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The Recruitment of Foreign Nurses in the UK: Exploring Shifts over the Last 15 Years

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Comparing to the early 2000s, when the UK actively recruited nurses from abroad, the pace of international nurse recruitment in Britain over the last five years has been consistently low. This paper explores the factors and consequences of this decline using the historical narrative approach in public policy analysis.

It starts with presenting the numbers of foreign nurses entering the nursing professional registration body in the UK – the Nursing and Midwifery Council (NMC) over the last 15 years. It then describes changes in the foreign nurse registration process and immigration rules which took place over this period.

The discussion section of this paper reveals that the active pace of the international nurse recruitment in Britain begun in the early 2000s and resulted from a group of factors including the reduction in training places for nurses in the early 1990s. The active recruitment had started to slow down from 2005 onwards. The recession after 2008 has strengthened the anti-immigration measures taken by the government and deepened the steady decline in the overall number of foreign nurses registered to practice in the UK.

This paper suggests that the post-crisis budget cuts in the NHS and the subsequent decision to reduce training places for nurses today could lead to a potential need for active international nurse recruitment in future. The latter could possibly reach and even exceed the scale of active international recruitment in the early 2000s, especially considering the British context of an ageing population and the 'greying' of the nursing workforce.

Keywords: recruitment, foreign nurses, ageing population, 'greying' of the nursing workforce.

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1. Introduction

The recruiting of foreign health personnel, and nurses in particular, is a well-established practice in the UK. It has become an important component of the British health workforce policy. After the establishment of the British National

Health Service (NHS) in 1948, there have been a number of waves of foreign nurses entering Britain for work purposes (Young 2011).

Throughout this period the number of foreign nurses coming to the country has fluctuated, depending on the dynamics of the British nursing

labour market and changes in the economic and political climate. As such, the issues of international nurse migration and recruitment have been 'on' and 'off' in the UK mainstream media, policy and academic debates throughout the period of the last 60 years.

In the 1950s and early 1960s, foreign nurses came from the former British colonies, mainly from Caribbean countries, and from Ireland. Foreign nurses' entry into Britain slowed down in the 1970s, and 1980s, and started to rise again from the late 1990s (O'Brien 2007).

The most recent example of how international nurse recruitment was applied as a 'quick-fix' solution relates to the period from the late 1990s to 2005. At that time, the British health sector experienced a severe shortage of nursing labour (Department of Health 2001). One of the responses of the British government to this workforce gap was to recruit health personnel from abroad. From April 1998 to March 2005, the overall number of initial admissions of foreign nurses to the UK register reached over 70,000 (NMC 2005).

Today, 15 years after the active recruitment drive began, the situation has radically changed. The number of overseas nurses newly registered with the NMC in 2011-12 did not exceed 1,200 persons (NMC 2012). Britain no longer recruits from abroad, at least not at the same active pace as it used to in the late 1990s and early 2000s. This paper explores the reasons for this change, its consequences and the potential for reoccurrence of another stage of active recruitment of foreign nurses in Britain in future.

2. Theoretical framework

The conceptual framework of this paper derives from the interpretive tradition in public policy analysis (Yanow 2000; Bevir&Rhodes 2003). Ideas of many prominent scholars representing diverse schools of thought have

influenced the contemporary interpretative approach. However, what is important to state at this point is the basic claim that unite various approaches in interpretative tradition to policy analysis: policy practices are meaningful and these meanings are constituted by actors.

One of the divisions of interpretive paradigm is the historic narrative approach which is based on the storytelling methodology. It explores event sequences and their meanings constructed by actors. As Buthe (2002:486) argues the strength of the historical narrative is in its ability to contextualise events and to incorporate 'nuanced detail and sensitivity to unique events'. This contextualisation and attention to details empower researcher with a strong instrument to understand the meanings of policy processes and how policy actors make sense of them.

In this paper historical narrative is applied to trace the origin and understand the development and consequences of the international recruitment of nurses as a government-led policy adopted in the UK in the early 2000s. The historical narrative developed here reflects on the multiple meanings of this policy constructed by various actors involved at the national and international levels.

Based on this historic narrative this paper suggests that the international nurse recruitment in the UK follows the cyclical pattern where, driven by political decisions, it develops in a fashion of the 'boom and bust' approach.

3. Statement of the problem

The rationale for focusing on foreign nurse recruitment in the UK is mainly based on the distinctive status of international health worker recruitment practice in the UK. The UK is not the only country which practices the recruitment of health workers from abroad. The list of major countries recruiting health personnel from

overseas include: the USA, Canada, Australia, New Zealand and some other countries in Europe, for instance Ireland, Austria and Norway (Wismar et al. 2011). However, in the early 2000s, Britain became the point of reference in the international discourse on the active recruitment of health workers.

This international attention evolved for a number of reasons. Firstly, in the year 2000, the UK Government announced that it would use the international recruitment of health workers as a tool to bridge the gap in the national health workforce. International recruitment to Britain became a government-led campaign, which organised employers' practices for recruitment from abroad (Department of Health 2000). The Government claimed that foreign labour recruitment would be applied as a short-term measure while the results of the national training and retention programmes were awaited.

Secondly, NHS international recruitment in the late 1990s was recognised as the most systematic and co-ordinated recruitment programme of any country in the world (Buchan and Dovlo 2004). It was set up to identify and bring to Britain foreign health workers interested in emigrating. As a part of its recruitment process, the Department of Health (DH) provided information about job locations, living arrangements and immigration procedures (Department of Health, 2003). This centralised co-ordination was feasible in the British national health system, where the NHS is the largest employer and subordinated to the Department of Health. This type of government co-ordination was less practiced, if at all, in other recipient countries where independent private employers play a dominant role in the health sector, such as in the USA, and in countries where regulation of the nursing profession is decentralised to the sub-national level, such as in Canada (Buchan et al. 2009).

Thirdly, over the last 15 years the recruitment of overseas nurses to the UK has gone through a considerable shift from active government-led recruitment in the late 1990s and early 2000s to a significant slowdown in the post-crisis period. These observations explain the focus of this paper on the British policy in recruiting foreign nurses over the last 15 years.

3. Methods

To reveal the cyclical nature of international nurse recruitment in Britain, this paper considers both – statistical evidence and qualitative data. First it refers to the data indicating the inflow of migrant nurses in the UK over the last 15 years. This statistics is provided by the Nursing and Midwifery Council (NMC), the British regulatory body which is responsible for the registration of nursing personnel, including foreign-trained nurses.

Analysis of qualitative data includes media reports and policy documents (reports, briefings and research papers) produced by the British Government, regulatory bodies (the Nursing and Midwifery Council), professional organisations and trade unions (the Royal College of Nursing, Unison) and international organisations (the World Health Organization, the Organisation for Economic Co-operation and Development and the International Organization for Migration). The paper also refers to the findings of the PhD dissertation conducted by the author on foreign nurse recruitment in the UK in the early 2000s¹ and the results of a workshop organised last November by a team of researchers at the University of Edinburgh (including the author) on nurse migration in the UK².

The decision to expand the analytical timeframe back over 15 years was informed through the analysis of academic papers as well as policy documents on the development of the international recruitment practice in the UK.

4. Discussion

4.1 The number of foreign nurses registered in the UK

This section analyses the number of foreign nurses registered to practice in the UK over the last 15 years. As a source of this analysis it uses the registration data from the Nursing Midwifery Council which a national registration body for all nursing and midwifery personnel.

Prior to introducing the NMC data, this section notes a number of challenges with its analysis. Firstly, the NMC data register the intention and eligibility of a foreign nurse who has entered the UK to work in Britain rather than the fact of his/her actual employment. Secondly, the NMC provides the registration numbers annually from the 1st of April to 31st of March each year (Buchan 2002). This makes it difficult to compare these data with other sources such as annual work permit statistics which are normally given in calendar years ending December or June.

Despite these limitations, the NMC registry is deemed a valuable stepping-stone in the analysis of the dynamics of the British policy of foreign nurse recruitment. In the course of the analysis, this paper occasionally refers to other

sources such as immigration statistics on work permits. However, it finds these data to be less relevant. The work permit data record the inflow of foreign-born nurses but do not, in contrast to the NMC data, track their intention and eligibility to practice as a nurse in the UK.

The NMC data over the last 15 years reveal that the number of newly registered foreign nurses started to grow from the late 1990s. In 2001-02, more than 15,000 foreign nurses joined the NMC register. Despite the sudden drop in 2002-03, this number continued to grow in the following year (see Fig. 1).

However, from 2003-04, the inflow of NMC registered foreign nurses started to decline, although it still remained at quite a high level. For instance, in 2004-05 the number of newly registered nurses was 11,477. In fact, around 20% of all work permits in 2005 were issued to foreign nurses and carers (Salt and Millar 2006).

Over the next two years the inflow of foreign nurses declined significantly. By 2008, when the financial crisis hit the country, the recruitment of foreign nurses was already at a low pace. In fact, the inflow of newly registered foreign nurses who obtained a professional registration in the UK in

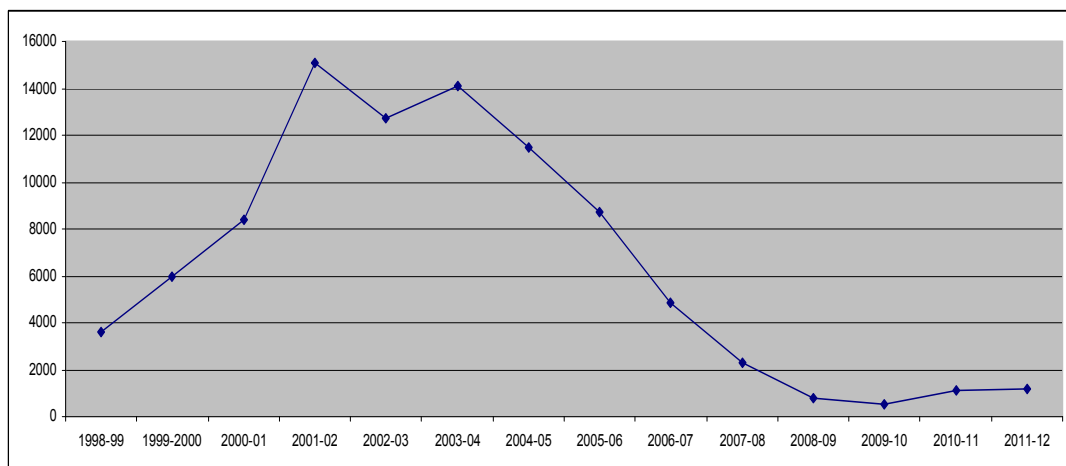


Fig. 1 Number of initial admissions to the NMC register from overseas (1998-2012)

Source: NMC

2006-07 came down to around 5,000, which is three times less compared to the 2001-02 – the peak year of recruitment (See Fig. 1).

The NMC data show that during the four-year period after the financial crisis the number of newly registered nurses has been consistently low, with only 762 nurses entering the register in 2008-09 and 550 in the following year. A slight increase in foreign nurse registrations took place in 2010-12 (see Fig. 1). Nevertheless, overall the inflow of foreign nurses during the four years after the financial crisis remained at a low rate comparing to the four-year period prior to the economic recession. In fact, the number of foreign nurses which entered the NMC registry just a year before the crisis (2006-2007) was more than five times higher comparing to 2008-2009.

To sum up, analysis of the NMC registry data over the last 15 years reveals that the noticeable decline in the recruitment of foreign nurses started at least four years before the crisis. This raises a question about the reasons for this decline, since the economic recession seems not to be the only explanatory factor, if it is at all, for this decreasing inflow of foreign nurses. To reveal the reasons, the following section takes a closer look at the policy discourse and practice of foreign nurse recruitment in Britain since the active recruitment policy began in the late 1990s.

4.2. Recruiting nurses from abroad: a policy shift from 'active recruitment' to 'closing gates'

In the late 1990s, the British health sector was characterised by a severe labour shortage of both doctors and nurses. As the DH reported in 2001, 'the biggest constraint on the National Health Service (NHS) capacity was the need to increase the number of staff' (Department of Health 2001). In a workforce survey conducted by the Office

of Manpower Economics (OME) in 2001, more than two-thirds of NHS employers acknowledged recruitment problems and about half experienced difficulties with staff retention (Buchan 2002). In the same year, the NHS reported a shortage of 57,000 nurses (Stewart et al. 2007). This staffing crisis affected London and South East England in particular, where the vacancy rate grew at twice the national average due to increasing living costs and housing prices (Malhorta 2006). The reasons for this national shortage were several: the ageing of the population, the "greying" of the nursing workforce, the declining prestige of nursing as a profession, a reduction in training places for nurses in the early 1990s, and the fast growing demand for nurses in the late 1990s as a result of the expansion of the health service. The first two factors are typical for many other developed countries. The growing number of elderly citizens increases demand for long-term nursing care, while the supply of nurses reduces with the ageing profile of the nursing workforce and fewer young people choosing this profession as a life-long career. In Britain in particular, nursing became a rather unpopular profession due to insufficient retention strategies, poor working conditions and low pay when compared to rather attractive options available in other English-speaking countries such as the USA, Australia and Canada (Deeming and Harison 2002). Moreover, the NHS experienced a growing vacancy rate as more nurses looking for flexible working patterns chose to register with agencies rather than work directly on NHS contracts (Deeming 2002). As mentioned above, these factors are typical for many countries, yet it is the country-specific political context that often becomes a catalyst of such general trends. The nurse shortage in the British labour market in the late 1990s is an excellent example of the way in which the change of political leadership and political choices in planning for national health

care affect both supply and demand in the nursing workforce.

When the New Labour Government came to power in 1997, it announced its modernisation plan for the NHS (Ham 2004). One of the Labour Party's electoral promises was a commitment to expand the NHS, reduce waiting lists and improve the quality of the health service. A considerable financial investment in the NHS led to a rapid increase in the demand for health personnel (Department of Health 2000). The Government committed to fund over 100 new hospitals and 500 new one-stop primary care centres by 2010. The expected growth in staff numbers was as follows: 7,500 more consultants, 2,000 more GPs, 20,000 extra nurses and 6,500 extra therapists. These plans in health service expansion produced contradictory outcomes. The domestic labour market could not at that point provide the extra numbers of nurses to satisfy the growing national demand due to an insufficient number of places in nursing schools resulting from significant cuts in the early 1990s under the rule of the Conservative Government (Buchan 1999; Buchan and Edwards 2000). As mentioned above, in 2000 the New Labour Government announced a target of 20,000 extra nurses to be recruited by 2004, in order to meet demand and supply (Department of Health 2000). Several mechanisms were suggested to achieve this target. These included more funding for nurse education; an increase in student intakes in nursing programmes; and improvement of recruitment, retention and return mechanisms. Of these, international recruitment to fill vacancies with foreign health workers became the short-term strategy commissioned by the Department of Health (Adhikari 2010). The results of the training and return policies were expected to be a long-term solution. By 2002, the recruitment target of 20,000 nurses was successfully reached with a significant contribution from international recruitment, primarily from developing countries.

From April 1998 to March 2005, more than 70,000 international nurses registered in the UK (NMC 2005). However, from 2005 active recruitment already began to slow down, and the number of foreign nurses joining the register decreased as well. There were two key reasons for slowing down this recruitment.

Firstly, the investment in the training of the national workforce started to produce results. The year 2005 witnessed an increasing number of British-trained nurses applying for registration with the NMC. In 2004/2005 there were 20,587 new entrants to the UK register from UK sources (RCN 2005). This was a visible increase compared to the previous years of critical nurse shortages in the late 1990s. For instance, in 1998 only 12,000 UK-trained nurses entered the register (NMC 2005). Investments in UK-based nurse training and the consequent growth of the domestic workforce was one of the factors which decreased the need to recruit from abroad.

Secondly, the active recruitment drive in the early 2000s raised criticisms that UK employers were 'poaching' health workers from poor regions of the world. The first wave of criticism appeared at the national level in source countries (Dean 2005). Along with objections from the governments of source countries, negative responses were expressed by professional organisations, trade unions and research institutions in source countries. Among these were the Democratic Nursing Organisation of South Africa (DENOSA), the South African Democratic Nursing Union (SADNU), the National Institute of Health (the Philippines), and the Training Nurses' Association of India. The claims of these organisations were channelled through the local media (The Manila Times, Cape Times and India Today) and the British press (The Guardian, The Independent and the BBC).

In Britain, a similar stance was observed. From 1999, the British press repeatedly produced

headlines such as: “UK fuelling global nurse shortage”, “UK hospitals draining Third World nursing talent” and “Nursing recruitment is international disgrace” (BBC News 1999a, b, 2000, 2004 a, b). These critical comments primarily came from the Royal College of Nursing and UNISON. A number of non-government organisations and charities such as Save the Children and Med Act launched advocacy campaigns to raise awareness about the international recruitment of nurses. Gradually the criticism, which initially emerged in source countries, appeared at the international level. It was channelled through the meetings of the Commonwealth Secretariat and the WHO, and by the networks of national professional organisations and trade unions through their umbrella organisations at the international level, such as the International Council of Nurses and Public Services International. These national and international actors made claims about the positive and negative outcomes of the migration of health workers. Better career opportunities for foreign health workers in developed countries and remittances for the economies of developing countries were seen among the positive impacts of cross-border labour mobility (IOM 2008). Negative consequences of active recruitment were also purported. The loss of a valuable health workforce was seen as one of the main factors hindering access of the population to healthcare providers in developing countries (Boseley 2005). At the same time, the dependency of developed countries on overseas health workers was related to their inability to address the problem in the national workforce of planning and training health personnel. The need for international recruitment was considered to be a sign that insufficient measures had been taken by developed countries to motivate and retain their health workers. Critics in source countries of the active international recruitment also frequently

reported cases of discrimination and the violation of migrant workers’ rights through the local press (Unison 2006).

In response to these concerns, the Department of Health introduced an ethical recruitment policy, represented by a Code of Practice (Department of Health 2004) and government-to-government agreements with a number of developing countries to address their concerns on active recruitment. These negotiations took place with India, the Philippines, China, Indonesia and South Africa.

Apart from this Code and government-to-government agreement, in 2005 the British Government and the nursing regulatory body (NMC) introduced a number of policy tools which aimed to reduce the number of foreign nurses coming to work in Britain. The array of tools included financial and administrative measures during registration and restrictive immigration rules (see Table 1).

To begin with, in 2005 the NMC introduced a higher administration fee for processing applications from foreign nurses. In fact, it currently costs 140GBP to submit an application (NMC 2012). It is noteworthy that the registration process for nurses coming from the European Economic Area (EEA) costs less – 110GBP. This represents a significant difference considering the large number of non-EEA nurses coming from low and lower-middle income countries, where the average monthly salary varies around 50-100US dollars depending on the location, number of years in service and nursing specialty (Gill 2011).

Secondly, the introduction of the ‘Overseas Nurses Programme’ (ONP) in 2005, which in principle was deemed a positive initiative to improve the adaptation process of foreign nurses, in practice became an administrative barrier in the registration process of foreign nurses (Buchan & Secombe 2006). The reason for this

was the insufficient number of places available on the programme, which did not match the actual demand. This created waiting lists and postponed registration for many applicants from abroad.

Thirdly, in 2006 the Home Office removed bands 5 and 6 nursing posts from the shortage occupation list³, which in fact were the main entry categories for foreign nurses. This move made it more difficult for British employers to hire a nurse from non-EEA countries. Since this measure was introduced, the employer has had to complete a resident labour market test⁴ before hiring a foreign nurse.

Finally, in 2007 the NMC raised the language test score required for passing the IELTS for non-EEA applicants (including those coming from English-speaking countries). It is interesting that under EU law, the NMC cannot require evidence of the ability of EEA-trained nurses to communicate in English for the purposes of registration.

As a result of these measures listed above, the inflow of foreign nurses reduced from 8,709 in 2005-06 to 2,309 in 2007-08. This number has continued to decrease after the crisis in 2008 and have remained at the lowest point of the last

15 years. This could be seen as being a result of immigration requirements, which were further tightened by the UK government in response to the economic downturn after 2008 (see Table 1).

The restrictive measures which affected the inflow of foreign nurses included the introduction of the Points-Based System (PBS) in 2008. Under the PBS, foreign-trained nurses wishing to come to Britain can apply under the Tier 2 visa category. For this application, foreign nurses have to have a job offer from a licensed ‘sponsor’ (an eligible British employer). It is argued that this requirement, which puts an emphasis on the role of the ‘sponsor’, imposed further barriers for employers to hire foreign personnel, including nurses (Boswell 2008).

The introduction of the PBS system under the Labour Government was followed in 2010 with an initiative from the Coalition Government to set an annual immigration cap for non-EEA applicants. For instance, in the current year, from 6 April 2012 to 5 April 2013, a maximum of 20,700 skilled workers can come to the UK under Tier 2 (General). Apart from these generic changes, the inflow of foreign nurses was affected by the MAC recommendation issued in

Table 1. The list of changes to the foreign nurse registration process, immigration rules and employment requirements since 2005

Year	Policy tools
2005	Nursing and Midwifery Council (NMC) increases registration fee for foreign nurses; International nurses are required to complete a 20-day training programme, the ‘Overseas Nurses Programme’ (ONP);
2006	Band 5 and 6 nursing posts were removed from the Home Office shortage occupation list;
2007	NMC raised the English language test requirements for foreign nurses ⁵ .
2008	Introduction of the Points-Based work permit System (PBS);
2010	Conservative Government introduces immigration cap;
2011	Migration Advisory Committee recommends limiting the group of nursing specialties which are included in the shortage occupation list;
2012	The UK Borders Agency (UKBA) increases requirements for personal funds of foreigners applying under the Tier 2 category.

Sources: MAC, UKBA and RCN.

2011. Currently there are only three categories of nurses which can apply under Tier 2 without the need to complete a resident labour market test: specialist nurses working in operating theatres, operating department practitioners and specialist nurses working in neonatal intensive care units (UKBA 2011c).

Besides the restrictive employment requirements, the immigration process becomes more expensive. From March this year (2013) the UKBA requires Tier 2 applicants to have at least 900GBP in their bank accounts to support their visa applications (UKBA 2012).

To sum up, since the crisis hit the UK in 2008 there has been a number of restrictive policies implemented by the Government to curb immigration in general and the inflow of labour migrants in particular. These changes reduced the inflow of foreign nurses to the lowest level of the last 15 years. The downward trend of foreign nurses coming to the UK began in 2005 and was a result of government policy changing from actively recruiting nurses from abroad to slowing down and limiting employment opportunities for foreign nurses in Britain.

The economic recession after the global financial crisis in 2008 contributed to a further decline in the number of foreign nurses registering to practice in the country. During the period of economic recession after the crisis in 2008, and with the NHS faced with budget cuts, many hospitals and NHS employers started freezing staff vacancies. A recent employment survey produced by the Royal College of Nursing (RCN) reports that NHS employers are currently cutting the number of nurses due to post-crisis financial pressures (Trewitt and Glenn 2011). Moreover, there are government plans to reduce the intake in nursing students which are led by the same rationale. In fact, one needs to mention that a similar policy reaction by the Conservative Government in the mid-1990s led to labour

shortages in the nursing sector and further active recruitment from abroad in the late 1990s. Current policy measures such as reducing nursing staff numbers and cutting the intake of nursing students can lead to more devastating results in future. Today there is only fragmented evidence of recruitment issues in the nursing sector (West 2010). According to the NHS Workforce Review Team, aside from critical care and theatre nursing, there is currently no official nursing shortage in the UK (RCN 2010).

However, what now seems to be unproblematic can grow into a recruitment issue in future considering the high retirement rates among nurses (RCN 2009) and the growing demand for long-term care in the UK. These unpromising demographic tendencies indicate a potential future need for extra nursing staff originating from outside Britain.

It is predicted that in the coming decade even under the positive scenario the NHS nursing workforce is less likely to achieve the pre-crisis pace of growth (Buchan 2007 cited in Buchan & Secombe 2010).

Moreover, current restrictive immigration policy in Britain, alongside cutbacks in nurse training places, could potentially result in a new personnel shortage in future leaving the government needing to recruit from abroad again as the only solution capable of filling the workforce gaps in a short period of time.

6. Conclusion

The analysis of the NMC registration data over the last 15 years and the registration procedures and immigration rules for foreign nurses prior to and during the economic recession reveals that the practice of the international nurse recruitment in the UK has a cyclic pattern following the 'boost and bust' development.

This paper points to a need to progress from this 'boost and bust approach' and the

perception of international recruitment as a ‘quick-fix’ solution, which causes cases of discrimination against migrant nurses and mismatch between employers’ needs and foreign labour qualifications and motives, to a more sustainable approach to international nurse recruitment. The latter should avoid sporadic recruitment drives which are often used to treat failure in the national workforce policies. The international recruitment of nurses should rather be used as a long-term mechanism which allows mutual benefits for the recipient and source countries as well as individual health

professionals. Finally, taking into account that the recruitment of international nurses to the UK has a cyclical character, one needs to consider the mechanisms of a sustainable policy today when recruitment is at a slow pace. To avoid sporadic ‘quick-fix’ recruitment practices and to develop a more sustainable approach to the employment of overseas nurses, it is essential to continue public and policy engagement with this issue by establishing a platform for a discussion between key stakeholders – policy-makers, professional organisations, employers, trade unions, regulatory bodies and migrant nurses.

¹ This study was conducted by the author for a doctorate degree at the University of Edinburgh (2007-2011).

² Adhikari, R., Plotnikova, E.V. (2012). *Policy Brief. International Nurse Recruitment: Recent challenges and future prospects*. [on-line]. Available at: http://www.publicpolicynetwork.ed.ac.uk/about_us/news/2011/international_nurse_recruitment_recent_challenges_and_future_prospects

³ The shortage occupation list is an official list of jobs for which there are not enough resident workers to fill them. Employers who wish to recruit a worker from outside the EEA to fill a vacancy that is on the shortage occupation list may issue a Tier 2 certificate of sponsorship without the need to demonstrate that a resident labour market test has been carried out (UK Border Agency, 2011a). Migrants who come to the UK to fill a skilled job in Tier 2 on the shortage occupation list will gain enough points without passing a resident labour market test.

⁴ The resident labour market test allows employers to recruit foreign labour only for vacancies that were advertised for 28 calendar days and were not filled by suitably skilled native candidates (UK Border Agency, 2011b).

⁵ Non-EEA nationals, who have qualified overseas, are required to have extensive language and competency testing before they are allowed to work in the UK.

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Вербовка иностранных медсестер в Великобритании: исследование сдвигов за прошлые 15 лет

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В сравнении с началом 2000-ых, когда Великобритания активно принимала на работу медсестер из-за границы, темп международной вербовки медсестер в Британии за прошлые пять лет постепенно снижился. В настоящей статье изучены факторы и последствия этого снижения посредством использования исторического рассказа в анализе государственной политики.

В начале представлено количество иностранных медсестер, проходящих медсестринскую профессиональную регистрацию в Великобритании – в Совете по Уходу и Акушерству (NMC), за прошлые 15 лет. Это описывает изменения в процессе регистрации медсестер и иммиграционных правилах, которые имели место за этот период.

Дискуссионный раздел настоящей статьи показывает, что активный темп международной вербовки медсестер в Великобритании, начатой в начале 2000-ых, был следствием группы факторов, включая сокращение учебных мест для медсестер в начале 1990-ых. Активная вербовка начала замедляться с 2005 года. Спад после 2008 усилил антииммиграционные меры, принятые правительством, и углубил устойчивое снижение общего количества иностранных медсестер, зарегистрированных для практики в Великобритании.

Настоящая статья предполагает, что посткризисные сокращения бюджета в Государственной службе здравоохранения и последующее решение уменьшить учебные места для медсестер сегодня могли привести к потенциальной потребности в активной международной вербовке медсестер в будущем. Последнее возможно достигнуть и даже превысить масштаб активной международной вербовки в начале 2000-ых, особенно рассматривая британский контекст стареющего населения и «сидеющие» медсестринские трудовые ресурсы.

Ключевые слова: вербовка, иностранные медсестры, стареющее население, «сидеющие» медсестринские трудовые ресурсы.

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