40 Department of Health (2006) Extra investment in home grown medical recruits eases UK reliance on overseas doctors. Department of Health Press Release 2006/0093; March
- 41 Thomas Hope, E (2002) Skilled labour Migration from Developing Countries: Study on the Caribbean Region. International Migration papers 50. International Labour Organisation, Geneva.
- 42 Beishon, S; Virdee S; Hagell A (1995) Nursing in a Multi-Ethnic NHS. London: Policy Studies Institute.