**Will nursing shortages threaten the integrity and functioning of the NHS?**

****

Emeritus Professor Alan Glasper, from the University of Southampton, discusses a recent government report from the Migration Advisory Committee which reveals that the NICE recommendation of not more than a 5 per cent nurse vacancy rate is not being met in many NHs institutions. In fact data indicates that that current vacancy rates for nurses are actually double that with a magnitude of 9 to 10 per cent in numerous hospitals around the country.

**Introduction**

In the last issue of the British Journal of Nursing the link between patient safety and nurse staffing levels was highlighted.(Glasper 2016).Health care staffing is currently under the spotlight with newspapers reporting that the NHS has actually 70,000 fewer staff than was previously believed by the government. The Guardian newspaper reports that this represents among others 15,000 fewer nurses and 3,000 fewer doctors.

<http://www.theguardian.com/society/2016/apr/02/nhs-staffing-crisis-70000-go-missing>

## However the government has recognised the looming crisis of nurse staffing in the NHS .In October 2015 it commissioned the Migration Advisory Committee (MAC) which is non departmental public organisation linked to the Home Office and whose role it is to advise the government on migration issues, to review whether there is a shortage of nurses or specific nursing roles that could filled through non European Economic Area (EEA) migration. Nurses were subsequently placed on the Shortage Occupation List (SOL) on a temporary basis pending the MAC’s review of the evidence. The Shortage Occupation List is a list of positions where there are not enough resident workers to fill the available jobs in that particular sector In this case nurses.

<https://www.gov.uk/government/organisations/migration-advisory-committee>

In March 2016 the Migration Advisory Committee published its report entitled “Migration Advisory Committee (MAC) partial review: shortage occupation list and nursing”

[https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing March 2016](https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing%20March%202016)

**Background**

The MAC report investigated how many registered nurses are presently employed in the UK. They estimate there are approximately 630,000 qualified nurses working in the UK, of which some 500,000 currently work in the NHS. In 2011 the Organisation for Economic Cooperation and Development (OECD) estimated that at least 20% of these were nurses from overseas. On this basis, MAC believes that there are currently about 140,000 foreign-born qualified nurses registered with the NMC to practice in the UK.

MAC collected data from 106 out of 166 trusts and health boards in England, Wales and Northern Ireland which revealed that:

* Between 2013 and 2015, there has been a 50% increase in nursing vacancies, from 12,513 to 18,714.
* In England and Wales, there were 1,265 vacancies for registered nurses in emergency departments representing approximately 11% of the total.

Over the last quarter of a century immigration of foreign-born nurses to the UK has at certain periods been a significant answer to nursing shortages and to the overall nursing supply. Annual inflows to the UK of such nurses peaked at just over 16,000 in 2001/02, having been below 5,000 a year during most of the 1990s. Nurse inflows remained above 10,000 each year up to and including 2005/06, before falling to over 2,000 in 2009/10. The number of nurses seeking work in the UK has again risen to around 8,000 in 2014/15 with the vast majority of these arriving from the EEA. Despite this there were a higher number of vacancies in England than recommended in NICE guidelines.

[https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing March 2016](https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing%20March%202016)

The Migration Advisory Committee has indicated that many senior officers within the health sector continue to see the immigration of nurses as a "get-out-of-jail-free-card" and an answer to the national shortage of trained nurses. Despite government pledges to train more nurses, MAC believes that the current shortage of nurses is caused by factors which could and should have been anticipated. This MAC publication reports on data it gathered from the Royal College of Nursing (RCN) which shows that NHS Trusts in London have up to 17% nurse vacancy rates with some having vacancy rates as high as 30%. It is the London and South East Trusts which accounted for around two-thirds or more of all nurse certificates of sponsorship used since 2013. Once accepted as sponsors employer such as hospital’s can issue ‘Certificates of Sponsorship’ to migrant workers such as nurses they wish to employ. Both Scotland and Northern Ireland have lower vacancy rates of only of 4 per cent, with a slightly higher rate being indicated across Wales. The RCN has serious concerns that there is a current shortage of nurses in the UK and that health care providers are struggling to recruit nurses. In particular the RCN are anxious that certain nursing speciality grades such as neonatal nurses, theatre nurses and paediatric intensive care nurses are in short supply.

<https://www2.rcn.org.uk/__data/assets/pdf_file/0011/603101/96.14_Call_for_Evidence._Partial_review_of_the_Shortage_Occupation_Lists_for_the_UK_and_for_Scotland..pdf>

.

**Why are there not enough nurses?**

# There is no doubt that demographic change to the patient population such as an increase in the numbers of elderly people, a crisis in out of hour’s primary health care and the demise of services such as the nurse led NHS Direct telephone triage provision is putting added burden and demand onto the NHS hospital services but especially emergency departments. The role of the nurse has also changed some attributable to the introduction of the European Working Time Directive (EWTD) for junior doctors Limiting working hours can help reduce the likelihood of doctors getting tired and the EWTD was introduced with an aim of improving the quality of service junior doctors deliver to patients.

<http://www.bma.org.uk/support-at-work/ewtd/ewtd-juniors>

However In some cases this led to gaps in junior doctor rotas and new nurse led services were introduced to address this. For example Campbell and Spencer (2007) highlight the evolution of new nursing roles within the speciality of neonatal care where current shortages of suitably qualified nurses are giving rise to concern and the ability of neonatal units to meet British Association of Perinatal Medicine ( BAPM) standards which in neonatal intensive care demands 1 neonatal nurse to 1 baby. The introduction of roles such as the advanced neonatal nurse practitioner have been designed to address skill mix deficits and to ameliorate the medical workforce challenges caused by the EWTD. However as nurses have embraced roles previously occupied by junior doctors, in turn many former nursing roles have been filled by health care assistants.

Workforce changes and role adjustments have also been exacerbated by changes to safe staffing guidelines in the wake of public inquires such as that conducted following the scandal of the events which occurred at the Mid Staffordshire NHS foundation trust. <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/>

In 2016 regulators such as the CQC inspect off duty rotas to ensure that safe staffing levels are actually achieved across the full working week and this because research is consistently linking adverse patient outcomes to nurse staffing ratios. For example Rafferty et al (2007) in a cross sectional analysis of survey data have shown that hospitals with optimum staffing levels had had consistently better outcomes than those in hospitals with less favourable staffing. Additionally the MAC report cites evidence from nurses that working conditions were prime reasons for leaving the profession with factors such as stress, burnout, lack of job satisfaction and work environment being blamed Additionally a high proportion of registered are nearing retiring age and many staff were choosing to take this option to leave the profession

Perhaps one of the more contentious issues raised by the MAC report is that of the number of nurse training paces available in the country and the failure to educate sufficient numbers of nurses to enter the profession. At least some of the current shortage has been attributed to the decision to cut training places in England by almost a fifth between 2009 and 2013. Some of the evidence MAC received indicated that the numbers of nurse training commissions funded in recent years have been more influenced by financial pressures rather than anticipated clinical demand. Worryingly MAC has also ascertained that on average migrant nurses are being paid £6,000 less than equivalent UK nurses and that some employers might be using non-EEA nurses for fiscal reasons rather than properly addressing the shortage through other mechanisms. Matters have been exacerbated by poor workforce planning which until recently it did not take into account the demand for nurses in the care and independent sectors of society. Undoubtedly the continued financial pressures on NHS finances may still incentivise NHS managers to continue to recruit migrant nurses at lower cost to their budgets.

**The recommendations of the Migration Advisory Committee**

The Committee has reservations about retaining nurses on the SOL because in leaving them on the list might lead to nurses procuring a disproportionate number of the certificates of sponsorship available to skilled workers under the Tier 2 limit, to the detriment of other employers. The Government has made it clear that it is imposing an overall cap of 20,700 persons per year. To avoid confrontation with other employment sectors MAC are suggesting a maximum annual cap of 5,000 places for nurses under Tier 2, with the limit reducing gradually over the next three years. NB For an employment position such as nursing to be added to the Tier 2 shortage occupation list, it must be skilled to National Qualifications Framework (NQF) level 6. I.e. the equivalent of a university degree.

The MAC are also suggesting that employers wishing to recruit non-EEA nurses should be required to complete a resident labour market test to allay fears that NHS or other health managers will recruit nurses from out with the EEA simply to avoid paying standard UK nursing pay rates. In context in 2014-15, 8,000 foreign-born nurses were recruited, mainly from the EEA. It is important to stress that the Nursing and Midwifery Council (NMC) has already developed rigorous processes for assessing the suitability of non EEA overseas nurse applicants to join the register (Glasper 2013 and 2014)

The chair of the MAC has empathised within the report that the country should be able to maintain its own supply of nurses without having to rely on overseas or EEA recruitment e supply of nurses cannot be sourced domestically. Cuts in the commissions of undergraduate student nurse places at university might be mitigated by the replacement of bursaries in favour of student loans. The chancellor George Osbourne believes that replacing bursaries with loans will give more people the opportunity to study. However many nursing academics are fearful that tuition fees of £9000 per year may force some applicants to seek access to nurse training through the recently announced apprenticeship schemes leading to nursing associate status where much of the brunt of fees can be underwritten by employers. Nursing associates will be able to access further training through either further full degree-level nurse apprenticeships or shortened nursing degree courses at university. (DH 2015)

**Conclusion**

The MAC report concludes that there is currently a shortage of nurses in the UK with much of this shortage being most significant in England. The committee’s remit was to consider whether there is a UK-wide shortage and they believe this to be true and have therefore recommended that nurses be retained on the shortage occupation list. However the long-term solution to addressing this shortage is training recruiting and retaining nurses by providing sufficient incentive and opportunity for them in the NHS.

**Key points**

* Data from the Migration Advisory Committee has shown that the NICE recommendation for nurse staffing are not being met in many NHS institutions.
* NHS Trusts in London have up to 17% nurse vacancy rates with some having vacancy rates as high as 30%.
* Shortfalls in nursing numbers have been have been caused by reductions in the number of training paces available and a failure to educate sufficient numbers of nurses to enter the profession
* Nurses have been placed on the Shortage Occupation List (SOL)

**References**

Campbell C, Spencer S A (2007) The implications of the Working Time Directive: how can paediatrics survive? Colin Campbell,

* Stephen Andrew Spencer

Arch Dis Child 92(7) pp 573-575

Department of Health, Gummer B (2015) Nursing associate role offers new route into nursing. 17 December. http://

tinyurl.com/hwgsbfe (accessed 26 January 2016)

Glasper A (2016) Moving from a blame culture to a learning culture in the NHS. British Journal of Nursing, 25 (7) pp 342-343

Glasper A (2013) NMC reviews registration of nurses trained outside the EU. British Journal of Nursing 22 (10) p586 587

Glasper A (2014) New registration process for overseas nurses DOI: <http://dx.doi.org/10.12968/bjon.2014.23.15.862>

Rafferty A.M., Clarke S.P., Coles J., Ball J., James P., McKee M., Aiken L.H. (2007) Outcomes of variation in hospital nurse staffing in English hospitals: Cross-sectional analysis of survey data and discharge records . International Journal of Nursing Studies, 44 (2), pp. 175-182.