Filipino Nurses in the UK: A Case Study in Active International Recruitment

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This paper examines the dynamics and policy context of the active international recruitment of nurses from the Philippines to the United Kingdom (UK). While the UK has a long history of recruiting nurses and other health professionals from other English speaking countries of the Commonwealth (e.g., India and the countries of the Caribbean), there were, until recently, no significant nurse migration links between the UK and the Philippines. Previously published research regarding Filipino nurses in the UK has been limited to small-scale surveys focusing on educational issues. This paper reports on the swift rise and apparent recent decline in the number of nurses coming from the Philippines to the UK and draws on the findings of a survey of international nurses working in London to explore issues related to career motivations and mobility of Filipino nurses working in the UK.

Nurses in the UK

The UK has been an active recruiter of international health professionals in recent years. As a result of a planned and funded expansion of the National Health Service (NHS) in the UK, the number of nurses and doctors employed by the NHS has increased rapidly in recent years. One method by which the NHS has achieved rapid workforce growth has been its explicit policy emphasis on the international recruitment of nurses.

The NHS is the major provider of health care in the UK and currently employs about 400,000 nurses. In the UK, all of the training received by doctors and nurses is provided by the public sector and, similarly, nearly all trained health professionals work in the public sector. In fact, the NHS employs nearly all doctors and approximately four out of every five working nurses in the country. This provides a range of policy levers for the UK government when it wishes to address health workforce issues – it is both the main “employer” and “educator” of nurses.

The international recruitment of nurses and other health professionals is codified within a so-called “ethical” approach. Guidelines for NHS employers were first established in 1999. A Code of Practice of International Recruitment for NHS employers was then introduced.
in 2001, which was subsequently updated in 2004. This code requires that NHS employers not actively recruit from developing countries unless there is a government-to-government agreement that active recruitment is acceptable. At the current time of publication, such agreements exist only with China, India, and the Philippines. All other developing countries are effectively designated as “no go” areas for active recruitment by the NHS.

As one of the designated sources of “ethically acceptable” nurses, the Philippines has been actively targeted by UK recruiters. While initially this activity was uncoordinated, undertaken by individual employers with or without recruitment agency support, the NHS quickly set up a network of regional international recruitment coordinators to minimize overlap in recruitment efforts, as well as to achieve economies of scale. The NHS also established a website to facilitate the direct recruitment of nurses from other countries. Potential nurse applicants from China, India and the Philippines (the three countries with which there are country-to-country agreements to recruit nurses) all have their own sections on the website.

Nurses applying to enter the UK from all non-European Union countries are required to register in the UK and are required to obtain a work permit (sponsored by their UK employer). In recent years, the designation of nursing as a “shortage” profession in the UK has enabled the fast tracking of applications by nurses for work permits.

**Nurses in the Philippines**

The Philippines is commonly regarded as one of the main source countries for English-speaking nurses. Traditionally, the main destination countries for these nurses have been in North America, principally the United States, followed by the Middle East. Many nurses who train in the Philippines plan to move abroad as soon as they qualify, with the intention of sending back (remitting) income to their extended families. While there is no explicit policy in the Philippines encouraging the migration of nurses, there are a number of government agencies established to facilitate the deployment and the protection of Filipino citizens abroad, such as the Philippine Overseas Employment Authority (POEA) and the Office of Workers Welfare Administration (OWWA).

Recent estimates suggest that as many as 85% of employed Filipino nurses are working internationally – totalling over 150,000 nurses. After stagnating in the mid-1990s (due to a reported reduction in demand from “traditional” destination countries, particularly the US), annual outflow of nurses picked up in the late 1990s and has continued to increase in recent years. The “pull” factor of demand for Filipino nurses from other countries has reportedly varied markedly over time, with huge outflow to the US and Middle East in the 1980s, but lower demand from these countries in the 1990s.

Remittance income can represent a significant source of “hard” currency for developing countries (International Organization for Migration, 2004). Nurses from the Philippines, the Caribbean and other source countries are important generators of funds back to their home countries. Recent research on Tongan and Samoan nurses working in Australia suggests that they make major contributions to the economies of their home countries that far surpass the initial financial investments involved in educating the nurses.
Trends in Inflow of Nurses to the UK

Any nurse from a non-EU (European Union) country who wishes to practice in the UK must apply for and be admitted to the register of the Nurses and Midwives Council (NMC). Unlike in the United States, where international nurses are required to take a national examination and gain state board licensure, there is a “one stop” process in the UK: nurses apply to the NMC, and if their educational qualifications and career history are judged appropriate, they are accepted onto the register. In the instance where an international nurse is not accepted, he or she may be required to work a period of supervised practice or “adaptation” to rectify any identified deficiencies in their skills and competencies. This period of adaptation normally lasts for two or three months.

Registration data is collated nationally by NMC, with “home” educated and international registrations identified separately on the register, rendering it possible to assess the relative size of each country’s contribution of “new” nurses working in the UK. Figure 1 shows the total number of international nurses who registered with the NMC between 1998/99 and 2004/5, with the number from the Philippines identified separately (the NMC registration “year” lasts from April 1 to March 31).

The figure illustrates rapid growth in the numbers of nurses from other countries registering to practice in the UK over the period up to 2003. Specifically, the number registering from the Philippines rose dramatically—from 52 in 1998/99 to 7,235 in 2001/02. While the annual number of international nurse registrant entrants declined from 2003 to 2005, it remains at historically high levels. The number of nurses registered from the Philippines fell to 2,521 in 2004/5. Meanwhile, India has risen rapidly as a source of recruits, and in 2004/5 it superseded the Philippines as the main interna-

![Figure 1: Admissions to the UK nurse register from the Philippines and from other non-EU countries 1998/89 - 2004/5](image-url)
In the period between 1998/99 and 2004/5, more than 24,000 nurses from the Philippines were registered in the UK. In the years 2000/01 to 2003/4, the Philippines were the single most important non-UK source of nurses for the UK register. The reason for this rapid growth in inflow of nurses from a country which did not have “traditional” links with the UK relates primarily to the policy of active international recruitment developed by the NHS, combined, as noted above, with the relative reduction in employment opportunities for Filipino nurses in their more common destinations such as the United States and the Middle East. It is not just the UK that switched to the Philippines as a source of recruits – large numbers of Filipino nurses were recruited to Ireland, and smaller numbers to other countries such as Norway.\textsuperscript{11}

The vast majority of nurses coming to the UK are from English-speaking countries of the Commonwealth and from the Philippines. The four most important source countries in 2004/5 were India, the Philippines, South Africa, and Australia. In total, between April 1997 and March 2005, there was an aggregate total of more than 80,000 overseas nurses admitted to the UK register. The relative contribution of international nurses to staffing growth in the UK has risen significantly. In the early 1990s, overseas countries were the source of about one in ten nurses entering the UK register. In recent years, overseas countries have on average contributed approximately 45% of the annual number of new nurse entrants to the UK register.\textsuperscript{12}

### Filipino Nurses in the UK

While NMC data can assist in tracking overall trends in the numbers of international nurses becoming eligible to practice in the UK, there is no complete and accurate published data available on where these nurses are located within the UK and what type of work they...
are undertaking. As noted earlier, the majority of working nurses in the UK are employed in the NHS (hospital and primary care), with the remainder working in the independent (i.e. private) sector, in nursing homes and in the relatively small independent acute hospital sector. Both the NHS and the independent sector have been active in recruiting internationally.

Some of the findings of a recent survey of international nurses working in London assist in developing a better understanding of the profile and motivation of Filipino nurses. The survey was conducted in late 2004 and had 380 respondents (40% response rate), all of whom had begun nursing in the UK within the previous four years. The 380 respondents comprised a population with more than thirty different countries of training. The Philippines was the most commonly reported country, with ninety-two respondents, representing one in four of the respondents. Nigeria and South Africa were the other most commonly reported countries of training.

Respondents were asked to report what was the reason that had most influenced their decision to come to the UK. In the survey data, a mixed pattern of responses emerged, depending on the source country. For example, all of the nurses from Australia, New Zealand and the United States indicated that the main reason that they were in the UK was personal, linked to travel and the desire to experience a different way of life. Some nurses from Africa and India reported social reasons as being the main driver of their emigration – primarily linked to joining family already in the UK. However, none of the nurses from the Philippines reported this reason for coming to the UK. This is unsurprising as there is no history of migration from the Philippines to the UK, and the post-colonial ties that link the UK to Anglophone Africa and Asia are absent.

Nearly all Filipino based nurses (96%) reported that a recruitment agency had been involved in their move to the UK. Filipino nurses were most likely to report that the agency was based in their home country (i.e. Philippines). In contrast, for nurses from the other regional groups, the agency was more likely to have been international or based primarily in the UK. Nearly three out of every four nurses (72%) who reported using an agency had to

![Fig 3: Current employer, main job, by main regional groupings]
Filipinos (74%) were the most likely of any nationality to report that they had made payments to recruitment agencies. Overall, two thirds (69%) of all the international nurse respondents reported that they were working in NHS hospitals in London, with the remaining 13% working in private sector hospitals and 10% in private sector nursing homes (Figure 3). Among Filipino nurses, however, a higher proportion of nurses were working in NHS hospitals.

Most of the nurses were the major or sole “breadwinner” contributing to household income. One third (37%) were contributing all of the household income, a further quarter (25%) contributed more than half, and a further one in five (20%) contributed about half. The pattern of responses from Filipino nurses was not dissimilar from the overall response (Figure 4). More than half of the respondents (57%) reported that they regularly sent remittances to their home country (Figure 5). However, the pattern of remitting varied significantly by regional grouping, with three quarters of Filipino nurses (73%) regularly remitting money home. Nurses from the Philippines were also more likely to report that they remitted a high proportion of their income — about half of Filipino respondents were remitting either between 26% and 50% of their income or more than 50% of their income (Figure 6). (Note:
the average full-time pay for a nurse in the UK in 2004 was approximately £24,500. Nurses in London earn more than the national average because of a regional supplement.)

Respondents were asked to indicate how long they planned to remain in the UK as a nurse (Figure 7). The majority (60%) indicated that they planned to stay for at least five years, with a further quarter (25%) indicating that they planned to stay between two and five years. The pattern of responses from Filipino nurses was not dissimilar. However, differences did emerge when respondents were asked if they were considering a move to another country (Figure 8). Just under half (43%) reported that they were considering a move, but nearly two thirds of Filipino nurses (63%) reported they were considering a move. Nearly all of the Filipino nurses (83%) who were thinking of moving reported that they were considering moving to the US.

Conclusions

The Philippines for a few years became the major source of international nurses for the UK. The primary driver in establishing this link was from the UK end and was related to the need to rapidly increase recruitment levels. The ability to undertake large-scale active international recruitment was facilitated by the fact that the NHS is such a large public sector employer, giving it the requisite economies of scale and the ability to influence government policy on migration. The NHS used these advantages in the early part of this decade to recruit large numbers of nurses from the Philippines. These efforts were indirectly assisted by reduced employment opportunities for Filipino nurses in more traditional destinations such as the United States and the Middle East.

The efficiency and effectiveness of international recruitment rest partially on how long...
International recruits are retained within the destination country. The survey highlighted that many of the Filipino nurses and those from other countries were thinking about a long-term commitment to UK; but many were also considering moving on (primary destination: the US), stimulated by continued contact from recruitment agencies. The fact that these nurses have made at least one international move means that they are likely to have the propensity to move again. For many Filipino nurses, the UK may only be a stepping stone on the way to their ultimate goal – a job in the US.

References