

Response to World Health Organisation (WHO) Consultation of Independent Stakeholders on Implementation of WHO Code on International Recruitment of Health Personnel

The Royal College of Nursing (RCN) welcomes the opportunity to provide evidence on the implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel. The RCN advocated for the introduction of the UK's ethical recruitment code in 2000 and the subsequent Commonwealth and WHO codes of practice, and we remain wholly supportive of these standards.

With a membership of more than 435,000 registered nurses, midwives, health visitors, nursing students, and health care assistants, the RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world. Within the UK, there are currently over 68,000 nurses on the UK Nursing and Midwifery Council's register who trained in countries outside the European Union and a further 35,000 from the European Union¹. International recruitment of health professionals continues to make a significant and valuable contribution to health and care services across the UK.

As requested, we have structured our submission to indicate the relevant provisions in the Code we are commenting on and to provide our evidence.

Article 4 responsibilities, rights and recruitment practices

- *Fair and just recruitment and contractual practices, equality of treatment and induction and orientation for safe and effective practice.*

There are many good employers in the UK, who provide support during registration with the Nursing and Midwifery Council (NMC) and structured induction for internationally recruited nurses, although this is not the case with all health and social care providers². The RCN's Immigration Advisory Service continues to provide support for individual nurses who face challenges with their immigration status due to actions by their employers. The RCN has guidance to remind providers and internationally recruited nurses of their rights and responsibilities. This guidance has been shared with nurses associations in other countries, which are source countries for UK recruitment.³ The Portuguese and Spanish nurses associations have used the guidance to provide advice to nurses in their country. The UK had been recruiting heavily from these countries prior to the EU referendum in 2016.

¹ Nursing and Midwifery Council (2018) The NMC register, 31 March 2018, available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>

² Alexis O (2015) *Internationally recruited nurses' experiences in England: A survey approach*. Nursing Outlook, May-June 2015, 63(3):238-44 <https://www.ncbi.nlm.nih.gov/pubmed/25982764>

³ Royal College of Nursing (2017) Internationally Recruited Nurses – RCN guidance for RCN representatives UK employers and nursing staff considering working in the UK <https://www.rcn.org.uk/professional-development/publications/pub-006164>

Within publicly-funded National Health Services (NHS) across the UK, nurses and other health care staff are paid according to a national grading and pay system “Agenda for Change”, although working within this framework is not mandatory for health and social care employers outside the NHS. However, in its last review of nursing, the UK’s Migration Advisory Committee (MAC) found some evidence that overseas nurses are being paid less on average than UK counterparts and may not be rewarded according to their level of experience and expertise. In many instances, they enter the workforce on the pay band for “new entrants,” along with recently qualified UK nurses. The MAC’s findings included that internationally recruited nurses were paid the exact same rate regardless of their age and concluded that, “nursing is an occupation where, on average, migrants are paid £6,000 less than equivalent UK workers”.⁴ The RCN has been campaigning for better pay for all nursing staff, and most recently, for pay rises recently awarded to NHS nursing staff to be awarded to all those nursing staff delivering publicly funded services⁵.

Article 5 health workforce development and health system sustainability

- *Ensure mutual benefits for health systems from international migration and other international cooperation.*
- *Member States should discourage active recruitment from developing countries facing critical shortages of health workers.*

Discouraging active recruitment from developing countries

The UK’s Department for International Development (DfID) advises the Department of Health on countries from which UK employers (and recruitment agencies supplying the NHS) should not proactively recruit health professionals, as part of its commitment to ethical practices. The latest figures from the UK’s Nursing and Midwifery Council register for 2017/8 show that the most significant international recruitment over the last year has been from nurses and midwives trained in the Philippines (1698) and India (636), with much smaller numbers from Zimbabwe (61), Nigeria (54) and Nepal (37)⁶. All these countries are on DfID’s proscribed list, although for India only four states where DfID is providing development assistance should not be targeted, according to the code.⁷

Mutual benefits for health systems

Since 2017 the Government in England, and the national agency responsible for NHS workforce education, Health Education England, have been establishing “earn, learn, return schemes” for health professionals which allow the NHS to recruit doctors and nurses from countries on DfID’s proscribed list, if there are more formalised agreements and commitment to mutual benefit. Such schemes have been announced with the Philippines, India and Jamaica. The stated aims are to offer opportunities to gain specialist experience and skills for three years and then to return their home country⁸. It is too early to assess the impact

⁴ Migration Advisory Committee ‘Partial Review of the Shortage Occupations List – Nursing’, 2016. Age was used as indicator of experience. Available at:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/510630/Partial_review_of_the_shortage_occupation_list_-_review_of_nursing.pdf

⁵ <https://www.rcn.org.uk/news-and-events/news/nhs-pay-deal-for-england-accepted>

⁶ Statistical information provided to the RCN by the Nursing and Midwifery Council June 2018

⁷ <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/list-of-developing-countries>

⁸ Health Education England, ‘Facing the facts, shaping the future: A draft health and care workforce strategy for England to 2027’, available at:

<https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf> (published 2017)

that such schemes will have on improving health systems in recruitment source countries, including appropriate professional and pay recognition and enhanced career opportunities for nurses once they return to their countries.

Since 2010 DfID has also funded a health partnerships scheme, coordinated by an organisation called THET (formerly the Tropical Health Education Trust)⁹. This encourages partnerships between health institutions in the UK and those in low income countries to support mutual learning and strengthening health systems and health service delivery. The Royal College of Nursing received funding from this scheme for the first phase of a capacity building project with the Zambian Union of Nurses Organisations (ZUNO), to support them to influence professional practice at local, regional and national level, particularly in relation to the WHO safer surgery checklist. In Phase 2 of the project they are developing their role as a CPD provider to nurses, as part of operating as a professional voice for nursing in Zambia.

Previously, the UK has had a cross-Government Global Health Strategy, which supported greater alignment and collaboration between Government departments, including on health workforce issues to ensure that its policies were coherent and mutually supporting.¹⁰ However a new strategy was not developed after it expired in 2013. The RCN has expressed concerns about the lack of a clear joined up strategy.

- *Member states should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, built on an evidence based health workforce plan.*
- *All member states should strive to meet their health personnel needs with their own human resources for health, as far as possible.*

Educating, training and retaining the workforce

In the UK, growth of the current domestic nursing workforce supply has not kept pace with rising patient need and changing population demographics. Internationally recruited nurses are making a valuable contribution to our health and care services, helping to fill the persistent shortages in the workforce. However, recruiting international health workers must be in parallel with investment from governments across the UK to bolster growth of the domestic nursing workforce.

In the NHS in England alone, there are approximately 40,000 nursing vacancies (circa 11%) and in 2016, across the UK for the first time in a decade, more nurses have left the profession than joined.^{11, 12, 13}. Vacancy rates in Scotland are 4.5%¹⁴ and there is an estimated NHS vacancy rate in Northern Ireland of 6.9%¹⁵.

⁹ <https://www.thet.org/our-work/health-partnership-scheme/>

¹⁰ HM Government (2008) Health is Global. A UK Government strategy 2008-13
http://webarchive.nationalarchives.gov.uk/20130105191920/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702

¹¹ Royal College of Nursing, 'Safe and Effective Staffing: the Real Picture' 2017. Available at:
<https://www.rcn.org.uk/professional-development/publications/pub-006195>

¹² Royal College of Nursing, RCN London Safe Staffing report 2015' 2015. Available at:
<https://www.rcn.org.uk/london/about/publications/safe-staffing-report-2015>

¹³ Nursing and Midwifery Council, 'New figures show an increase in numbers of nurses and midwives leaving the professions' 2017. Available at: <https://www.nmc.org.uk/news/news-and-updates/new-figures-show-an-increase-in-numbers-of-nurses-and-midwives-leaving-the-professions/>

¹⁴ Information Services Division Scotland, NHS Scotland Workforce Information at March 2018, published June 2018 ,
<http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp#2169>

¹⁵ Department of Health Northern Ireland, [Northern Ireland health and social care workforce census March 2017](#), August 2017.

The UK is not yet educating sufficient numbers of registered nurses to meet current and future need. Particularly in England, reforms to nurse education with removal of the undergraduate pre-registration bursary for nursing students, are failing to increase the number of nursing students.¹⁶ At March 2018, after removal of the bursary, applications to nursing courses had fallen by 33% since the same time in March 2016, with applications from mature students falling by 42%.¹⁷ The most recent figures from June 2018 showed this trend continuing both for applications overall and for the drop in mature students¹⁸. Yet, evidence is clear that with the right support and financing, the higher education system is best placed to support an increase in delivering registered nurses into the workforce. Research tells us that 94% of all graduates of subjects allied to medicine, which includes nursing, that graduated between 2011- 2016, were in professional employment within six months.¹⁹

The fastest and most effective route into registered nursing in the UK is through higher education and there are existing unused opportunities to increase numbers of nursing students. The RCN has made a number of recommendations to the UK Government. For example, financial support for living costs to incentivise a wider range of applications could take the form of: universal grants for students in recognition of their placements; means-tested grants to maintain diversity; and/or targeted support for parents and carers.

Evidence based health workforce planning

Rather than a piecemeal approach, along with other health organisations the RCN are arguing for better health workforce planning and a clear strategy to improve the growth of domestic workforce supply. In December 2017 Health Education England finally issued a draft strategy for the English health and care services.²⁰ This did not meet stakeholder expectations, was largely focused on the NHS (excluding social care) and did not link to the health needs of the population. Publication of the strategy has been delayed.

What is needed is a credible health and care workforce strategy in each country of the UK to address systemic workforce shortages, in terms of education, recruitment and retention. This must be based on a whole-system approach, that sets out what is required by way of workforce based on population needs, what levers will be used, and how implementation of a strategy will be supported.²¹ Over the last year, Scotland has published a health and social care workforce plan in three parts – to improve the workforce planning framework, and to cover social care and primary care.²²

¹⁶ Royal College of Nursing, 'Left to chance: the health the health and care nursing workforce supply in England' 2018.

Available at: <https://www.rcn.org.uk/professional-development/publications/pdf-006682>

¹⁷ UCAS, '2018 Cycle Applicant Figures – March Deadline' 2018. Available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-march-deadline>

¹⁸ UCAS, '2018 Cycle Applicant Figures – June Deadline' 2018. Available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-june-deadline>

¹⁹ Higher Education Standards Authority 'Destinations of Leavers from Higher Education in the United Kingdom for the academic year 2015/16' 2017. Available at: <https://www.hesa.ac.uk/news/29-06-2017/sfr245-destinations-of-leavers>

²⁰ Health Education England, 'Facing the facts, shaping the future: A draft health and care workforce strategy for England to 2027', available at:

<https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf> (published 2017)

²¹ Royal College of Nursing, 'Consultation response to Health Education England's (HEE's) Facing the Facts, Shaping the Future - A draft health and care workforce strategy for England to 2027' 2018. Available at: <https://www.rcn.org.uk/about-us/policy-briefings/contr-5817>

²² Scottish Government (2017) National health and social care workforce plans part 1 and 2

<https://beta.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/>

<https://beta.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/>

Scottish Government (2018) National health and social care workforce plan part 3 <https://beta.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/>

Each strategy should be supported by legislation, which includes a governance framework that details responsibility and accountability for ensuring an adequate supply of registered nurses and nursing support staff is available throughout the health and social care system to meet the needs of the population. This means that responsibility and accountability throughout the health and social care system will be made explicit and transparent as they relate to Government Departments, commissioners of services, providers of services and regulators (those responsible for providing system assurance about quality and safety of patient care)²³. This is fundamental for patient safety.

To improve retention, particularly given the ageing nursing workforce, nurses must have access to essential conditions such as improved remuneration, opportunities for improved flexible working arrangements, continuing professional development and wider career development opportunities.

Across the UK, nurses have reported that they are struggling to access protected time from their employer for mandatory training, let alone developmental training, as required for career development and/or revalidation²⁴. In England, the Health Education England (HEE) budget for 'workforce development', which is largely used for Continuing Professional Development (CPD) for nurses, has been cut by 60% over the past two years, from £205m in 2015/16 to £83.49m in 2017/18^{25,26}. Data on CPD funding is not held centrally in Wales and Scotland, and the budget for CPD in Northern Ireland is not clear.²⁷ However, the RCN employment survey found that 37% of members in Scotland reported not receiving any CPD in the last 12 months²⁸.

Article 6 Data gathering and research

- *Member states are encouraged to strengthen health personnel information systems and collect, analyse and translate data into effective health workforce policies and planning.*

The data centrally collected and available across the four countries of the UK on nursing personnel are not comprehensive or complete, and does not provide a complete picture of the active registered nursing workforce, and the settings in which they work across health and social care. The most reliable UK wide-data comes from the Nursing and Midwifery Council (NMC), the UK regulatory body. However this does not identify whether the nurses are working, or in what setting or location.

²³ Royal College of Nursing (2018) Safe and effective staffing. Nursing on the brink. Policy Report.

<https://www.rcn.org.uk/professional-development/publications/pdf-007025>

²⁴ Institute for Employment Studies (2017), Royal College of Nursing Employment Survey 2017, December 2017, <https://www.employment-studies.co.uk/system/files/resources/files/513.pdf>

²⁵ HEE (2014) budget setting for 2015/16 <https://hee.nhs.uk>

²⁶ HEE (14/3/17) HEE Proposed Budgets for 2017/18 <https://hee.nhs.uk/sites/default/files/documents/7%20-%20Proposed%20budgets%20for%202017-18.pdf>

²⁷ Royal College of Nursing (2018) Investing in a safe and effective workforce. Continuing professional development for nurses in the UK <https://www.rcn.org.uk/professional-development/publications/pdf-007028>

²⁸ Royal College of Nursing (2015) Employment Survey. <https://www.rcn.org.uk/professional-development/publications/pub-005350>

There is also no recent comprehensive data on the unregistered health and social care workforce across the UK. In England, NHS Digital collates health workforce data for all NHS services, based on a workforce minimum data set which providers are required to collect²⁹. The Information Services Directorate (ISD) of NHS Scotland, Statswales, also collect data on health workforce in relation to the NHS and the Department of Health in Northern Ireland publishes data on the majority of hospital, community and social care workforce.^{30,31,32}

The UK arm's length bodies with statutory responsibilities for care delivery should collect and publish workforce data across all health and care providers and settings, including the community and social care workforce, as well as data on education/training routes into the workforce. There needs to be transparency through consistently recorded and publicly reported data on actual numbers and on skill mix³³. This will enable policy makers, both to better plan the health workforce domestically based on population need, understand different levels of reliance on international nursing staff and put in place policy levers which can ensure staffing for safe and effective care in all settings.

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²⁹ <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce#data-collections-and-data-sets>

³⁰ <http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp#2169>

³¹ <https://gov.wales/statistics-and-research/staff-directly-employed-nhs/?lang=en>

³² <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/workforce-statistics>

³³ Royal College of Nursing (2018) Safe and effective staffing. Nursing on the brink. Policy Report. <https://www.rcn.org.uk/professional-development/publications/pdf-007025>