You're welcome

A quick reference guide to overseas nurses’ rights

Many employers who have recruited nurses from overseas have developed excellent induction and adaptation programmes. But some employers are not achieving these high standards and, worryingly, some are even engaging in illegal employment practices. It is a fundamental right to have access to information about the terms and conditions of employment, as well as immigration and work permit status. So Nursing Standard and the RCN have highlighted some of the issues that overseas nurses might need to know about in the following list. The list is not exhaustive, but it covers the main points.

1. You have the right to belong to a trade union. Good employers will encourage you to join a trade union. If you wish to use the services of a union, you should join at the earliest opportunity. As well as providing representation for you in any dispute with your employer, you will receive professional indemnity insurance and be able to access a wide range of other member services. The three main nursing unions are RCN, Unison and RCM (see below for contact numbers).

2. You can change jobs after you come to this country. Under the work permit scheme, there is no legal requirement for you to remain with one employer. However, there is a specific process that needs to be followed if you change jobs and you should seek advice, in advance, from an immigration advice service that is recognised by the Immigration Services Commissioner. RCN members can contact the RCN Immigration Advice Service on 020 7647 3874.

3. You cannot be deported by your employer. This can only be carried out by the Department of Immigration. If your employer threatens you with deportation, you should contact your trade union for advice.

4. You have a right to a written statement that details your terms and conditions of employment. On arrival, some nurses are being pressed to sign an alternative contract of employment with less favourable terms and conditions to the one offered on recruitment. Your employer cannot change your contract without your agreement and you should talk to your trade union representative before signing any contract.

5. Your contract of employment should, among other things, state arrangements for:
   - Paid annual leave.
   - Sick pay.
   - Minimum periods of notice for both you and your employer to terminate the contract.

   Some employers have put pressure on nurses to sign fixed-term contracts of up to three years with no provision for the nurse to terminate the contract. If you have signed such a contract you must contact your trade union representative who will advise you.

6. Deductions from wages/salary. Some employers will ask you to agree to an arrangement whereby some of your wages are deducted to pay for services provided by the employer, for example accommodation costs. However, any amounts deducted from your salary should be reasonable and reflect the costs actually incurred by your employer.

7. Job description. You should not be asked to perform duties that are unreasonable and outside of your job description.

8. You have a right to fair and equal treatment alongside colleagues with similar contracts. For example, the same arrangements for being notified of changes to your shifts, overtime payments, and access to grievance and disciplinary procedures should apply.

9. You have the right to retain your passport – it is the property of the government of the country that issued it. It should never be retained by your employer.

10. You have a right to a properly planned and supervised adaptation programme. Adaptation nurses who are required to complete a period of supervised practice/adaptation to register with the UKCC have a right to contact the UKCC directly.

Useful numbers
Royal College of Nursing: 020 7409 3333; www.rcn.org.uk
Unison: 020 7388 2366; www.unison.org.uk
Royal College of Midwives: 020 7312 3500; membership@rcm.org.uk
UKCC: 020 7637 7181; www.ukcc.org.uk
Department for Employment and Education Work Permits www.workpermits.gov.uk
Home Office, Immigration and Nationality Directorate www.ind.homeoffice.gov.uk/

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Protecting the rights of international nurses working in the UK is everyone’s business

It is the negative experiences of nurses from overseas that capture the attention of the mainstream media – tales of nurses fleeing at night from cramped and dirty accommodation and agencies charging exorbitant fees. These stories are far more newsworthy than good adaptation programmes and supportive, welcoming nursing home managers. But over the past two months, Nursing Standard has highlighted both sides of the story. Yes, some nurses from overseas have suffered badly once they arrive here and the poor practice they experience...
We’re in it together

The Hall Nursing Home in Bromsgrove, where I am a nurse manager, is currently supporting three nurses from Ghana and Southern India. These are our first adaptation nurses and it has been a learning experience for us as well as the ‘students’. Unlike the NHS, we do not have accommodation for staff, so our first task was to help the nurses find appropriate housing. We quickly found a three-bedroom flat about 15 minutes walk from the nursing home. We also arranged for their national insurance interviews and registration with a GP to take place within the first two weeks of their stay.

At first the nurses were employed for 36 hours a week as care assistants, but when they became more familiar with the residents and staff they took on registered nurse duties under the supervision of qualified nurse mentors. During the first week, the nurses undertook an induction programme that covered health and safety, fire procedures, moving and handling, and other key issues such as confidentiality and complaints procedures.

The nurses were also introduced to the culture and philosophy of the home and spent time in a GP surgery – an integral part of the UK health system, but not the Ghanian or Indian systems.

Tailored programme

It was readily acknowledged that the three had different learning needs and every effort was made to tailor the programme for each nurse. And if they had a particular area of interest outside the home that they felt would enhance their experience, we helped them to arrange an appropriate placement.

Initially, the nurses were given base line competencies to achieve, comprising a comprehensive range of skills and the supporting knowledge they would need to function effectively as a registered nurse in the home. The RNs and the adaptation nurses ‘signed off’ the competencies as each level was reached. When all the in-house base line competencies were achieved, the nurses moved on to those recommended by the UKCC.

By this time, the nurses had grown in confidence, made friends and were happy in the home. They developed the confidence to assess residents, write care plans, give verbal reports and take charge of groups of residents.

Communication and learning has not been a one-sided process; the staff and residents in the home have been able to learn about other cultures and health systems, to say nothing of the personal qualities and experience the nurses have brought to the home. In the future, we hope to work with other homes and further develop our relationship with our link university, so that we will be able to share resources and avoid working in isolation.

Dawn Rafferty is a clinical nurse manager at The Hall Nursing Home, part of Worcestershire Care Group

Celebrate and invest

has had to be publicly challenged. But it is equally important to publish the experiences of the many nurses who are treated fairly and with respect. Hopefully employers who do indulge in poor practice and host colleagues who display negative attitudes – both of which are often rooted in ignorance rather than outright malevolence – might be encouraged to celebrate and invest in the skills and expertise of international nurses.

There are formal strategies in place to counter bad practice and encourage good. The Department of Health, for example, is set to issue its Code of Practice for recruiting overseas nurses, including good employment practice. And the Independent Healthcare Association has recently published recommendations for good supervised practice for nurses from overseas.

Meanwhile, the RCN and Unison are considering working together in a bid to protect overseas nurses. But isn’t it shameful that we need to ‘protect’ overseas nurses?

Most of these highly skilled practitioners have been actively recruited to work in the UK because we have such a huge staffing crisis. They are here to help us, and while they are here we not only benefit from the extra numbers, we benefit from the different skills and approaches to care that they bring.

The rights of international nurses, as set out in the Nursing Standard Charter (see over), must be promoted and protected – every employer involved in recruitment and all health service staff working with nurses from overseas have a duty to ensure that they are.

If we don’t treat our colleagues properly, the UK will gain a reputation that will prevent us from attracting nurses. Other countries experiencing shortages, such as the USA, will recruit them instead and we will lose out on the skills and experience overseas nurses bring with them. Together, nurses from overseas and their UK colleagues can form a strong and diverse workforce offering the best care to patients and clients.

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