WHO 2021 International Recruitment COP review – UNISON Submission

Please describe the activities relating to the Code's implementation successes and challenges in your country or the countries where you work/support.

The information provided can be specific to a country(ies) or region(s) or a global commentary on the implementation of the Code.

1.1 ***Ethical practices exist while recruiting health personnel from source country to destination country.***

How well is it working? (please specify source and destination countries as applicable)

The UK has implemented its own code of practice on international recruitment of healthcare personnel. The code maintains a 'red' list of countries from which active recruitment is not allowed, based on the WHO code. The previous version of the UK code contained a much higher number of 'red' countries which means the new iteration has opened up a much greater market for international recruitment to the UK.

This is supposed to ensure there is ethical recruitment from source to destination country. Many employers, particularly in the NHS, are improving practices and attempting to ensure they proactively support their international staff well throughout recruitment.

There are gaps however and we are aware of some health professionals, particularly nurses, being treated poorly during their recruitment. In some 'red list' countries we have had reports of possible targeted and systematic recruitment by agencies which contravenes the code.

The UK Code of Practice (referred on from here as the 'UK COP') is not legally enforceable and so it is not possible for authorities to take legal action against employers who have worked with unethical recruitment agencies who do not comply.

Many migrant healthcare workers are expected to sign contracts which require them to repay training and education costs to their employers if they leave their post within a few years.

Though these are at times well-intentioned, to protect investment in staff development, they can be used to exploit workers. We are aware of several instances where migrant health workers have effectively been blackmailed by employers into accepting poor working conditions with the threat of taking on a large debt if they leave.

What can be improved? (please specify source and destination countries as applicable)

Reliable data needs to be collected and monitored in a coordinated manner across the UK health system to ensure that systematic recruitment is not taking place from red list countries.

The UK COP needs to have legally enforceable mechanisms so unethical employers and recruitment agencies are not free to operate outside of it.

Support needs to be available for healthcare workers recruited from overseas to ensure they are not exploited because of repayment clauses.

1.2 ***Migrant personnel receive fair treatment in source and destination countries.***

How well is it working? (please specify source and destination countries as applicable)

Many UK NHS employers are working hard to treat healthcare workers recruited internationally fairly. However, the UK Government continues to operate a number of repressive policies which treat migrant workers unfairly.

These often have a severe impact on the finances, health and wellbeing of migrant healthcare workers recruited to the UK and violate their human rights to health and a family life.

No recourse to public funds (NRPF)

The UK Government pursues a policy known as 'No recourse to public funds' (NRPF) which means that many migrant workers are not allowed to access welfare or other basic public safety nets. This was especially problematic during the pandemic and has affected many healthcare workers that we are aware of.

We supported health and care staff from overseas who were forced to self-isolate due to Covid-19 but who were unable to access public relief which left them struggling to feed their children.

In other examples healthcare workers were almost bankrupted because they fled home in an emergency but were not able to access local authority housing. This discrimination against migrant workers and their families and dependents is extremely unjust, especially considering that they pay an identical tax burden to native residents along with such an expensive VISA system.

Immigration expense

The UK immigration system is inflexible and unfairly expensive for migrant workers to navigate. Applying for extensions or accessing services costs many and their families numerous thousands of pounds.

Family reunification

Whilst healthcare workers are supported to travel and work in healthcare in the UK, it is very difficult for many to bring family members to live with them because of the UK immigration system. This denies many the right to a family life. We are often told by internationally recruited healthcare staff that recruiters downplayed the difficulties of family reunification which made them believe it would be possible when in many cases it has transpired not to be.

A particular concern is that after the age of 18 the children of migrant health workers are not considered as dependants by the UK Government. This is despite the fact that they may

still be considered minors in the source country and may still be in full time education. This means some health workers are unable to bring their children to live with them.

Additionally because of the debt the health worker has incurred whilst coming to work in the UK, they may be unable to return to be reunited in their source country, effectively trapping them away from family.

Working conditions

We remain concerned by reports we receive of migrant healthcare workers being treated poorly at work. Often this is by private organisations and care homes which do not adhere to the UK COP. As pointed out the lack of legally enforceable mechanisms to force them to improve their practices is a serious shortcoming.

During the Covid-19 pandemic we were also concerned by the widespread treatment of our members who on many occasions felt pressured to be redeployed or to work in potentially unsafe conditions because of pressures on healthcare services.

What can be improved? (please specify source and destination countries as applicable)

Accurate, comprehensive information

It is important for ethical recruitment that migrant healthcare workers have access to complete and accurate information about the UK context before they accept job offers and migrate. This should accurately note the cost and complexity of navigating the UK immigration system and bringing any family members to live with them.

This information should also fairly describe the working conditions and professional context in the UK. NHS organisations and bodies are doing more to support ethical international recruitment and providing fair information. It is not clear however that all this information is being provided to migrant workers at the point of recruitment.

A fairer immigration system

The UK Government needs to work with partners and campaigning organisations to treat migrant workers generally more fairly. They should consider making it simpler and cheaper for migrant healthcare workers to reunite with family members in the UK. The UK Government also needs to end the 'No recourse to public funds' policy which discriminates against migrant workers and prevents them from access to the welfare safety net.

Evidence in the UK indicates nurses from overseas are much more likely to be working full time (https://www.nuffieldtrust.org.uk/files/2021-10/1633336126_recruitment-of-nurses-lessons-briefing-web.pdf). This could be because reducing their hours and working less than full time could put them under the necessary salary threshold for maintaining their VISA and right to work in the UK. This means many nurses from overseas may be less able to maintain a work-life balance or take on caring responsibilities which is also discriminatory. This should also be addressed.

Legally enforceable mechanisms on ethical recruitment

As above the UK Government must explore ways to ensure those recruiting internationally have to adhere to their ethical COP.

1.3 ***Countries have developed/ enforced strategies for health personnel development and retention to reduce the need to recruit international health personnel***

How well is it working? (please specify source and destination countries as applicable)

The UK remains dramatically short of healthcare personnel, particularly nurses, doctors and midwives. Latest estimates indicate the NHS in England alone has over 40,000 vacancies for nurses. Evidence and analyses show levels of nurse staffing are often inadequate for safe patient care. The Covid-19 pandemic necessitated a number of emergency measures including appeals for nursing & medical students to plug gaps and the weakening of normal mandated staffing levels in critical care areas.

Numbers of nursing students beginning undergraduate courses in England have risen significantly. In the other nations of the UK they have not.

Attrition rates on nursing courses remain high which means many of these students may never become qualified nurses. Stress and burnout amongst the wider nursing profession is a very concerning problem which is causing many experienced staff to leave their roles.

There are numerous ways to improve this situation to reduce the need to recruit international health personnel, which have not been taken by the UK Government. Several of these are covered below.

What can be improved? (please specify source and destination countries as applicable)

Pay

Pay of health workers has continued to be restrained in recent years, meaning the take home value of the pay of NHS staff is still lower than it was in 2010. The UK Government delayed making a pay offer during 2020-2021 and refused to negotiate with health worker's representatives. The 3% pay outcome imposed by the Government leaves many health workers on less than the 'living wage', is currently lower than predicted inflation, and falls far short of what unions believe is necessary to retain experienced staff and to grow the health workforce.

CPD (Continuing Professional Development) limits

Access to appropriate and meaningful educational development and training is recognised as in important part of recognition for health workers. Ongoing austerity has meant access to courses and training is still being restrained. This leaves a skills gap in nursing, and for other healthcare workers, and contributes to a loss of experienced staff.

Cutting of NHS bursaries / tuition fees

Tuition fees in England for university degrees are some of the highest in the world. A nursing student who completes a three year degree to enter the profession is likely to graduate with

50-60,000 pounds worth of debt which, despite ongoing low pay, they will have to pay off throughout their nursing career.

This undoubtedly turns many potential students away from a career in nursing and potential mature students in particular. Tuition fees for healthcare students are covered by the administrations in Scotland, Wales and Northern Ireland, but not in England. If the UK Government was serious about growing its domestic health workforce and reducing the need for overseas recruitment, removing tuition fees for these courses would be an important step.

1.4 ***Health systems of both source and destination countries derive benefits from migration of health personnel through international cooperation (government to government agreement)***

How well is it working? (please specify source and destination countries as applicable)

The health system in the UK undoubtedly benefits hugely from overseas recruitment and the skills and knowledge of those it brings here. The UK Government has several bilateral agreements on health personnel recruitment which are detailed in their NRI.

It remains unclear the extent to which health systems in major source countries, and those who depend upon them, are benefiting from the high levels of recruitment to the UK.

Given the UK's status as one of the world's highest importers of health personnel the Government should be taking a more proactive role in demonstrating the benefits to source countries.

What can be improved? (please specify source and destination countries as applicable)

The UK Government in the last year broke an election commitment of maintaining foreign aid spending at 0.7% of national income. This has been dropped to 0.5% which will mean a loss of around £4 billion pounds in foreign aid spending.

Examples of development work affected include health partnership projects between UK health workers and partners in countries such as Nepal, Myanmar, Uganda, Zambia, Ethiopia, Somaliland/Somalia, Bangladesh, Tanzania, Ghana and Sierra Leone.

As part of these cutbacks, in May 2021 the UK government reversed a pledge of £5million for nursing and midwifery training programmes overseas.

Given the UK remains one of the world's major importers of health personnel it is essential these cuts are reversed so more support is given to develop health workforces and systems globally. The UK should also be aiming to strengthen international cooperation to support the delivery of the WHO Strategic Directions on Nursing and Midwifery.

More detailed agreements with 'net-export' countries such as India and others which detail how the source country will benefit from the partnership are needed. The commitments made in these agreements, how it will be ensured migrant workers are treated ethically, and the funding to support their implementation, need to be made more transparent.

1.5 ***Financial and technical support is provided to countries with critical health workforce shortages.***

How well is it working? (please specify source and destination countries as applicable)

Given the UK's status as a serious net-importer of health personnel much more needs to be done to demonstrate how financial and technical support is being provided to countries with health workforce shortages.

What can be improved? (please specify source and destination countries as applicable)

Given the UK's status as a serious net-importer of health personnel much more needs to be done to demonstrate how financial and technical support is being provided to countries with health workforce shortages.

1.6 ***Data and research on health personnel (incl. e.g. health personnel information systems, migration data) is translated into effective policies and plans.***

How well is it working? (please specify source and destination countries as applicable)

There are a number of agencies, organisations and Government departments who have responsibilities for the international recruitment of healthcare personnel. Major employers like the NHS are doing more to coordinate on international recruitment and working with unions to better support overseas staff.

What can be improved? (please specify source and destination countries as applicable)

There needs to be better sharing of data and information between organisations with responsibilities for international recruitment.

Trade unions and representative organisations should be more proactively engaged so that effective policies and plans for recruiting and supporting health personnel can be put into place.

1.7 ***Information on laws, regulation and data related to health personnel recruitment and migration in each country is shared nationally and internationally.***

How well is it working? (please specify source and destination countries as applicable)

Major employers and those managing the UK COP are being proactive in working to share information which is helpful to both employers and employees being recruited internationally.

What can be improved? (please specify source and destination countries as applicable)

Information on the professional and regulatory context of working in the UK needs to be shared proactively with internationally recruited health personnel. The details of the immigration system and the consequences for family life also need to be made clear.

1.8 ***Countries undertake efforts to collaborate with wide range of stakeholders to implement the Code***

How well is it working? (please specify source and destination countries as applicable)

The UK Department of Health and Social Care is maintaining some engagement with professional bodies and trade unions on implementation of the code.

NHS Employers, who are responsible for monitoring the implementation of the UK COP, are proactive in reaching out and discussing issues with stakeholders. The UK NHS is also improving how it engages with stakeholders on this issue and has provided some funding to associations which represent diaspora groups of health personnel in their work.

What can be improved? (please specify source and destination countries as applicable)

More proactive engagement with professional bodies and trade unions should take place, including genuine early engagement on reporting instruments on the Code.

There is a lack of genuine political accountability and transparency when it comes to major decisions regarding international recruitment of health personnel. Major decisions, like that to remove more than 100 countries from the red list of active recruitment from the new UK COP, were not discussed openly with stakeholders. The decision to cut foreign aid spending and the consequences for development for other nation's health systems is another example.

1.9 ***Countries report to the WHO on the implementation of the Code***

How well is it working? (please specify source and destination countries as applicable)

The UK NRI response covers many of the main issues and identifies some of their shortcomings in the Code's implementation.

What can be improved? (please specify source and destination countries as applicable)

Information and data on international recruitment should be more publicly available and the Government and other organisations involved should be more transparent.

The UK's reporting should be more comprehensive in identifying more of the shortcomings in regards to developing a sustainable domestic health workforce and about the challenges posed to migrant workers by the repressive immigration system.

2. Please provide any other information relevant to the implementation of the Code (please specify the country/ countries)

3. Please list the sources of evidence and the entities involved in preparing this report

Some of the sources referenced above are listed below;

UK Government cuts to foreign aid damage programmes to support health systems development

https://www.thet.org/wp-content/uploads/2021/05/Government-cuts-%C2%A348m-for-Health-Worker-training-UK-Aid-cuts-May-2021.pdf

Staff burnout in health and care – UK Parliament inquiry

https://houseofcommons.shorthandstories.com/health-and-care-staff-burnout/index.html

UNISON internal research and evidence from staff

https://cdn.ps.emap.com/wp-content/uploads/sites/3/2021/03/UNISON-safe-staffing-forum-2020.pdf *- UNISON Safe Staffing Forum 2020*

https://www.unison.org.uk/news/2021/08/many-nurses-and-midwives-feel-unprepared-and-unsupported-in-first-roles/ - Student nurses and midwives qualifying need more support

https://www.unison.org.uk/news/2021/03/proper-pay-rise-crucial-keep-nhs-running/ - Details of engagement work with UNISON members on pay – Domestic workforce supply

https://www.nuffieldtrust.org.uk/files/2021-10/1633336126_recruitment-of-nurses-lessons-briefing-web.pdf - Nuffield Trust analysis on international recruitment of nurses