Briefing 2: *Analysis*
Unharnessed Expertise

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Introduction

The world has seen the productivity, courage, dedication, and professionalism of nurses through the COVID pandemic. Globally, there are approximately 4.1 million nursing vacancies. The team at Salford have discovered that there is a untapped resource that could bring experience, seniority, diversity and knowledge to the work force.

More than 3000 overseas nurses educated to professional registration levels find it difficult to register in the UK at the appropriate level. This is both potentially discriminatory, unethical and inefficient use of human resources. Against the backdrop of ethical recruitment[1], there is a need to harness this 'unseen' and 'unheard' workforce. There is an imperative to enable them to gain their NMC registration, by acknowledging their proficiency and expertise gained during their overseas education as well as working in the NHS Trusts as Band 3 and 4.

There is a need for a better ethical and moral consideration for the use of skills and expertise of these overseas educated Indian nurses and to capture their expertise to mitigate the shortfall of nurses in the NHS. There is an urgency to assimilate these nurses to the NHS culture more holistically and effectively, for the government to exceed its target of 50,000 new nurses in England by 2024/25 if it wants the NHS to recover fully from the coronavirus pandemic (Ford 2020).

Literature review

The UK nursing labour market has been characterised by cyclical patterns of nursing shortages. An underlying issue of a lack of long-term and strategic workforce planning has meant that there have been periods when active international recruitment has become a 'policy solution' for the NHS in England, such as at the beginning of this century (Buchan and Seccombe 2012). As a result, the NHS recruited nurses from Australia, the Philippines, South Africa, India and other countries to meet NHS staff growth targets first set in 2000 (House of Commons Health Committee 2007).

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International recruitment presents several advantages to policymakers who are looking to increase the size of the nursing workforce including little financial risk to policymakers because the recruits are trained elsewhere and at someone else's expense. The regulatory and immigration dimensions of the international recruitment of nurses to the UK have sometimes been out of alignment. For example, the rapid increase in applications for international nurses to enter the UK at the beginning of the last decade initially led to a significant backlog of applications to process at the regulator (the then UK Central Council (UKCC), now the Nursing and Midwifery Council). This backlog delayed the immigration and employment of thousands of nurses at the time, leaving them in limbo and was only solved by increasing the administrative capacity of the UKCC to process applications, with support from the Department of Health.

Similarly, as part of the regulatory changes made by the Nursing and Midwifery Council related to the testing of the English proficiency, and without appropriate pre-UK registration support, these internationally educated nurses find themselves caught in a pre-registration void (Allan and Westwood 2016). Many of these overseas qualified nurses are educated to degree or master's degree level either overseas or from the UK, yet work as health care assistants and support workers for a decreased wage without scope for professional advancement (Bond, Merriman and Walthall 2020; Salami, Meherali, and Covell 2018). For them, as British citizens, enough time has lapsed in the host country, to understand all the cultural nuances needed for safe professional practice.

India is reported to be the second largest 'exporter' of nurses to some developed countries after the Philippines with an estimated number of Indian nurses abroad was reported to be 640,078 in 2011 (Rajan and Nair, 2013; Organisation for Economic Cooperation and Development (OECD) 2015). Marangozov et al (2016) found Indian nurses were also often more experienced and had better English language skills than some European Economic Area nurses because they tend to be characterised by *highly skilled nurses with good levels of spoken and written English.* Oda, Tsujita and Rajan (2018) found English proficiency is a competitive advantage for Indian nurses.

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However, when AP – one of the authors of this report - had conversation with the NMC to highlight this cohort. NMC acknowledged that the regulatory body have not considered/identified this specific group with their experience of working in English speaking country. NMC responded that though these nurses may have completed their nurse education in India in English language, their communication with patients may not be in English hence the requirement of English Language Test.

No provision has been made by the NMC to harness this unseen and unheard group of unregistered professionals - nurses with British Citizenship working as health care assistants for more than 5 years - to date, where they are in a pre-registration limbo. To date, there has been no effort or initiative to scope the needs of this niche group.

Methods

The primary aim is to capture the working and educational demographics of these nurses, currently working as care workers, with the aim of increasing the NMC registered nursing workforce. The objectives were to:

1. Investigate the professional and educational background of this cohort of nurse
2. Explore the barriers to registration with the NMC
3. Investigate their current working levels in the NHS
4. Provide evidence to inform and influence the NMC registration policy for overseas educated nurses with British citizenship.

After gaining ethical approval from the university ethical committee (Ref 1979), an online questionnaire survey was distributed to capture the demographics and experience of these overseas educated nurses currently in UK and working in the NHS trusts as level 2, 3 and 4. The questionnaire captured information such as - citizenship, country of birth and professional qualifications and training.

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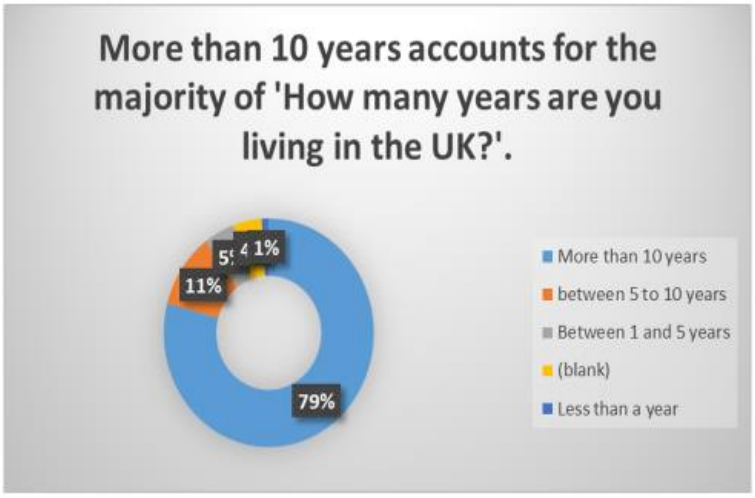
Using convenience sampling of a cohort of Indian nurses, the questionnaire was distributed online through closed Facebook groups for example - UK Malayalee Nurses in which the applicants are members and as well as has joint admin rights. For WhatsApp groups - the admin was approached for approval to post the questionnaire link in the WhatsApp groups. The applicants are members of these WhatsApp groups as well as these closed Facebook groups where the membership is through invitation only. We have also identified key gatekeepers for areas such as Manchester, Preston, Exeter and Kent Gloucestershire, London, Southampton - who were responsible for distributing this online questionnaire more widely, through their contacts. The survey ran over 3 week period and we received 857 responses. It was done as Microsoft forms and data were analysed using the same platform.

Results

Question 1: Years living in UK



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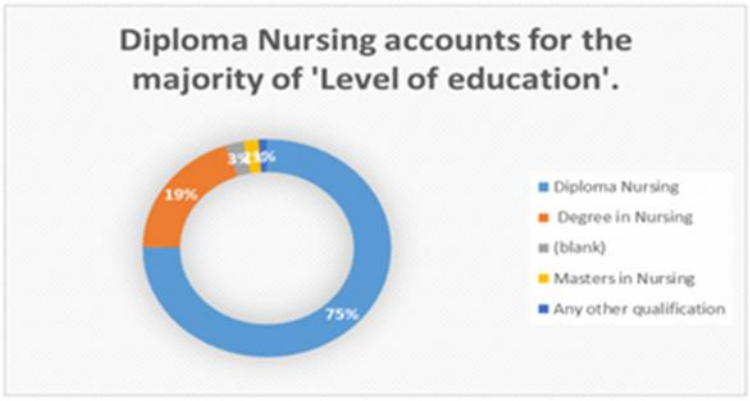
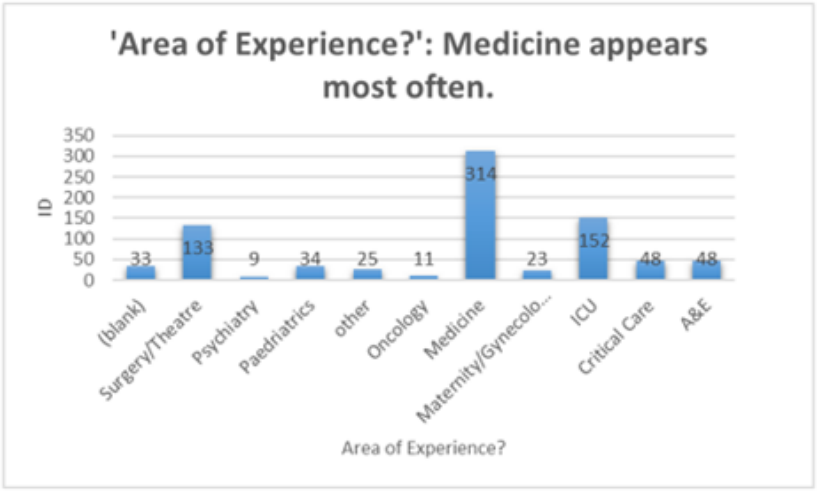
Question 2: Level of Education



Question 3: Area of experience



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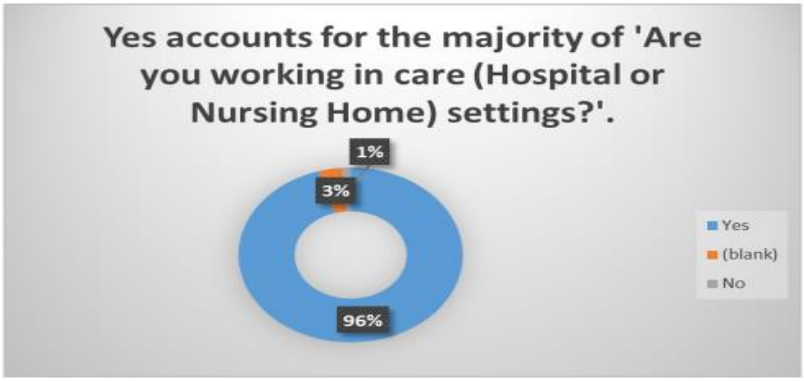
Question 4: Working in Care setting



Results – case studies

Table 1: Case study 1 – participant one

I am writing to address my frustrating situation; regarding my NMC registration. I was a registered nurse in India, with five years of experience in Accident and Emergency, I came to the UK in 2006 on a senior carer visa and I was expected to become a registered nurse soon as I had previous work experience. At the time of writing this, I have attempted the IELTS and OET over fifteen times. I have achieved the NMC required scores for each module on different occasions, but I have not gained the required score in a single set of exams. This has meant that I have not been able to complete my NMC registration. At the moment, I am working as a Health care assistant with a GP, which I have been doing for the last four years. I attend to over forty patients every day and I have not received any complaints about my English language from patients or my colleagues. Now, my employer is looking to offer me a practice nurse job as soon I can complete my NMC registration, but this lingering, tough process has hindered my progress. I live with my husband and my two young sons; my living situation has become very challenging because of this registration process, which has made me feel both dejected and rejected, and I lack any hope of improvement in my career. This process, involving innumerable hours of revision and work before every attempt, has meant that I am struggling to find any time with my family, and the financial strain that this time has wrought upon us has become considerably overwhelming. Every exam costs us approximately £350, meaning we have spent over £5,000 for this procedure. I am an experienced, perseverant, and crucially, fully-qualified nurse, and these exams, which are not wholly representative of my calibre to ultimately work for the National Health Service, has regressed my expectations. Furthermore, it is evident that I am not the only victim of this unreasonable practice, as equally talented and skilled healthcare professionals who arrive from abroad are held back in equal measure, facing the same onslaught of psychological, economic and social struggle as I have. Therefore, there must be a problem that should be resolved. We truly believe that this process is not only affecting and lessening our confidence and the levels that we can achieve in our NHS careers, but the NHS, too, faces the considerable drawback of losing the expertise of countless nurses who would retain and add to its world-renowned acclaim. I, along with the many others who call for change, hope that you can identify this issue and rectify it, because you are unaware of the damage causing on the lives of many, similar to myself, and the reciprocal danger that the NHS puts itself in if these exams continue to function in the manner that they do currently."

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Table 2: Case study- : participant 2

I live in Exeter with my husband and three young children. I came to UK in 2007 on a senior healthcare visa and I was granted Britain citizenship in 2012. Since then I'm working as a senior healthcare assistant in the cardiology ward for the NHS. Prior to this I have 12 years of critical care experience as a registered nurse in India and Dubai. I am in the final stages of completing adult nursing registration in the UK. I have completed the CBT and the OSCE, however I am struggling to pass English language requirement. To date I have attempted the IELTS three times and the OET 10 times. with regards to the OET, I've consistently obtained the necessary score for listening writing and speaking, but I have been unable to meet the requirement for the reading a grade B. currently I've achieved a C+. Every time I attend the OET, I have to pay $350 (Australian dollars) for the exam which means that I have spent approximately 5000 on this exam alone to meet the significant additional expense on top of my everyday expenses and supporting my parents in India, I have to work extra hours on top of my full time job as I am the main earner in the family. Also I have to take annual leave every time to prepare for at it and attend English exam. This means that the little free time I have I cannot spend with my young family. This has had a negative impact on not only me but the rest of my family mentally physically and financially. In my hospital I've noticed that there is frequent and significant shortage of nurses specially in critical care. This was particularly true during the height of the pandemic and it was really frustrating to me as I have critical care experience but I was helpless.

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Analysis

Even though we had the anecdotal evidence to suggest there were thousands of such nurses facing this discrimination, this report did open our eyes wider. The analysis shows only the tip of the iceberg.

British citizenship: of the 857 respondents, 629 of them were British citizens. 207 of them had permanent residency/indefinite leave to remain.

Years living in UK: of the 857 respondents, 79% responded that they have been living in the UK for more than 10 years. Less than 1% were less than one year. 11% were living in the UK between 5 and 10 years and 5% were between 1 and 5 years. They have spent time and adapted to the communication style to that of the host country, to understand all the cultural nuances needed for safe professional practice. This would go beyond language proficiency, with good knowledge of the set of implicit social and professional rules regarding roles and responsibilities that must be incorporated into communicative approaches in the clinical context. If the concern was about the communication with patients' not being in English, living in the UK for more than 5 years and working at health care should be evidence enough.

Level of Education: For us this was the most poignant finding of all. 75% (644) of them underwent 3 years of nurse education (equivalent to diploma), whilst 19% of them were educated to degree level (166) – **2% of the 857 respondents – that is 17 of them - were educated to masters level. We found this quite heart breaking.**

Area of experience: of the 857 respondents, 156 of them had ICU experience and 51 of them had A&E experience and critical care. 324 of them has experience in medicine. The pandemic has showcased the scarcity of trained intensive care nurses directly impacting the nation. It would be wise and prudent to capitalise on this groups' expertise and wealth of knowledge and ease their registration with NMC.

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Discussion

At an estimated cost of £12,000 per non-European Economic Area nurse recruit, it can be relatively quicker and cheaper than investment in domestic training. Although international recruitment remains the overall cheapest (and quickest) option, it can cost an NHS trust in excess of £25000 dependant on the mode of application. This can prove expensive for the individual and for the NHS due to the associated agents' fees used in sourcing recruits. There are also unseen issues, travel (specifically during COVID), homesickness and integration that whilst the NHS has embedded in the orientation programmes adds to reduced productivity in the first twelve months of appointment. In comparison, a nurse degree apprenticeship scheme, for example, can cost an NHS trust around £140,000 per nurse (over and above the annual designated levy of up to £27,000) (Leone 2020). Recruiting internationally often also brings extra work for other staff at a trust. In some cases, they may need to travel to source countries for several days or provide extra guidance and training, particularly if there are language and cultural barriers to overcome.

We need to reflect on ethical aspect of overseas recruitment. We are unable to obtain the actual number of Nurses recruited via different agencies to NHS Trusts and Nursing/Care Homes to compare with the number registered with NMC. But, from our community engagement as well as from the Market Review one can deduce approximately 300-600 Indian Nurses/year were disadvantaged from 2007-2015 period due to the registration restrictions, in spite of being recruited to UK in the hope of practising as nurses (The UK Nursing Labour Market Review 2019 -RCN 2020; Lin, Yi-Qing, Ding, Yun and Li, Jiong-Yan(2018).

Many of the internationally educated nurses working as Healthcare Assistants are women, and most of them stem from a minority ethnic background (with few of them educated to masters level and yet working as care assistant), this is an opportunity to enhance the role of ethnically diverse women within the NHS workforce, empowering them to take on greater clinical and leadership roles.

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Recommendations

Work with the Department of Health and Social Care and professional regulators to support improvements to regulatory processes, exploring where changes may help facilitate streamlining of registration processes and reduction of recruitment timelines.

Have an accelerated program of not more than 30 hours of supervised practice alongside with academic to enable them to register with NMC.

Those with a British Passport, who have passed their citizenship exam and proven their language skills through their work experience should be enabled by a different approach from NMC to obtain their PIN number, along the lines of accreditation of prior experience and learning.

Allow nurses who have completed a degree or masters from a UK University to submit this in lieu of IELTS as proof of language proficiency.

Trusts in partnership with universities to provide an enabling program for these nurses to help them to get their registration – For example a portfolio of evidence of communication/ key competencies.

Remove the IELTS requirements for overseas nurses who have 3 or more years of work experience in the healthcare sector in the UK or has undertaken substantial period of study at graduate or postgraduate level in UK.

In the long run, we propose mutual accreditation of nursing qualifications, for example degrees from four nursing institutions in India are recognised in Singapore under the Mutual Recognition Agreement; nurses with degrees from these institutions can practise in Singapore without any additional qualifications (Seth, 2015). This is one way forward.

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Conclusion

It is important to recognize the clinical competence and value the knowledge that overseas nurses had already acquired. The overseas nurses' experience can benefit the British nursing system, rather than their services being viewed only as a crisis intervention to rectify the shortage of nurses. We propose these nurses can be effective, safe and a major contribution to the current nursing shortages with minimal investment.

Submitted By Brian Boag – Associate Dean for the international relations, University of Salford, for the perusal of the Council of Deans, on behalf of the community leads:

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