



# Migration Case Study Skills for Health

July 2006

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# 1 A case study of migrant workers in the health sector

What is the size of the international migrant workforce in the health sector?

## 1.1 THE QUESTIONS ASKED BY SKILLS FOR HEALTH

The sector skills council, Skills for Health, have asked for a case study which answers the questions:

- What is the size of the international migrant workforce in the health sector?
- What are the characteristics, in terms of age, gender, occupation and skill levels of the international migrant workforce in the health sector?

In addition, Skills for Health wish to know more the parts of the health sector international migrant workers are employed in and also to consider issues around induction and training.

## 1.2 CONTEXT OF THE HEALTH SECTOR

The health sector is large, complex and difficult to define.

Skills for Health<sup>1</sup> recognise that the health sector is large, complex and difficult to define and consider the health workforce as:

- NHS Hospital and Community Health Services
- General Medical and Dental Practice
- Independent: private residential, nursing homes, hospitals and clinics
- Private and retail: pharmacists, opticians; self-employed practitioners
- Voluntary sector

In 2003, Skills for Health commissioned a workforce market assessment which showed the difficulties in analysing staff in the sector with separate statistical bulletins on medical staff; estimates for contracted jobs in maintenance and support; agency staff; locum staff; and surveys of the independent health sector. Such difficulties in monitoring simply the scope of the workforce means that more detailed statistics on international migrants in the health sector are not available

However, the workforce assessment does estimate that health is a sector with over 2.2 million workers and that the NHS is the dominant employer with over 1.5 million workers, around 70% of the sector.

## 1.3 FINDING THE ANSWERS

This case study attempts to draw on established research and evidence.

In the absence of any formal NHS or Department of Health data or monitoring of international migrant workers in the health sector; this case study attempts to draw on established research and evidence.

We have therefore drawn together information that tells us something about international migrants working in the UK's health sector. We have presented this in terms of:

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<sup>1</sup> A Health Sector Workforce Market Assessment 2003  
<http://www.skillsforhealth.org.uk/sector.php>

1. The overall workforce

Research for the Learning and Skills Council by the Warwick Institute of Employment Research looked at the share of non-UK born workers in different economic sectors.

This developed estimated based on the Labour Force Survey and was able to produce results for the “Health and Social” sector. This sector has a total of 2.69 million workers in the UK and is therefore larger and not directly comparable with the 2.2 million workers estimated by Skills for Health. However, the results of this research provide a useful proxy for the number of international migrants in the health sector.

2. Doctors and medical staff

The NHS information centre publishes information on the numbers of doctors in the UK, both in hospital and community services and in general practice, and where they trained. All doctors have to register with the General Medical Council before being allowed to practise in the UK and so this provides the source of information on international training.

3. Nurses

All nurses have to register with the Nursing and Midwifery Council before being allowed to practise in the UK. This provides a source of information on nurses with international training working in the UK.

The subject of ‘international nurses’ is one that has received widespread attention and so has attracted research. In this case study, we present some evidence from The King’s Fund and the Royal College of Nursing.

We have not presently located any robust evidence on the migrant workers in other aspects of the health sector, for example of health professionals such as chiroprodists, bio medics or radiographers.

## 2 What is the significance of international migrants in the UK health sector?

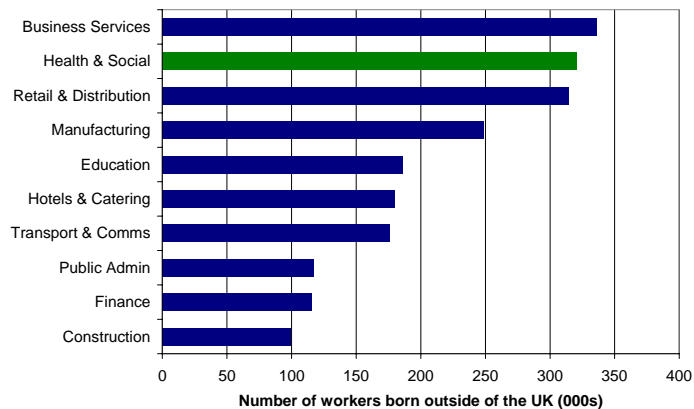
### 2.1 RESULTS FROM LSC RESEARCH

Research for the Learning and Skills Council<sup>2</sup> produced estimates from the Labour Force Survey to explore the share of Non-UK born employment in different sectors in the UK. This reported that in 2004, there were 2.25 million workers who were not born in the UK. This is 9.7% of the UK workforce.

The sector breakdown in the LSC research uses a larger combined sector of “Health and Social” sector. We estimate that jobs within human health activities represent two thirds of this sector. There are 321,000 workers in the sector born outside of the UK. This is over 14% of all UK workers who were born overseas. This is fewer than in business services but more than any other major sector.

There are 321,000 workers in the sector born outside of the UK.

**Figure 2.1**  
Number of workers born outside of the UK by sector



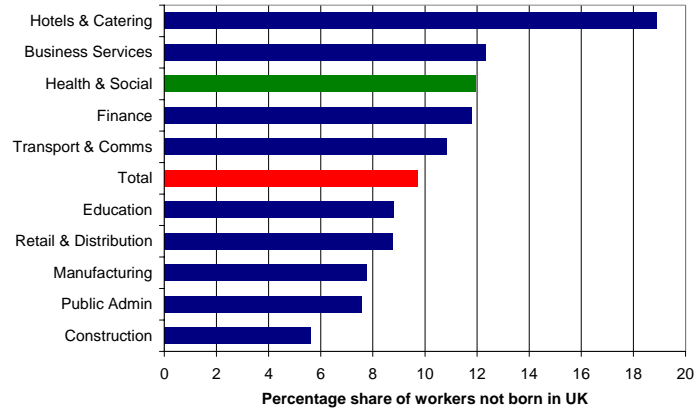
Source: Derived from Institute of Employment Research; based on Labour Force Survey

The Health and Social sector employs a total of 2.69 million people in the UK. The non-UK born workers in the sector represent 12% of the sector’s total jobs. This is above the UK average putting the sector among those with a workforce with a high share of workers born overseas. This share is lower than in hotels and catering and in business services but much higher than in education, retail and distribution or manufacturing.

The non-UK born workers in the sector represent 12% of the sector’s total jobs.

<sup>2</sup> Institute for Employment Research (for Learning and Skills Council); Changing Patterns of Employment by Ethnic Group and for Migrant Workers; November 2005  
<http://readingroom.lsc.gov.uk/lsc/2006/research/commissioned/nat-changingpatternsofemploymentbyethnicgroupandformigrantworkers-re-may2006.pdf>

**Figure 2.2:**  
**Share of workers born outside of the UK by sector**



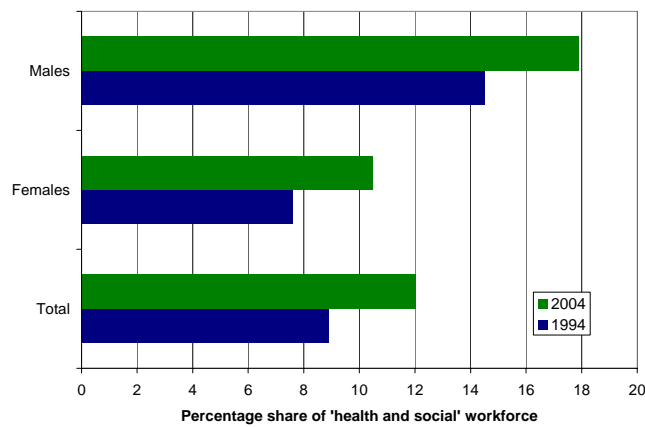
Source: Derived from Institute of Employment Research; based on Labour Force Survey

It is more likely to attract international migrants who are women than men.

The sector is one that is largely female workers. For example, in the UK workforce, 47% of workers and women. In the health sector, 80% are women. It is therefore more likely to attract international migrants who are women than men. The health and social sector has 23% of the UK's female workers who were born overseas but just 8% of male workers born overseas.

However, while men are only 20% of the sector's workforce – these men are more likely than women to be born outside of the UK. In 2004, almost 18% of men working in the sector were born overseas compared to less than 11% of women.

**Figure 2.3:**  
**Share of workers born outside of the UK in health and social sector**



Source: Derived from Institute of Employment Research; based on Labour Force Survey

International migration has played an important role in the sector's employment growth.

Over the decade 1994 to 2004 the share of workers in the health and social sector who were born outside of the UK has increased. This gives an indication that international migration has played an important role in the sector's employment growth. In 1994, less than 9% of the sector's workers were born overseas and this had climbed to 12% by 2004.

# 3 What do we know about international doctors?

## 3.1 DOCTORS IN HOSPITAL SERVICES

The NHS Information Centre provides data for the country of qualifications for both medical and dental staff working with the NHS. This provides results for Hospital and Community Health Services (HCHS) doctors and allows us to show whether they qualified:

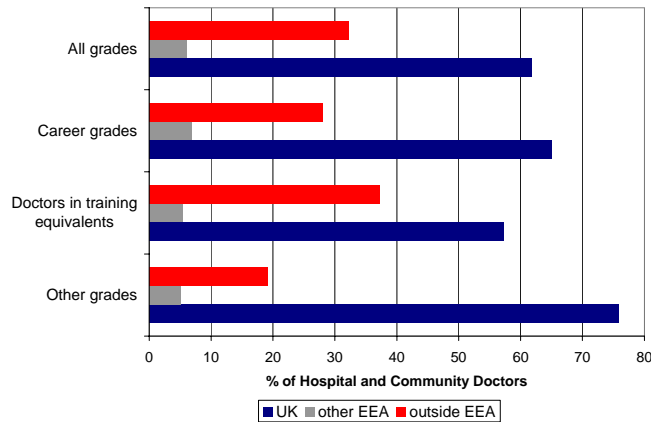
- In the UK
- In the European Economic Area (EEA).
- Outside the EEA

The country of qualification can be used as a proxy for international migration. Some UK born doctors may have chosen to qualify overseas just as overseas born doctors may have chosen come to qualify in the UK. On balance, the popularity of the UK as a destination for international students means showing the country of qualification may understate the significance of overseas born doctors in the UK.

In 2005, there were up to 87,000 medical staff in NHS hospitals and community services. Over 53,000 (62%) qualified in the UK; over 5,000 (6%) qualified from EEA countries and almost 28,000 (32%) qualified from other parts of the world. 38% of hospital medical staff qualified outside of the UK.

38% of hospital medical staff qualified outside of the UK.

**Figure 3.1:**  
Hospital and Community doctors by career grade and country of qualification



Source: NHS Information Centre

Among doctors in the higher level “career grades” such as consultants and specialists, almost 14,000 (24%) qualified overseas. “Doctors in training or equivalents” which includes registrars and house officers, had almost 19,000 (42%) who qualified overseas.

Between 2000 and 2005, the number of NHS hospital and community doctors in the UK increased by 18,000 (27%). The number of doctors

qualified outside of the UK increased by nearly 12,000 (56%). Almost 11,000 of these were from outside the EEA.

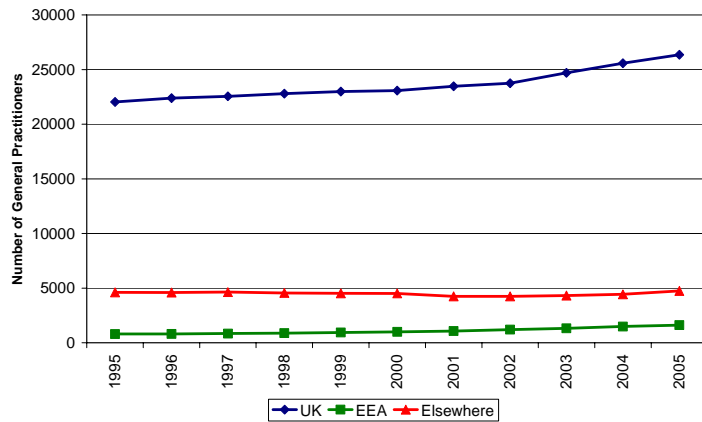
### 3.2 GENERAL PRACTITIONERS

The NHS Information Centre also provides similar data for the country of qualifications for both medical General Practitioners with the NHS.

In 2005, there were up to 33,000 GPs working with the NHS. Over 26,000 (80%) qualified in the UK. Under 2,000 (5%) qualified from EEA countries and under 5,000 (15%) qualified from other parts of the world. 20% of GPs qualified outside of the UK. Therefore, overseas qualified medics are more likely to work in hospital services than general practice.

20% of GPs qualified outside of the UK.

**Figure 3.2:**  
**Number of GPs by year and country of qualification**



The number of GPs who qualified from EEA counties has increased from only 3% of GPs in 1995 to 5% by 2005. The number of GPs who qualified from the rest of the world has scarcely changed since 1995 and so has fallen from 17% to 15%. This contrasts with hospital services which have drawn much more from overseas qualified doctors.

# 4 What do we know about international nurses?

## 4.1 NURSES AND MIDWIVES

People wishing to work in nursing have to register with the Nursing and Midwifery Council (NMC). In 2005, there were almost 673,000 nurses on the register.

The NMC publishes statistics of 'initial' registrations by country of training. Therefore, we have data on nurses who are newly registered but not the total number of nurses on the register. The country of training is not the same as the country of origin. Overseas born students may train as nurses in the UK or UK students train overseas. Registering with the NMC shows the intention to work in the UK. Overseas nurses may register but not move to the UK or move to the UK and not take up work as a nurse.

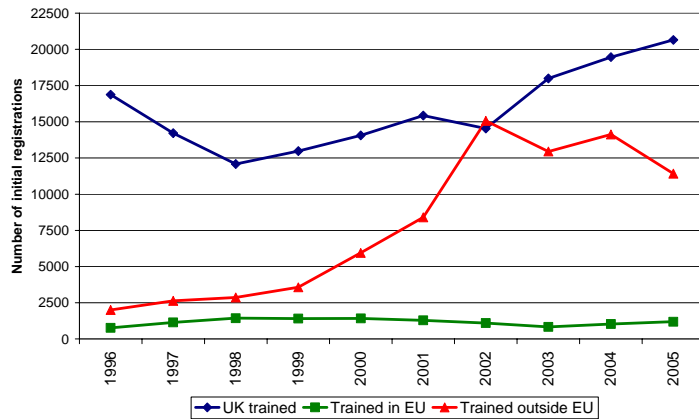
Over the past 10 years there have been almost 250,000 registrations with the NMC of which:

- 158,000 (63%) are UK trained
- 12,000 (5%) are trained elsewhere in the EU
- 80,000 (32%) are trained outside of the EU

Up to 37% of newly registering nurses trained outside of the UK.

Up to 37% of newly registering nurses trained outside of the UK.

**Table 4.1**  
**Initial registrations with NMC by country of training**



Source: Nursing and Midwifery Council

The number of new registrations has climbed over the past 10 years as the number of jobs in nursing increased. There were around 16,000 registrations in 1998 which climbed to over 34,000 in 2004. Up until 2002, the increase in registrations was because of registrations from nurse trained outside the EU, most notably from the Philippines and India. Since 2002, the number of registrations from overseas-trained nurses has declined alongside increasing registrations from UK-trained nurses.

Since 2002, the number of registrations from overseas-trained nurses has declined.

## 4.2 RESEARCH BY THE KING'S FUND

The NMC data helps track overall trends in the number of international nurses in the UK – but not where these nurses then work or what work they do. Research by the King's Fund<sup>3</sup> set out to report on the profile, motivations and experiences of internationally recruited nurses who recently came to work in London. This sent surveys to the addresses of 1,000 international nurses who registered with the NMC in the previous two years and gave London addresses. There were almost 400 returns.

<b><u>Main findings of the King's Fund Research</u></b>
<b>Profile of international nurses</b> <ul style="list-style-type: none"> <li>• 96% of the respondents arrived in UK after 2000.</li> <li>• The respondents represented more than 30 different countries of training. The Philippines, Nigeria and South Africa were the most common.</li> <li>• Most reported the country of origin as the previous location although some from Philippines and India had worked in Middle East.</li> <li>• It is not only younger nurses who are mobile. 60% of nurses from sub-Saharan Africa are aged over 40. The youngest profiles are from Australia and New Zealand.</li> <li>• 84% are female. 66% were married - a quarter of these reported their partner is in the home country.</li> <li>• 66% have children. 88% of those from sub-Saharan Africa and 77% from South Asia; only 22% of those from Australia and New Zealand.</li> </ul>
<b>Coming to the UK</b> <ul style="list-style-type: none"> <li>• Nurses from Australia, New Zealand or USA came to UK for personal travel and way of life.</li> <li>• Nurses from other countries more likely to highlight either professional development or social reasons such as joining family.</li> <li>• 66% indicate a recruitment agency was involved in move to UK. This includes almost all nurses from Philippines.</li> </ul>
<b>UK adaptation</b> <ul style="list-style-type: none"> <li>• 76% said they were required to complete a supervised practice course, a "period of adaptation" to practise as nurse in UK.</li> <li>• Varied by country of training – e.g. few nurses from Australia or New Zealand needed course, almost all from South Asia and Philippines.</li> <li>• Nurses in this period of adaptation said they were paid a rate of unqualified nurses. Some were unpaid, especially in private nursing homes</li> </ul>
<b>Current employment</b> <ul style="list-style-type: none"> <li>• 69% working in NHS hospitals. 13% working in independent sector, 10% in nursing homes. Few in general practice or community nursing. Others reported working directly for nursing agencies.</li> <li>• 57% changed employers while working in UK. Most of these reported move from independent sector and to NHS.</li> </ul>
<b>Pay and grading</b> <ul style="list-style-type: none"> <li>• Most employed on main 'grades' for staff nurses – E (51%) and D (36%).</li> <li>• Most of nurses from sub-Saharan Africa and South Asia on lower D.</li> <li>• Most nurses from Philippines on higher grade of E.</li> <li>• Most of nurses from Australia or NZ on higher grades F or above.</li> </ul>

<sup>3</sup> King's Fund (Buchan James, Renu Jobabputra, Gough Pippa, Hutt Ruth), Internationally Recruited Nurses in London, September 2005)  
<http://www.kingsfund.org.uk/resources/publications/internationally.html>

Future plans
<ul style="list-style-type: none"><li>• 83% require a work permit to work in the UK and nearly all indicated they would stay longer if their permit was extended.</li><li>• 60% planned to stay for at least five years; 25% for two to five years.</li><li>• Nurses from Australia, New Zealand and USA are least likely to plan to stay long term.</li><li>• 43% reported considering moving on from the UK, either to return home or somewhere new.</li><li>• 32% has been recently contacted by a recruitment agency offering work outside the UK, often in USA.</li></ul>

#### 4.3 RESEARCH FROM THE ROYAL COLLEGE OF NURSES

Work published by the Royal College of Nurses<sup>4</sup> (RCN) followed on from the King's Fund survey. This reported that over 1997 to 2004, international recruitment was a major contributor to growth in NHS nurse staffing. However, this highlighted recent evidence of a marked fall in international nurses entering the UK register in the last two years. This attributed the fall to:

- Reduced demand because of NHS funding deficits.
- Tightened regulations on entry to the UK.

This also reported that since 1997, more than 90,000 international nurses have registered in the UK representing about 40% of all first time registrations. International recruitment has been a policy solution to nursing shortages in NHS hospitals and independent nursing homes. However, the research also points to the outflow of nurses from the UK to other developed countries.

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<sup>4</sup> James Buchan & Ian Seccombe (for Royal College of Nursing); Worlds Apart? The UK and International Nurses; April 2006  
[http://www.rcn.org.uk/publications/pdf/worlds\\_apart\\_labour\\_market\\_interim\\_report.pdf](http://www.rcn.org.uk/publications/pdf/worlds_apart_labour_market_interim_report.pdf)

## 5 How many care workers are employed in the health sector?

### 5.1 CARE WORKERS IN HEALTH

Since 2002, the number of registrations from overseas-trained nurses has declined.

An additional research question for this case study was to investigate the significance of overseas care professionals working in the health sector. Although social care and health are separate service sectors with distinct labour requirements and professional career structures, there is similarities and overlaps.

One of the key areas of overlap is that often the beneficiaries of care and health services are the same people. Frequently, they require these services to be delivered in the same place at the same time. An example of this is community-based services, where an old person may receive social care from one provider, housing support services from another and health care from yet another provider.

Similarly, in a hospital setting, service users can often be receiving health and social care, delivered by different professionals acting in their interests.

### 5.2 OVERSEAS CARE WORKERS IN THE HEALTH SECTOR

Robust employment survey data is not available on the numbers of care workers in UK hospitals. However, data from the Labour Force Survey shows that foreign-born workers in UK hospitals<sup>5</sup> are more likely to be in the higher skilled 'health professionals' occupational category (23%) than UK-born workers (6%). They are also more likely to be in the slightly more junior occupational, 'health associate professionals' category, which includes most nurses.

This suggests that there is unlikely to be a glut of overseas-born staff in UK hospitals working in care professions. It is also noticeable that only 15% of foreign born workers were employed as 'health and related personal services' workers compared with 20% of all UK-born hospital staff.

**Figure 5.1: Overseas and UK born workers in social care in UK hospital sector**

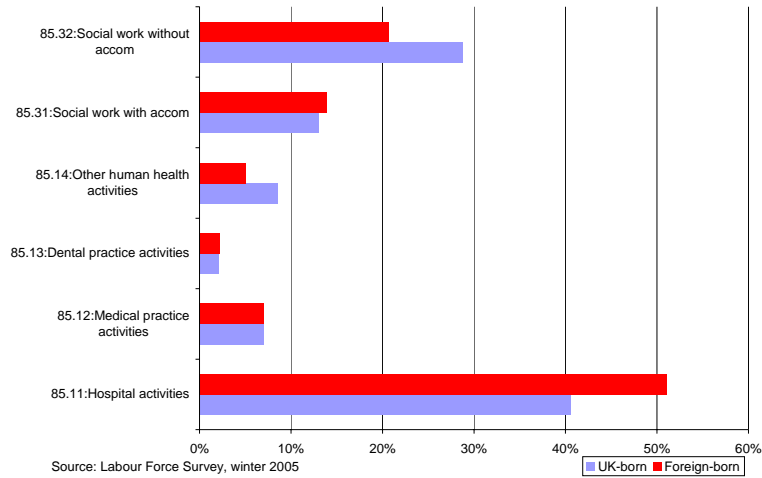
Occupation	UK born	UK born (%)	Foreign born	Foreign born (%)
Health Associate Professionals	373,913	30%	89,020	37%
Health Professionals	75,886	6%	53,580	23%
Healthcare & Related Personal Services	248,516	20%	35,564	15%
Therapists	55,652	5%	-	-
Elementary Cleaning Occupations	41,857	3%	-	-
Secretarial and Related Occupations	64,064	5%	-	-
Science Professionals	15,993	1%	-	-
Health and Social Services Managers	49,437	4%	-	-
Administrative Occupations: Records	51,872	4%	-	-
Administrative Occupations: General	28,260	2%	-	-

*Source: Labour Force Survey, winter 2005*

<sup>5</sup> Defined as standard industrial classification code 8511: Hospital activities

However, in a community setting it looks possible that foreign-born workers are more likely to be employed in social care roles than their UK-born colleagues. In the social work (with accommodation) sector, an estimated 68% of foreign-born workers work in ‘personal service’ occupations compared with 58% of UK-born staff in that industry<sup>6</sup>.

**Figure 5.2: UK and foreign-born workers in health and related industries**



Around half of all foreign-born health industry workers work in the hospital activities sector, considerably more than for UK-born workers (41%). Foreign-born health and care sector workers are only marginally more likely to work in the social work (with accommodation) sector and are less likely to work in ‘field-based- social care.

<sup>6</sup> Labour Force Survey, winter 2005

## 6 Conclusions

Nobody collects complete or accurate data.

There apparently simple question of “What is the size of the international migrant workforce in the health sector?” unfortunately does not have a simple answer. Nobody collects complete or accurate data to answer the question.

We have presented evidence from a range of sources.

In this brief case study, we have presented evidence from a range of sources. In particular, we have drawn on research from the Warwick Institute of Employment Research on non-UK born workers in different sectors; data provider by the NHS Information Centre on the number of hospital medics and general practitioners who qualified overseas; data from the Nursing and Midwifery Council on the country in which newly registered nurses trained; and research on international migrant nurses published by the King’s Fund and the Royal College of Nurses.

A more complete answer would need a more extensive piece of research.

A more complete answer to the question of the scale of the international migrant workforce in the health sector would clearly need a more extensive and time consuming piece of research. However, from the sources we have used, we can begin to tell the story of the health sector’s migrant workforce, especially for medical and nursing staff, some of their key characteristics and also an indication of how their importance to the health sector has changed.

12% of workers in the ‘health and social’ sector, in 2004, were born outside of the UK.

The IER research tells us that 12% of workers in the ‘health and social’ sector, in 2004, were born outside of the UK. That is over 320,000 of the sector’s 2.25 million people. This is up from less than 9% of the workforce in 1994. As a large majority of workers in this sector are women, then the non-UK born workers also likely to be women. Almost a quarter of women working in the UK, who were born overseas; work in this sector.

33% of medical professionals qualified overseas.

The NHS information centre provides data on whether medical professions qualified in the UK or outside of the UK. Where a doctor qualified is not necessarily the same as the place of birth but this provides a useful proxy for migrants. The NHS data tell us that 33,000, 38%, of the country’s 87,000 hospital doctor qualified overseas and that 7,000, 20%, of the country’s 33,000 General Practitioners qualified overseas too. Together, approximately 40,000, 33%, of medical professionals qualified overseas. This increased rapidly between 2000 and 2005 with up to 12,000 new hospital doctors who qualified outside of the UK.

37% of registering nurses trained outside of the UK.

A total of over 670,000 nurses are registered with the Nursing and Midwifery Council so that they can work in the UK. We cannot be certain how many of these are from overseas. However, 250,000 of these nurses registered within the last ten years and we 92,000 of these, 37%, were trained outside of the UK. Where a nurse was trained is not the same as where the nurse comes from but this again provides a helpful indicator.

The number and share of registering nurses qualified outside of the UK climbed considerably with expanding employment in the health service through the late 1990s and early 2000s. Some 21% of the 18,000 nurses who registered in 1997 had qualified overseas but this had risen to 53% of the 30,000 nurses who registered in 2002. Since 2002, the share and number of

The share and number of registering nurses who qualified overseas has declined

registering nurses who qualified overseas has declined while those from the UK increased.

The research by the King's Fund into the characteristics of international nurses showed that this cannot be viewed as a single group with similar needs. For example, in the broadest terms, the younger experience-seekers from Australia and New Zealand have different characteristics from the older experienced if less qualified workers from sub-Saharan Africa who are also dissimilar to the more internationally-mobile nurses from the Philippines.