HealthWorkers 4all

Health workers for all - CASE STUDY

UK Implementation of Department of Health's Code of Practice (2001 and 2004)

HEALTH POVERTY ACTION

Contents

WHO Code* correspondence:

Article 3.2. Addressing present and expected shortages in the health workforce is crucial to protecting global health. International migration of health personnel can make a sound contribution to the development and strengthening of health systems, if recruitment is properly managed. However, the setting of voluntary international principles and the coordination of national policies on international health personnel recruitment are desirable in order to advance frameworks to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration on the health systems of developing countries and to safeguard the rights of health personnel.

Article 3.6. Member States should strive, to the extent possible, to create a sustainable health workforce and work towards establishing effective health workforce planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel. Policies and measures to strengthen the health workforce should be appropriate for the specific conditions of each country and should be integrated within national development programmes.

* WHO Global Code of Practice on the International Recruitment of Health Personnel

The UK was the first nation to produce international recruitment guidance based on ethical principles and the first nation to develop a 'robust Code of Practice for International Recruitment'.[1]

1) The national/regional context of which the case studies are part

Between the late 1990s and the mid-2000s, the UK actively[2] recruited international health workers to fill shortages in the National Health Service (NHS). In 2000-2001 a total of 9,694 initial entrants on the UK Register were from overseas. This figure rose to approximately 15,000 in 2001-2002, which equated to almost half of all new nurses entering the UK Register that year.[3] Despite a decline in new registrations of internationally trained nurses from 2003, the UK remains one of the largest destination countries for migrant health workers. More than 36 percent of all doctors and 10 percent of all nurses[4] in the UK are trained outside the UK, with 25.6 percent of doctors trained outside the European Economic Area (EEA).[5] In 2012, 4.3 percent of new nurse registrants were from outside the EEA.[6] This outflow of health professionals from low and middle-income countries is having a devastating impact on global health.

In 1999, the Department of Health in England developed guidelines for all National Health Service (NHS) employees, responding to growing concern about the active recruitment of health workers from low and middle-income countries. The guidelines indicated specifically that NHS employers should avoid direct employment from countries such as South Africa and parts of the Caribbean, and set out good practice guidelines for international recruitment. European countries were identified as suitable targets for active recruitment to make up the shortfall.

A report by Professor James Buchan found that 'new nurse registrants from both South Africa and Caribbean countries decreased in 2000/01 from the level in the previous year by 25% and 39% respectively',[7] illustrating a reverse in the upward trend in registrations. However, data also showed an increase in recruitment from South Africa a year later, suggesting that while the guidelines had some short-term impact, this was not sustained. Additionally, during the same period there were also continuing increases in the number of nurse registrants from countries such as Nigeria, Ghana, India and Zimbabwe, suggesting that any progress in targeted countries was offset to other countries in the Global South.

2) Description of the practice

In 2001, the guidelines were replaced by a Code of Practice introduced by the DoH which banned NHS employers from actively recruiting from developing countries unless a bilateral agreement between governments was in place. These existed between the UK and India, the Philippines and China. A full list

---

[1] Department of Health, 'Code of Practice for the International Recruitment of Healthcare Professionals', 2004, p. 3.
[2] 'Active' recruitment refers to a situation in which an employer takes the lead to stimulate interest and recruit health staff from another country.
[3] Department of Health, 'Code of Practice for the International Recruitment of Healthcare Professionals', 2004, p. 2.
[4] Nursing and Midwifery Council 2013, cited in Health Poverty Action 2013, 'The Health Worker Crisis: an analysis of the issues and main international responses'.
[5] GMC, 'List of Registered Medical Practitioners – statistics [online] UK GMC. Available at http://www.gmc-uk.org/doctors/register/search_stats.asp [Accessed 6 October 2014].
[6] Nursing and Midwifery Council 2013, cited in Health Poverty Action 2013, 'The Health Worker Crisis: an analysis of the issues and main international responses'.
[7] Buchan, J., 'International Recruitment of Nurses: United Kingdom Case Study', Queen Margaret University College, July 2002, p. 18.

of the 'proscribed' countries was made available in early 2003.[8] This list was developed by the DoH and the Department for International Development (DFID), based upon the Organizsation for Economic Cooperation and Development (OECD) and the Development Assistance Committee list of aid recipients. 'The rationale for the list is based upon the economic status of the country and how many healthcare professionals are available'.[9] At the time of writing, the list contained 154 countries, three of which have bilateral agreements and caveats to the ban, namely China, India and the Philippines.[10]

In 2004, the Code was strengthened to include recruitment agencies working for NHS employers, temporary staff working for the NHS, and private sector organisations who provide services directly to the NHS.[11] The Code also sets out guidelines for good practice on international recruitment for UK employers, covering aspects of recruitment, selection, induction and equal opportunities in employment, pay and career prospects.[12]

NHS Employers, the employers' organisation for the NHS in England, is responsible for the implementation of the UK Code by health care organisations involved in the international recruitment of health care professionals. The organisation still views the active recruitment of health care professionals from abroad as a 'legitimate solution', due to various NHS workforce shortages across the country.[13] This international recruitment of health workers tends to be an attractive policy due to the rapid nature of recruitment and the ability to forego training costs.

Despite the decline in international recruitment since 2003, it may rise again. The 2012 UK Nursing Labour Market Review by the Royal College of Nursing (RCN) identified an overall staffing decline in nursing,[14] with a growing risk of insecurity in the future, driven by reduced funding for intake and training combined with diminished levels of international recruitment.[15] The UK has moved from a situation of a net inflow of nurses to a net outflow of nurses since 2006-2007,[16] illustrating the 'boom and bust' cycle of 'reduced intakes to training creating staff shortages and the subsequent need to scale up training and rely on high levels of active international recruitment to make up for domestic training capacity shortfalls'.[17] This is likely to be compounded by the onset of the Affordable Care Act in the US and the consequent 1.2 million job openings for nurses projected by 2020, which are likely to attract nurses from the UK.[18]

---

[8] Buchan, J. and Dovlo, D., DFID Health Systems Resource Centre, 'International Recruitment of Health Workers to the UK: A Report for DFID, FINAL REPORT', February 2004, p. 15.

[9] NHS Employers, 'Developing countries – recruitment', March 2014, Online, http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/list-of-developing-countries [Accessed 20-5-2014].

[10] NHS England, 'Developing Countries – Recruitment', March 2014, Online http://www.nhsemployers.org/RecruitmentAndRetention/Internationalrecruitment/code-of-practice [Accessed 22-05-2014].

[11] Department of Health, Code of Practice for the International Recruitment of Healthcare Professionals, 2004, p. 4.

[12] Buchan, J. et al., 'Does a code make a difference – assessing the English Code of Practice on international recruitment', Human Resources for Health, 7:33, 2009, p. 3.

[13] NHS Employers, 'Overseas recruitment – Kings College Hospital FT', Jan 2014, Online http://www.nhsemployers.org/case-studies-and-resources/2014/01/overseas-nurse-recruitment [Accessed 22-05-2014].

[14] See http://www.nhs.uk/news/2012/03march/Pages/nursing-staff-levels-elderly-care.aspx for impact.

[15] Royal College of Nursing, 'RCN Labour Market Review: Overstretched. Under-resourced. The UK nursing labour market review 2012', 2012, p. 1.

[16] Centre for Workforce Intelligence, Future nursing work projections: Starting the discussion, June 2013, Available at http://www.cfwi.org.uk/publications/future-nursing-workforce-projections-starting%20the%20discussion/@@publication-detail p. 7.

[17] Royal College of Nursing, 'RCN Labour Market Review: Overstretched. Under-resourced. The UK nursing labour market review 2012', 2012, p. 2.

[18] United States Department of Labor, Bureau of Labour Statistics, 'Economic News Release: Table 6. Employment by major occupational group, 2012 and projected 2022', Online http://www.bls.gov/news.release/ecopro.t06.htm [Accessed 27-05-2014].

[19] Royal College of Nursing, 'RCN Labour Market Review: Overstretched. Under-resourced. The UK nursing labour market review 2012', 2012, p. 14.

[20] Ibid., p. 14.

Since 2010 the international contribution of nurses to the UK has grown, reaching about 4,000 new registrants in 2011-2012, double the number two years earlier, and representing about 18 percent of the registrants that year.[19] A comparison must be drawn between migration from EU and non-EU countries: the latest nurse workforce figures indicate the number of EU nurses entering Britain is now outstripping non-EU nurses, although migration from both is increasing from its lowest level in 2010 (see Figure 1).[20] This shift towards EU recruitment can be attributed to a series of UK immigration policy changes[21] that have made it increasingly difficult for non-EU nurses to enter the UK, while EU nurses enjoy freedom of movement under EU directives. This, teamed with the economic crisis, has led to an increase in nurses registering in the UK from countries in the EU experiencing labour market problems. For example, the number of nurses entering the UK from Portugal, a crisis country, grew from 20 in 2006-2007 to more than 550 in 2011-2012.[22]
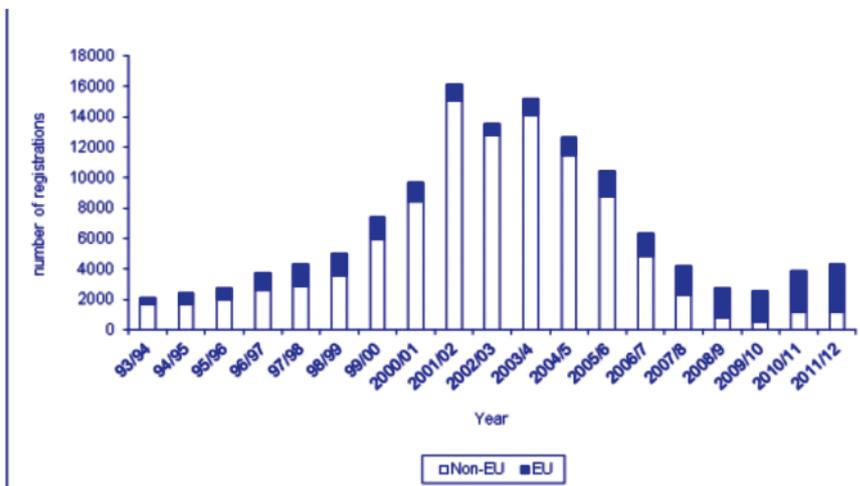

Fig. 1. Admissions to the UK nursing register from EU countries and other (non-EU) countries 1993/1994 to 2011/2012

EU nurses are effectively 'unmanaged', they cannot be directed and the length of their stay cannot be controlled.[23] This unrestricted flow of nurses from the EU is having a negative impact on the health systems of some poorer European countries. A European Union Joint Action on Health Workforce Planning estimates that Europe is facing a shortage of one million health professionals by 2020, with the weaker economies fearing a loss of their best and brightest workers.[24]

[19] Royal College of Nursing, 'RCN Labour Market Review: Overstretched. Under-resourced. The UK nursing labour market review 2012', 2012, p. 14.
[20] Ibid., p. 14.
[21] For more on these changes see RCN https://www.rcn.org.uk/__data/assets/pdf_file/0016/482200/004332.pdf p. 13 [Accessed 6-5-2014].
[22] Royal College of Nursing, 'RCN Labour Market Review: Overstretched. Under-resourced. The UK nursing labour market review 2012', 2012, p. 16.
[23] Ibid., p. 15.
[24] Joint Action Health Workforce Planning and Forecasting, 'Welcome to the pages of the EU Joint Action on Health Workforce Planning & Forecasting', Online: http://euhwforce.weebly.com/ [Accessed 28-05-2014].

Despite progress in restricting the active recruitment of international health workers, the Code has limitations.

Firstly, while the number of international health workers entering the UK health system has decreased, this is likely to have been influenced by a series of changes affecting non-EU health workers entering the UK, separate to the Code. These include increasingly restrictive immigration controls by the UK Government since 2008, changes to the Nursing and Midwifery Council guidelines, and the onset of the financial crisis and consequential health service cuts. Research by Buchan et al. in 2009 found that a reduction in the recruitment of health workers from Kenya was rarely attributed to the Code of Practice, with the main factor identified as the 'greater difficulties in achieving access to the UK's labour market'.[25]

Secondly, although it bans 'active' recruitment, the Code does not address so-called 'passive' recruitment. As the Code excludes the private sector (with the exception of those supplying the NHS), health workers initially recruited for the private sector may later end up working in the NHS, thus bypassing the Code's restrictions through a practice that has been termed 'back door' recruitment. In addition, restrictions have led to a de-skilling of health workers as they are forced to take jobs in care homes in order to gain entry into the UK. As Adhihari and Grigulis found (2013), these care homes are often unregulated and unprofessional, with limited professional development, leading many health care workers to lose their valuable professional skills, even though, paradoxically, some of them are required by the NHS.[26]

Thirdly, the Code is focused on international recruitment and overlooks the issue of domestic workforce planning, which has significance in terms of addressing the underlying drivers of international recruitment.

Finally, while the Code offers 'principles and best practice benchmarks to be met',[27] they are not legally binding.

3) What can we learn from the practice described?

With the continued impact of the economic crisis it is evident that there will be little, if any, growth in spending on the NHS in the next few years, which is likely to increase the instability of health workforces and increase demand for active recruitment from abroad. Within this context it is important that adequate data collection and 'workforce planning' are prioritised to allow the NHS to meet the needs of its populations in a sustainable and independent way, without a reliance on international health workers. Accordingly, it is important that issues of domestic workforce planning are factored into solutions to reduce the need for mass international recruitment.

[25] Buchan, J. et al., 'Does a code make a difference – assessing the English Code of Practice on international recruitment', Human Resources for Health, 7:33, 2009, p. 5.
[26] Adhikari, R. and Grigulis, A., 'Through the back door: nurse migration to the UK from Malawi and Nepal, a policy critique', Health and Policy Planning, p. 5.
[27] Ibid., p. 4.

DFID should champion robust action across all government departments to remedy the damage already done to health systems in low and middle-income countries as a result of active international recruitment. Currently, however, there is little obvious evidence of joint working between DFID and the DoH on the issue, illustrated by the fact that DFID did not have any input into the UK's reporting on implementation of the WHO Global Code, led by the DoH.

If the situation remains as it is today, one billion people will never see a health worker in their life. The aging population of the UK is fuelling demand for health workers as the number of people needing long-term care grows. While it is important that we balance the right of individuals to migrate with ensuring equitable and ethical recruitment practices, we may need to consider more radical solutions to the crisis, such as financial compensation for source countries.