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The UK, Asia and International Recruitment of Nurses

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The UK, Asia and International Recruitment of Nurses

James Buchan

INTRODUCTION

This paper provides an overview of the UK¹ nursing labour market, with a specific focus on international issues. The UK had been heavily reliant on international recruitment since the late 1990s, but in the last two years there has been a marked reduction in inflow of nurses. This paper assesses trends in inflow of nurses to the UK, with specific reference to the significance of source countries in Asia.

About 80% of all nurses working in the UK are employed by the National Health Service (NHS).² Over the period between 1999 and 2005, the key feature of the NHS nursing workforce was 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 had left. Of these three “home-based” initiatives, it is the increase in training that has had the largest numerical impact in recent years.³

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 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.

¹ The United Kingdom (UK) comprises four countries (England, Northern Ireland, Scotland and Wales). England is by far the largest of the four countries. Whilst each has some degree of devolved responsibility for health workforce policy, the policies in relation to immigration are retained as “reserved power” at UK level.

² J. Buchan, and I. Seccombe (2005), *Past Trends, Future Uncertain*. Royal College of Nursing, London (<http://www.rcn.org.uk/publications/pdf/past.trends.future.imperfect.a.review.of.the.UK.nursing.labour.market.2004-5.pdf> accessed March 15th 2006).

³ J. Buchan and I. Seccombe (2005), *Past Trends, Future Uncertain*. Royal College of Nursing, London (<http://www.rcn.org.uk/publications/pdf/past.trends.future.imperfect.a.review.of.the.UK.nursing.labour.market.2004-5.pdf> accessed March 15th 2006).

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.

THE END OF AN ERA OF NHS NURSE STAFFING GROWTH?

This paper has been written against a UK nursing labour market backdrop very different to that that existed even 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 NHS nursing jobs.⁴⁵ This comes after a period of several years of sustained growth in the NHS nursing workforce, driven by increased funding.

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. The year 1997 is selected as the start date as it was the year of election of the Blair government (Table 1; some caution required in interpreting data as definitions vary in the four countries, and across time).

The rate of growth in nurse staffing achieved in the four UK countries since 1997 has been variable, with England reporting notably higher growth, and Scotland reporting the lowest rate of growth. Overall growth in NHS-registered nursing workforce across the four countries of the UK was about 21% during the period from 1997 to 2004; population growth in the same period was only 2.6%.⁶

⁴ I. Herbert (2006) “NHS Trust cuts 1,000 jobs to avoid budget deficit of £30m”. *The Independent*, 17/3/2006.

⁵ B. Doult and T. Agnew (2006) “Hundreds fail to find a nursing job six months after graduation”, *Nursing Standard* 20 (21),5.

⁶ Population data from the Office of National Statistics (www.statistics.gov.uk).

Table 1: Whole Time Equivalent and Percentage Change in the NHS Registered Nursing and Midwifery Workforce, 1997 to 2004, four UK Countries

	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: percentage figures are rounded.

Note: Data for England includes bank nurses (temporary staff); data for other three countries does not.

“GROWING OUR OWN”

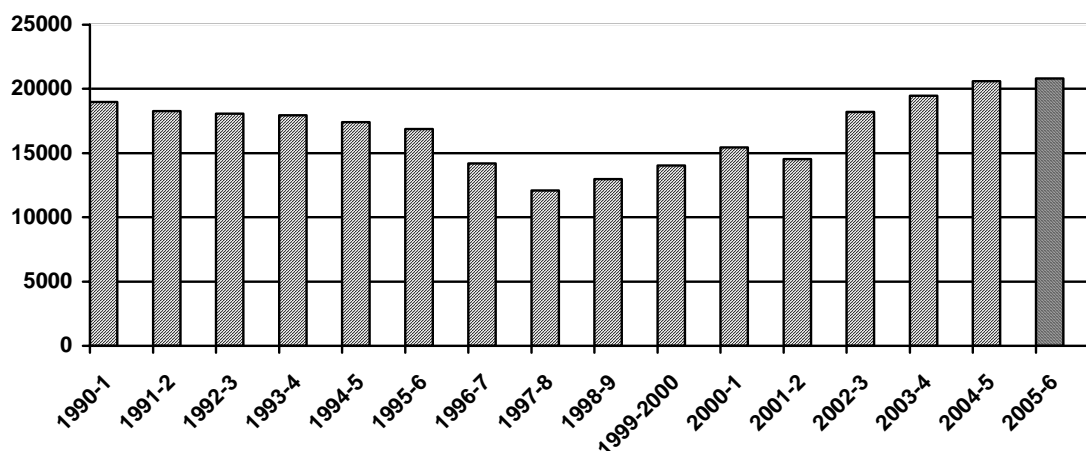
In recent years there has been significant annual growth in the numbers of new nurses entering the UK register from pre-registration education in the UK, following on from a period of substantial decline in the previous decade. This recent growth reflects an increase in admissions to pre-registration 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 campaigns.⁷

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, as a direct result of decisions by government to reduce the level of funding available for training places.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.

⁷ Hansard (2005) column 570W, 7 July.

⁸ J. Buchan and I. Secombe (2005) *Past Trends, Future Uncertain*. Royal College of Nursing, London (<http://www.rcn.org.uk/publications/pdf/past.trends.future.imperfect.a.review.of.the.UK.nursing.labour.markett.2004-5.pdf> accessed March 15th 2006).

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 year.⁹

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.

In looking at the contribution of “new” UK-educated nurses entering the workforce to achieving staffing growth, it is also important to assess if there have been any improvements in retention of current staff, or success in attracting back “returners”- those who have left the nursing workforce, for whatever reason, but may be attracted back into employment. These policy interventions may also play a role in achieving staffing growth (and may be

⁹ Scottish Executive, Health Department. “Dear colleague” letter, 20th December 2005. Directorate of Human Resources, SEHD, Edinburgh.

both quicker in policy terms and less expensive). Unfortunately, the impact of initiatives to improve retention, such as the Department of Health in England programme entitled “Improving Working Lives”¹⁰ is difficult to assess because of an absence of reliable data at the national level. The only consistent source (the Office of Manpower Economics survey)¹¹ has a relatively low response rate in some years, but appears to suggest little change in wastage rates. Similarly, “official” returner schemes appear to have had a relatively stable impact over the last few years, contributing about 3-4,000 nurses per annum.¹²

THE QUICK FIX OF INTERNATIONAL RECRUITMENT

The previous section highlighted the three “home-based” methods of increasing the workforce -- educating more “new” UK-based nurses, improving the retention of current staff, and improving the numbers of “returners” re-entering the nursing workforce. 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 1990s the UK, particularly England, has been very active in recruiting nurses from a range of countries. A network of NHS international recruitment co-ordinators has been established to facilitate overseas recruitment by NHS organisations and the NHS Purchasing and Supply Agency has issued guidance on procurement of international healthcare professionals.¹³

¹⁰ Department of Health (2004) *Improving Working Lives*.
www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/ImprovingWorkingLives/fs/en (accessed November 12th 2006)

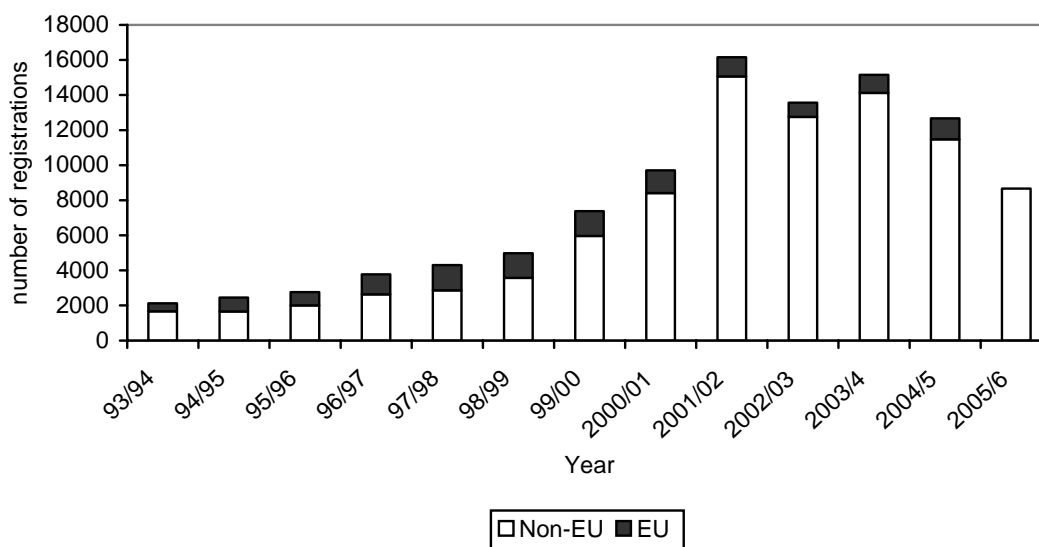
¹¹ Office of Manpower Economics (2005) *Workforce Survey Results for Nursing Staff Midwives and Health Visitors, 2005*. OME London.

¹² See J. Buchan and I. Secombe (2005) *Past Trends, Future Uncertain*. Royal College of Nursing, London (<http://www.rcn.org.uk/publications/pdf/past.trends.future.imperfect.a.review.of.the.UK.nursing.labour.market.2004-5.pdf> accessed March 15th 2006).for a more detailed analysis of these issues.

¹³ NHS Purchasing and Supply Agency (2005). *International recruitment of healthcare professionals: Procurement guide*, version 1. PASA.

Data from the single UK-wide registration body for registered nurse and midwives -- the Nursing and Midwifery Council (NMC) -- can be used to assess trends in the numbers of non-UK nurses entering the UK (Fig 2).¹⁴ The key indicator is the level of initial admissions to the NMC Register of nurses and midwives originally trained and registered outside the UK.

**Figure 2 : Admissions to the UK Nursing Register from EU Countries and other (non EU) Countries
1993/94 - 2005/6**



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

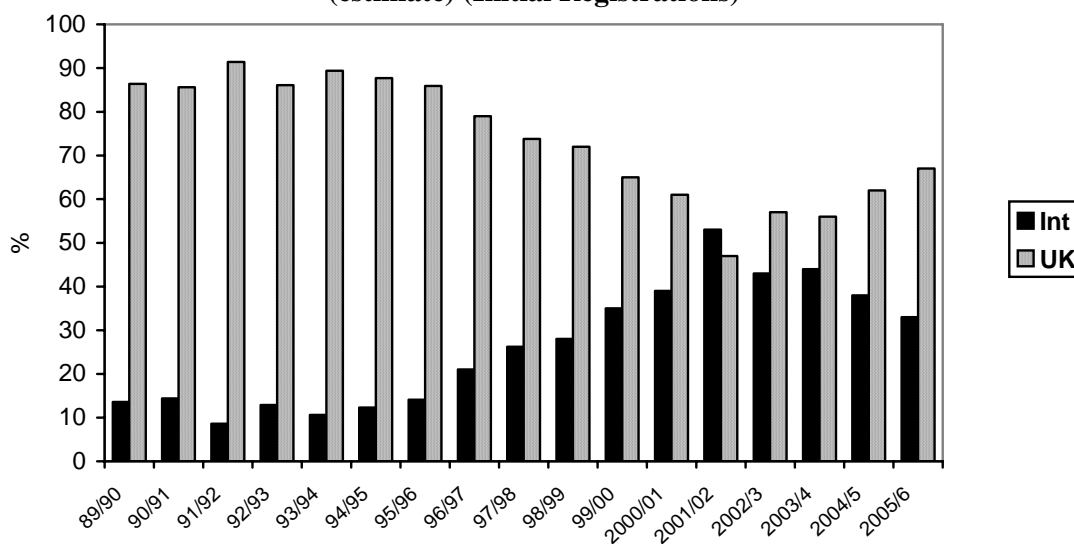
Rapid growth in the annual numbers of entrants to the UK register from overseas in the late 1990s and earlier years of 21st century is highlighted in Figure 2. Since April 1997 there has been an aggregate total of about 90,000 overseas nurse admissions to the register of the NMC in the UK. There was 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 11,477 initial entrants were admitted from all non-European overseas countries; between April 2005 and March 2006 this figure declined to 8,673. The reasons for this

¹⁴ 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.

reduction, discussed later in the paper, 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 1990s, overseas countries were the source of about one in ten nurses entering the UK register. The overseas contribution rose rapidly in the late 1990s, 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: 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 they are or what they are doing. The vast majority of international registrants (96% in 2004/5) are general nurses. Survey evidence highlights that most internationally recruited nurses in the UK are working in the hospital sector, in the National Health Service (NHS) acute sector, in the “basic” grade for registered nurses, or are

working in independent sector nursing homes.¹⁵ Very few are working in NHS community nursing (i.e. working in primary care). 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 hospitals.¹⁶ Active international recruitment has helped “solve” the hospital-based nursing shortage in the UK, but 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 registered by the NMC in the last couple of years, 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. In the same period the NMC's overseas assessment team considered and made decisions on 53,440 applications.¹⁷

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.”¹⁸ More recently, reports have suggested that the cost and time involved in undertaking the ONP has contributed to the decline in international

¹⁵ J. Buchan, R. Jobanputra, P. Gough and R. Hutt (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)

¹⁶ J. Buchan, R. Jobanputra, P. Gough and R. Hutt (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)

¹⁷ NMC (2005) Overseas page. www.nmc-uk.org accessed August 29th.

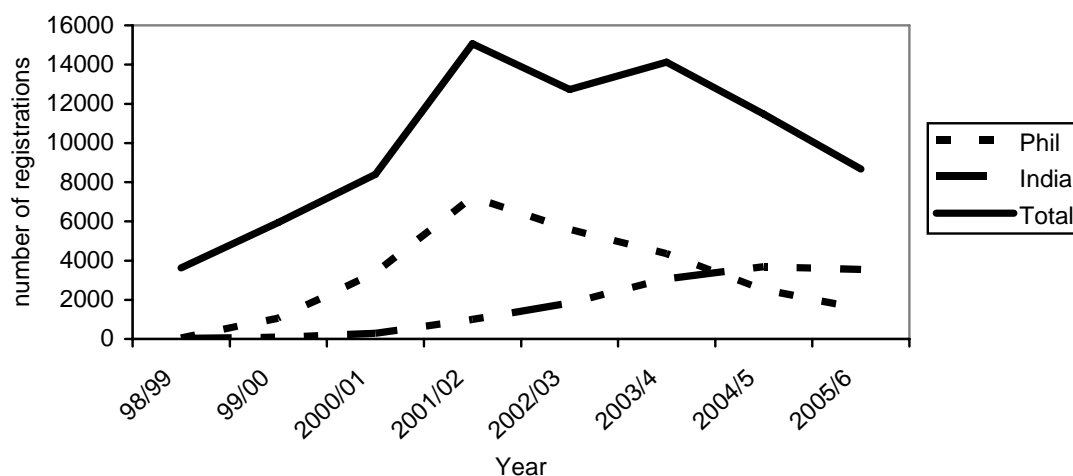
¹⁸ Parrish and Pickersgill (2005), “Home Office considers special visa to support overseas nurses”, *Nursing Standard* 19 (46), July 27th, p12.

applicants, from 1,412 requests for applications in the month of September 2005, to 505 in January 2006.¹⁹

THE CONTRIBUTION OF ASIAN COUNTRIES TO UK NURSE STAFFING GROWTH

Two countries in the Asia region -- the Philippines and India -- have been major contributors to the overall inflow of nurses to the UK register. There has been a marked change in trend of inflow from these two countries in recent years, with India superseding the Philippines as the most significant source. Figure 4 below tracks the annual number of registrants from the Philippines and from India in recent years.

Figure 4 : Admissions to the UK nurse register from the Philippines, India and total from all non- EU countries 1998/89 - 2004/5



The annual number of nurse registrants from the Philippines peaked at 7253 in 2001/2 (which was also the year with the highest reported total of overseas nurse registrants); since then the numbers from the Philippines have declined rapidly, to 1541 in 2005/6, mirroring the overall trend in numbers of registrants. In contrast, and against the overall trend, the annual number

¹⁹ Doherty L (2006) NMC blamed for scale of planned fee rise. *Nursing Times* 102 (11) p. 3.

of nurses registering in the UK from India has risen rapidly in recent years. This may be a reflection of the increased activity of recruitment agencies in India, and may also be linked to reports that Indian nurses are more likely to pass the English language requirements of the NMC. Only 30 Indian nurses were registered in 1998/9; this figure had grown to 1830 by 2003/4 and to 3551 in 2005/6. In 2005/6 India was by far the most significant source country -- accounting for 41% of all non-European Union entrants on the UK nursing register. Table 2 below lists the main source countries of registrants in 2005/6.

It is striking to note that five of the seven “top ten” countries are within the broader Asia-Pacific region. With the exception of the Philippines all these countries are members of the Commonwealth: they are linked to the UK by post-colonial ties, and in many cases by a close similarity in training curriculum and philosophy of nursing practice; English is often the medium of nurse education in these countries also- as it is in the Philippines.

Table 2: “Top Ten” Source Countries of International Nurse Registrants, 2005/6

Countries	No. of Registrants
India	3,551
Philippines	1,541
Australia	751
Nigeria	381
South Africa	378
New Zealand	215
Pakistan	200
Zimbabwe	161
Ghana	154
Zambia	110
USA	98
Other countries	1,133
Total	8,673

Source: NMC

INTERNATIONAL RECRUITMENT OF NURSES TO THE UK: THE POLICY CONTEXT

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 1999²⁰ which required NHS employers not to target South Africa and the West Indies, and then introduced (in 2001)²¹ and then strengthened (in 2004)²² 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.²³

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 employs,²⁴ it is not possible to verify the extent to which NHS employers have complied with the Code. Recent survey evidence²⁵ 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.

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 entry requirements put in place by the NMC. The new Overseas Nurses Programme (ONP), and new English language tests, introduced by the NMC from September 2005 will be likely to limit the number of successful applications from some

²⁰ Department of Health (1999) *Guidance on International Nurse Recruitment*. Department of Health, London

²¹ Department of Health (2001). *Code of practice for NHS employers involved in the international recruitment of healthcare professionals*. Department of Health, London

²² Department of Health (2004). *Code of practice for the international recruitment of healthcare professionals*. Department of Health, London.

²³ NHS Employers (2006). *List of developing countries*. (<http://www.nhsemployers.org/workforce/workforce-558.cfm>) accessed November 20th, 2006

²⁴ Hansard, written answer, 9 February, 2004, Col 1208W.

²⁵ J. Buchan, R. Jobanputra, P. Gough, and R. Hutt (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)

countries.²⁶ Coupled with the large number of international nurses already in the UK but awaiting an adaptation place, this suggests a continuing bottle-neck in international inflow and increased delays for many international nurses as they attempt to register.²⁷ 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 proposals,²⁸ if implemented, to raise the English-language test level for international nurse applicants, would be a further constraint.

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, these nurses represent 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 sources;²⁹ on that basis, and given the significant inflow since, it is likely that currently one in ten, or even 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 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 internationally-recruited nurses (IRNs) (although caution must be used in interpretation, give the differences in relative sample sizes). (see Box 1)

²⁶ Nursing Standard (2005) "Tougher language tests could lead to fewer nurses". *Nursing Standard*, 19 (26) March 8, p. 4.

²⁷ Strachan Bennet S, Doherty L (2006) Overseas nurses face severe delays to NMC registration. *Nursing Times* 102 (1), p2.

²⁸ Nurses and Midwives Council (NMC) (2006). English language tests for overseas applicants. NMC Council briefing. NMC, London, 20/3/2006

²⁹ Buchan J (2002). Here to Stay? International Nurses in the UK. Royal College of Nursing. London

**Box 1: Comparisons between Internationally-Recruited Nurses (IRNs)
and UK-Educated Nurses**

61% of IRNs are on clinical grade D, compared with 14% 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
 87% of IRNs work shifts, compared with 52% of UK-qualified nurses

Source: Ball and Pike, (2005) *Managing to Work Differently*

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 nurses.³⁰ Racism has been reported in several surveys and studies of IRNs working in the UK.³¹

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 nurses.³² 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”.

³⁰ J. Ball, G. Pike, PTRC, University of Leeds (2006). *At breaking point?* Royal College of Nursing, London.

³¹ H. Allen and J. Larsen (2003). *We need respect: experiences of internationally recruited nurses in the UK*. Royal College of Nursing, London. See also “Overseas staff targeted by racist thugs” in *Nursing Standard* (2005) 20 (14), p. 9.

³² J. Buchan, R. Jobanputra, P. Gough, and R. Hutt (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)

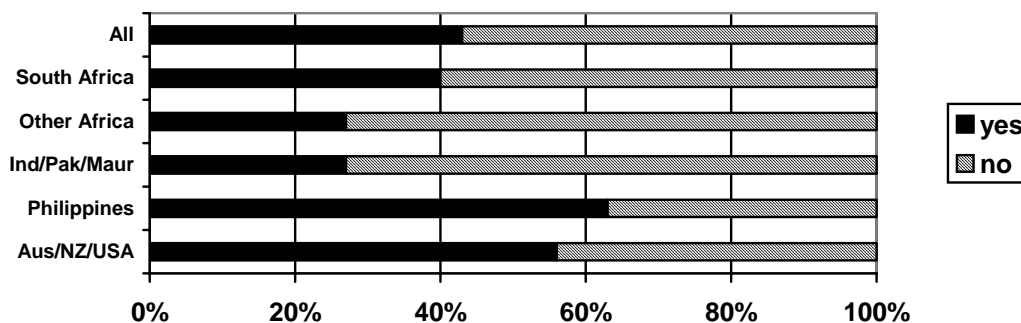
Two-thirds (62%) of the nurses reported that they were the sole or main contributor to family income, and more than half reported that they regularly sent money back to their home country. In many cases, this regular remittance amounted to a significant amount of their total income. At the time of the survey, 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 pay/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 the lowest basic grade for registered nurses.

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

OUTFLOW OF NURSES FROM THE UK

Much of the recent attention in the UK about domestic nursing employment, 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.

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 needs as being in excess of 1 million registered nurses between now and 2012 (including 623,000 to fill newly-created jobs).³³ The Canadian situation has been quantified as a shortfall of around 78,000 nurses by 2011.³⁴

Most of these 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.³⁵ However all the English-speaking

³³ R. Martiniano 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.

³⁴ CNA Canadian Nursing Association (2002) *Planning for the Future: Nursing Human Resource Projections*. CNA, Ottawa

³⁵ Health Canada (2003) *A Report on The Nursing Strategy for Canada*. Health Canada, Ottawa. See also e.g. American Hospitals Association (2002). *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce*, AHA, Chicago, USA; and Senate Community Affairs Committee (2002) *The Patient Profession: Time for Action. Report on the Inquiry into Nursing*. Senate Community Affairs Committee. Canberra.

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 Association.³⁶ 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 details.³⁷

Table 3 shows the verification report data for 2005/6. A total of 7,772 verifications were issued, with Australia, New Zealand, the USA and Eire (Ireland) being the four main destinations. Together these four English-speaking developed countries accounted for nearly 90% of all notified potential outflow of UK registered nurses and midwives. .

Table 3: Number of Verifications Issued to “Destination” Countries, 2005-6

Destination Country	No. of Verifications Issued
Australia	3047
New Zealand	1423
USA	1338
Eire	1009
Canada	404
Others	551
<i>Total</i>	<i>7772</i>

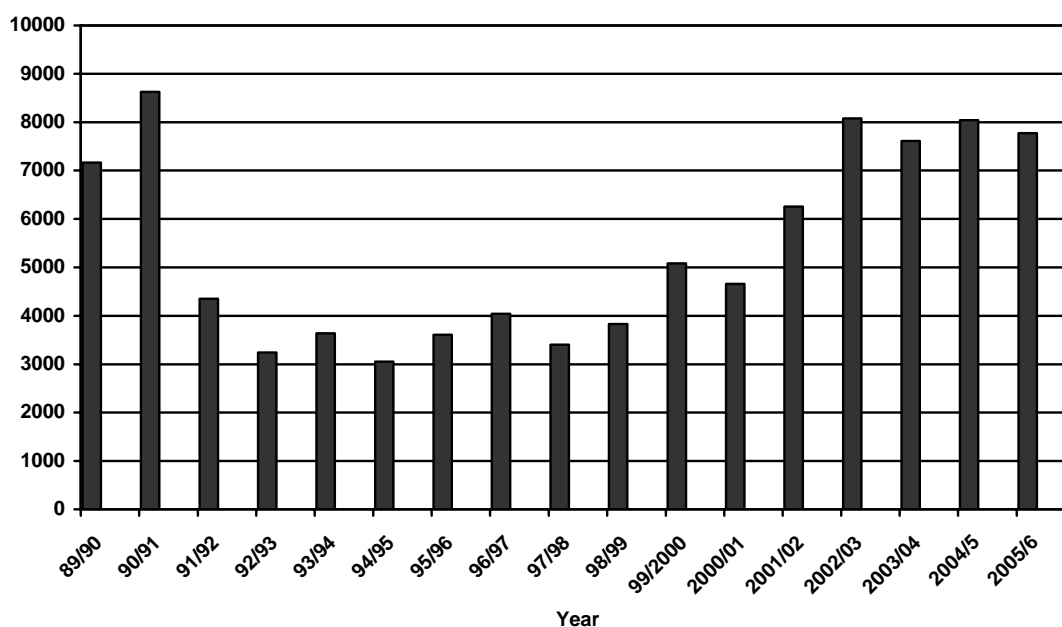
Source: NMC.

³⁶ AHA News (2005) “Senate budget recognizes need for foreign RNs to help stem shortages”. October 31. www.AHANews.com

³⁷ All the countries discussed in this section have a national or state level requirement that nurses be registered in order to practice; as such the verification data should be of some relevance in assessing the level of outflow to these countries. 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.

Overall trends in outflow of registered nurses from the UK, as measured by verifications are shown in Fig. 6. The number of verifications issued declined in the first half of the last decade, and then there was then a rising trend after the mid-1990s, but the position appears to have stabilised somewhat in recent years.

Fig 6: Annual No. of Verifications Issued by NMC, 1989/90 - 2005/2006



Source: NMC

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 380 “recently-arrived” international nurses 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 destination.³⁸

³⁸ J. Buchan, R. Jobanputra, P. Gough, 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)

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 4 below)

Table 4: 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

CONCLUSION

The introduction by the NMC of the twenty-day Overseas Nurses programme (ONP) has added to the international nurse recruitment “bottle-neck” in the UK, as it appears that there are relatively few places available, in comparison to applications. Combined with the longer-run 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 UK,³⁹ the likelihood is that entry to the UK will become even more challenging for international nurses in the next few years.

³⁹ Nursing Standard (2006) “Immigration points system could damage recruitment, RCN warns”. *Nursing Standard*, 20 (27), p. 9.

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. Funded vacancies no longer exist at the levels that made international recruitment the preferred “quick fix” policy option – so the active international recruitment policy followed by the Department of Health in England since the beginning of the decade has now been phased down.⁴⁰

Similar issues have been reported in relation to international recruitment of doctors. The Department of Health in England recently announced that increases in “home-grown” training has lessened reliance on international recruitment and that it intends to tighten the requirements for doctors recruited from non-EU countries.⁴¹

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 century,⁴² and their UK career experiences have not always been positive, with reports of discrimination and under utilisation of skills.⁴³ This mirrors some of the difficulties highlighted in surveys of the more recent cohorts of nurses being recruited internationally, and suggests that the policy lessons that should be learned from each phase of active international recruitment have not been remembered in subsequent phases.

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 1990s - many of them from Asian countries.

⁴⁰ Department of Health (2006) www.nursinguk.nhs.uk (accessed 9 May 2006).

⁴¹ 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.

⁴² E. Thomas Hope, (2002) *Skilled labour Migration from Developing Countries: Study on the Caribbean Region*. International Migration papers 50. International Labour Organisation, Geneva.

⁴³ S. Beishon, S. Virdee, and A. Hagell (1995) *Nursing in a Multi-Ethnic NHS*. Policy Studies Institute, London

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