

International recruitment of nurses: United Kingdom case study

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United Kingdom case study: a summary

This paper is based on research funded by the World Health Organisation, the International Council of Nurses and the Royal College of Nursing of the United Kingdom. Whilst the primary focus is on the UK, general lessons related to international recruitment and migration of nurses are also highlighted.

There is general agreement amongst all stakeholders in the UK that nursing shortages have become a major factor constraining health care delivery in the National Health Service in the UK. In order to overcome these skills shortages, four areas of government initiative are underway: attracting more applicants to nurse education; encouraging returners to nursing employment; improving retention through improved career structures and flexible working practices; and recruiting nurses from abroad. NHS Plan targets for increased staffing have been one major factor in focusing attention on international recruitment.

There has been a significant growth in the level on inflow of nurses from other countries to the UK. Registration data on annual admissions of nurses from non-UK sources shows a fivefold increase since the early 1990s. In 2000/01 a total of 9,694 initial entrants on the UK Register were from all overseas sources. This figure has risen to approximately 15,000 in 2001/02, which equates to almost half of all new nurses entering the UK Register in the year.

Registration data highlights that a total of more than 30,000 new non-UK nurses have registered in the UK in the last three years. The Philippines, South Africa and Australia have been the main sources.

The trend in significant growth of recruitment of nurses from non-EU countries has not been matched by any growth in inflow from the countries of the European Union. In recent years the EU has reduced in significance as a source of nurses entering the UK.

The Department of Health in England issued guidance on ethical international recruitment practices in 1999 requiring NHS employers to avoid direct recruitment from designated countries such as South Africa and the West Indies. Registration data suggests that the 1999 guidelines may have had some short-term impact in reducing recruitment from South Africa and the Caribbean, but that this recruitment activity may have then been displaced to other developing countries. The Department has issued a strengthened Code for international recruitment in late 2001.

The pull factor of meeting NHS Plan staffing targets is likely to mean that the UK, particularly England, will continue to be active in recruiting from international nursing labour markets, partly as a result of new targets having been set for 2008. UK government policy initiatives to increase the number of nursing students, and to improve retention and return rates, can have a positive effect. However, the growth in the number of UK nurses who can retire is likely to challenge the capacity of the NHS to retain the required numbers of nurses. When coupled with the likelihood of liberalisation of global labour markets, this points to a continuing high profile for the UK in international nursing labour markets.

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1. Introduction

This paper draws from research funded by the World Health Organisation (WHO), the International Council of Nurses (ICN) and the Royal College of Nursing (RCN) in the UK. The paper assesses the reasons for recent growth in recruitment of registered nurses from other countries to the United Kingdom (UK). The paper has four main objectives to:

- examine trends in inward recruitment of nurses to the UK¹
- assess the impact of free mobility of registered nurses in the European Union from a UK perspective
- examine the impact of the introduction of ethical guidelines on international recruitment of nurses to the UK
- explore the reasons why registered nurses are internationally mobile.

This paper is the first interim report from the programme of research on international nurse mobility and migration that is being funded by WHO, ICN and the RCN. While the primary focus is on the UK, general lessons related to international recruitment and migration of nurses are also highlighted.

¹ Student nurses are not examined in this report

2. The dimensions and dynamics of the UK nursing labour market

In March 2002 there were 644,025 qualified nurses, midwives and health visitors registered to practice in the UK. Nine out of ten of registrants are female. The registered population represents the theoretical pool from which the National Health Service (NHS) and other UK employers recruit qualified nursing staff .

The overall population on the register had been declining in recent years, but this decline has been reversed in the last year. This is a result of an increase in the number of newly trained nurses entering the register, and of a big increase in the number of internationally recruited nurses entering the UK. Despite this recent increase, the underlying trend is an ageing of the nursing and midwifery population in the UK. Ten years ago less than half registered nurses were aged 40 or older, by 2000 this had risen to two thirds. More than 73,000 are aged between 50 and 55 and can expect to withdraw from the nursing workforce in the next five to ten years. Nurses working in NHS community nursing and in independent sector nursing homes have an older age profile. Partly as a result of this demographic trend, there have been increasing difficulties with nursing shortages, particularly in England.

Most nurses in paid employment in the UK work in the NHS. Each of the four UK countries (England, Scotland, Wales and Northern Ireland) has devolved responsibility for health policy, and most public sector data on the nursing workforce are collated at country level rather than at UK level. In total, there were about 400,000 registered nurses, midwives and health visitors employed by the NHS in the four UK countries in September 2000. Around a third of NHS nurses work part-time. As a result, the whole-time equivalent (WTE) number of registered staff in the workforce was 321,148. A further 115,00 unqualified/unregistered staff are employed as nursing assistants and auxiliaries (see Table 1).

Table 1
Nursing staff (whole-time equivalent) employed by the NHS in 2000/01 (UK)

	England	Scotland	Wales	NI	Total
Qualified	256,280	35,690	17,670	11,508	321,148
Unqualified	89,830	15,530	6,560	3,550	115,470
Total	346,180	51,230	24,230	15,058	436,618

Source: DH Statistical Bulletin 2001/3; Health departments evidence to Review Body 2001.

Note: Figures are rounded. Figures are for September 2000. Figure for Scotland for 2000 is provisional. Excludes agency staff. Northern Ireland figure is for March 2001 provided by HRIS, DHSSPSNI.

Nurses are also employed in other sectors:

- practice nurses working with general practitioners
- private sector nursing and residential homes
- independent hospitals and clinics
- independent hospices
- nursing agencies
- public sector services such as the prison service, defence medical service, higher education, police service, and local authorities.

An overall best estimate is that the total number of registered nurses in all types of nursing employment in the UK was approximately 518,670 in 2001, with about four times as many nurses work in the NHS as in all other forms of nursing employment².

How does this staffing level compare with other countries? The nurse: population ratio in the UK calculated and published by the Organisation for Economic Co-operation and Development (OECD³) gives one measure of international comparison. The OECD quotes a “practising nurses’ per 1,000 population” ratio of 4.5 for the UK. This is much higher than most developing countries, but lower than most OECD- developed countries as it is only one-third of the ratio in the Netherlands, and a quarter of that in Ireland. However, the data used by OECD is flawed and the comparison is misleading. A more accurate estimate of the ratio in the UK would be approximately 6.5 nurses per 1,000 population⁴.

UK nursing shortages

There is general agreement among all stakeholders that nursing shortages have become a significant factor constraining health care delivery in the NHS in the UK. The UK Health Departments in 2001⁷ acknowledged that “the biggest constraint on the NHS’s capacity to deliver was the need to increase the number of staff”⁵. The recent report on long term funding of the NHS identified that “the UK does not have enough doctors and nurses...”⁶. An official survey in 2001 reported that 78% of NHS employers in England and Wales reported that they had “quite a problem” or a “major problem” with nursing and midwifery recruitment difficulties, up from 69% in the previous year. The same survey reported that a total of 46% of trusts had “quite a problem” or a “major problem” with retention of nursing staff.

While shortages are often characterised as a numerical issue, the extent of skills shortages in UK nursing varies by speciality and by geographical region. Vacancy rates have tended to highest be in some “high tech” specialties, and in psychiatry, paediatrics and adult acute nursing, and in London and the south east of England.

Growing the NHS nursing and midwifery workforce: the NHS Plans

Against this backdrop of a growing challenge of skills shortages, the NHS in the UK has also been determining how best to deal with increased demand for health care, mainly as a result of an ageing population. More patients are being treated, and patient care has become more intense, with higher dependency patients requiring more care in a shorter time period. Various supply-side factors, including the ageing of the nursing profession, are also likely to further exacerbate short/mid-term recruitment difficulties⁸.

In order to respond to the increasing demand for health care, the government has made commitments to increase NHS funding and NHS re-organisation. Since 1998 the implementation of NHS strategies for nursing and human resources, and NHS modernisation plans (the NHS Plan⁹), have symbolised a fundamental policy shift in the NHS. Workforce planning, a comprehensive and integrated human resource strategy, and effective approaches to recruitment, retention and motivation of NHS nurses and midwives are now acknowledged as core elements of a modernised health service¹⁰. Achieving health gain targets depend, in part, on achieving plans to increase NHS nurse numbers throughout the UK.

In England, the NHS Plan target was to increase the number of nurses (head count) by 20,000 by 2004. This target was met early in 2002. The NHS Plan targets for nurse staffing growth relied on four areas of intervention:

1. attracting more applicants to nurse education
2. encouraging returners to nursing employment
3. improving retention through improved career structures and flexible working practices
4. recruiting nurses from abroad.

The first of these interventions is open to direct government action, as all pre-registration nurse education in the UK is funded and provided in the public sector. Increased funding has been allocated, and the number of nursing and midwifery students has increased significantly in the last three years. However, as it takes three years for students to complete their course and register for practice, the full effect of this increase will not be felt in time to contribute to the 2004 staffing target. A further long-term target of 35,000 additional nurses by 2008, above a September 2001 baseline, was announced in April 2002. This includes year-on-year projected increases in the numbers of student nurses and an acknowledgement that “international recruitment will continue to play a significant part in boosting nursing numbers”.¹¹

Funding has also been allocated to attracting back returners. Qualified practitioners returning to paid nursing employment have been the target of an ongoing series of linked return to practice (RTP) campaigns in England organised and funded by central government. From 1 April 2001 healthcare professionals returning to the NHS in England have received at least £1,000 income to support them while they are retraining (midwives will receive £1,500), with further assistance available for childcare, travel and so on. Similar initiatives are underway in Wales and Scotland.

The third area of intervention has been in attempts to reduce nurse turnover and improve staff retention rates. This has included an increased emphasis on the provision of flexible working hours, action to reduce violence against staff, and a commitment to increased funding for lifelong learning¹². There are also plans to introduce a new pay and career structure for nurses and other NHS staff.

While these three interventions have been necessary elements of the attempt to meet the 2004 target, it is unlikely that they would have been sufficient in themselves. A major contribution to meeting staffing growth has been made by a rapid and sustained growth in the level of international recruitment of nurses to the UK. The remainder of this report will focus on this fourth intervention.

3. Trends in recruitment of international nurses to the UK

Prior to examining the situation relating to increasing recruitment of nurses, it should be noted that the UK has a long tradition on relying on permanent and temporary migrant labour. In recent years there has been an increase in inward migration of workers across a range of professional occupations, with increases in the provision of work permits¹³. School teachers are another public sector occupation where there has been an increase in international recruitment to the UK.

In relation to nurses and other health care professionals, it is now apparent that international recruitment has become a priority issue in the UK, partly as a result of the need to combat staff shortages and meet the NHS Plan staffing targets. This section maps recent trends in the inflow of nurses to the UK from other countries† to assess the overall contribution of international recruitment and to identify the main source countries from which the UK is recruiting.

Historically the UK has often played a significant role in international nursing labour markets^{14 15}. Recent activity has been stimulated by both skill shortages and by government policy. The Department of Health in England has stated that international recruitment is part of the solution to meeting its staffing targets: “We shall build on our successes in recruiting staff, particularly nursing staff, from abroad to help us, in the short term at least to deliver the extra staff we need to deliver the NHS Plan”¹⁶. It has set up “a network of international recruitment co-ordinators . . . to speed up the recruitment process.”¹⁷ This network connects with NHS Professionals, the nationwide temporary staffing organisation recently set up by the NHS in England. The commitment to international recruitment was restated in April 2002 when new NHS staffing increase targets for 2008 were announced¹⁸. The English Department of Health has also initiated government to government concordats on nurse recruitment with the Spanish and Filipino governments, with an indication that further government to government agreements will also be concluded.

In assessing inflow of nurses to the UK, there are two main sources of information: information from the UKCC (United Kingdom Central Council for Nursing Midwifery and Health Visiting was re-named the Nursing and Midwifery Council or NMC in April 2002) register, and information on the provision of work permits.

Data from the UKCC (NMC) register

Any nurse who wishes to practice in the UK must be registered with the professional regulatory authority - the UKCC/NMC. Individual judgements are made by the UKCC on each application from an overseas nurse, on the basis of the duration and type of training and previous work experience of the applicant.

There are two main types of applications. The first group are applications from individuals with general first level nursing or midwifery qualifications from the other countries of the European Union (EU)/European Economic Area (EEA), who have the right to practise in the UK because of mutual recognition of qualifications across the countries of the EU/EEA. This group can register with the UKCC via the European Community Directives. The second group are nurses from all countries outside the EU wishing to practice in the UK, who have to apply to the UKCC for verification of their qualifications in order to be admitted to the Register. Most nurses from outside the EU will also have to apply for, and be granted a work permit to take up paid employment in the UK.

† Note: The UKCC data include small numbers of midwives which are not different separately in this report

The UKCC register provides three indicators of potential, or actual, inflow of nurses to the UK:

- new admissions to the register - the number of nurses from non-UK sources entering the register is recorded annually
- successful applications - the number of successful applications from each country, to practice as a nurse in the UK. In some cases applications will be approved subject to the applicant working a period of adaptation in the UK. In these cases the applicant will normally work under the supervision of registered nurses but will not themselves be registered until they have successfully completed the period of adaptation. These applicants will be working in the UK for a number of months prior to their registration being recorded, and as such may even be recorded on the register in the year following their actual entry to the UK
- total number of decisions made on applications ñ the total number of decisions made by the UKCC, including applications that were deemed unsuccessful, with reasons given. This information assists in giving a broader estimate of demand from overseas to work as a nurse in the UK. There are also wide variations between application/acceptance rates from different countries. The UKCC published data on the proportion of applications that are accepted first time that is without need for additional information, checks and so on. In 2000 the first time rate of acceptances varied from over two-thirds of Australian applications (69%) to less than 5% of Nigerian applications.

There are limitations in using the data to monitor inflows to the UK. Registration data only records the fact that a nurse has been registered. It neither shows when a nurse actually enters the UK, nor indicates what the nurse is doing. It is a measure of intent to practise in the UK, rather than necessarily an indicator that the nurse is actually working in the UK. It should also be noted that UKCC data concerns qualified nurses, not people moving to the UK in order to enter pre-registration nurse education.

New admissions from overseas

In the three year period from 1998/9 to 2001/02 there has been a threefold increase in the number of annual admissions to the UKCC register of nurses and midwives originally trained and registered outside the UK (Figure 1). Over the three years, more than 30,000 new registrants from overseas will have been recorded.

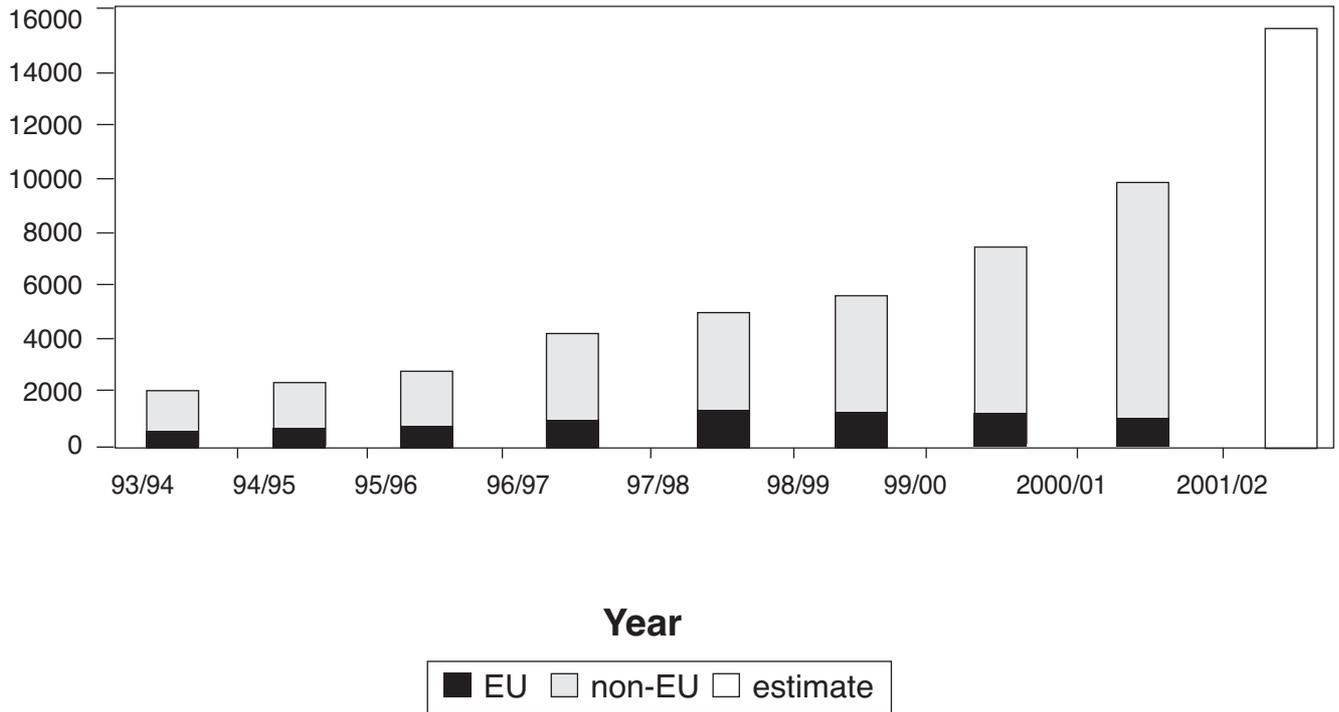
In 2000/2001 there were a total of 9,694 entrants from abroad who were recorded on the Register, and of these 8,403 (87%) were from non-EU/EEA countries. The three most important source countries were:

- the Philippines (3,396)
- South Africa (1,086)
- Australia (1,046)¹⁹.

In 2001/02 a total of 13,721 non-EU entrants were recorded, suggesting those total overseas admissions will have been around 15,000²⁰. The main non-EU source countries in 2001/02 were again:

Figure 1: admissions to the UKCC register from EU directive/non-EU sources 1993/94 - 2001/02 (initial registrations)

number of registrations



Source: UKCC.

- the Philippines (7,235)
- South Africa (2,114)
- Australia (1,342).

However, other admissions from countries such as India and Zimbabwe have also increased significantly over the last three years²¹.

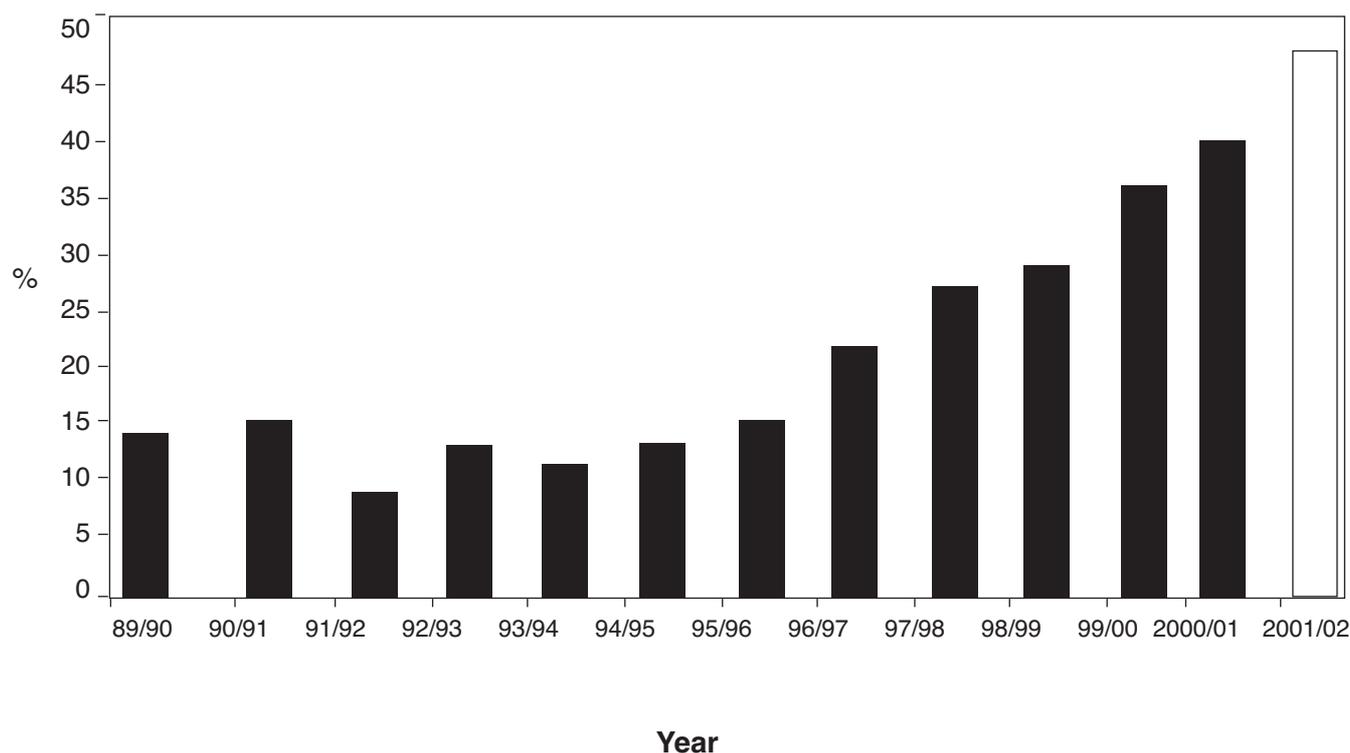
The size of the non-UK registrants' increase is significant. Over the three-year period from 1996/7 to 1999/2000 the annual number of new non-UK registrations had increased by about 49%. While not a direct comparison, the annual number of "entry clearances for temporary purposes" granted to all people applying to enter the UK between 1997 and 2000 had increased by 13%²².

This marked increase in recruitment activity has been facilitated in some cases by UK employers using international recruitment agencies. These agencies either support employers to recruit from specific countries, or have themselves initiated the recruitment process. This has led to batch recruitment, where an agency facilitates the in-country screening and recruitment of 20, 50, 100 or more nurses, working on behalf of one or more UK employers. There has been reported concern about the activities of some recruitment agencies, which led the Department of Health to introduce a Code of Practice. Some NHS employers now use NHS Professionals to assist in supporting international recruitment activity, rather than a private sector agency.

While there has been a significant and sustained increase in the numbers of overseas nurse registrants in recent years, admissions from EU sources have flattened off. In the mid-1990s, admissions from EU sources accounted for between one-quarter and one-third of annual total overseas admissions, but by 2000/01 this had dropped to only 13%, with a further drop forecast for 2001/02. EU nationals have free mobility, but most newly recruited non-EU nurses require work permits. The UK has therefore become increasingly reliant on recruiting nurses who have permits to enter the UK, rather than having free access. This changing profile may also impact on the future pattern of how many of these nurses stay in, or leave, the UK.

Admission to the register from non-UK sources as a proportion of total new admissions is shown in Figure 2. This figure shows the comparative importance of non-UK countries as a source of annual new nurses on the UK register. This importance has increased significantly in recent years. In the early mid-1990s about one in ten new entrants were from non-UK sources. By 2000/01 this figure had risen to almost four in ten of total initial registrations. This upward trend is likely to continue. An estimate for 2001/02 suggests that nearly half of new registrants in this year will have been from overseas^{23 24}.

Figure 2: admissions to the UKCC register from abroad as a percentage of total admissions 1989/90 - 2001/02 (initial registrations)



(Note: 2001/02 data is estimated - see text)

Source: UKCC.

Some limited information on the specialty of these nurses can also be gleaned from UKCC data. The UKCC collates data by part of the register with each main specialty:

- general nursing
- mental health nursing
- learning disabilities
- sick children nursing being recorded
- health visitors
- midwives
- district nurses.

In 1999/2000, the most recent year for which this data is available, 93% of non-EU overseas nurses joining the UK register, and 83% of EU nurses were recorded as first level registered general nurses.

Work permits

The second main source of information on the inflow of nurses to the UK is data on applications for work permits. Non-UK applicants from countries outside the European Union/European Economic Area (EU/EEA) who want to work in the UK have to get a work permit. Work permit data can therefore be used as another source of information on trends in inflow of nurses from non-EU/EEA countries.

Since 1999 work permit data has been collated by Work Permits UK (once a part of the Department for Education and Employment and now in the Home Office Immigration and Nationality Directorate). Work permits are issued for a specified period of time, and in the case of nurses this is usually for two years.

Work permit data is presented primarily in terms of numbers of new applications and applications for extension approved in calendar years. Data on new applications and applications for extension are reported separately. Therefore there is some scope to use permit data to assess the numbers of non-EU nurses already working in the UK who wish to continue working after their initial permit has expired.

Work permit data is not directly comparable with UKCC data for a number of reasons. Firstly they record the nationality of the individual applicant, whereas the UKCC records the country in which the applicant was trained as a nurse. Secondly, permit data is recorded and presented in calendar years, while UKCC data is presented in an annual cycle covering 1 April to 31 March. Thirdly, UKCC data indicates the year in which a nurse went on to the UK register. Work permit data for initial applications indicates when the individual became eligible to work in the UK (in some cases the individual may not work as a registered nurse - either through choice or because they were required to work a period of adaptation by the UKCC).

Work Permits UK designates some occupations and professions as shortage occupations. These occupations have been acknowledged to be particularly difficult to fill, and their designation means that there is a simplified procedure for applicants in order to fast track the application process. The designation of shortage occupations is under continuous review. In the past only certain categories and specialities of nurses have been designated as being in shortage, but at the current time “all registered nurses and midwives” are listed as in shortage in the UK. Recently it has been reported that work permit requirements may be waived for experienced nurses applying from other countries. These nurses would be accepted under the highly skilled migrant programme piloted by the Home Office that began in January 2002 for one year²⁵.

Table 2 below shows the work permit data for 2001 (provisional data up to 17 December 2001) for the job title of nurse. The data is recorded in six sub categories:

1. **First permission:** records that the applicant has been given permission to work in the UK, subject to Home Office approval but has not yet entered the UK
2. **In country change of employment:** records that an applicant already in the UK has been granted a change in type of employment. An example of this would be when an auxiliary nurse in an adaptation period had been granted a change of status to nurse following successful registration with the UKCC
3. **In country extension:** records that an applicant already in the UK has been granted an extension to the time period of their work permit. For example, a nurse working on a two-year permit successfully applies for a further two year extension
4. **In country technical change:** records the small number of cases where there is a technical change to permit details. For example, if the employer for whom the nurse is working changes their location or the title of the organisation
5. **Work permit:** records the first time that a work permit is issued to an applicant.
6. **Work permit extension:** records when an extension to a work permit is issued for an applicant currently not located in the Great Britain.

Table 2 shows the overall data and main countries of nationality of applicants. There were a total of 23,603 applications recorded up to 17 December 2001, of which 12,762 (54%) were recorded as work permit. In other words over 12,700 new work permits were issued to individuals who had not previously been working as nurses in the UK.

Table 2: Total numbers of work permits approved for nurses in Great Britain in 2001, by category and by selected country of nationality

Country	Total of all applications	Composition of total applications:					
		First permission	In country change of employment	In country extension	In country technical change	Work permit	Work permit extension
TOTAL	23,063						
Of which:							
Philippines	10,050	210	1,433	952	26	7,422	7
India	2,612	105	646	92	9	1,759	1
South Africa	2,514	149	669	490	33	1,163	10
Zimbabwe	1,801	851	527	146	13	261	1
Nigeria	1,110	217	424	104	11	354	0
Australia	601	149	69	99	4	277	3
Ghana	493	151	148	44	3	147	0
Trinidad and Tobago	357	94	89	130	1	43	0

Source: Work Permits UK provisional up to 17 December 2001.

Note: not all countries data are reported

The main sources of application were the Philippines, India and South Africa. The Philippines alone accounted for nearly half (44%) of the overall total. The majority of the applications from the Philippines were for new work permits (7,422). In country change (1,433) applications are an indicator that many Filipino nurses were required to work a period of UK adaptation by the UKCC. It also shows that they successfully completed the three to six month period prior to changing status and becoming registered with the UKCC. Only 9% of Filipino applicants were in country extensions, which means that only a relatively small proportion of applicants were already working as a nurse in the UK.

A similar pattern of relatively small proportions of in country extensions in relation to total applications is seen for most of the other main countries. It was only in applications from South Africa, Australia and Trinidad and Tobago that the proportion of in country extensions exceeded 10% of total applications. This highlights the extent to which most of the applications were from new individuals, who would be eligible for the first time to work as a nurse in the UK.

This work permit data provides more detail on the types of applications to nurse in the UK that are coming from non-EU nationals. In conjunction with UKCC information, the work permit data highlights the significant numbers of applications from non-EU countries, particularly the Philippines, South Africa and other Commonwealth countries. They also confirm that most of the applicants in 2001 were new applicants, rather than nurses already working in the UK.

This marked increase in new applicants is likely to be a strong indicator of pull factors from the UK, in the form of available, relatively well paid employment and active recruitment by UK employers. It could also be a sign of significant push factors from some of the main countries of applicants, in terms of low pay, a lack of career prospects, or concerns about personal safety.

4. The EU/EEA

First level registered nurses from European Union nations have free mobility in EU countries under Directives that guarantee mutual recognition of nursing qualifications. The EU was also highlighted in the 1999 guidance from the Department of Health (DH) as being an acceptable source of recruits. The DH has reached agreement with the Spanish government to undertake systematic and structured recruitment of cohorts of Spanish nurses to designated NHS employers in England.

The initial projections were to recruit several thousand nurses from Spain. There is as yet little sign of an inflow of this magnitude. Recent press coverage has suggested that some of the Spanish nurses already recruited to the UK have had English language difficulties²⁶. Language problems have also been reported in relation to recruits from other countries. Under EU law a language test cannot be applied to EU nationals, but it is reported that potential recruits from Spain will now be assessed on their language capabilities prior to travel to the UK²⁷. The UKCC/NMC has also announced that all non-EU nurses (including those whose first language is English) will now have to pass a standard English test administered by the British Council²⁸.

As noted earlier in the report, the recent growth in the numbers of overseas nurses on the UK register has been accounted for by an increase in inflow from non-EU countries. The overall contribution of EU countries reduced from 28% to 13% of total annual inflow of overseas registrants between 1998/9 and 2000/01. Recent trends in the numbers of registrants from EU countries are shown in Table 3 below. The number of registrants from Spain has increased as a result of the NHS recruitment initiative, but the number of registrants from some other EU countries decreased. For example, in the late 1990s some UK employers were active in recruiting Finnish nurses at a time when there was a relative oversupply of nurses in Finland. This situation has now adjusted, and the inflow from that country has reduced.

Table 3: Numbers of new registrants on UK register from selected EU countries, and the EU total

Country	1998/9	1999/2000	2000/01
Finland	312	279	127
Sweden	148	108	79
Germany	258	259	202
Spain	126	213	260
Ireland	232	234	315
(Total)	(1,412)	(1,416)	(1,295)

Source: UKCC / NMC.

In the past, Ireland has been a major target for UK recruiters looking for well-qualified English speaking nurses. This has all changed radically in the last few years. There has been an EU-driven boom economy in Ireland, combined with growing nursing shortages in the country, particularly in Dublin. This has led to efforts by the Irish Department of Health to improve nurse retention, halt the outflow of nurses and encourage inward recruitment .

The reverse flow of Irish nurses is confirmed by data from An Bord Altranais, the Irish nursing registration body, which highlights a significant shift over the period 1990- 2001. In 1990, approximately 73% of new registrations had been trained in Ireland, with only 27% from other source countries. Provisional data for 2001 (up to November) shows that Irish sources accounted for only 31% of all new registrations on the Irish nursing register, with non-Irish sources accounting for 69%. The UK alone accounted for 1,443 new registrants, which represented 32% of all registrants (numerically higher than Ireland itself).

The data suggests Irish employers have been successful in recruiting UK registered nurses. It is likely that many of these nurses will have been Irish nationals who have travelled to the UK for their nurse training, and have returned to the Ireland as a result of pull factors related to improvements in the Irish economy, and increased job opportunities for nurses.

The UKCC registration data highlights that EU countries have not been a major source of nurse recruits for the UK in recent years. There has been some indication of growth in recruitment from Spain, which may be constrained as a result of the recent announcements in relation to English language capability. However, the most significant UK/ EU trend in the last three years has been the reverse in the flow between the UK and Ireland. The UK continues to recruit Irish nurses, but Ireland has now become a major destination of UK registered nurses.

5. The impact of ethical guidelines on international recruitment

The controversy about the potentially damaging effects on source countries of losing scarce nursing skills through international recruitment is not new. As long ago as 1948 the Executive Secretary of the International Council of Nurses wrote to the Chief Nurse in England complaining that English employers were actively recruiting nurses from the Netherlands at time when that country was trying to rebuild after World War II. Even then the tension between individual rights and aggregate impact were evident, as the same letter stressed that “the Netherlands are much in favour of an exchange of nurses on a reciprocal basis”³⁰.

Debate about the impact of active international recruitment on the donor developing countries has become more prominent in recent years. The Department of Health in England reacted to these concerns about brain drain from developing countries by issuing guidelines in November 1999 to all NHS employers³¹. The guidelines indicated specifically that NHS employers should avoid direct recruitment from South Africa and the Caribbean, and set out good practice guidelines in international recruitment. It also highlighted that the countries of the EU were an appropriate place to target for recruitment. This was one of the first attempts at national level to set out some guidelines for ethical behaviour in international recruitment, and as such it warrants some examination.

Table 4 below gives some indication of the extent to which this first initiative might have had any effect. It records the number of registrations from selected countries for four years from 1998/9 to 2001/2002. The UKCC/ NMC data is presented in annual cycles of 1 April to 31 March, and the guidelines were introduced in November 1999. The first full year of their implementation was therefore the period of April 2000 to March 2001.

New registrants from both South Africa and Caribbean countries decreased in 2000/2001 from the level in the previous year by 25% and 39% respectively, reversing a previous upward trend in registrants from these countries. This change suggests that the implementation of the guidelines may have had some short-term effect at reducing direct recruitment from South Africa and the Caribbean. It is not possible to reach a firmer conclusion because the guidelines did not cover non-NHS employers and recruitment agencies, which could have continued to recruit from these countries. Furthermore, the data for the next year (2001/ 02) shows that South Africa has increased in numbers after the downturn the previous year.

Table 4: impact of 1999 ethical recruitment guidelines - registrants from selected countries, before and after implementation of the guidelines in November 1999

Country	1998/ 1999	1999/ 2000	2000/ 2001	2001/ 2002	% change 1998/99 to 1999/2000	% change 1999/2000 to 2000/01	% change 2000/ 01 to 2001/02
South Africa	599	1,460	1,086	2,114	+144	-25	+95
Caribbean	221	425	261	248	+92	-39	-5
Zimbabwe	52	221	382	473	+325	+73	+24
Ghana	40	74	140	195	+85	+89	+39
India	30	96	289	994	+220	+201	+244
Nigeria	179	208	347	432	+16	+67	+25
Philippines	52	1,052	3,396	7235	+1,923	+223	+113
(Total non- EU registrants)	(3,621)	(5,988)	(8403)	(13,721)	(+65)	(+40)	(+63)

Source:UKCC.

It is also clear from the table that there have been continuing increases in the number of nurse registrants from other developing countries such as Nigeria, Ghana, India and Zimbabwe. The growing significance of these countries was confirmed by the work permit data for 2001. In particular, there has been a huge growth in registrants from the Philippines - up from 52 in 1998/9 to 7,235 in 2000/2001. Data in the table therefore suggests that the 1999 guidelines may have had some short-term effect at reducing recruitment from South Africa and the Caribbean, but that this recruitment activity may have then been displaced to other developing countries.

It is also clear that there have continued to be new registrants from South Africa and the Caribbean. Some of these registrants are individuals applying on their own initiative, but private sector employers or recruitment agencies will have recruited others. One main limitation of the 1999 guidance was that it did not cover private sector recruitment agencies and employers. There has been continuing media coverage in the UK of reported bad treatment of internationally recruited nurses who have been recruited to work in some UK private sector nursing homes³².

The Department recognised the limitations of the 1999 guidance, and in September 2001 it published a new *Code of practice*³³. The new code attempts to put right some of the limitations of the 1999 guidance. It covers issues of working with recruitment agencies, working in developing countries, advertising, fair recruitment, and English language proficiency. It states that “the overriding purpose of this code is to promote high standards in the recruitment and employment of health care professionals from abroad”. It also emphasises that “NHS employers should not target developing countries for recruitment of healthcare personnel unless the government of that country formally agrees via the Department of Health”. However, as much as it sets out to support good practice, the code makes it clear that international recruitment should continue. Its first “guiding principle” is that “international recruitment is a sound a legitimate contribution to the development of the NHS workforce”.

While the other three UK countries have not issued their own guidance on international recruitment, the UK has been party to the process of drafting guidelines for international recruitment of health workers throughout the Commonwealth³⁴. The Independent Healthcare Association and the Registered Nursing Homes Association, which represent many non-NHS health sector employers have also recently published their own recommendations on “promoting high standards in the recruitment and employment of nurses from abroad”³⁵. In an international context, the International Council of Nurses has published recently a position statement on ethical recruitment of nurses³⁶.

It is too early to assess the effect of the new Department of Health *Code of practice*. It only covers NHS employers, so some of the abuses reported in the private sector may be repeated. The impact of the code will also have to be assessed in relation to the statement by the Secretary of State for Health in April 2002: “And we will continue . . . to recruit nurses from abroad. And I can give you this assurance today that where we do we will not actively recruit from developing countries. These countries need their nurses more than we do.”³⁷ At the time of writing this report further detail is awaited on the details behind this statement. However, it is likely that NHS recruitment will continue in countries where the UK has negotiated a government-to-government agreement on recruitment of nurses. So if agreements are reached with governments in countries such as India, Indonesia or China this activity may be regarded as compatible with the above statement.

While the code and associated developments will put more pressure on NHS employers to comply with national policy, they are not intended to end the practice of international recruitment. The objective is to make international recruitment more effective. The need to meet the NHS Plan targets for increased numbers of NHS nurses will continue to act as a significant pull factor and therefore it is likely that there will continue to be high levels of recruitment of nurses.

6. Internationally recruited nurses in the UK

More is known about the flows of nurses to and from the UK than is known what non-UK educated nurses in the UK are actually doing, in terms of numbers, place of work and geographical location.

Unpublished UKCC data has been used to estimate the actual number of non-UK educated nurses currently resident in the UK, and to give an indication of the geographical dispersion of nurses. Analysis of unpublished data from the register in February 1999 indicated that there were 29,313 registered nurses on the UKCC register at that time who had trained abroad. However, at most only 20,000 were currently resident in the UK, since 9,228 (31%) report an overseas address (see Table 5). Given the significant increase in new registrants in the last three years, this table will underestimate current numbers of non-UK nurses.

Table 5: overseas registrants on the UKCC Register, current postcode 1999

UK Postcode	17,674 (60%)
Non-UK Address	9,228 (31%)
Incomplete Details	2,411 (8%)
Total	29,313

Source: unpublished data, UKCC 1999. Note: Given the significant increase in new registrants in the last three years, this table will underestimate current numbers of non-UK nurses.

This data highlights that many overseas registered nurses who were admitted to the UKCC register may spend only limited time in the UK before moving on to another country, or returning home. Further analysis of postcode data (Table 6) highlighted that in February 1999 approximately 3% of nurses on the register and reporting a UK postcode were from overseas. In London postcode areas this figure is much higher, where more than one in ten nurses (12%) with a London postcode are from overseas. London alone accounted for more than half of all the overseas nurses registered with the UKCC.

Table 6: overseas registrants as a percentage of all UK-based registrants - postcode of registrants, 1999

Postcode location	Total Registrants (n =)	Overseas registrants	Overseas registrants as % of total
All UK	584,721	17,674	3%
England of which:	467,028	16,183	3.5%
London	73,555	8901	12.1%

Source: unpublished data UKCC, 1999. Registrants for whom postcode details were available.

Note: Given the significant increase in new registrants in the last three years, this table will underestimate current numbers of non-UK nurses.

This unpublished data predates much of the recent high levels of international recruitment, but supports media reports that much of the international recruitment activity is driven by nursing shortages in London and the south east of England, where vacancy rates are at their highest. (Note: postcode information relates to last known address given by the registrant. In some cases, this postcode will relate to a recruitment agency acting on behalf of the practitioner when she/he first arrived in the UK. This is likely to overstate the relevance of certain inner and outer London postcodes, because many agencies have London postcodes).

Other research on nurse mobility³⁸ highlights the importance of push and pull factors, leading nurses to leave one country and look for employment opportunities in another. A detailed assessment of the push and pull dynamics of patterns of nurse mobility to the UK would require a more systematic evaluation of the impact of attitudinal and career history factors than can be achieved with available data.

It is possible to develop a typology of different groups of overseas nurse in the UK (Table 7) but not currently possible to identify how many overseas nurses conform to each type. However, the significant recent increase in active recruitment of nurses from abroad who require work permits to enter the UK points to a relative growth in the numbers of contract workers, and potential economic migrants in recent years.

Table 7: internationally recruited nurses in the UK: a typology

		Main current source countries for UK?
Permanent move		
The economic migrant	attracted by better standard of living (overlap with contract worker- see below)	Philippines, South Africa, Caribbean etc
The career move	attracted by enhanced career opportunities	Philippines, South Africa, Caribbean etc
The migrant partner	unplanned move, as a result of a spouse or partner moving	various
Temporary move		
The working holiday	nursing qualification used to finance travel	Australia, New Zealand, Canada
The study tour	acquisition of new knowledge and techniques, for use in home country	various
The student	acquisition of post basic qualifications, for use in home country	various
The contract worker	employed on fixed-term contract; either awaiting improved job prospects in home country, or time limited because of work permit.	Philippines, South Africa, Caribbean, Australia, Spain etc

Source: Buchan et al, 1997, updated.

One major distinction that has to be drawn is that between overseas nurses anticipating a permanent move to the UK, and those planning only a temporary move. It is clear that the opportunity for professional and personal development can be a major incentive for many nurses considering a temporary move to the UK. Many nurses entering the UK from Australasia are likely to conform to the working holiday or contract worker types. These nurses anticipate working in the UK for a relatively short period of time, prior to moving on, or back to the home country. One unpublished survey of 41 nurses recruited from Australia in 1999 found that 61% had chosen the UK for travel reasons, or to visit friends or relatives, and that 27% had moved for career development reasons³⁹.

An opinion poll survey of 1,119 foreign nurses who were RCN members was conducted in early 2002. It found that more than half intended to stay in the UK on a long-term basis, if possible. The two most often reported best aspects of working in the UK were professional development and pay. One-third reported that they had to pay a fee to a recruitment agency or employer for travelling expenses and agency fees⁴⁰.

Information from nurses interviewed during this study, and from the RCN survey also suggests that many nurses being admitted from other countries where there is current home country push, due to relatively low pay or career prospects and which conform to the contract worker economic migrant model. For example, countries such as South Africa, Zimbabwe, Ghana, Nigeria, and the Philippines are affected. Many of these nurses will wish to prolong their stay in the UK beyond the completion of their first one or two-year work permit - if they are allowed. A recent survey of 24 Filipino nurses in London reported that the main reasons they had come to the UK were career prospects and financial security, with most intending to remit part of their earnings back to family and relatives in the Philippines⁴¹. Another recent report⁴² on the international recruitment practice of one NHS trust emphasised the need for support and induction of these staff if they are to be retained.

With the exception of the RCN survey and media reports, there is little information on the UK experiences of recently recruited international nurses. There have been reports of exploitation by some employers, in relation to poor accommodation, undervaluing of skills in terms of pay rates, poor or misleading information about contracts of employment, and the payment of commissions to recruitment agencies. These reports mainly focus on private sector employers⁴³.

The UKCC has noted concerns about these reports. One nursing home was barred by the UKCC from offering supervised practice placements for overseas nurses because of reports that it misled nurses and threatened them with the loss of their work permits⁴⁴. There have also been reports of racism by patients being treated by overseas nurses⁴⁵. While all NHS nurses are paid on a single national pay/grading scheme, there have been suggestions that some overseas nurses are paid at a lower grade than they deserve. Some positive experiences have been reported, where locally co-ordinated schemes have been established to assist overseas nurses to adjust to working in the UK⁴⁶.

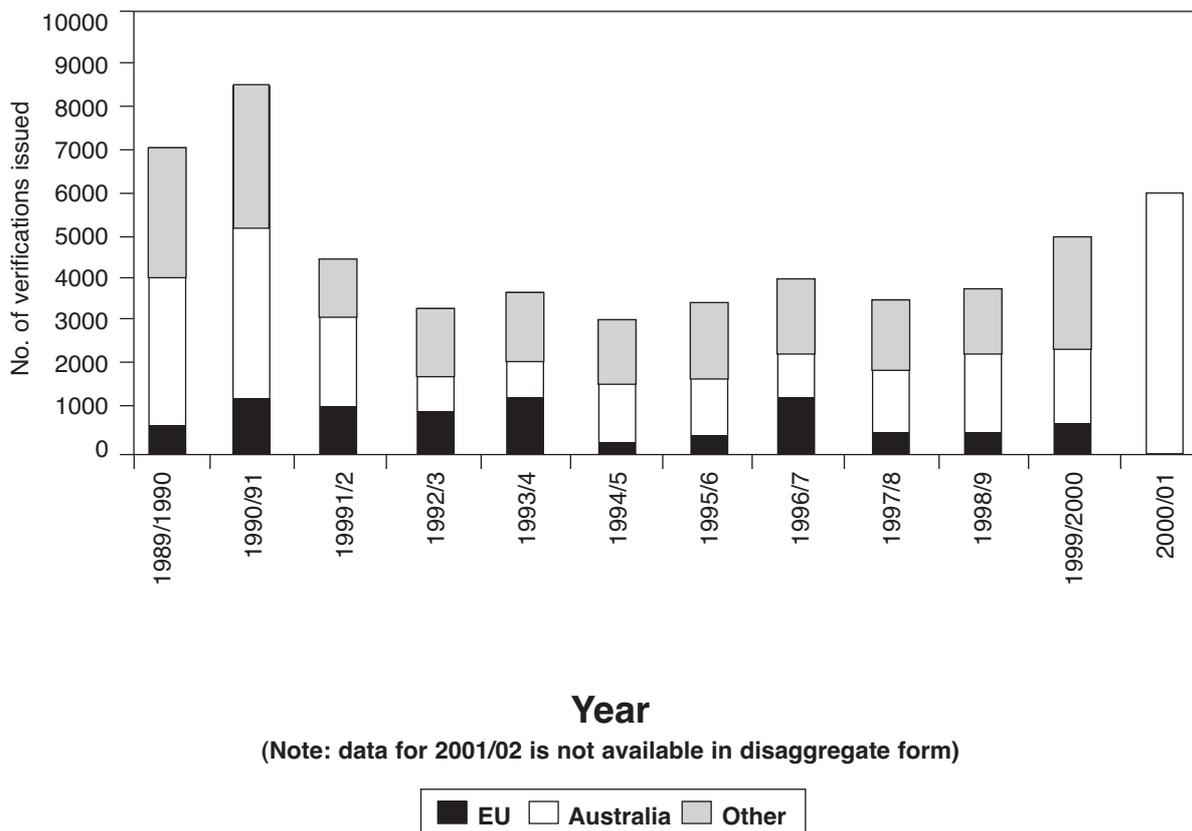
There is no detailed published data on the length of stay of non-UK educated nurses in the UK. Analysis of unpublished UKCC data in 1999 suggested that more than half (56%) of overseas registrants first registering in 1995 did not re-register in 1998⁴⁷. Since then the number and proportion of overseas nurses requiring a work permit has increased significantly, and they will normally have to apply for new permits every one or two years. Since all specialities in nursing have now been designated as fast track for work permit requests it is more likely that applications will be dealt with quickly and with a positive response, so in more recent years the stay rate of overseas nurses may have increased.

7. Outflow of nurses from the UK

While this report is primarily concerned with the role of the UK as a current active recruiter of nurses from other countries, it is also necessary to check on outflow of nurses to other countries. The UKCC issues verification details relating to individual nurses on the UK register, when regulatory bodies on other countries request this information. This gives some measure of trends in the numbers of UK registered nurses who are applying to become registered in other countries. There are limitations to the use of this data as a measure of outflow. Firstly, some countries do not have verification requirements. Secondly, a nurse may apply to more than one country, so there can be some double counting. Thirdly, some of this outflow will in fact be overseas nurses who have registered for a period with the UKCC and who are applying to return home. Fourthly, issuing verification details to a regulatory body or employer in another country does not mean that the nurse necessarily then moves to, or works in, that country.

With these caveats in mind, Figure 4 below sets out the trend in issuance of verification details in recent years. Outflow of UK registered nurses to other countries fell markedly in the early 1990s, as measured by the number of verifications that the UKCC issues to regulatory bodies on other countries. Since 1997 there has been year-on-year increase in the number of verifications issued but this has not been at the same pace of increase, or to the same level as that of inflow. In most years, Australia has been the main source of verification requests. Verification requests from EU countries have fluctuated over the years, with Ireland usually being the main EU country requesting verification information.

Fig.4: outflow as measured by annual number of verifications issued



In 2000/01 a total of 6,021 verification documents were issued⁴⁸, but full details of destination countries are not yet available. Data on outflow from previous years indicates that most has been accounted for by moves of nurses to other developed countries. Some of these countries, such as Australia⁴⁹, Ireland⁵⁰ and Canada⁵¹ are also experiencing or projecting demographic related nursing shortages. It is also noticeable that UK nursing journals are carrying more job advertisements from United States employers. A recent US study⁵² predicts that, with a combination of rising demand, an ageing workforce and falling intakes to training, the US could have a shortfall of over a million registered nurses in ten years. While there are currently entry restrictions on nurses moving to the US to take up employment, US health care employers are lobbying for these restrictions to be waived. If this occurs there is likely to be increased activity by US employers in international nursing labour markets, both in competition with the UK in English speaking third countries, and in direct recruitment from the UK.

Another factor that could drive outflow is if the many nurses who have recently arrived in the UK on work permits either decide voluntarily to move on, or are required to leave, when their permit expires. This factor would become more apparent in 2003 and onwards, when the recent cohorts of nurses recruited from the Philippines and other countries have completed two years work in the UK.

8. Summary and conclusions

There has been significant growth in the level of international recruitment of nurses to the UK in the last four years, to a point where more than one in three of new nurses entering the UK professional register in recent years has been from another country. This growth has been driven primarily by nursing shortages in the UK, and in particular has been stimulated by the need to meet the government endorsed NHS Plan target in England of “20,000 more nurses” by 2004.

The growth in international recruitment has been matched by a broadening of the range of source countries in which UK employers and recruitment agencies have been active. The main areas of growth have been the Philippines and to a lesser extent the African countries and India, with a continued reliance also on Australia. The European Union in general has not been an area of increased activity in recent years, and Ireland no longer is a prominent source of nursing recruits, compared to previous decades.

There are three issues that are currently prominent in the debate about UK activity that have global resonance.

Firstly, the introduction of ethical guidelines by the English Department of Health, warning off employers from recruiting in certain designated countries, does appear to have some short-term effect. However, this appears primarily to have been to disperse recruitment activity to other countries not covered specifically by the 1999 guidelines. The more recent *Code of practice* provides more detailed guidelines, including good practice in relation to the use of recruitment agencies, but it does not cover the private sector. The private sector has published its own guidance. The ICN position statement and the Commonwealth guidelines also underpin the international context of recruitment⁵³.

Secondly, the agreements between the English Department of Health and the Spanish government, and the Department of Health and the Filipino government to recruit nurses to the UK are likely to be used as a model of government-to-government planned and agreed recruitment with other countries. It is too early in the process to assess the overall impact of these government to government contacts. The Spanish contract appears to have been constrained by English language issues, and that with the Philippines reflects a tradition of nurses from that country working abroad to generate remittance monies back to their home country. Government-to-government contracts may have the potential to develop a more systematic and managed approach to international recruitment, but the dynamics between different countries will vary - as will the motivations of governments that wish to encourage their nurses to move.

Thirdly, as an EU member state the UK is in fact part of a single European labour market for registered nurses, who have freedom of movement throughout Europe. However, there is no sign that this freedom has led to any significant growth in movement of nurses between the UK and other EU countries in recent years. While there has been little change in the annual number of nurses entering the UK register from EU countries, there has been a marked increase in nurses coming from non-EU countries. The EU has been of declining relative importance as a source of nurse recruits. There are two likely explanations for this relative lack of integration, as indicated by the absence of a significant growing flow of nurses to and from continental Europe. The first is that, despite a shared labour market and mutual recognition of nursing qualifications, there is not a shared language. Most EU recruited nurses working in the UK in the past have come from Ireland, or from Scandinavian countries where English is a second language. Lack of language skills has also been a barrier to easy integration of UK nurses into continental Europe.

The second explanation is that in terms of push and pull factors, there has not been the significant or sustained imbalance between the UK and other countries of the EU sufficient to counter the language issue and stimulate long-term trends in flows in a particular direction. Evidence of short-term imbalance can be seen in the recruitment of Finnish nurses in the late 1990s when that country had oversupply, and the current inflow of nurses from oversupplied Spain. With the exception of Ireland, longer term or larger flows of nurses to the UK have not occurred with the EU.

Where these long-term or large number flows between the UK and other countries have been most apparent is with other English speaking countries. One example is the two-way flow with Australia where the push/pull factors are related to career development and working holidays. Another is the flow from the Caribbean, Africa and the Philippines where the push/pull factors are related to contract work and economic migration.

The relative increase in the importance of non-EU countries as a source of new nurse recruits in recent years has been accompanied by a shift in the main sources. In the past Ireland, Australia, New Zealand and (in the 1950s and 1960s) the Caribbean were the main source countries. Now the Philippines and South Africa are major sources, and many other developing countries appear on the list of source countries from which the UK is recruiting.

The pull factor of meeting NHS Plan staffing targets and the new targets set for 2008 are likely to mean that the UK, particularly England, will continue to be active in recruiting from international nursing labour markets. New UK government policy initiatives to increase the number of nursing students, and to improve retention and return rates, can have a positive effect. However, the ageing of the UK nursing profession⁵⁴ will lead to a growth in retirement of UK nurses, particularly from mid-decade onward. This ageing effect is likely to continue to challenge the capacity of the NHS to recruit and retain nurses. When coupled with the likelihood of liberalisation of global labour markets, this points to a continuing high profile for the UK in international nursing labour markets.

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