The contribution of migrant women to the NHS

The first time I heard about the National Health Service was as a high school student in the Caribbean in the 1960’s and I was immediately drawn to its principles of social justice. It was this that brought me to the UK to train as a nurse, and it has kept me working in and on behalf of the NHS for the last 44 years.

I want to use this article to shine a light on the contribution that other migrant women are making to the NHS. We have occupied a spectrum of occupations, but I want to focus on nurses who comprise the largest group of health workers.

Mobility is a fact of modern life and nurse migrants play an essential role in today’s healthcare economy. Although their movement is often presented as a new phenomenon, women from low and middle income countries have been coming to the UK since the last century, helping to shape the culture and direction of the NHS. Their presence alone has been instrumental in ensuring that services are accountable and responsive to local needs. Some have demonstrated exceptional leadership abilities, which have had profound global impacts.

Jamaican born Mary Seacole was one of the most famous nurses in Victorian England, recognised both nationally and internationally for her humanitarian work caring for soldiers and prisoners from both sides of the Crimean war (see www.maryseacole.com).

Dame Karlene Davis, General Secretary of the Royal College of Midwives from 1994-2008, went on to become director of the World Health Organisation Collaborating Centre for Midwifery and President of the International Confederation of Midwives (www.nhsemployers.org/Dame-Karlene-Davis).

Today, nurses and midwives who trained outside of the UK make up 13 per cent of the register – that’s 87,500 people, most of whom are women. As the NHS moves towards meeting the challenges of an increasingly interconnected and diverse country it offers new and exciting opportunities for migrant nurses to contribute their unique skills, and to shape services nationally and internationally.

Young women such as Sarah Amani for example, a mental health nurse and now Chief Clinical Information Officer at Surrey and Borders Partnership NHS Foundation Trust, are applying their clinical expertise to issues such as knowledge and information management, forging new inroads in the field of healthcare data use and freedom of information.

There are debates going on around the ethics of recruiting nurses from low and middle income countries. NHS Employers plays a key role in providing the NHS with guidance on this (see www.nhsemployers.org/IRCoP).

Our guidance is underpinned by the evidence that there is mutual benefit for the source countries as well as to the NHS; nurses returning home with NHS experience will bring clinical and training skills acquired here, which is vital in building health system capacity. It is also well recognised that remittance sent home by migrant nurses is an important source of revenue for low income countries.

The NHS will continue to pay close attention to the workplace experience of migrant nurses. There is a lot that we can do to ensure that they receive appropriate levels of support; that adaptation and induction programmes are adequate and that they have access to personal and career development opportunities. This will help our ambition, as the largest employer in Europe, to harness the potential for all our migrant nurses.

by Professor Carol Baxter CBE, Head of Equality, Diversity and Human Rights, NHS Employers

ABOVE: Dame Karlene Davis, General Secretary of the Royal College of Midwives from 1994-2008

BELOW: Sarah Amani, a mental health nurse and now Chief Clinical Information Officer at Surrey and Borders Partnership NHS Foundation Trust

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