



University of
Salford
MANCHESTER

Harnessing the expertise

Davis, D and Pradeep, A

Title	Harnessing the expertise
Authors	Davis, D and Pradeep, A
Type	Monograph
URL	This version is available at: http://usir.salford.ac.uk/id/eprint/60421/
Published Date	2021

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: usir@salford.ac.uk.

Briefing Note

Dr Dilla Davis
Dr Agimol Pradeep



University of
Salford
MANCHESTER

The Crescent,
Salford, M5 4WT,
United Kingdom

0161 295 5000
www.salford.ac.uk

The problem

- More than 3000 overseas nurses educated to professional registration levels find it difficult to register in the UK at the appropriate level. This is both potentially discriminatory, and inefficient use of human resources.
- Against the backdrop of ethical recruitment, there is a need to harness this 'unseen' and 'unheard' workforce. There is an imperative need to enable them to gain their NMC registration, by acknowledging their proficiency and expertise gained during their overseas education as well as working in the NHS Trusts as Band 3 and 4.
- There is a need for a better ethical and moral consideration for the use of skills and expertise of these overseas educated Indian nurses and capture their expertise to mitigate the shortfall of nurses.
- There is an urgency to assimilate these nurses to the NHS culture more holistically and effectively, due to the current pandemic situation.

The background

- The NHS is facing a staffing crisis with estimated registered nurse vacancies in excess of 41,000¹, with 1 in 8 nursing posts unfilled². An estimated 5,000 nurses are needed to improve staffing levels³. However, the number of nurses joining the NMC register currently stands at 2,824³, and therefore falls short of this figure.
- Sir Bruce Keogh's report identified that the shortage of nurses and understaffing levels were the reasons for high death rates in 14 NHS hospitals.
- Currently, 13% of our nurses come from overseas. It is evident that recruiting overseas nurses to UK posts is more cost-efficient than recruiting an agency nurse. In fact, calculations illustrates that an overseas nurse would be a minimum of £33,000 cheaper over a 3-year period than an agency nurse.
- There is an unharnessed group of overseas nurses in UK currently working as band 4 or band 3 as they cannot pass the IELTS (repeated retakes are costly and can be a deterrent to many overseas nurses) or their evidence expired or they entered the country on spouse/dependent visa and are now British citizens.

The context

-
- Approximately, 5,000 Indian Nurses are here in the UK facing this challenge. No provision has been made by the NMC to harness this unseen and unheard group of professionals to date and they are in a limbo.
- Most of these nurses are working as Health Care Assistants in NHS Hospitals and they play a vital role in patient care but they are unable to perform a role of a registered nurse in spite of them being equipped with the skills and knowledge.
- These overseas qualified nurses are either educated to degree or masters degree either overseas or from the UK, and are competent working in the healthcare sector, yet work as health care assistants and support workers for a decreased wage without scope for professional advance.
- This would go beyond language proficiency, with good knowledge of the set of implicit social and professional rules regarding roles and responsibilities that must be incorporated into communicative approaches. As British citizens, they have spent time and adapted to the communication style to that of the host country, to understand all the cultural nuances needed for professional practice.
- However, despite considerable expertise, and acculturation, working as a band 2, 3 or 4 leads to feelings of incompetence, a perceived lack of respect, fears of become deskilled and decreased job satisfaction as they are forced to revert from expert to novice⁵
- The pandemic has showcased the scarcity of trained intensive care nurses directly impacting the nation. It would be wise and prudent to capitalise on this groups' expertise and wealth of knowledge and ease their registration with NMC.
- We propose these nurses can be effective, safe and a major contribution to the current nursing shortages with minimal investment.

The evidence

Case study

Mrs. S was working as Nurse in charge in a cardiac unit in Delhi, India; where all their documentation and communications were in English. The patients came from different parts of India and around the world (in India each state has its own language, hence most hospital adopt documentation/communications in English)

Mrs. S came to the UK in 2007 via a Nursing Agency, she practised as senior healthcare staff in a Nursing home until Jan 2013 and joined her specialised area in an NHS Hospital as health care assistant. She is currently working as senior health care assistant in a busy cardiac unit, where she takes responsibility across many levels.

Her Matron and the management team is supportive and even offered to write a letter to officials to inform how proficient she is in her work and communications. On the other hand she took the initiative to undertake IELTSx2 and OET x5. She gained score B for writing and speaking but never achieved B for her reading, hence she is unable to practice what she studied to do.

- Mrs. S is only one example, there are such several stories. Much of their savings have been spend on attending training and paying £350⁹ per test booking without seeing any benefit.
- As community champions, we have approached NMC. However, the NMC is reluctant to register many of these nurses as they have not passed their IELTS, but no provision is made for those who are British Citizens, but overseas educated.
- As many of the internationally educated nurses working as Healthcare Assistants are women, it can also be argued to be contributing to, and reinforcing the transglobal exploitation of women in care work.
- Without appropriate pre-UK registration support, these internationally educated nurses can find themselves in an unable to progress, caught in a pre-registration void.
- Below in the chart we have given a very brief data of the demographics of the this 'silent' group (Fig 1).

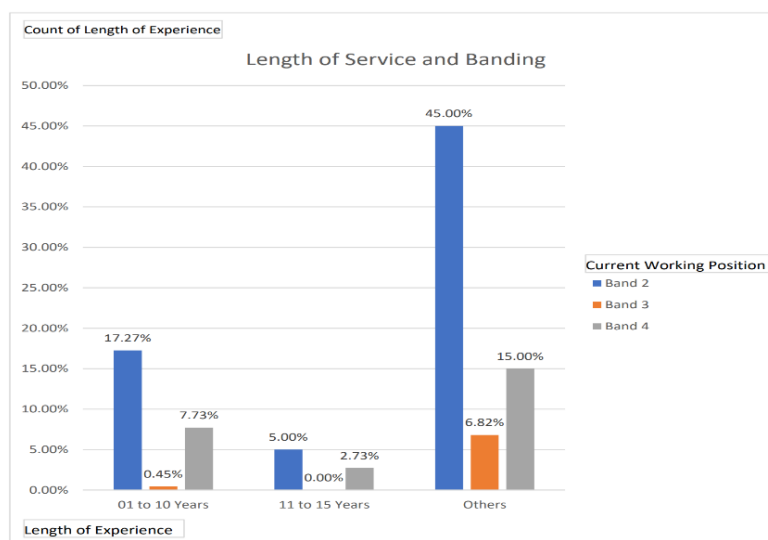


Figure 1: a snapshot of demographic of this group

This is the graph of 221 overseas educated nurses working in the NHS trust as band 2, 3, or 4. For the past 10 years, 38 of them are working as band 2, 1 working as band 3 and 17 of them as band 4.

For the past 15 years, 11 of them are working as band 2 and 6 of them are working as band 4.

Between the years 1 to 5, 100 of them has worked as band 2, 15 of them are working as band 3 and 33 of them are working as band 4.

The recommendations

1. Individuals with a British Passport, who have passed their citizenship exam and proven their language skills through their work experience should be enabled by a different approach from NMC to obtain their PIN number, along the lines of accreditation of prior experience and learning.
 2. Use their previous scores, but in addition take account of the supporting evidence from the Hospital Authorities who know these staff well and their ability to communicate (speaking and writing) in English.
 3. Allow nurses who have completed a degree or masters from a UK University to submit this in lieu of IELTS as proof of language proficiency.
 4. Trusts in partnership with universities to provide an enabling program for these nurses to help them to get their registration – For example a portfolio of evidence of communication/ key competencies.
 5. Remove the IELTS requirements for overseas nurses who have 3 or more years of work experience in the healthcare sector in the UK or has undertaken substantial period of study at graduate or postgraduate level in UK.
-

Submitted for the perusal of the Council of Deans on behalf of the community:

Dr Dilla Davis
Program Lead MSc Diabetes Care
University of Salford.

Dr Agimol Pradeep BME
Alumni of University of Salford
Transplant Co-ordinator
Kings College Hospital

1. Buchan, J., Gerschlick, B., Charlesworth, A. & Seccombe, I. (2019) Falling short: The NHS workforce challenge: Workforce profile and trends of the NHS in England. Available online: https://www.health.org.uk/sites/default/files/upload/publications/2019/S05_Falling%20short_The%20NHS%20workforce%20challenge.pdf
2. Health Foundation, (2019) *Closing the gap: Key areas for action on the health and care workforce*. Available online: <https://www.health.org.uk/publications/reports/closing-the-gap>
3. NMC (2018) *The NMC Register*. Available online: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>
4. UK (NMC), Reduce IELTS Score for EU/EEA/Overseas Nurses Registration in the UK
5. Salami, B., Meherali, S. & Covell, C. L. (2018) Downward occupational mobility of baccalaureate-prepared, internationally educated nurses to licensed practical nurses. *International Nursing Review*, 65(2), 173-181.
6. Benner, P. E. (1984) *From novice to expert: excellence and power in clinical nursing practice*. California: Addison-Wesley.
7. Bond S, Merriman C, Walthall H (2020) The experiences of international nurses and midwives transitioning to work in the UK: a qualitative synthesis of the literature from 2010 to 2019. *Int J Nurs Stud* ;110:103693. doi:10.1016/j.ijnurstu.2020.103693
8. Taylor, B. (2005). The experiences of overseas nurses working in the NHS: results of a qualitative study. *Diversity in Health and Social Care* 2005;2:17–27.
9. Allan, H.T., Westwood, S. (2016). English language skills requirements for internationally educated nurses working in the care industry: Barriers to UK registration or institutionalised discrimination? *International Journal of Nursing Studies* 54(2016) 1-4