NURSE MIGRATION IN THE EU: A MOVING TARGET?

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Summary: The nursing profession is the most numerous and increasingly mobile element of the health workforce. Imbalances of nurse supply and demand across the EU/EEA are generating challenges for policy-makers and managers. Increasing mobility within the EU/EEA has been caused by countries targeting others within the region to fill nursing vacancy posts, although the number of nurses is finite. Data from two studies on migration to the English National Health Service are analysed to provoke a more informed debate on the increasing complexity of migration in the current EU/EEA agenda and the possible consequences for the supply of the nursing workforce.

Keywords: *Nurses, Nurse Shortages, EU/EEA mobility, Portugal, England*

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Introduction

A message consistently emerging from the literature on health systems is their increasing vulnerability to workforce fluctuations.[1] Mobility is one factor with the potential not only to determine how health services are organised, planned and delivered within a health system, but also to generate imbalances in supply and demand from region to region.[2,3] This is particularly the case in the European Union and European Economic Area (EU/EEA), where mobility is facilitated by the principle of freedom of movement.

The nursing profession is the most numerous, and increasingly mobile, element of the health workforce.[4] Recognition of this for the quality and effectiveness of care is gaining increasing traction with policy-makers and managers. Cross-border migration within the EU/EEA is seen as having a significant but largely unmeasured effect.[5] The real challenge posed by increasing mobility is the implications it has for workforce planners. In contrast to non-EU flows, which can be controlled through immigration regulations, there are no formal monitoring mechanisms between EU/EEA countries and very few certainties regarding the pattern, destination and length of stay for EU nationals.

In England, recent reports confirm that the nursing shortage persists across the whole country, across all types of health care organisations and all areas of practice,[6] leading most National Health Service (NHS) organisations to become increasingly active in recruiting nurses in other EU countries, such as Portugal, to fill vacancies.[6] In what follows, we attempt to provoke a more informed debate on the need to recognise the increasing complexity of factors affecting migration in the current EU/EEA agenda and the possible consequences, intended and unintended, for the supply of the nursing workforce. We use material from two European studies: data from Portugal

newly added to the RN4CAST dataset[2] and the PROMeTHEUS series,[5,7,8] from which data are being gathered in a book on nursing from the EU Observatory on Health Systems and Policies.[9]

Firstly, we map the current nursing shortage and the most common policy responses in England. Second, we present data that show the changing and complex nature of mobility trends. Third, we emphasise the impact on Portuguese nurses. Finally, we consider the implications for sending and receiving countries.

National shortages

England, as a traditional destination for health professionals from inside and outside the EU,[5] can showcase the ongoing shifts in mobility patterns within the EU/EEA. Like many other industrialised countries in the region, England has remained an attractive option for nurses looking for work opportunities abroad. PROMeTHEUS and earlier studies[5,7] suggest that the most attractive "pull" factors are: the greater opportunities for professional development through postgraduate education available in the UK; the English language; and geographical proximity to the rest of Europe.

However, despite the increasing flows of foreign nurses, there is evidence that poor staffing levels and vacancy rates in the NHS are a persistent problem. There are no official figures on how many nurses the system is currently short of, but according to recent data from an NHS Trusts survey, national vacancy rates run at 10%. Ninety three percent of Trusts are reporting shortages, of which 72% are hard-to-fill vacancies (i.e. vacant for more than three months).[6] Overall, the current situation is one of a national nursing shortage.

Concerns about the consequences of these vacancy rates have been mounting, particularly since the effects on quality of services and on mortality rates have been highlighted.[2] Organisational and policy responses, such as using agency/temporary nurses, return-to-practice campaigns and increased adult nurse training numbers, have been put in place in an attempt to address current vacancies and projected severe shortages. However, all these responses either promise results in the long term (e.g. the results of increasing training places will be visible from 2020 onwards[9]) or rely on strategies that have no assurance of being more than just a temporary stop-gap to manage shortages. As NHS organisations are in urgent need of a larger pool of nurses, many have become more active in recruiting nurses in EU/EEA countries.[6]

Changing patterns of mobility

International practices in England have included specially-arranged recruitment fairs in several countries. Until a few years ago, the most common destinations were the Philippines and India.[5,7] But in recent years, large pools of low-paid and unemployed nurses in EU/EEA countries which were most severely affected by the economic crisis, such as Portugal, Spain and Italy, have been serving as the target for many trusts in need of skilled nurses. Registration data showed that in 2014–15, a total of 8,183 internationally recruited nurses joined the Nursing & Midwifery Council (NMC) register to work in the UK; 7,518 (92%) from within the EU/EEA and 665 (8%) from outside the EU/EEA.[10] Recent policy reports also found that 93 NHS Trusts (63% of all respondents in a survey) have actively recruited from outside of the UK in the last 12 months: 62% of these have targeted recruitment activity only in EU/EEA countries during the same period, mainly in Italy, Spain and Portugal.[6] Data specifically about Portugal,[2] showed that the number of Portuguese nurses registered with the NMC increased from 250 to 1,211 from 2010 to 2013, which represents an estimated five-fold increase. Early findings of ongoing research* suggest that Portugal became the second biggest source of recently recruited foreign nurses after Spain in the same time period.

But the mobility of health professionals has always had a dynamic and changing nature, particularly evident in periods of major economic or geopolitical change.[5] Despite the reliance on these EU/EEA focused recruitment flows, there is little empirical research on the impact of these flows on health care organisation, and more importantly, on their duration, to inform workforce planners. According to many organisations, throughout 2014–15 the pool of available nurses (potential new recruits) from within the EU/EEA was found to be smaller than in previous years.[6] As vacancy rates spread, more organisations (and countries) are led to join the search for nurses through European recruitment drives. However, the stock of nurses from EU/EEA countries is finite,[6] and the number of recruiters has been growing.

Many factors may account for the changing patterns of migration trends.[5,7] First, EU nurses are exercising their rights of free movement underpinned by Directive 2005/36/EC and its updated version in 2013 (2013/55/EU[11]) on the recognition of professional qualifications. Second, changes in policies regarding immigration and professional registration have a clear impact on the number of professionals from non-EU countries. Such changes include monthly limits on secured restricted certificates of sponsorships (RCoS) and the decision to exclude or include nursing in the Shortage Occupation List (SOL). Following the decision to first exclude nursing from the SOL in early 2015, many organisations were unable to secure RCoS for nurses from out of the EU/EEA, slowing down their recruitment.[6] Since December 2015 (and at least until planned a review in spring 2016), nursing is back in the SOL, which seems likely to impact on the directional flow of recruits from non EU/EEA countries once again. Finally, recent amendments to the 2005/36/EC Directive on professional qualifications, such as the agreement to introduce language competency controls for professions, has consequences for patient safety and needs to be considered as well.[11] The impact of these language checks remains to be seen but it is likely to further reduce the pool of EU/EEA nurses, as has been the case for the medical profession when the General Medical Council introduced this requirement in 2014.[6]

* This article outlines part of the background of an ongoing PhD study on the implication of EU-nurse (Portuguese) Recruitment for NHS organisations in England.

Tension between national interests and EU policy

According to EU regulations, it is the responsibility of individual countries to decide how their services are delivered, how treatment or care is paid for, and, most importantly for us here, how or which health staff are trained and deployed, where and in what numbers. This is defined by the principle of *subsidiarity* of the EU.[11] However, since free movement is a reality, it has become obvious that health services and the development of the health care workforce within Member States cannot be understood without also considering the broader EU-level legislative changes that are being driven by economic and geopolitical factors.[7]

Drivers of health workforce shortages, such as demographic changes in the population and in the health professions, and increasing demand for care have been abundantly reported.[3,5] Yet, shortages are also generated by policies and austerity measures at the national[6] and European levels. Both have influences that may limit recruitment, replacement and retention to meet savings and to address particular concerns around mobility (e.g. language competency).

From this, what is clear is that EU/EEA recruitment is not a strategy that can be considered reliable or sufficient on its own to address workforce problems. Even if it serves the national interests of receiving countries, such as England, it is unlikely to solve skill shortages as it does not focus on the issues that led to the present situation. It also fails to foster the principle of solidarity and cooperation between EU/EEA countries, as the pulling power of some countries may weaken the possibility of others to retain their remaining workforce.[5,7]

Towards more helpful debates

Mobility patterns between Portugal and England are relevant to the broader EU situation on account of the characteristics they share with other sending and receiving countries in the region. Countries such as Portugal, but also Spain and Italy, have well-educated, newly-qualified and experienced nurses motivated to work within their profession but unable to find employment, as their national health systems are unable to absorb them.[5] This is not due to lack of need but due to lack of funds and/or sector reform restrictions. In other countries such as England and Germany, organisations have unfilled posts and are willing to pay high rates for temporary nurses, assuming also recruitment and travel costs to attract professionals from abroad.

One way of starting to tackle these labour market deficiencies is to recognise and document the complexity of factors influencing migration. Those which, on balance, are losing their nurses to other countries need to understand what measures they can implement to keep more health workers at home and/or encourage and benefit from return migration. Data from PROMeTHEUS, RN4CAST,[2,8] and more recently from an EU commissioned Recruitment and Retention study,[7] help to address that information gap by exploring the importance of workforce management and working environments for nurse retention. PROMeTHEUS studies[5] showed that relying on the expectation that nurses gain additional skills, competencies and experiences abroad to be applied back when they return is short sighted. In practice, experience in another European country may not always be seen as compatible or even relevant to a nurse's home country.[5] This might explain why these studies found that nurses stay in their new country much longer than they expected, and some permanently.

For those on the receiving end, the logical solution would be to move to a position of greater self-sufficiency. They could also do more to engage with sender countries to encourage and facilitate re-integration for returners. Bilateral agreements, institutional collaborations and exchange programmes are some examples of options proposed in the literature.[5]

Overall, the primary aim has to be to ensure that the individual patient experience is safe and of high quality. But health providers also need to be assisted to obtain maximum value from employing EU/EEA nurses and nurses themselves need to be empowered and assisted to gain the maximum benefits from moving to another EU/EEA country.[7] This will be possible only through closer policy articulation between organisations, and national and European authorities.

Conclusions

Nurses will not stop moving to, from, and within Europe. However, in the current context, the scale and impact on the workforce and on health systems are raising concerns. Policy-makers and managers need to respond both within particular countries and at the EU/EEA level. Countries receiving health workers from abroad need to work towards achieving greater self-sufficiency while also helping professional and employer organisations to provide migrants with support to integrate them effectively into the workforce. Those losing their nurses to other countries need to understand what measures they can take to avoid uncontrolled and undesired outflows and how to benefit from return migration.[6]

The focus of most of this will have to be on the interaction between policy and organisational levels and on the workplace itself. It is important not only to maximise the contribution of these highly qualified professionals to either sending or receiving health systems, but also to reinforce one of the founding principle of the EU/EEA, which is for individuals to deploy their skills and qualifications where they choose. Data from recent studies are already sufficient to provoke a more informed debate about the need to recognise the increasing complexity and tension between national interests and EU policies in the current EU/EEA agenda and the possible intended and unintended consequences on workforce planning and management of the nursing workforce across Europe.

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EU ACCESSION: A POLICY WINDOW FOR NURSING?

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Summary: European enlargement provides an opportunity for the nursing profession to gain traction on policy change but our research demonstrates that the European Commission mechanisms to process compliance need to be robust and designed to deliver such change. These opportunities also increase when the nursing leadership operates across a united front and articulates its agenda with a clear political voice. In addition to a united leadership, we argue that nursing needs support from civil servants and EU officials so that it can influence the EU accession policy agenda relating to nursing and shape successful policy outcomes.

Keywords: *Acquis Communautaire, EU Accession, Nursing Leadership, Stakeholder Engagement, Taiex, Health Policy*

Introduction

European enlargement has been the subject of extensive investigation in a wide range of policy areas.[1] However the impact of European Union (EU) enlargement upon one of the largest health professions, nurses, has been largely neglected in health policy research. European institutions are currently halting EU enlargement although there are Commission negotiations and preparations with five candidate countries: Albania, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey, Bosnia and Herzegovina, Kosovo, Georgia and Ukraine are potential candidates. Becoming an EU Member State entails working towards a well-functioning democracy with stable institutions and the rule of law being guaranteed, with human rights and the protection of minorities being legally guaranteed and respected in practice.[2] In addition to these political requirements, membership of the Union requires a functioning market economy and the capacity to cope with competitive pressures and market forces within the Union.[3]

Acquis Communautaire

The EU accession process consists of negotiations between national governments and the European Commission with the aim of aligning national legislation with the European Directives set out in the *Acquis Communautaire*. The Acquis comprises several chapters reflecting the broad sectors of EU responsibility, including Chapter 3, incorporating the free movement of "nurses responsible for general care" (Directive 2005/36/EC, recently modernised by Directive 2013/55/EU). This Directive includes the recognition of

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