



About the Royal College of Nursing

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Overview

This document contains the RCN's full response, including references, to the WHO's 2021 Independent Stakeholder Reporting Instrument.

Questions and responses

1.1 Ethical practices exist while recruiting health personnel from source country to destination country.

How well is it working? (please specify source and destination countries as applicable)

- The UK has its own Code of Practice (COP) on the ethical recruitment of international workers, which all employers of health and care workers and recruiting agencies must adhere to¹. In February 2021, the UK aligned the UK COP 'red list' with the WHO Health Workforce Support and Safeguards List. This decision is significant as the UK previously referred to its own list of countries, that was compiled in partnership with the former Department for International Development. By aligning to the WHO Health Workforce Support and Safeguards List, the UK has increased the number of countries it can ethically recruit from.

What can be improved? (please specify source and destination countries as applicable)

UK Code of Practice

- The UK CoP is currently not legally enforceable, this is problematic as it means that employers and recruiting agencies can conduct recruitment in a way that breaches the Code. The UK CoP does include a process for convenors. Repercussions for CoP contraveners include the removal of agencies from the list

¹ [Code of practice for the international recruitment of health and social care personnel in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92222/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england)

of approved agencies working in compliance of the CoP². Despite this process, concerns continue to be raised about potential breaches of the CoP.

- The RCN is concerned by the lack of transparency on how well the CoP is being implemented. There are no publicly available workforce data across both the health and social care sectors. As such the RCN can only infer from data from the Nursing and Midwifery Council the number of registered overseas nurses and midwives and their country of training. National nursing associations and trade unions have valuable insight to share to enable the UK Government and devolved administrations to address issues in international recruitment and are very keen to contribute.

Memorandums of Understanding

- Nurses and midwives from outside the European Economic Area (EEA) account for more than half of the total growth of the Nursing and Midwifery Council (NMC) register. All nurses, midwives and nursing associates practising in the UK must be on the register. Nurses from the Philippines and India make up the largest two groups of international joiners to the UK register. Latest NMC registration data shows that there are 35,679 nurses and midwives who trained in the Philippines in the UK, and 28,193 who trained in India³.
- Recruitment from outside the EEA has increased for the third consecutive year, rising from 84,316 to 92,260. Ghana is listed as one of the top five countries of training outside of the EEA for people joining the UK register for the first time, with 1,771 nurses on the UK permanent register. 4,310 people on the UK register also trained in Nigeria, making it the third highest country of training for nurses and midwives trained outside of the EEA⁴.
- The number of nurses from Ghana and Nigeria joining the register in the UK is of concern as both countries are included on the Health Workforce Support and Safeguards List and identified by the WHO as facing pressing health workforce shortages. It is vital that the UK seeks to introduce mutually beneficial Memorandums of Understanding to govern ethical recruitment with these countries as a matter of urgency.

1.2 Migrant personnel receive fair treatment in source and destination countries.

How well is it working? (please specify source and destination countries as applicable)

- The Immigration Health Surcharge (IHS) is an annual charge of £624 that most visa holders and their families must pay in order to access the National Health Service (NHS). Since the IHS' introduction in 2015, the RCN has lobbied for the fee to be waived for health and care staff, given their significant contribution to

² [Code of practice for the international recruitment of health and social care personnel in England - GOV.UK \(www.gov.uk\)](#)

³ [NMC \(2021\) Register data](#)

⁴ [NMC \(2021\) Register data](#)

the UK's health and care system. In 2020 the UK Government announced that health and social care workers will now be exempt from this charge⁵.

- Nursing staff on the Health and Care visa are automatically exempt from the IHS charge, but many staff must pay this cost upfront and then claim a reimbursement at a later date. The RCN has concerns that this creates an additional administrative burden and could impact the take up amongst eligible applicants to receive the reimbursement.
- In response to the COVID-19 pandemic, health workers and their families were eligible for a one-year free visa extension⁶. However, this scheme ended in September 2021, and there is currently no indication that this will be continued.

What can be improved? (please specify source and destination countries as applicable)

It is considered that there are several limitations to the UK's immigration system which make the UK a challenging environment for international workers these include:

No recourse to public funds

- Current Home Office rules prohibit UK visa holders, who are living and working in the UK, from accessing public funds until they obtain Indefinite Leave to Remain. International workers are only eligible to apply for Indefinite Leave to Remain after five years of residency.
- The COVID-19 pandemic has also brought about financial challenges for many and has brought into starker focus the necessity of access to public funds. There is also a risk that people may feel that they have no choice but to stay in employment or even domestic situations which potentially might cause them physical or psychological harm.

Family and dependent visas

- RCN members often report difficulties in bringing family members or partners to the UK due to the Sole Responsibility and Adult Dependency rules, because of the high burden of evidence that is required by the Home Office – this can potentially leave nurses separated from direct family members that might require their ongoing care. Ultimately, these kind of barriers in the immigration system can make the UK appear an unattractive place to work, and lead to retention challenges in the workforce.

Recruiting agencies

- The RCN is concerned by the increasing number of reports from members via our member support services, that international nurses in the UK's care sector, are being tied into contracts through what is considered excessive early exit fees, which could pressure workers to remain within contracts when they would otherwise prefer to leave.

⁵ [Health and care staff can claim immigration health surcharge reimbursement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-and-care-staff-can-claim-immigration-health-surcharge-reimbursement)

⁶ [Visa extensions for health workers during coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/visa-extensions-for-health-workers-during-coronavirus-covid-19)

- The RCN is concerned at the potential for workers to be misled by recruiting agencies who might suggest that the immigration system is easier to navigate than it is, which reduces their ability to make fully informed choices.

Workplace concerns

- NMC leavers data (2020)⁷ found that 15.7% of nurses who trained outside the EU and left the register identified the negative impact of workplace culture as the key factor in why they left. Concerns about meeting professional revalidation requirements (17%) and poor pay and benefits (16.3%) also highlight concerning issues relating to inclusivity of UK workplace environments.

1.3 Countries have developed/ enforced strategies for health personnel development and retention to reduce the need to recruit international health personnel

How well is it working? (please specify source and destination countries as applicable)

Education

- It is considered that every country across the UK will need to substantially increase their registered nurse workforce supply to put our health and care system and the nursing profession on a sustainable footing. All four countries of the UK must invest in increasing the numbers of people entering nursing higher education to ensure a sustainable domestic nursing workforce and address a persistent over-reliance on international recruitment.

What can be improved? (please specify source and destination countries as applicable)

Pay

- The RCN believes that fair payment, which recognises the skill and complexity of the nursing profession, is one of the most important ways to help improve morale and retention of staff. Nursing is a safety critical profession that cannot practise safely and effectively with high vacancy rates. Average earnings for registered nurses in England dropped by 12.6% in real terms (against the Retail Price Index (RPI) between 2010 and 2020 and average earnings for nursing support workers fell by 11.6% over the same period⁸. NHS nursing staff have been hit hard by public sector pay restraint combined with rising living costs since 2010. The RCN is calling for a 12.5% pay rise for nurses employed within the NHS.

Workforce planning

- There has historically been insufficient accountability at all levels of decision making across the health and care systems in the UK for the strategies to secure the supply and provision of health care staff, and registered nursing staff specifically. This has contributed to a growing workforce crisis that is undermining the quality and safety of patient care. There is variation across the UK in terms of accountability being secured.

⁷ [NMC \(2020\) Leavers' survey - Why do people leave the NMC register?](#)

⁸ [RCN Submission to the NHS Pay Review Body: 2021/22 Pay Round| Royal College of Nursing](#)

- In Wales, the Government has set out legislation on how decisions about staffing should be made and scrutinised. In Scotland, legislation has been passed but its implementation has been delayed due to COVID-19. In Northern Ireland, there has been no meaningful progress in relation to safe nurse staffing legislation. In England, new health and care legislation is making its way through Parliament but in its current form, does not include sufficient accountability for the demand-led assessment, planning and supply of nursing and wider workforce to meet the needs of the population.
- It is vital that workforce accountability is secured in legislation. The UK Government and governments across the UK require to identify policy levers within funded workforce strategies to attract sufficient registered nurses to close the gap between what the population needs and what is working within health and care services, including sufficient levels of domestically educated nurses.

1.4 Health systems of both source and destination countries derive benefits from migration of health personnel through international cooperation (government to government agreement).

How well is it working? (please specify source and destination countries as applicable)

- In July 2021 the UK Government and Kenya entered into a memorandum of understanding (MOU), with the stated aim to allow qualified, but unemployed, healthcare staff from Kenya to work in the UK⁹. The MOU builds on existing support that the UK Government has provided to Kenya's health system during the COVID-19 pandemic such as undertaking genomic sequencing of positive COVID-19 tests and providing 817,000 COVID-19 vaccine doses¹⁰.
- There are currently 35,679 nurses and midwives who trained in the Philippines on the UK Nursing and Midwifery Council register, making it the top country of training for nurses outside of the UK¹¹. The UK Government has a long-standing MOU with the Philippines, to facilitate the movement of qualified nurses to the UK.

What can be improved? (please specify source and destination countries as applicable)

- International nurses bring additional learning and experiences to the workplace and are very much welcomed. However, national nursing associations, trade unions, and regulators in both source and destination countries should be engaged in the drafting of MOUs to ensure that the deals are genuinely mutually beneficial and that the interests of nurses in all countries are represented.
- It is proposed that the UK Government now requires to act to introduce memorandums of understanding with both Ghana and Nigeria, as the nursing workforce from these two source countries is growing significantly in the UK¹².

⁹ [Presidential visit strengthens healthcare partnership with Kenya - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/presidential-visit-strengthens-healthcare-partnership-with-kenya)

¹⁰ [Presidential visit strengthens healthcare partnership with Kenya - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/presidential-visit-strengthens-healthcare-partnership-with-kenya)

¹¹ [NMC \(2021\) Register data](#)

¹² [NMC \(2021\) Register data](#)

1.5 Financial and technical support is provided to countries with critical health workforce shortages.

How well is it working? (please specify source and destination countries as applicable)

What can be improved? (please specify source and destination countries as applicable)

- The UK Government has reduced the amount of Overseas Development Assistance (ODA) spending at a time where investment in international development – particularly global health – is needed more than ever. In 2020, the UK's total ODA was US\$18.6 bn (0.7% of GNI). However, in 2021, the UK Government announced a cut to the ODA budget to 0.5%¹³, as such, ODA is predicted to fall by 27%. In June, the RCN alongside other trade unions and national health organisations, wrote to the UK Prime Minister to urge him to reverse the decision to reduce ODA spending.¹⁴ The RCN has called for the UK Government to re-instate the commitment to spend 0.7% of GNI on ODA.
- In May 2021, the UK Governments' withdrew £5million in support of the development of nurses and midwives globally¹⁵. This cut has led to many important clinical projects being affected such as a project in Uganda that provided targeted training, guidelines and infrastructure to combat high maternal and neonatal sepsis-related deaths¹⁶.

1.6 Data and research on health personnel (incl. e.g. health personnel information systems, migration data) is translated into effective policies and plans.

How well is it working? (please specify source and destination countries as applicable)

What can be improved? (please specify source and destination countries as applicable)

- The RCN has significant concerns that nursing workforce planning in England is not sufficient for purpose. The current party in power included a pledge to recruit 50,000 more nurses in England. However, a longer-term plan for nursing supply which includes demand-led workforce modelling and assessment of population need is urgently required.
- Additionally, this target is for the NHS alone, which does not take into account the needs of the social care and public health systems; it also assumes that all entrants into the nursing profession will enter employment in the NHS. In reality, there are several sectors that registered nurses may enter into – and indeed, they may choose to work overseas. It is well recognised that there is an urgent requirement for demand-led assessment and accountability for workforce planning set out in legislation, to ensure adequate planning for a supply of nurses and the wider workforce to meet population needs,
- The RCN asserts that robust, independent projections of the future demand for and potential supply of nurses must be part of a shift to a sustainable, long-term approach to nursing workforce planning. Additional analysis suggests that a

¹³ [United Kingdom | Donor Tracker](#)

¹⁴ [RCN urges PM to reverse overseas aid cuts | News | Royal College of Nursing](#)

¹⁵ [UK Parliament \(11 May 2021\) Written questions and answers. Developing Countries: Nurses](#)

¹⁶ [International Development Strategy | Royal College of Nursing \(rcn.org.uk\)](#)

target of 50,000 more nurses will be insufficient to meet increased demand on the nursing workforce in England¹⁷.

- The RCN continues to call for the expansion of accountability for workforce planning and funding in law, and investment in nursing higher education in England to remove any financial barriers to nursing education.

1.7 Information on laws, regulation and data related to health personnel recruitment and migration in each country is shared nationally and internationally.

How well is it working? (please specify source and destination countries as applicable)

- With regards to professional regulation, (NMC) are the independent regulatory body for Registered Nurses, Registered Midwives, and Nursing Associates in the UK. Their website includes extensive information on the regulatory requirements for nurses and midwives, including details for registering as an international applicant.
- Since the UK departed from the European Union, the UK regulatory system for international professionals will be changing. New UK Government legislation is working through parliamentary procedure; the Professional Qualifications Bill sets out a new framework for the recognition of overseas professional qualifications in the UK. This will replace the Mutual Recognition of Professional Qualifications (MRPQ) Directive, which facilitated the free movement of professionals to market their skills in EU member states. The Professional Qualifications Bill includes a requirement for an 'assistance centre' to provide information on regulatory requirements to international recruits. Further details on the remit of the assistance centre are still unknown at this time.

What can be improved? (please specify source and destination countries as applicable)

- The RCN has significant concerns that official UK Government guidance relating to immigration requirements are unclear and difficult for international nurses to follow. Many nurses arrive in the UK unaware of the barriers that they could face in bringing family members and dependents to the UK. The UK Government must simplify guidance and make clear from the outset visa requirements for both the international nurse and their dependents.

1.8 Countries undertake efforts to collaborate with wide range of stakeholders to implement the Code.

How well is it working? (please specify source and destination countries as applicable)

- NHS Employers and Department of Health and Social Care hold regular meetings with trade unions across the UK to understand the issues facing the international workforce and are receptive to the issues that are raised. It is proposed that this engagement could be held more regularly to ensure systematic consultation with unions and broadened to ensure more diverse perspectives are considered in monitoring implementation.

What can be improved? (please specify source and destination countries as applicable)

¹⁷ [The Health Foundation \(2020\) Building the NHS nursing workforce in England](#)

- It is proposed that the UK Government should do more to work in a genuinely collaborative way with trade unions around these issues. Unions in both the UK and source countries should be consulted by their respective governments on the arrangements for memorandums of understanding to ensure that agreements are mutually beneficial for the healthcare workforce.
- Whilst the RCN alongside other stakeholders had the opportunity to feed into the updated UK Code of Practice, we were not made aware of the decision to remove over 100 countries from the UK's red list. The RCN is clear that the UK Government must not resort to unfair recruitment practices in order to meet the political goal of 50,000 more nurses. It is imperative that recruitment continues to be transparent, clear and fair.

1.9 Countries report to the WHO on the implementation of the Code.

How well is it working? (please specify source and destination countries as applicable)

- The UK Government submits to the National Reporting Instrument.

What can be improved? (please specify source and destination countries as applicable)

- The RCN suggests that the UK Government undertakes systematic consultation and engagement on the implementing – and reporting – of practice across health and care systems within the UK, against the UK Code, involving a wide range of organisations outside of governments, to ensure all perspectives are understood, knowledge is shared and practice is improved.