Going Global? The Regulation of Nurse Migration in the UK

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Questions

- How has nurse migration been theorised and can a more adequate conceptualisation be developed?

- What are trends in nurse migration to the UK & how does a focus on the role of labour market institutions & the state explain these patterns of migration?

- To what extent have forms of soft regulation (codes of practice) regulated nurse migration to the UK?

Common assumptions

- Kingma, M:

'International mobility is a reality in a globalized world, one that will not be regulated out of existence'

Source: Health Services Research Journal: June 2007, p.1294

Theories of International Migration

- Equilibrium approaches: utility maximisation
  - focus on wage differentials;
  - push-pull approach

- Household and network approaches:
  - utility maximisation of the household
  - networks: facilitate migration & reduce risk
 - assumes migration is self-perpetuating

Globalisation or Internationalisation?

- Globalization approaches:
  - integration of nation states into global economy
  - inevitability of the process
  - insensitive to agency; ahistorical

- Inter-nationalisation:
  - role of nation state
  - regional orientation

An employment relations perspective

- Interaction & rule-making of key actors: state, employers and unions

- State as key rule-maker:
  - regulate supply/effective demand of health professionals
  - specify rules governing migration: occupational licensing; work permits

- Labour market institutions:
  - employers; including recruitment agencies
  - role trade unions & professional associations

Admissions to the UK nurse register for the UK and other (non-EEA) countries 1994/95 - 2004/05
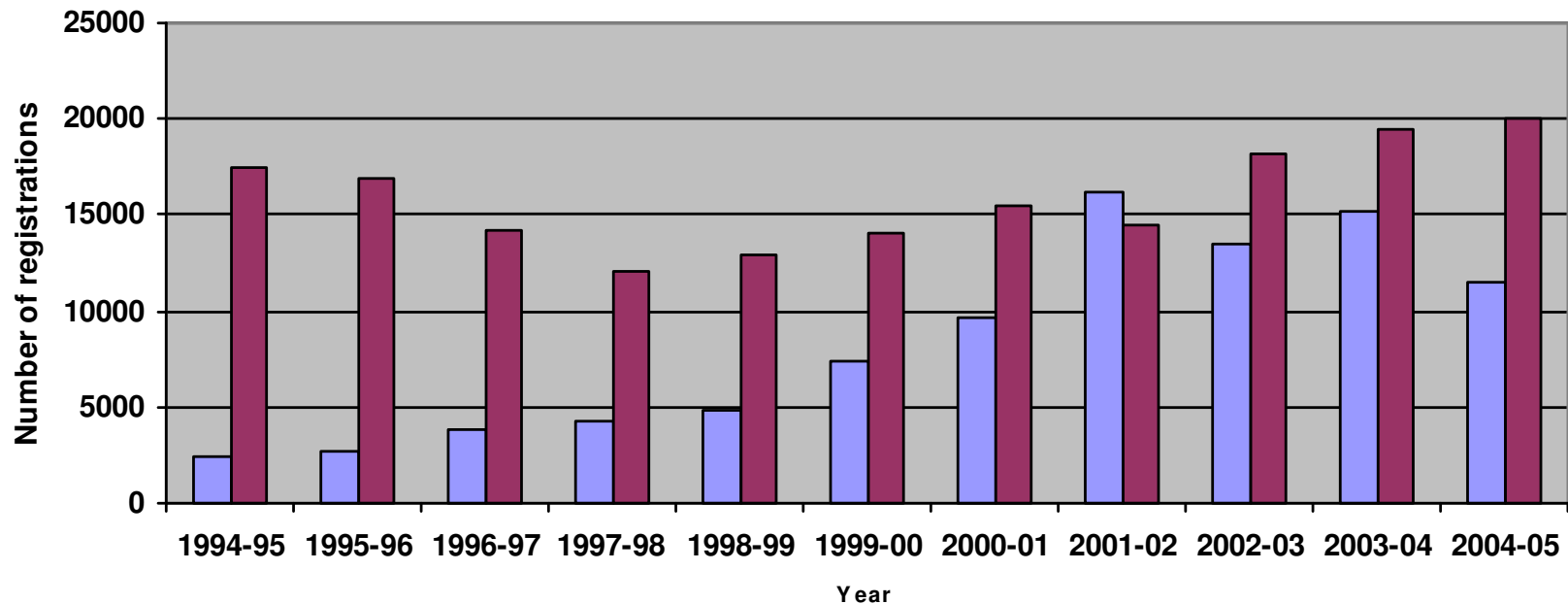
Trends in Nurse Migration to the UK

- 2004-05: 11,477 overseas registrants out of 33,257 [672,000 registered nurses]

- Philippines dominant source country (2001/02: 7235) - account for up to 45% of overseas admissions

- EEA: small numbers from accession countries (231)

- Little evidence of increased *diversity* in national origins

Explaining Trends in Nurse Migration
Role of the state

- **Expansion**
- Focus of expansion: targeted overseas recruitment
- Institutional infrastructure to support overseas recruitment
- Regulation by the NMC

- **Decline**
- Change in shortage occupation list; NHS deficits
- UK Government approach:

'putting down the barriers closing the gates, bye bye internationally recruited nurses..the government is making a judgement that they can turn on the tap just as quickly [in the future]' RCN respondent

Explaining Trends in Nurse Migration 2
Labour Market institutions

Employers:

- Attractiveness of international recruitment
- Lower salaries during period of adaptation
- Role of recruitment agencies in facilitating migration

Trade Unions:

- Publicised abuses/good practice guidance
- Pressurised DH to amend Code of Practice
- Organisation of overseas nurses

Regulating Nurse Migration: Growth of 'soft regulation'

- Definition (Marginson & Sisson: 2004):
  - general principles rather than specific rights
  - permissive rather than compulsory

- 1999 Code (focus on Caribbean & South Africa)

- 2001 Code: developing c's not to be actively targeted
  - NHS only to work with recruitment agencies that adhere to standards consistent with the Code

- 2004 code strengthened:
  - incorporation of temporary staff
  - NHS only to use agencies that comply with the Code
  - independent sector with *contracts* with the NHS must comply

Assessment

- Scope/coverage:
  - continuing flows from 'prohibited' countries: 3247 nurses in 2004/05 but only covers *active* recruitment
  - role of independent sector (e.g. nursing homes)
  - reduction in nos of recruitment agencies signing the Code

- Voluntary approach:
  - DH could monitor compliance: comply or explain
  - Unusual: soft regulation complements hard regulation
  - highlights *linkages* source/destination countries

Conclusions

- Limitations of existing theories of migration:
  - equilibrium, network and globalisation approaches
  - ER approach: Focuses on the role of key actors/institutions

- Nurse mobility: internationalisation or globalisation?

- Policy agenda:
  - knowledge of employer behaviour (independent sector) & recruitment agencies patchy
  - growth and consequences of soft regulation