



Health workers for all - CASE STUDY

UK

**Royal College of Nursing (RCN) Labour
Market Review**

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Photo

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WHO Code* correspondence:

Article 6.1 Member States should recognize that the formulation of effective policies and plans on the health workforce requires a sound evidence base.

Article 6.2 Taking into account characteristics of national health systems, Member States are encouraged to establish or strengthen and maintain, as appropriate, health personnel information systems, including health personnel migration, and its impact on health systems. Member States are encouraged to collect, analyse and translate data into effective health workforce policies and planning.

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

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

Between the late 1990s and mid-2000s, the UK actively recruited international health workers to fill staff shortages in the NHS following a political commitment to expand NHS services in the UK.¹ New full registrations of internationally trained health workers peaked in 2003, yet despite the subsequent decline, 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 nurses² in the UK are trained outside the UK, with 25.6 percent of doctors trained outside the European Economic Area.³

Notwithstanding the negative effects of active international recruitment on the health systems of source countries, a key concern is the lack of data on exactly how many international health workers are being recruited, and what this means for health workforce planning policies both in the UK and globally.

2) Description of the practice

Founded in 1916 as a professional organisation for trained nurses, the Royal College of Nursing (RCN) has evolved into a professional union that 'represents nurses and nursing, promotes excellence in practice and shapes health policies'.⁴ Today, the RCN has over 400,000 members, and is uniquely acknowledged as the 'voice of nursing' by both the government and the public.

In order to achieve its mission, the organisation aims to:⁵

- Represent the interests of nurses and nursing, and be their voice locally, nationally and internationally.
- Influence and lobby governments and others to develop and implement policy that improves the quality of patient care, and builds on the importance of nurses, health care assistants and nursing students to health outcomes.
- Support and protect the value of nurses and nursing staff in all their diversity, and their terms and conditions of employment in all employment sectors.
- Develop and educate nurses professionally and academically, building our resource of professional expertise and leadership, and the science and art of nursing and its professional practice.
- Build a sustainable, member-led organisation with the capacity to deliver our mission effectively, efficiently and in accordance with our values, and the systems, attitudes and resources to offer the best possible support and development to our staff.

¹ Adhikari, R. and Grigulis, A. 'Through the back door: nurse migration to the UK from Malawi and Nepal, a policy critique', *Health Policy and Planning*, 2013, p. 3.

² Nursing and Midwifery Council 2013, cited in *Health Poverty Action 2013*, 'The Health Worker Crisis: an analysis of the issues and main international responses'.

³ 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].

⁴ Royal College of Nursing, 'About us', Available at <http://www.rcn.org.uk/aboutus> [Accessed 30 July 2014].

⁵ Ibid.

The World Health Organization's Global Code of Practice on the International Recruitment of Health Workers states that:

...as the health workforce is central to sustainable health systems, Member States should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, including areas of greatest need, and is built upon 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.⁶

The Nursing and Midwifery Council is the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. It maintains the largest register of health care professionals anywhere in the world – with 670,000 nurses and midwives currently registered.⁷ Started in 2000, the RCN's annual Labour Market Review draws on the information provided in this register, alongside other data, including the Labour Force Survey from the Office for National Statistics and the numbers of training places commissioned by universities, to provide 'an objective and succinct briefing on the UK nursing labour market'.⁸ The review includes key facts, figures and analysis on the main factors driving changes in the number of nurses and midwives registering, while highlighting factors that may influence future recruitment activity, in order to provide a strong evidence-base to inform health worker policies.

The latest workforce review, 'Safe staffing levels – a national imperative', released in September 2013, warns of an 'urgent need to address both the national security of the supply of nurses, and the local ability to determine evidence-based nurse staff levels'.⁹ As well as information on the overall UK nursing workforce, the Labour Market Review also contains information on the number of internationally recruited nurses in the UK and the wider implications of this on a global level.

The RCN's Policy and International Development Department works on a number of areas, including identifying the future needs of the nursing workforce, informing and learning from best practices around the world, and responding to government and international consultations on health and social care reform, as well as policy work on EU issues and the international mobility of nurses.

The Labour Market Review is used as one source of information in policy and advocacy work with the UK Governments, including the Department of Health, Health Education England, commissioners of nursing education, as well as EU and international institutions. It is also used by organisations lobbying for greater coordination between the Department of Health and the Department of International Development.

⁶ World Health Organization, 'The WHO Global Code of Practice on the International Recruitment of Health Personnel', p. 7.

⁷ Nursing and Midwifery Council, 'Our Register; an NMC factsheet', p. 1 available online <http://www.nmc-uk.org/Documents/Factsheets/NMC%20factsheet%20-%20Register.pdf> [Accessed 21 August 2014].

⁸ Royal College of Nursing, 'RCN Labour Market Review – Behind the headlines: A review of the UK nursing labour market in 2001', 2002, p. 1.

⁹ RCN, 'Safe staffing levels – a national imperative, the UK nursing labour market review 2013, 2013, p. 3.

In addition, it is used by the Centre for Workforce Intelligence (CfWI), which is 'commissioned by the Department of Health, as well as Health Education England and Public Health England, to look at specific workforce groups and pathways, and to provide materials, tools and resources to inform workforce planning policy decisions at a national and local level',¹⁰ as well as a number of other organisations that work on workforce planning issues.

3) What can we learn from the practice described?

While used widely within the sector for influencing politicians and key stakeholders to help ensure that nursing provision matches need, the Annual Review is limited to a certain extent by the data that it can access. As NHS data is collated separately by the four UK countries, it can be a challenge to obtain a consistent picture of the NHS workforce across the UK. The UK Government also does not collect data on the current and future workforce needs of private sector health and social care. The Nursing and Midwifery Council data reports on the number of new registrants but it does not say if they are working or where (e.g. NHS, private sector, care homes). Accordingly, by not providing information on the workplace of nurses, the data does little to address the complaint that nurses recruited from abroad tend to experience de-skilling when they are unable to work in jobs that match their skill levels and do not benefit from the opportunities given to UK trained nurses.

In addition, while the review reports whether new registrants are from the EU or outside the EU, because of data limitations, it does not give any further information on the source country of new registrants. As a result, the true impact of the international recruitment on developing countries cannot be established, since it is not possible to distinguish those nurses recruited from countries with a critical shortage of health workers. The Code highlights the importance of taking into account the specific needs and circumstances of individual countries, but this is currently not possible with the data being used. UK bodies should look at means to overcome these data limitations, in line with the recommendations of the WHO Code of Practice, to enable efficient and effective workforce planning policies.

¹⁰ For more information on the Centre for Workforce Intelligence see: <http://www.cfwi.org.uk/about>