Workforce Signpost Guide

Overseas nurse recruitment and the children's palliative care sector

Introduction

The nursing workforce shortage in the UK is having a significant impact on voluntary sector children's palliative care services and is leading to increased recruitment of nurses from overseas to fill this gap.

We interviewed a children's palliative care organisation who wanted to share with us their experiences of recruiting nurses from overseas, which they have done several times in response to their own shortage of nurses. We asked them what they did to prepare for the nurses arriving, how it went once the nurses were here and what the learning points were from the experience.

Their responses are captured in this guide, along with some background information and signposting to resources where you can find out more.

Background

Together for Short Lives' survey (2014) shows that the across the sector there are around 1,500 nurses employed but 10% of posts are vacant. Over a quarter of nurses in the sector are over 50 years of age. In addition, the sector has a recruitment challenge caused by the difference in terms and conditions between NHS and voluntary sector providers.

We know these recruitment challenges are already having an effect on the care delivered by voluntary children's palliative care organisations: reducing the amount of time that can be offered for short breaks, increasing the use of bank or agency staff and preventing development or expansion of services.

Planned increases in nursing training commissions will take more than three years to have an impact. To address short-term gaps in the meantime, providers can only increase the use of bank and agency staff[1] or increase recruitment from overseas.

The government has suggested a cap on the hourly rate for agency staff which, when put into effect in November 2015, will result in providers looking to employ more permanent staff which could be difficult to find.

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Section 1 - Preparing to recruit from overseas

Employing organisations need a certificate of sponsorship for each foreign worker they employ. Each certificate has its own number which a worker can use to apply for a visa. You will need to apply to UK Visas and Immigration (UKVI) for a certificate for each worker and satisfy them that you have the right systems in place to monitor sponsored employees[2]. There is also a cap on the number of sponsored posts for people with Tier 2 visas[3] which is set annually at 20,700. This will impact on numbers of nurses that can be recruited from outside Europe. This limit was reached for the first time in June 2015. If a job is on the shortage occupation list, the employer does not have to carry out the resident labour market test before offering the job to you. This test requires an employer to have advertised the job in an appropriate way for the sector and be able to show that no suitably skilled settled worker can do the job.

We asked Lavinia Jarrett, Director of People and Resources at Demelza Hospice Care for Children, to tell us about the original planning behind the idea of recruiting overseas nurses:

Why did you decide to recruit nurses from other countries (what were your drivers)?

"Our overseas recruitment was driven solely by our inability to recruit in the UK, including from Scotland and Ireland despite our best efforts and dedicated expenditure."

How did you decide which countries to approach?

"We have used three different recruitment agencies and were guided by where they could source suitable candidates. We were able to review CVs and decide for ourselves that the process would be worthwhile before we committed to it and set the ball rolling. It was easier recruiting from EU countries as an adaptation programme is required for training that has taken place in all non-EU countries.

This programme involves University Accreditation, lasts a minimum of three months and means that during this time the nurse can only practice as a Care Assistant with delegated care from another nurse. We hold a Valid Tier 2 Sponsorship Licence and which means we can apply for Certificate of Sponsorships which are allocated up to a maximum monthly limit but are not in any way guaranteed."

What reasons did the nurses you met give for wanting to work in the UK eg a career move, to travel, to raise money for family?

"In all three countries where we recruited from, the main driver was the socioeconomic background in the home country. The need to raise money for family was far more marked in the nurses who wanted to come from non-EU countries. The secondary reason was to extend their knowledge of paediatric palliative care. None of the countries we recruited from have dedicated hospices for children and they were very interested in our work."

There is currently a global shortage of nurses which also means that the UK must adhere to ethical guidance on which countries to recruit from:[4] This states there must be consideration of the long term effect of migration of significant numbers of nurses from weaker health systems.

This is an issue particularly relevant to children's palliative care where the numbers of nurses who are skilled, experienced and competent in this specialism will be small in most other countries compared to the UK.

Did the nurses choose to come as a temporary measure or to live permanently in the UK?

"We were relaxed about this when interviewing. We would have still engaged these applicants if they had committed to a temporary assignment. We did however offer a permanent contract to all to demonstrate our commitment to them. We initially signed all successful applicants into a one year pay back clause and have recently increased this to two years for the most recent nurses."

Did you give the nurses pre-recruitment information material informing them about life in the UK, eg differences of culture and local dialects?

"We gave as much information as we could possibly think of on housing and accommodation, leisure facilities, places of interest, day to day living information like GPs, dentists, shopping, cost of essential goods and services (gas and electric, water rates, council tax etc). We sourced initial accommodation for all nurses, taking photos and liaising with the agents. There was no obligation for the nurses to stay in this accommodation for longer than three months but most did; sourcing their own accommodation once they were orientated and more settled in the locality."

There is some evidence that overseas nurses often leave within two years of being hired. Nursing Times, using freedom of information requests, found that 13 NHS trusts had at least half of the overseas nurses they actively recruited leave within two years of being hired.

In some cases, none of the nurses now work at the trusts that originally recruited them. This suggests that they had always viewed the appointment as a stopgap.[5]

Are you able to share some of the costs involved before the nurses arrived in the UK?

"We were very conscious of costs. We offer a relocation package to all nurses (overseas and UK) of £2,500. We paid this, a one way flight, and an introduction fee of £5,000 per nurse to the agency (which is less than we have paid in the past for UK candidates from agencies).We offered an interest free loan of up to £3,000 to be paid back over six months. We also arranged for a volunteer to collect them from the airport and transport them locally for at least one week."

What were the main challenges at this stage, eg bureaucracy, cost, time?

"When using a good agency experienced in overseas recruitment, the challenges are small. The recruitment agency can secure a high calibre candidate if they are given a good brief, including a site visit. They then do all the leg work, support the paperwork required by the Nursing and Midwifery Council (NMC) and liaise on any questions the candidates have. We would strongly recommend that cohorts of candidates are small, – two or three at a time for any small organisation is a maximum in our view."

What did you think would be the advantages of the internationally recruited nurses working in the settings in the UK? Were there advantages for the children who were being cared for by nurses from other countries?

"We found all the nurses willing to learn and be part of the team and they brought a breadth of cultural diversity and different family experiences which we believe our children, young people and families benefited from The team were accepting of our new colleagues but we could have done more to ensure everyone knew they were already very experienced and were completing competencies etc to ensure safe practice in terms of consistency of protocols – they were not learning these tasks from scratch. The team did not appreciate their breadth and range of skills at the beginning and the overseas nurses felt they had to work hard to earn respect and credibility. Some of our new recruits had an extensive range of acute skills which meant they could help the less experienced nurses already in the team – for example with intravenous procedures and catheterisation."

Section 2 - Once the nurses arrive in the UK

The Common European Framework of Reference for Languages (CEF or CEFR) was put together by the Council of Europe as a way of standardising the levels of language exams in different regions. It is very widely used internationally and all important exams are mapped to the CEFR.[6]

There are six levels: A1, A2, B1, B2, C1, C2 Level B2 is described as; the capacity to achieve most goals and express oneself on a range of topics. Examples:

- Can show visitors around and give a detailed description of a place.
- Can understand the main ideas of complex text on both concrete and abstract topics, including technical discussions in his/her field of specialisation.
- Can interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible without strain for either party.
- Can produce clear, detailed text on a wide range of subjects and explain a viewpoint on a topical issue giving the advantages and disadvantages of various options.

Was there a structured adaptation programme available so they could adapt to their new nursing role?

"Yes, this was important to us. The most recent nurses we recruited were very experienced in the high dependency environment but we still completed the full adaptation programme with them. Our clinical teams were very thorough in the integration of experience and practice, and consequently there were no difficulties of adaptation. The programme included a year-long preceptorship programme, an assigned mentor, regular meetings with our practice educators, managers and mentors working to objectives laid out in the Preceptorship Programme. I would recommend that a high level of spoken and written English is tested at interview using the CEF Common European Framework. I would not recruit anyone into a clinical role at less than B2 levels. Clinical terminology and translation understandably worried our nurses but we did not have a single problem within the team or with children, young people and families."

Did any of the internationally recruited nurses have any problems settling in, eg were there any problems of unrealistic expectations?

"We experienced no unrealistic expectations on either side as we had done a lot of preparation and frank discussion beforehand and at interview. All nurses settled fantastically into the workplace. However any small voluntary organisation considering overseas recruitment should not underestimate the HR time required for information sharing and general pastoral work when the successful candidates arrive."

What ongoing support was needed once the nurses were recruited?

"We arranged appointments for them to discuss tax and finance and took them on excursions around the town. We took them shopping several times and registered them with their chosen GP, dentist, bank, and leisure facilities. Moving to a new part of the world is a massive step and we believe this pastoral support alongside the clinical support really paid off. In the workplace, each new nurse had a mentor who they met regularly to review their progress against the preceptorship programme. Each nurse has gained confidence quickly from this direct support. All nurses are shift co-ordinating, supervising acute setting transfers, supporting new foster parents of a child with complex needs and are fully functioning nurse practitioners."

Did the new nurses report they wanted more structure in the workplace or did they think nursing here was more rigid than they expected?

"Nurses reported that they were not used to the level of expertise and practice undertaken by trained Care Assistants. In their native countries, only nurses would carry out most clinical tasks. They asked us to give a small bite-sized orientation checklist to demonstrate what they achieved within their first few weeks instead of the whole preceptorship plan being used from the start which seems too daunting at the very beginning when everything is so new."

There have been several cases of internationally recruited nurses experiencing racism, being given the worst shifts, singled out for criticism and labelled as only coming here for the money.[7]

Some nurses recruited from overseas have described experiencing discrimination – were you aware if this was the case in your setting?

"There were no discrimination reports from the new nurses or the existing staff. The new nurses did find that other staff were not aware of their levels of experience and felt they had to work quite hard in the early stages of their integration to achieve credibility for their nursing practice. We have now changed practice to give more detailed internal communication giving more details about the new nurses when they arrive which will help to improve this mismatch of expectation."

Did the nurses know where to get support if they encountered poor practice from their employers?

"Yes they knew they could approach HR and did for many things but not poor treatment as this was not evident. They have also accessed peer support, clinical supervision, their mentors and managers."

Do you know if the nurses recruited from overseas affiliated with trade union organisations, and did they access support and development opportunities?

"Our organisation offers an extensive range of Continuous Professional Development, including full use of the Nursing and Midwifery Council, Royal College of Nursing and other websites as well as study days on and off site. The nurses have not shared if they are affiliated with trade unions, but we would welcome this if they are."

Section 3 – What will the future bring?

Were there any unintended consequences, positive or negative, that you had not foreseen?

"The positives were mainly in the breadth of experience in the acute setting and cultural diversity the nurses have brought to the team. We have also had very positive retention rates. We can count over 30 years of collective service from our overseas nurses and almost half of the original number that were recruited remain. A huge positive has been the work ethic that has been demonstrated by these nurses which is fantastic and rubs off on team colleagues."

Would you do the same process again, knowing what you do now?

"Yes, we are planning a further recruitment trip in November. We have at least three candidates with paediatric speciality to interview and will offer posts if the calibre is as good as the last time we recruited. We have learned so much from the process. We learned that assigning a non-clinical person to take responsibility for the pastoral care, particularly around accommodation issues, was really crucial in helping new nurses to settle into their posts and their new country.

We also learned not to underestimate making sure all NMC paperwork is in place before the nurses leave their country of origin. Lost paperwork occurs quite commonly and this could delay the new appointee working as a nurse – they would have to start work as a carer until the paperwork is complete. For us the quality of the recruitment agency will be key to reducing bureaucracy and ensuring the calibre of your applicants. Some aspects of clinical practice are new for the overseas nurses, for example, transcribing as well as using complex and sometimes unlicensed drug regimes prescribed by specialist tertiary centres. This was not a problem as our clinical teams mentored the nurses and safe practice was assured but these aspects should be factored into your development plan for each nurse."

Rules about employing nurses from overseas

Until October 2015 there was increasing concern that under new immigration rules introduced in 2011, people from outside the European Economic Area (EEA) who have come to work in the UK must be earning £35,000 or more to be allowed to stay in the UK for longer than six years. If this salary threshold was not met after a nurse has been in the UK on a tier two visa for six years from 2011, they would not be granted indefinite leave to remain. This £35,000 salary equates to the middle band of a Band 7 Agenda for Change payscale – the salary of a senior nurse. The vast majority of nurses being recruited from overseas to the UK are Band 5.

However, on 15 October 2015 the Home Secretary wrote to the Migration Advisory Committee asking it to place nursing on the shortage occupation list and to carry out a review over whether this should continue in the long term. If an occupation is on the shortage occupation list, it means there are not enough resident workers to fill the available jobs in that particular occupation. If a migrant comes to the UK under Tier 2 (General) to do skilled work that is on the shortage occupation list, they will get all the points they need to apply – they will not need to prove their prospective earnings or qualifications.[8, 9] If nursing remains on this list it would give incoming nurses more points and the income threshold would not need to be met. Had this change not happened, the RCN believes the 2011 rule changes to immigration would have intensified the severe shortage of nurses in the UK, compromising patient safety, as well as wasting the money spent on recruitment for nurses who would not have been able to remain. They believe that almost 4,000 nurses from overseas currently working in the UK would have been affected and that it cost the NHS £20.19million to recruit them.[10] The RCN will continue to lobby for further changes to the rules which will protect the continued employment of these nurses.

The global migration of nurses is further complicated as economic progress in some countries means increased local demand, and improved terms and conditions are encouraging nurses to continue to nurse in their native countries. It also means there is greater competition from other countries around the world to open up their immigration policies to attract and supply more nurses, potentially placing the UK at a disadvantage.

What impact will this have on children and young people with palliative care needs?

The UK is regarded as one of the leading nations for children's palliative care so will be less likely to find nurses with extensive experience overseas. The evidence that retention is an issue for nurses who have come from overseas, with as many as 25% disappearing from the NHS may be similar in voluntary children's palliative care organisations which are often in rural areas. Overseas nurses have described wanting to work in areas where there are significant populations of their own nationality. These changes and the risk to nursing numbers should be considered alongside the consideration of costs of recruiting outside of Europe – suggested as an average of £6,000 per nurse but, as we have seen from above, can easily be nearer £10,000.

Implications for Together for Short Lives

The recent change in ruling and the placing of nursing on the Shortage Occupation List is currently a temporary measure. We will continue to lobby the Government to consider the impact of any further changes on the opportunities and numbers of nurses who are recruited from overseas.

The current UK shortage of children's nurses will continue to affect the amount of care which can be offered to families of children with life-shortening conditions. Together for Short Lives will continue to lobby Health Education England to urgently increase the number of UK nurse training places, especially in the children's nursing field of practice. The increased global shortage and improvements in some countries' nursing infrastructure should be a driver to strive for a self-sufficient workforce in the UK – if this existed for children's nursing the children's palliative care sector could be fully staffed in future.

We hope the information in this guide has been helpful if your organisation is considering recruiting nurses from overseas. We would welcome your feedback – please write to us at Gillian.Dickson@togetherforshortlives.org.uk.

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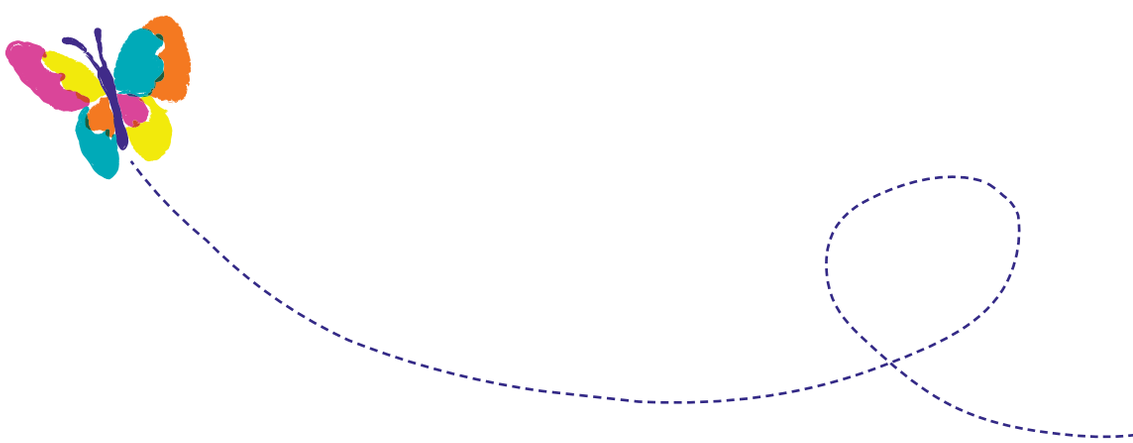

Together for Short Lives
New Bond House, Bond Street, Bristol BS2 2AG: 0117 989 7820 E: info@togetherforshortlives.org.uk
www.togetherforshortlives.org.uk