



Workplace integration of migrant health professionals in the English health sector

*Hiranthi Jayaweera & Helen McCarthy
Centre on Migration, Policy and Society
Oxford University*

With financial support from the European Commission



Context of research study

- ▶ Staff shortages
- ▶ Net migration target – visa restrictions
- ▶ Recruitment from EEA increasing
- ▶ Ethical recruitment policy



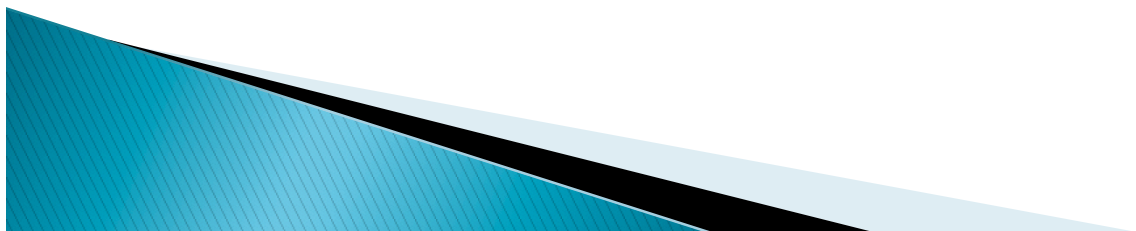
Migrant health professionals in the health sector: key patterns

▶ Doctors

- A little over a third of doctors born abroad – 10% EEA, 26% TCN
- Increase of EEA graduates

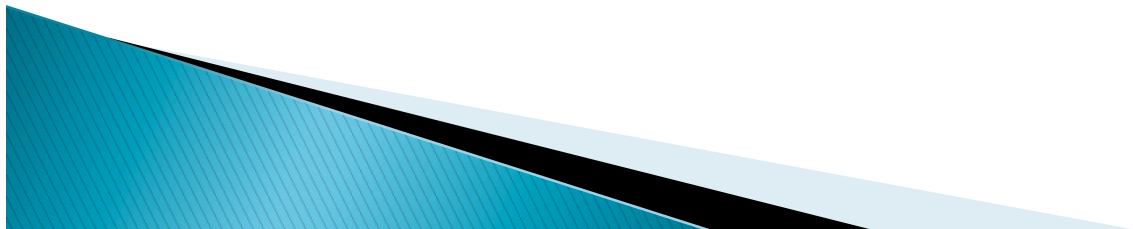
▶ Nurses and Midwives

- Roughly a fifth of nurses born abroad
- Recent high increase of recruits from EEA countries



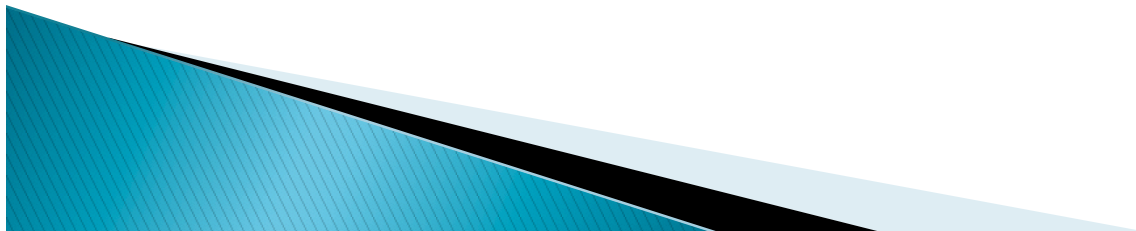
Qualitative research in two hospitals

- ▶ Large NHS teaching hospital & small private hospital
- ▶ Categories of interviewees:
 - TCN, EEA, UK colleagues
 - Managers, doctors, nurses
 - In total 41 interviews
- ▶ 10 national and local stakeholder interviews



Fieldwork findings – themes

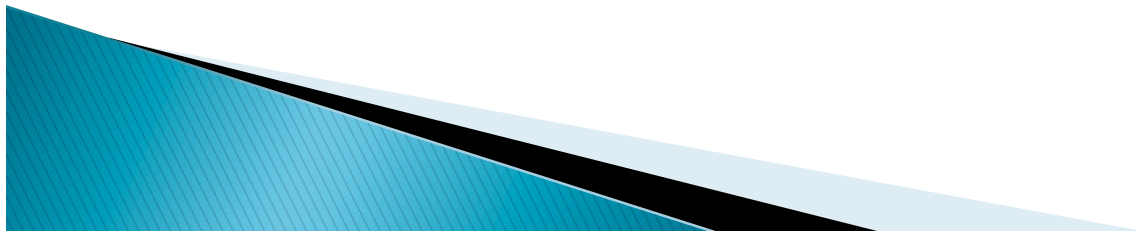
- ▶ Entering and progressing
- ▶ Working together
- ▶ Equality and diversity in the workplace



Entering labour market & career progression

▶ Entering

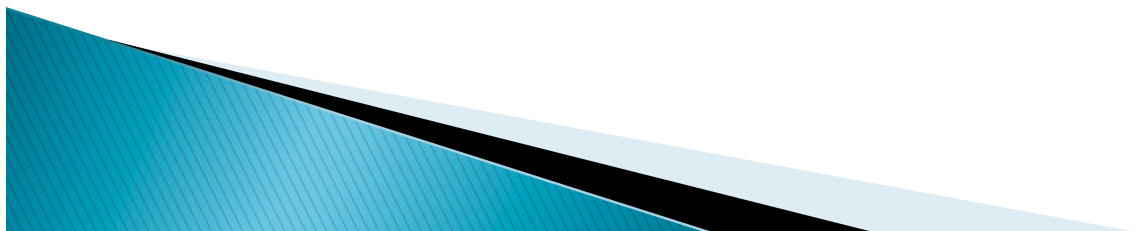
- Main split EEA vs TCN – both in terms of immigration and registration with medical and nursing council
- EEA migrants: double benefit of no immigration restrictions and automatic recognition of qualifications



Entering & progressing

- ▶ Entering – Induction

- For doctors not very helpful for the practicality of the work – a tick box exercise
- For nurses can be better when recruited in large cohorts – provide more support, but period of supernumerary puts pressure on existing staff



Entering & progressing

▶ Recognition of nursing skills

- Non-EEA nurses used to work for a period at lower level before achieving registration (recently changed)
- Nurses' skills are competency based – bigger organisation easier to sign off skills more quickly
- Some people thought that clinical skills or clinical training abroad were higher than UK standard



Entering & Career Progression

▶ Doctors' career trajectories

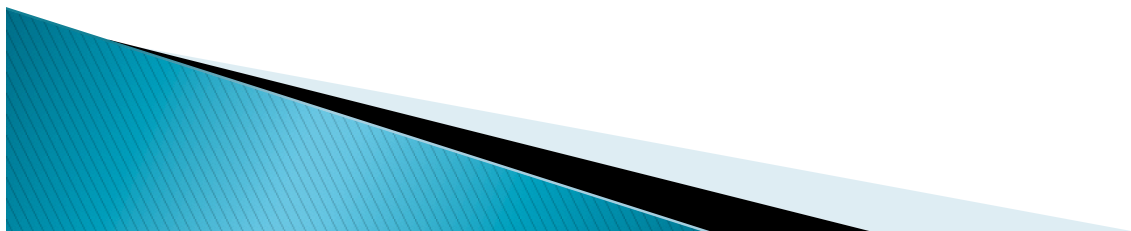
- Doctors – no standard route for entry – varies widely depending on stage of career of entry
- Overseas doctors disadvantaged by rigid inflexible routes – they often get stuck in 'service' positions
- Overseas doctors feel they have to work harder to be trusted

▶ You have to work extra hard to get the same kind of respect that would be coming to you automatically if you were just a good enough doctor of British origin.

- ▶ Non-EEA doctor, NHS hospital

Where UK graduates, EEA graduates and TCNs aged 30 years and over, and not in training, were employed in 2013 (Source: UK medical register)

Primary medical qualification	All	GP register	Speciality register	Neither
UK	59%	77%	60%	28%
EEA	12%	6%	15%	15%
TCNs	30%	17%	24%	57%



Entering & progressing

- ▶ Extra constraints on progression
 - No networks of support for childcare for overseas workers
 - Family considerations affect career opportunities and progression for doctors and nurses
 - Can be difficult for overseas workers to get time to go home for family emergencies



Working together

▶ Communication – Challenges

- Cultural norms of communication
- British idioms
- Terminology
- Accent

One nurse told me, she said ‘Doctor you’re very rude’ and I was shocked! I said why, she said ‘you don’t say please and thank you’. ... Because in [country of origin] you don’t say please and thank you, this is like a formal language.

TCN doctor, stakeholder

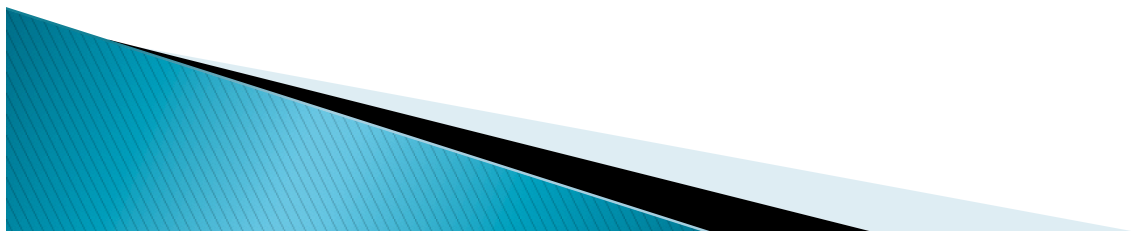
Working together

- ▶ Majority describe positive working relationships with different nationalities
- ▶ Some migrants felt expectations of socialising not met
- ▶ Some British colleagues described cliques among some groups of migrant workers

They can be quite cliquey as well. I don't think that's any different from when I worked overseas and the English people being quite cliquey in another country
British nurse, Private

Equality & diversity

- ▶ National legislation to promote equality. New NHS Race Equality Standard (2015) to try to tackle discrimination in the NHS.
- ▶ Equality and diversity policies well embedded in hospitals, but most staff did not see value of policies or training



Equality & diversity

- ▶ Discriminatory behaviour of elderly and/or unwell patients seemed to be to some extent excused by more senior staff

Racism from an older generation, particularly when they're unwell, it's seen as distasteful but it's seen as, like we [migrant/minority doctors] should be able to tolerate it.

Non-EEA doctor, NHS

Recommendations

- ▶ Better induction based on inclusive values for migrant health professionals
- ▶ More training opportunities for doctors in service posts
- ▶ Review Equality & Diversity policies and training with migration perspective
- ▶ Develop guidelines for senior staff on tackling patients' discriminatory behaviour

