Can the NHS stick to its ethical recruitment commitments?

With the nurse shortage now its ‘most urgent’ challenge, the NHS is looking to step up recruitment of overseas staff.

The NHS has often looked to overseas nurses to help fill UK staffing gaps. But what effect does this have on nations that can ill afford to lose vital healthcare staff?

As the government proposes that international recruitment be stepped up ‘significantly’ to help plug a 43,000 shortfall of nurses in England, nursing experts have renewed calls for employers to take an ethical approach to international recruitment.

**Staff shortages and Brexit**

The nursing shortage in England is the ‘most urgent challenge’ facing the NHS workforce, according to the Interim NHS People Plan, which sets out how the health service will recruit and retain staff. The plan sets a target of increasing the nursing workforce in England by 40,000 over the next five years, by targeting nurse education, return-to-practice programmes and investing in continuing professional development.

But these measures are no quick fix, so the plan also includes a drive to ‘increase international recruitment significantly to secure rapid increases in supply’.

Earlier this year, health and social care secretary Matt
Hancock called for a ‘new Windrush generation’ to help fill staffing gaps in the NHS. At the launch of the Interim NHS People Plan, Mr Hancock directed his comments to overseas recruits: ‘We welcome you, we need you, we want you to come and help us build an NHS that’s fit for the future.’

This global focus comes as the number of nurses from the European Economic Area (EEA) joining the Nursing and Midwifery Council (NMC) register dwindles; 968 nurses and midwives joined in 2018-19, down from 9,389 in 2015-16, before the Brexit referendum.

As of March 2019, 73,308 overseas nurses and midwives were on the NMC register, accounting for about one in ten of the total nursing and midwifery workforce. While the Interim NHS People Plan stopped short of setting a specific target, an earlier leaked version included plans to recruit 5,000 international nurses a year for the next five years.

What’s the problem?
Relying on international recruitment as a short-term solution to the UK’s nursing supply has raised concerns from health leaders about undermining developing countries.

The fear is that international recruitment could have a detrimental effect on low and middle-income countries, particularly in Africa and Asia, which are facing shortages in their own health workforces.

International Council of Nurses (ICN) chief executive Howard Catton says the UK should remember that it is not alone in its shortage of nurses. ‘There is a projected global shortage of nine million nurses by 2030,’ he says. ‘To put that into context, the current total number of nurses and midwives around the world is about 20 million.’

Overseas recruitment must always be transparent, he says, with consideration given to the impact on the country being targeted and its ability to develop or sustain its health services.

In the UK, all healthcare employers are advised to adhere to a code of practice for overseas recruitment (see box below), which sets out how this should be carried out, and the training and language skills required of international staff.

NHS Employers manages a list of commercial recruitment agencies that adhere to the UK code of practice, while the Department of Health and Social Care (DH) and the Department for International Development have created a list of 152 nations that should not be targeted by NHS recruiters, due to their economic status and numbers of healthcare professionals.

Jamaica, South Africa, Ghana, Nigeria, Uganda, Saudi Arabia and four Indian states all feature on the list. Yet a recent report by the Tropical Health and Education Trust (THET), based...
on a 2018 study, revealed that of the 15 countries NHS staff are most commonly recruited from, seven are low- or middle-income countries.

**Effects on low-income countries**

‘The UK is also increasingly open to criticism for the impact its recruitment is having on low- and middle-income countries,’ the report warned. ‘Not only do we risk exacerbating inequality and poor health outcomes in [these] countries, we risk damaging our reputation as a country that is quite rightly praised for the generosity of the support it provides.’

THET is concerned that NHS trusts may be using agencies that are not on the NHS Employers approved list and may recruit from ‘protected’ countries.

Meanwhile, Mr Catton says codes of practice might not have enough ‘teeth’: ‘If you have a code but people aren’t compliant, what are the consequences and penalties?’

Salford University chair in global social justice Louise Ackers was on the steering group for the THET report, and has worked for the past decade in health systems change in Uganda.

Professor Ackers says there are schemes designed to bring nurses and doctors to the UK from countries with low resources, which are intended to be mutually beneficial to both countries.

The UK recruits overseas nurses to work in the NHS and, in exchange, the nurses are trained and enriched with additional skills and knowledge to take to their own countries.

Such schemes include the Health Education England (HEE) Global Learner’s Programme – billed as an ‘earn, learn and return’ scheme – which was launched in 2018. It involves agreements between the UK government and several middle-income countries, including states in India, such as Kerala, St Vincent and Grenadines, and Jamaica. Agreements with more countries, including Pakistan, are in the pipeline.

HEE says 1,700 nurses have applied to join the programme so far and 770 have been appointed. Of these, 600 are undertaking post-appointment checks, which include NMC registration and visa applications, and 170 are now working in the NHS.

HEE plans to expand the programme and bring in 1,500 nurses next year.

Yet even these government-mandated schemes in collaboration with other countries are viewed as problematic by some. For one thing, Jamaica, Pakistan, and St Vincent and Grenadines are all on the World Health Organization (WHO) list of countries where active recruitment is discouraged.

**New skills but few resources**

Beyond this, there are other aspects of these schemes that pose ethical dilemmas, suggests Professor Ackers. ‘If we bring young nurses over from Jamaica, India or Uganda, say for three years, there is a high chance these nurses will find a partner, maybe have a baby, settle in the UK and not want to leave. Sending them back would raise ethical issues.

‘On another level, I have doubts about how beneficial the training aspect is to low-resource settings. I don’t think the main problem is that their nurses are not skilled enough, it is to do with resource management. For example, there are a lot of nurses in Uganda with a huge amount of skills, but they are unable to use them on the ground.’

Professor Ackers uses the example of infection prevention and control: the theory may be difficult to put into practice in an environment with no running water, hand gel or towels.

‘Bringing people here to train is not going to solve problems to do with how resources are being managed in their own country.’

An HEE spokesperson told Nursing Standard: ‘It’s important that recruitment in countries on the WHO and NHS lists meets the highest ethical standards.

This means co-developing proposals with partner governments, professional bodies and members of the profession.

‘Co-development ensures any programme meets the needs of national strategies and ensures that participants who return are returning to roles that recognise their experience and support them to put their learning into practice.’

A DH spokesperson said the government is committed to greater international recruitment as part of the Interim NHS People Plan: ‘We have comprehensive guidance for recruiters and work closely with WHO on ethically recruiting healthcare professionals from overseas.’

WHO Global Code of Practice on International Recruitment tinyurl.com/WHO-global-code

**Tinyurl.com/WHO-global-code**