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Consideration of the impact of additional regulation of advanced practice on internationally educated nurses and midwives working in the UK: A Rapid Evidence Check

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Executive summary

Background, aims and objectives

The Nursing and Midwifery Council (NMC) has commissioned the Florence Nightingale Foundation (FNF) to undertake a programme of research to inform its future decision-making regarding additional regulation for advanced practice and its possible impact on internationally educated nurses and midwives (IENMs) on the NMC register. In particular, the NMC is interested in understanding what is known about advanced practice in the countries where the UK primarily recruits from and the extent to which IENMs on the NMC register use their experience of advanced practice gained outside of the UK.

The findings in this paper are primarily intended to inform planned primary data collection exercises with IENMs on the NMC register. The findings presented here and via the subsequent primary data collection activity will then be combined to form a single report to inform the wider NMC advanced practice review.

Research approach

To produce a rapid 'evidence check' in the short timeframe available, a small team of two investigators conducted searches of different types of evidence, engaged with experts, and attended an NMC-convened roundtable of IENMs. The findings presented in this paper do not present a systematic review, but one that draws together the most up to date, publicly available literature and information about the research questions.

Key findings

- Advanced practice roles are spreading globally, including in countries where the UK now primarily recruits nurses and midwives from. It is likely this trend will accelerate.

- The regulatory and legislative landscape with regards to advanced practice in some of the countries where the UK primarily recruits from (India, the Philippines) is in considerable flux and change is likely in the near to medium term.

- Existing evidence shows that the competencies, scope of practice, regulatory mechanisms and educational requirements that underpin advanced practice roles in some of the countries the UK now primarily recruits from partially align with international standards. Alignment is most seen in educational requirements to practise at an advanced level, and least seen in extent of adherence to scope of practice characteristics.

- Advanced practice of IENMs in the UK is not captured in the scholarly literature, highlighting an evidence gap that primary research will need to fill.

- Failure to recognise the prior skills and experience of IENMs can lead to deskilling and demotivation regarding long-term career aspirations, e.g. developing into the advanced practitioner role.

- IENMs employed in the UK perceive the prospective regulation of advanced practice as an enabler for career progression. However, they may face distinct barriers to accessing this opportunity, which additional research will need to explore.

Conclusion

There is much that remains unknown about how the potential new regulatory options of advanced practice under consideration would impact on IENMs currently on the NMC register. We can, however, conclude that there are likely to be a growing number of professionals either on the register or who will be joining the register in the near future who hold an advanced practice level qualification gained outside of the UK – regardless of what it is called or the exact competencies underpinning it. Any regulatory decision will need to fully understand these complexities in order take this into account and plan accordingly.

Recommendations for primary data collection

Primary data collection as part of the NMC's key line of enquiry into this area should focus on the following:

- The extent to which IENMs working in the UK are currently using advanced practice skills (obtained prior to entering the UK) in their roles
- The process by which IENMs obtained advanced practice qualifications while working in the UK and the barriers and enablers of that
- The educational requirements, scope of practice, and competencies underpinning advanced practice roles in countries where the UK primarily recruits from
- The views of IENMs on potential future regulatory options for advanced practice
- What additional support might help IENMs successfully pursue advanced practice roles

Context

Aims of this rapid evidence check

The Nursing and Midwifery Council (NMC) has commissioned the Florence Nightingale Foundation (FNF) to undertake a programme of research to inform its future decision-making regarding additional regulation for advanced practice and its possible impact on internationally educated nurses and midwives (IENMs) on the NMC register now and in the future. This forms one component of the key lines of enquiry informing the NMC's larger advanced practice review.[1]

This line of enquiry is vital. IENMs now constitute a large and growing proportion of the NMC register. As of September 2023, 21.3% of the professionals on the register were internationally educated.[2] The number of professionals on the register whose initial registration was outside the UK grew from 142,432 in March 2022 to 164,198 in March 2023. 76.8% of internationally educated professionals on the register (104,506 out of 136,116) are from India, the Philippines, and Nigeria.[3] Any future decision taken by the NMC regarding future additional regulations of advanced practice must consider the impacts on this part of the workforce.

This research aims to answer the following questions:

1. What is known from the existing literature about the prevalence, definitions, regulation, barriers, benefits, and risks relating to advanced nursing and midwifery practice globally, especially in countries where the UK primarily recruits IENMs?

2. What is known from the existing literature about the extent to which IENMs practising in the UK use their experience and qualifications of advanced practice gained outside of the UK?

The findings in this report are intended to inform planned primary data collection exercises with IENMs currently on the NMC register. The findings in this paper and via the subsequent primary data collection activity will then be combined to form a single report.

Research approach

To produce a rapid 'evidence check' in the short time frame available (December 2023- January 2024), a small team of two investigators conducted searches of different types of evidence.[4] To answer the first research question, we explored a wide range of sources without predefined criteria or a systematic approach, including existing policy, published academic and grey literature, workforce databases, regulations and legislation, and NMC internally produced documents. We also engaged with expert representatives from International Nursing and Midwifery Associations (INMAs) and attended an NMC-convened IENM roundtable.

To answer the second research question, we conducted a targeted, rapid scoping review of scholarly literature. The findings presented in this paper do not represent a systematic evidence review, but one that draws together the most up to date, publicly available literature and information about the research questions. Full details of the methodology is outlined in the Appendix.

A note on terminology

We recognise that across the four nations of the UK and in most countries globally there is no single definition of advanced practice in nursing and midwifery and a variety of terms are used to describe professionals working at an advanced level and/or with higher level or post-registration qualifications, including:

- advanced practitioner (AP)
- advanced clinical practitioner (ACP)
- advanced nurse/midwife practitioner (ANP / AMP)
- nurse practitioner (NP)
- advanced practice nurse (APN)
- clinical nurse specialist (CNS)
- nurse specialist (NS)
- specialist nurse (SN)
- consultant midwife (CM); and
- nurse practitioner in midwifery (NPM)

We also recognise that, in part due to this lack of consensus, those terms may be applied to professionals who are in practice not working at what the International Council of Nurses (ICN) or the UK would consider an advanced practice level.

Throughout this report, where we are speaking generally, we typically use the terms 'advanced practice in nursing or midwifery' to refer to the level of practice and 'advanced practitioner' to refer to the role. Where we are speaking about a specific country we will use the terms in use in that country. Where we are speaking about a professional association or international body, such as the ICN, we will use the terms in use by that organisation.

We have defined IENMs as registered nurses or midwives practicing in the UK whose initial registration was gained outside the UK. This includes those who gained their qualifications in EU member states.

1. Background

The development of advanced practice in nursing and midwifery globally

Nursing

The development of advanced practice in nursing globally began in the 1960s, initially intended to meet the needs of rural populations and to address medical understaffing in primary care settings. Driven predominantly by shortages in healthcare providers and changing healthcare delivery models, advanced practice has now spread to almost all areas of nursing practice.

The ICN defines an advanced practice nurse as:

> *'A generalist or specialised nurse who has acquired, through additional graduate education (minimum of a master's degree), the expert knowledge base, complex decision-making skills and clinical competencies for Advanced Nursing Practice, the characteristics of which are shaped by the context in which they are credentialled to practice (adapted from ICN, 2008). The two most commonly identified APN roles are CNS [clinical nurse specialist] and NP [nurse practitioner].'*[5]

According to the ICN as above, the educational requirements for advanced practice in nursing entails a master's degree from an accredited programme, leading to licensure, registration, certification, or credentialling. The ICN also stipulates that it is 'essential' that NP educational programmes include supervised clinical practice or a clinical practicum, usually for a designated number of clinical hours with an experienced NP or physician.

The scope of practice defines the roles and responsibilities of these nurses, who are expected to integrate research and education with management, exercise professional autonomy, independently handle caseloads, and exhibit advanced skills in assessment and decision-making. It is important to note that this ICN guidance is aspirational and voluntary, and has enabled a certain degree of heterogeneity in the role's development.

Regulatory measures in a small number of countries, underpinned in some instances by legislation, safeguard the title and delineate the scope of practice, granting them the authority to diagnose, prescribe medications, and order diagnostic tests.[6]

Midwifery

There is a global lack of consensus or understanding around the definition of advanced practice in midwifery. The International Confederation of Midwives (ICM) has not provided a framework defining the elements of advanced midwifery scope and no longer publishes a list of extended or advanced skills.[7] This is because many regulators argue that the skills and competencies that characterise advanced practice – such as autonomy and advanced decision making – are covered in the scope of practice of all midwives upon registration, not just those working at an advanced level.[8]

However, advanced practice in midwifery roles have been introduced in many countries under different titles to recognise, compensate, and advance the broader scope of midwifery. These positions commonly encompass responsibilities such as research, leadership, advanced assessment, and decision-making.[8]

The development of advanced practice in nursing and midwifery in the UK

Nursing

Advanced nurse practitioner roles in the UK were introduced in the 1970s. The role has continued to grow in popularity, especially over the last decade, and data from NHS hospital and community services in England suggest that as of May 2022 there were more than 4,900 nurses with a recorded job role of 'advanced practitioner.'[9] This is most likely a significant underestimate, but as the NMC does not regulate advanced practice, we cannot comment on numbers or trends with certainty.

The four nations of the UK each have their own framework for advanced practice in nursing, all which use slightly different nomenclature and framing and have different scopes.[10] They do, however, share important similarities that have enabled a consensus to emerge in the UK regarding the competencies, scope of practice, and requirements for advanced practice in nursing and could create the basis for one unified framework. They are:

- Each national framework is structured around the 'four pillars' broadly covering: (i) clinical practice, (ii) leadership and management, (iii) education, and (iv) research
- Each framework's definition of advanced practice in nursing emphasises skills such as exercising a high degree of autonomy, undertaking complex-decision making, demonstrating clinical competencies for expanded practice, and using clinical judgments in decision making
- They all stipulate that advanced practitioners in nursing require a master's level degree or equivalent, e.g. a Postgraduate Diploma

Despite the existence of these frameworks, in practice the role continues to be poorly and inconsistently applied, even within the same organisation.[11] The role is not currently regulated and understanding is variable. Therefore, there is a lack of assurance that the professionals working in advanced nursing practitioner roles currently have the adequate preparation, education, and support to do so competently.[12]

Midwifery

The development of advanced practice in midwifery in the UK is much more recent than in nursing. Like the ICM and various regulators currently, the Royal College of Midwives (RCM) in the UK has historically been reluctant to support this development, arguing that the role is redundant as midwives are autonomous practitioners at the point of registration. Instead, the RCM has advanced the role of the consultant midwife, defined as the 'highest point in the midwife's clinical career,' encompassing clinical excellence, leadership, and academic capability.[13] Consequently, the number of advanced practitioners in midwifery across the UK is small. The NMC has identified around 70 midwives working as advanced practitioners in England and Wales, although absolute numbers remain unknown.[14]

In November 2022, Health Education England (HEE) published an advanced clinical practice in midwifery capabilities framework, which argues that advanced clinical practice in midwifery is beyond that of the qualified midwife at the point of registration.[15] The framework defined the three requisites for advanced clinical practice in midwifery as:

1. Registration as a midwife on the NMC Register
2. The generic capabilities identified across the four pillars of Advanced Clinical Practice as defined in HEE's 2017 Multi-professional framework for Advanced Clinical Practice in England, namely clinical, leadership and management, education, and research
3. The Advanced Clinical Practice in Midwifery core capabilities

Northern Ireland and Scotland do not have frameworks covering advanced practice in midwifery. Wales has a multi-disciplinary framework that covers midwifery, alongside nursing and allied health professionals.[10] Similar to nursing, there is considerable heterogeneity in how the advanced practice role in midwifery is currently being operationalised, understood, and deployed in practice.[11]

2. The state of advanced practice in countries where the UK primarily recruits from

IENMs on the NMC register

Nursing and midwifery professionals educated overseas now account for over 20% of the entire NMC register, with more than 80% of those educated outside of Europe. This group now accounts for more than two-thirds of the increase in the register between September 2019 and March 2023.[16] The 2023 mid-year report from the NMC indicates that the strong growth in international recruitment shows no signs of abating. From 31 March 2023 to 31 September 2023, the NMC register added 15,068 professionals trained in the UK, 333 professionals trained in EU/EEA, and 14,702 professionals trained outside both the UK and the EU/EEA.[17]

India is now the single biggest source of international recruitment in the UK nursing and midwifery workforce, followed by the Philippines, Nigeria, Romania, and Ghana. Figure 1 details the numerical change in professionals recruited from these countries in the six months from April 2023 through September 2023. With the exception of Romania, which saw a small decline in professionals recruited, the other countries reported significant levels of growth.

Figure 1: Top non-UK countries of education and change, since April 2023 to September 2023. Taken from the NMC register mid-year update 1 April – 30 September 2023.

To better understand the implications of potential additional regulations of advanced practice in the UK on this large proportion of the NMC register, we assessed the global prevalence of approaches to advanced practice at a headline level generally, and then performed 'deep dives' into approaches in India, the Philippines, and Nigeria.[a]

Global prevalence of advanced practice in nursing and midwifery

According to the World Health Organization (WHO), 50 countries currently report having advanced practice roles for nurses.[18] This is just over half (53%) of the 95 responding countries who submit data about their workforce to the WHO. There is clear evidence that the role's

[a] Due to time constraints, we did not conduct deep dives into Romania or Ghana. However, in the course of research, relevant information about Ghana was discovered. Where that is the case, that information is discussed in the text.

adoption is accelerating. As far as we are aware, the WHO does not collect or report on comparable data for advanced practice roles for midwives.

There are now advanced nurse practitioner roles in every WHO region (see Table 1). It is important to note, however, that the definition of advanced practice roles and associated competencies and scope of practice differs widely across these countries and this is based on self-reported and self-assessed data against no standardised benchmark.

Table 1: Percentage of responding countries reporting existence of nursing regulations on education and training, by WHO region

WHO Region	Existence of advanced nursing roles
Africa	74%
Americas	55%
South-East Asia	75%
Europe	30%
Eastern Mediterranean	50%
Western Pacific	52%
Global	**53%**

Source: NHWA 2019, and State of world's nursing 2020

International models in countries that regulate advanced practice

The NMC has conducted a comprehensive comparison[12] of international models and advanced practice roles in countries that regulate advanced practice in nursing and/or midwifery and in some countries that have advanced practice roles, but no underpinning statutory regulation implemented to support them.[b] The overwhelming majority of the evidence is about advanced practice in nursing only. The comparative review found that the majority of countries explored have:

- Statutory legislation underpinning advanced practitioner roles
- Protected titles in some capacity reflected on their respective regulatory registers
- A requirement of a master's degree or equivalent
- Standards of proficiency, which may involve overseeing the quality assurance of educational programmes or institutions in certain instances
- Evidence that the regulation of advanced nursing practice supports career development

Some countries in the comparative review included a requirement to demonstrate evidence of continuing professional development (CPD), though not the majority. Additionally, we found evidence that some of these countries stipulate that the approved advanced nurse practitioner educational programmes must include a requirement for supervised clinical practice for a designated number of hours, typically falling between 300 to 500 hours. For example, the Republic of Ireland recommends 500 supervised clinical hours undertaken as part of advanced practice training.[19]

[b] These countries are: USA, Canada, Australia, New Zealand, Republic of Ireland, Netherlands, Singapore, South Korea, Switzerland, Finland, Spain, and France.

Defining scope of practice – commonalities

Countries covered in the comparative review evidence certain specific commonalities in terms of how they define the scope of advanced nursing practice, although implementation and extent of adherence to this can vary greatly. These commonalities include:

- **Assessment and diagnosis** – advanced nurse practitioners are often authorised to conduct comprehensive health assessment, including physical examinations, medical histories, and diagnostic tests. They may also have the authority to diagnose various health conditions.
- **Treatment and management** – advanced nurse practitioners are typically authorised to develop and implement treatment plans for patients. This may involve prescribing, ordering diagnostic tests, performing procedures, and providing therapeutic interventions.
- **Prescriptive authority** – around half the countries covered in the comparative review reported the requirement to do independent prescribing, including of controlled substances. This authority is usually granted through specific regulatory processes.
- **Patient education and counselling** – advanced nurse practitioners often play a key role in patient education and counselling, providing information on health promotion, disease prevention, treatment options, medication management, and lifestyle modifications.
- **Referral and collaboration** – advanced nurse practitioners frequently collaborate with other healthcare providers to ensure coordinated care for patients.
- **Evidence based practice and research** – advanced nurse practitioners are expected to incorporate evidence-based practice into their clinical decision-making, utilising current research findings and best practice to guide their care.

Drivers, benefits, enablers and barriers to regulating advanced practice roles

The comparative review also explored the drivers, benefits, enablers and barriers to regulating advanced practice roles.

The driving factors for regulating advanced practice roles in these countries cluster around the need to provide assurances of public protection and standards, especially around high-risk activity, to increase access to primary healthcare services, and to achieve standardisation across advanced practice roles. The benefits of regulation included improving the quality of patient care, strengthening multidisciplinary teams, and providing career progression routes.

Enablers to regulation included introducing standards of education, training and proficiency, enacting statutory legislation and creating protected titles, and reducing the number of years of post-registration experience needed before undertaking advanced practice programmes.

Barriers to regulation included opposition from medical professionals/bodies/unions, varying legislation between states and/or territories, and widening access issues in training.

Advanced practice in countries where the UK primarily recruits from

There is comparatively little published in the scholarly literature about advance practice roles in countries that do not have formalised advanced practice regulations. A recent integrative review published in 2020 of advanced practice in low and lower-middle income countries provides the most comprehensive assessment of the state of advanced practice in some of the countries the NMC is most interested in learning more about.[20] This review found that 18 out of the 77 low and lower-middle income countries explored reported advanced practice roles as being in use. For

these purposes it is important to note that four of the top five countries the UK currently recruits from (India, the Philippines, Nigeria, and Ghana) were included in those 18 countries.

The review authors noted that while some articles in their review emphasised the importance of aligning with ICN standards, there was limited information on adherence to them. Most of the education and training programmes referenced did not consistently require the recommended master's level education, with the duration of educational programmes ranging from a few weeks to three years.

A follow-up study conducted in 2022, which included data from India, Nigeria, and Ghana, found that educational preparation for these roles varied widely, terminology was inconsistently applied, and only a small number met all the educational requirements for advanced practice as outlined by the ICN.[21] Importantly for this study, India (Tamil Nadu), Nigeria, and Ghana were all a part of that small group. However, only 17 roles in five countries met all the ICN standards for the scope of practice. This includes Nigeria, but not Ghana or India. See Tables 2 and 3 for more detail.

The main drivers behind the development of these roles are to address the needs of underserved, particularly rural, populations and to mitigate primary care physician shortages.

Table 2: Regulatory mechanism characteristics by country and role type

	Diagnose health problems	Prescribe prescription and controlled drugs	Order diagnostic testing	Order therapeutic treatments	Refer clients/patients to other services and/or other professionals	Able to admit and discharge clients/patients from hospitals or other healthcare services	Title protected by legislation	Legislation or a regulatory mechanism specific to these roles
India (Tamil Nadu only)	No answer	No answer	No answer	No answer	No answer	No answer	No answer	Yes (specific role not nominated)
Nigeria	Yes – NC, NP, NS	No answer	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	No answer	Yes – NC, NP, NS
Ghana	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	No answer	Yes, APN, NC, NP, NS, SN	Yes, NC, NS

Source: Taken from Scanlon et al (2022). No data about the Philippines was collected in this study.

Table 3: Nature of practice characteristics as defined by the ICN (2020) by country and role type

Country	Provides care, … (at an) advanced level…beyond the scope of practice of a generalist or specialised nurse	Manages full episodes of care and complex healthcare problems	Integrates research, education leadership and clinical management	Extended and broader range of autonomy	Manages own case load at an advanced level	Uses advanced assessment, judgment, decision-making, and diagnostic reasoning skills	Practice … determined by a set of competencies and/or standard	Provides support and/or consultant services to other healthcare professionals	Has the ability to plan, implement and evaluate healthcare programs at an advanced level	It is a recognised first point of contact for clients and families
India (Tamil Nadu only)	Yes (specific role not nominated)	No answer	No answer	No answer	No answer	No answer	Yes (specific role not nominated)	No answer	No answer	Yes (specific role not nominated)
Nigeria	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS	Yes – NC, NP, NS
Ghana	No answer	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	Yes, APN, NC, NP, NS, SN	No answer	No answer	No answer

Source: Taken from Scanlon et al (2022). No data about the Philippines was collected in this study.

3. Deep dives into India, the Philippines, and Nigeria

India

Background context

India is undergoing significant changes in nursing and midwifery education, practice, supervision, and regulation. The National Nursing and Midwifery Commission (NNMC) Bill, passed in 2023 by the Indian Parliament, intends to overhaul the existing system.[22] This legislation replaces the Indian Nursing Council (INC) with a modern regulatory structure, aimed at enhancing standards, professional conduct, transparency, and accountability.

The term 'nursing' in India encompasses both nursing and midwifery, with registered professionals often referred to as 'nurse-midwives.' Historically, nursing and midwifery in India have been governed by the INC nationally and State Nursing Councils (SNCs) regionally. There are 29 SNCs across Indian states responsible for accreditation, examinations, and overseeing professional conduct.

Currently, becoming a registered nurse-midwife involves completing a recognised Bachelor of Nursing (BSc Nursing) or Diploma in General Nursing and Midwifery (GNM) course as prescribed by the INC. The NNMC Bill introduces new roles, including nurse and midwife practitioners, without changing the existing registration standards. The registration process, maintained by each SNC, will transition to a centralised online Indian Nurses and Midwives National Register. Although minimum registration standards remain unchanged, the new register will likely continue recognising post-registration qualifications.

Definitions and prevalence of advanced practitioner roles in nursing

In 2017, the INC introduced the nurse practitioner in critical (NPCC) programme.[23] Prior to this, only some specialist roles, such as a nurse specialist in stroke care, existed in India and they were largely unregulated and employer driven.

The NPCC is a two-year clinical residency programme, comprised of 20% theoretical instruction (including in research and leadership) and 80% clinical experience, which results in a master's degree.[24] Competency based training is the approach, based on competencies from the ICN (2020) and the National Organization of Nurse Practitioners Faculties (2017).[25] To gain admission to the course students must possess a registered BSc nurse degree with a minimum of one year clinical experience, preferably in a critical care environment.

Implementing the role has proven challenging; the number of institutes offering NPCC courses has declined since its introduction due to a variety of factors, including a lack of a specified role for practitioners, no provision of registration in nursing councils as nurse practitioners, lack of legal protection for the title, and limited scope of employment. Despite these challenges, the INC's latest Annual Report shows that there are 60 state recognised programmes offering the course, with 850 places.[26]

Notably, the Government of India has recently proposed nurse practitioner roles in primary healthcare, public health, psychiatric, geriatric, organ transplant, and emergency and trauma.

Nurse Practitioner role enshrined in the NMCC Bill

In response to the growing expansion of nurse practitioner roles, and the need to address shortages of doctors in rural areas, the NMCC Bill has now codified the nurse practitioner role in legislation as a licensed nurse who:

- Has completed a formally recognised advanced education and training programme and has acquired the requisite qualification and is granted license to practice by the National Commission; and
- Demonstrates clinical competencies for the scope of practice, complex decision making and have [sic] expert knowledge in the area of specialisation.[27]

Alignment with international standards of advanced practice

There is considerable alignment between the nurse practitioner role in India as defined by the NMCC Bill and the advanced practitioner nurse role as defined by the ICN. This is confirmed by the above-referenced study which found that the educational requirements, programme accreditation, and credentials required for the practitioner role in India met all the ICN endorsed educational requirements.[21]

Barriers to the development of the nurse practitioner role

Research has identified several barriers to the development and implementation of nurse practitioner roles in India, at structural, functional, and attitudinal levels.[28] [29] The NMCC Bill aims to address some of the following barriers, but not the majority. These barriers include:

Structural:

- Absence of a legal framework (this will be changing with the NMCC Bill)
- Insufficiently trained nursing faculty to train practitioners
- Lack of clearly defined policy (this will be changing with the NMCC Bill)
- Poor infrastructure
- Weak national-level nursing leadership
- Weak national regulation, with duplication of functions at state and national level

Functional:

- No defined jobs
- Less collaboration between health care team members
- Uncertainty of medical-legal responsibility
- Lack of prescribing authority (this will be changing with the NMCC Bill)
- Lack of quality mentoring and supervision

Attitudinal:

- Lack of role acceptance amongst healthcare professionals, with some refusing to work collaboratively with nurse practitioners
- Historical devaluing of the skill sets and roles of nurses
- Fear of job security amongst general practitioners and other healthcare staff
- Lack of awareness of the role amongst the public

Midwifery

In the early twenty-first century, some Indian institutions and States began introducing nurse practitioner in midwifery (NPM) roles that required some level of advanced or additional qualifications. Various factors prompted this shift, including the recognition that the gradual merger of nursing and midwifery into one profession that had occurred over the decades prior had led to the dilution of midwifery expertise and competence.

Researchers have characterised these early attempts to introduce more autonomous and advanced midwifery practitioners as disorganised, poorly defined, unregulated, employer driven, and, ultimately, unsuccessful.[28]

Key learnings from these attempts

In 2018, the Indian Ministry of Health and Family Welfare published some key learnings from all of those attempted initiatives intended to inform future action.[30] Experts concluded that the following factors shaped their partial or total failure:

Excerpt taken from Guidelines on Midwifery Services in India (2018)

- **Role Clarity of NPM and their Integration into the Existing Heath System:** The ill-defined roles of midwives, AMNs and staff nurses posed a challenge to integrate midwives as a separate cadre in the health system.
- **Career Progression of NPMs:** Similarly midwives were introduced into the health system, a career progression pathway was not adequately mapped out making it difficult for the newly introduced NPMs to move forward as an independent cadre.
- **Lack of Legal and Regulatory Framework:** One of the most important and critical reasons affecting the success of the midwifery cadre in India was the lack of regulatory framework. None of the States were successful in establishing a legal framework to protect and guide midwifery programmes and allow NPMs to work independently.
- **Training of Midwives:** A rapid evidence synthesis and a consultation of experts during a National Midwifery Task Force (NMTF) concluded that in order to build competencies of midwives to deliver quality care, additional post basic education and training is needed. This requires an evidence supported 18-month training, encompassing both theory and practical sessions, as well as competency-based training sessions.

Introduction of the NPM role as a national initiative

Following those false starts, and based on the above learning, in 2018 the Government of India and the INC approved a policy for developing a professional cadre of NPMs. The INC defined the NPM programme as follows:

> *"The 18-month NPM programme aims to create a new cadre of midwives who are skilled in accordance with the ICM competencies, knowledgeable and capable of providing compassioned, women centred, reproductive, maternal and newborn child and adolescent health services and to develop an enabling environment for integration of this cadre into the public health system in order to achieve the SDGs for maternal and newborn health."*[30]

On successful completion of the programme, the NPM 'would be responsible and accountable for her practice and be able to practice independently and collaboratively with the doctors in the hospital.'[31] NPMs are meant to mostly practice at newly-created midwifery-led care units in high

caseload health facilities across India, such as medical colleges and district hospitals. At the start of the programme, it was envisioned that around 90,000 midwives would undergo the NPM programme to enable the development of 8,000 midwifery-led care units.

Future NPMs would be trained by NPM educators at the State Midwifery Training Institutes (SMTI). The knowledge and skills of the NPM educators would be standardised through a specialised NPM educator programme, which includes six months of intensive residential training in the NMTI followed by mentoring for 12 months. In designing the NPM curriculum, competencies were mapped against ICM competencies (2018) in order to plug gaps and ensure the programme met ICM standards for midwifery practice.

To qualify for NPM training candidates must:

- Have a General Nursing and Midwifery (GNM) diploma from a recognised institute or a BSc Nursing degree from a recognised university
- Be a registered nurse and registered midwife
- Have at least two years of experience of conducting deliveries or experience of working in the concerned field
- Pass an Objective Structured Clinical Examination (OSCE) based competency assessment
- Pass an aptitude test
- If the curriculum is in the candidate's second language, the candidate must take an entry test to asses literacy

Upon successful completion of the NPM training, the candidate is issued with a post basic diploma. Post-certification, the SNC will be able to register the candidate as possessing an additional qualification. This qualification will need to be renewed every five years, which requires passing a competency assessment.

NPM role enshrined in the NMCC Bill

Since its introduction in 2018, it remains unclear how many people have qualified as NPMs. A request would most likely need to be made to each state nursing register to ascertain this. However, INC reports indicate that the role – and the wider midwifery transformation agenda – is pressing on. The NMCC Bill (2023) has now enshrined the definition of the NPM in law as a licensed nurse who:

- Has completed a formally recognised advanced education and training programme and who has acquired the requisite qualification and is granted license to practice by the National Commission; and
- Demonstrates clinical competency for the scope of practice, complex decision making, and has expert knowledge in the area of specialisation.

Comparison of the NPM role competencies with international advanced midwifery practitioner competencies

As mentioned in the first section of this paper, there is no internationally accepted framework outlining advanced practice midwifery competencies to compare the NPM role to. However, as the role does not require a master's degree or equivalent, it is unlikely to meet general advanced clinical practice standards.

The Philippines

Background context

In the Philippines, the regulation of nurses and midwives is overseen by the Professional Regulation Commission (PRC), which is a government agency attached to the Department of Labour and Employment with overarching responsibility for developing and regulating the country's professional workforce. The Boards of Nursing and Midwifery operate under the PRC and have responsibility for regulating and supervising the practice of nursing and midwifery respectively. The PRC maintains the nursing and midwifery registers.

For a nurse to be a registered professional in the Philippines he or she must hold a Bachelor of Science in Nursing (BSN) degree, generally completed in four years. After obtaining licensure, most RNs take up employment in local hospitals. The RN license must be renewed every three years, with proof of continuing professional engagement (CPE) required. To become a registered midwife in the Philippines, individuals must complete an accredited midwifery programme and pass the midwifery licensure examination. The RM license must be renewed every 3 years, with proof of continuing professional engagement (CPE) required. It is unclear if the registers hold information regarding any post-registration qualifications.

Nursing

Definitions and prevalence of advanced practice roles

Over the past twenty years, there have been many calls and attempts to establish advanced practice nursing in the Philippines, including in legislation. Despite these attempts, researchers have concluded that the advanced practice role does not yet exist in professional and educational policy in the Philippines.[32] This is for a variety of reasons, including the decentralised nature of healthcare, the lack of an established framework, a lack of educational capacity, and a lack of secure career options.

Experts and researchers instead say that the closest thing that exists in any meaningful and widespread way to advance nursing practice in the Philippines currently is clinical nurse specialists, in areas such as cardiovascular care, which may or may not involve credentialing via the Nursing Specialty Certification Council (NSCC).[33]

Currently there are 5 levels of nursing, and nursing specialty is considered when a nurse reaches levels 3-5. Nurses do not need an advanced degree to obtain certification and to be considered a specialty nurse. Advanced degrees are only required by members of faculty that teach a professional course in a college of nursing and nursing service administrators.

The Philippine Nursing Practice Act of 2022[c]

In efforts to stem the exodus of nurses from the country, lawmakers in the Philippines are currently considering major reforms to nursing practice as outlined in the Philippine Nursing Practice Act of 2022. There is considerable emphasis on advanced practice in the Act, and the role of Advanced Practice Nurse (APN) is being touted as the new 'prime mover of the nursing profession.'[34]

[c] The Act's long title is: An Act Providing for a Comprehensive Nursing Law Towards a Quality Health Care System, and Appropriate Funds Therefore, Repealing Republic Act No. 9173 (Philippine Nursing Act 2022).

Advanced practice nursing is defined in the Act as follows:

> '*A scope of nursing practice where the nurses have acquired the expert knowledge, complex- decision making skills and clinical competencies for an "agreed upon based" care, particularly in areas where physicians are not available. An Advanced Practice Nurse (APN) provides direct complex specialty care, team consultation and agreed upon expert care, referrals to and from other members of the healthcare team in complex cases, within the scope of nursing practice. An APN works in collaboration with a licensed primary care physician limited to the functions set forth by this Act.'*[34]

The Act stipulates the following minimum qualifications:

- A master's degree from a government recognised higher education institution
- Five years of clinical experience in the area of nursing specialty
- 500 hours of supervised clinical experience after graduation
- Pass the certification examination
- Maintain the certificate every five years
- Be a member of an appropriate accredited Board Specialty organisation

The Act also clearly defines the authority of the APN, outlining that the role requires advocacy, leadership and management, research and interprofessional education. It outlines the nature of practice competencies, which include making diagnoses, conducting research, and serving as a mentor and educator.

Alignment with ICN standards

The above definition aligns closely with ICN standards for both education and nature of practice. However, it is unclear if the Act will pass or how implementation will proceed.

Midwifery

There was no evidence found of the existence of advanced practitioner roles in midwifery in the Philippines.

Nigeria

Background context

The Nursing and Midwifery Council of Nigeria (NMCN) regulates nurses and midwives in Nigeria. The NMCN plays a crucial role in ensuring the competence, professionalism, and ethical conduct of nurses and midwives and maintains the national register. Registered nurses and registered midwives in Nigeria must renew their registration every three years, showing proof that they have attended the mandatory continuing professional development programme. Registrants can register their 'basic' qualification in General Nursing or Basic Midwifery, along with any additional post-basic qualifications.

In Nigeria, nurse and midwifery education is delivered through either university-based programmes or hospital-based apprenticeships. Both federal and state governments, as well as private entities such as missionary organisations and individual institutions, offer these educational opportunities. The majority of individuals receive their education through hospital-based nursing programmes, which do not confer academic qualifications. Graduates from hospital-based programmes earn a Higher National Diploma certificate, typically in three years,

and then receive registration and licensing upon graduation. It is not uncommon for nurses with a general nursing certificate to obtain 'double certification' in midwifery as well.

Definitions and prevalence of advanced practice roles

There are several different advanced practitioner roles in nursing currently in use in Nigeria, including: nurse practitioner, nurse consultant, and nurse specialist. Our search found no policy frameworks underpinning these roles. Research, however, has found that these roles align with the scope of practice, standards, and competencies of advanced practice nursing as recommended by the ICN.[21] As one participant at the NMC-convened roundtable on the advanced practice review explained:

> *'Back home [in Nigeria], we do not have a framework or structure that is called advanced practice by name, but we do have AP by practice… We call it something different, but it means the same thing.' – Roundtable participant*

That above-referenced study also found that there was legislation or a regulatory mechanism in place specific to these roles, although it offered no further detail on what that was.

Midwifery

There was no evidence found of the existence of advanced practitioner roles in midwifery in Nigeria.

4. Experiences and views of IENMs regarding advanced practice

What does the existing literature tell us about the extent to which IENMs practising in the UK use their experience of advanced practice gained outside of the UK?

Advanced practice of IENMs in the UK is not captured in the scholarly literature, highlighting an evidence gap that primary research will need to fill.

The rapid scoping review revealed a gap in the scholarly literature concerning the experiences of IENMs on the NMC register in relation to advanced practice qualifications, whether obtained abroad or acquired after arriving in the UK. Considering that advanced practice roles exist in an estimated 50 countries, including where the UK primarily recruits from, this is a significant omission. The literature identified in our rapid scoping review instead focuses on the recruitment and settlement experiences of IENMs and the impacts of this on their career progression or advancement more generally.

The NMC roundtable of IENMs, along with discussions with International Nursing and Midwifery Association (INMA) leaders, provides valuable, although preliminary, insights specific to the advanced practice context to supplement those more generalised findings. Further primary research will be needed to test and better understand these initial findings and their applicability to any potential new regulation of advanced practice.

Key findings include:

Failure to recognise the prior skills and experience of IENMs can lead to deskilling and demotivation regarding long-term career aspirations, such as pursuing advanced practice.

Published evidence has examined how the skillsets of IENMs are being utilised once they join the NMC register and begin employment.[35] This body of learning, although not directly relevant, has important implications for the advanced practice review.

Research has found that although a considerable proportion of IENMs enter the UK with high levels of expertise, management experience, and specialist clinical skills and knowledge, this is often not recognised.[16] Consequently, despite years of prior nursing and/or midwifery experience, many IENMs are placed in junior positions or are working as Band 3 healthcare assistants.[36] This deskilling of the IENM workforce can lead to feelings of lower job satisfaction; not feeling valued within teams; frustration; and disillusionment. The latter is reported to correlate with IENMs' desire to leave their profession and/or the UK.[37]

These feelings of being deskilled and devalued are exacerbated, and in some instances caused, by a recruitment process that can be difficult to navigate and is sometimes perceived as unfair.[38] For example, the papers reviewed suggest that the International English Language Testing System (IELTS) - the 'speaking test' - used in UK recruitment does not assess nurses' socio-pragmatic competence, which is a vital skill for nurses and is linked to patient safety. Professional communication is challenging for IENMs from non-Anglophone countries, and failure to pass language tests leads IENMs to take junior positions, such as Band 3 roles (as noted above).

However, failure of the IELTS does not necessarily reflect nurses' clinical competency or abilities.[39]

When IENMs feel supported, they are more likely to remain in the workforce and may pursue more career development opportunities.

The need to support cultural integration of IENMs and facilitate better communication to improve retention has been noted in previous systematic reviews, covering dates from 1998 to 2022.[40] [41] Levels of support for IENMs during their initial settlement period were noted to be highly variable across different organisations which can have significant repercussions for long-term career trajectories. IENMs were much more likely to remain in the same Trust if they felt supported to attain their career aspirations, such as developing their practice.[42]

IENMs were also more likely to commit to a career in the NHS, long-term, if career progression was supported by the Trust. Where access to opportunities is facilitated by individuals in more senior positions, this supports career aspirations/progression and enhances IENMs' feelings of belonging.[43]

As mentioned above, feelings of belonging and attitudes towards professional advancement were found to be greatly influenced by recruitment practices. Where IENMs used an intermediated migration agency, there was increased support for integration, e.g. induction programmes, assistance with paperwork, organisation of flights and accommodation.[44] Being offered their personal choice of location led to greater feelings of autonomy and enhanced integration.

A positive arrival experience, e.g. individualised orientation to the new environment (Trust) is an enabler and could potentially be impactful for long term retention of IENMs. A key finding from the literature review was that being allocated a 'peer mentor' (someone from their own country of origin who has been working in the UK for a longer period) enables a 'good' transition experience.[36] For example, nurses from India reported that having a culturally competent mentor enabled a positive settlement experience, fostered a sense of belonging, and was helpful in terms of professional and cultural integration.[37]

Additionally, the topics of discrimination and racism were notable within the scholarly literature we reviewed and the discussions with experts.[45] Research commissioned by the NMC as part of its *Ambitious for Change* programme also demonstrated that denial of training and career development is one of the most common forms of harassment and discrimination experienced by IENMs.[46] These issues can leave IENMs feeling excluded and/or vulnerable, with the compounding effect of making career development opportunities, like access to advanced practice training, difficult to access. Positively, zero-tolerance Trust policies evidently enable IENMs to feel supported by management, which improves overall confidence and willingness to remain in post.

IENMs view potential regulation of advanced practice as an enabler for their career progression, but they are clear that they may face unique barriers in accessing this opportunity

Participants at the NMC-convened roundtable and INMA leaders welcomed the possibility of the regulation of advanced practice and agreed that it could serve as either an enabler career progression once in the UK or could help to better recognise the skills and experiences of IENMs when joining the register. One respondent mentioned that she 'felt safer' with the NMC regulating qualification as 'things are clearer.' However, several also highlighted that there were several barriers that could hinder IENMs from accessing this opportunity, including: a potential lack of equivalence between post-registration qualifications in professionals' home countries and post-

registration qualifications in the UK, routes to advanced practice being more difficult for IENMs to access (such as apprenticeships), and affordability.

> *'There are barriers for IENM as it stands now. But going into the AP process, the first barrier will be that their training and education from their own country is not being recognised. We need to acknowledge what people are bringing in to this country.' - Roundtable participant*

> *'We have to come in on a lower band, this is a huge barrier even at staff nurse practice level….We can't even agree on entry level skills….going higher will be even harder….Second issue, will be the test of competence. We already have a test of competence, and for me, I was a nurse and midwife then I need to do two tests of competence, but to add a third test of competence is going to really be challenging when it comes to affordability.' – Roundtable participant*

INMA leaders have highlighted the volatility and perceived contradictions inherent within UK immigration policy as a significant barrier for IENMs seeking access to advanced practice training opportunities. Restrictive immigration regulations or punitive measures for health and care workers, such as the potential inability to bring family members to the UK, and the exclusion from home tuition fee rates for further study (in England only) while on a Health and Care Worker visa, may contribute to these challenges.[47]

INMA leaders also brought to our attention that certain IENMs may face challenges in accessing advanced practice training apprenticeships because they lack the required GCSEs or recognised proof of equivalency, as mandated by UK Government policy. This issue warrants further exploration due to its significant impact on career progression for these professionals.

Furthermore, the changes to immigration policies in the post-Brexit landscape may have introduced uncertainty for some IENMs regarding their long-term career prospects in the UK, even if they are not from an EU member country.

5. Summary, conclusions, and recommendations for primary data collection

Summary

Advanced practice roles in nursing are spreading globally, including in the countries where the UK now primarily recruits from. As the drivers of advanced practice continue to increase in relevance, it is likely that this trend will continue. There is considerably less evidence about the spread of advanced practice in midwifery globally, with some notable exceptions, such as in India.

Advanced practice globally is marked by significant heterogeneity, with many terms used to describe both the level of practice and the related professional roles. Various advanced practice roles exist in India, Nigeria, and Ghana. In these countries, these roles partially or completely meet ICN standards.

The advanced practice role is being developed further in India, with new national legislation underpinning it. The new nurse practitioner roles in India demonstrate a high degree of alignment with global standards, but there is much less certainty over whether this will be the case for the nurse practitioner in midwifery role. New legislation has also been introduced in the Philippines which, if enacted, would see the development and regulation of advanced practice roles in nursing according to ICN standards.

These findings underscore the necessity of the NMC considering the impact of potential advanced practice regulations on IENMs. There is a paucity of published evidence about advanced practice and IENMs. As such, it is not possible to comment on how IENMs entering the UK with advanced practice experience or qualifications have navigated the current system. Therefore, one of the initial questions that this research aimed to address has yet to be fulfilled.

While the roundtable participants indicated that they would welcome regulation of advanced practice as a career development enabler, they were also clear that IENMs may face hurdles when trying to access this opportunity. This is supported by the published literature which has found that IENMs face difficulty in having their prior skills or qualifications recognised and stakeholder evidence which shows that is likely to be unique barriers preventing some IENMs from pursuing this training opportunity successfully.

Conclusion

There is much that remains unknown about how the potential new regulatory options of advanced practice under consideration would impact IENMs currently on the NMC register. We can, however, conclude that there are likely to be a growing number of professionals either on the register or who will be joining the register in the near future who hold an advanced practice level qualification gained outside of the UK – regardless of what it is called or the exact competencies underpinning it. Any regulatory decision will need to fully understand these complexities in order to take this into account and plan accordingly.

Recommendations for primary data collection

Primary data collection as part of the NMC's key line of enquiry into this area should focus on the following:

- The extent to which IENMs working in the UK are currently using advanced practice skills (obtained prior to entering the UK) in their roles
- The process by which IENMs obtained advanced practice qualifications while working in the UK and the barriers and enablers of that
- The educational requirements, scope of practice, and competencies underpinning advanced practice roles in countries where the UK primarily recruits from
- The views of IENMs on potential future regulatory options for advanced practice
- What additional support might help IENMs successfully pursue advanced practice roles

Appendix – methodology

Unstructured search

Rationale

The primary objective of an unstructured search is to explore and gather information on a specific topic without predefined search criteria or a systematic approach. This method was employed due to the varied types of data that needed to be explored, particularly the factual data, and the short time frame for delivery of the final output.

Aim

The search aimed to rapidly gather the most up to date information regarding the prevalence, definition, and regulation of advanced nursing and midwifery practice globally, and specifically in the top 3 countries where the UK primarily recruits from.

Methods

Publicly available data in English was collected from government, statutory and regulatory sources, Ministries of Health, national health system websites, international health organisations and professional bodies, national professional associations, news agencies, and other grey literature that was available via Google searches. Sources were categorised by type: Standards / Regulations; Newspaper / press; legislation; report or policy paper; website; database; miscellaneous. Findings were discussed with experts to verify.

Additional peer-reviewed literature was identified via Google Scholar using the following key words: (advanced practice or advanced practice nursing or advanced midwifery practice or nurse practitioner) AND (India) OR (the Philippines) OR (Nigeria) OR (international). Documents were excluded if they were greater than 10 years old, unless they contained original regulatory information or provided needed factual content. Additionally, we consulted internal documents supplied to us by the NMC.

We attended an NMC-convened roundtable of IENMs on 9 January 2024 to discuss the advanced practice review, attended by IENMs from a variety of countries including Nigeria, Spain, Canada, the Philippines, and India.

We consulted the chairs of the International Nursing and Midwifery Associations (INMAs) about the state of advanced practice in their home countries and the experiences of their members in accessing opportunities to develop into the advanced practice role once on the NMC register.

Rapid scoping review

Rationale

The purpose of a rapid review is *'knowledge synthesis for providing evidence to decision makers in a short timeframe.'*[48] Given the need for this inquiry to be undertaken in a timely manner, with the view to quicky generating evidence in relation to the research question, a rapid review method was employed.

Aim

The current review aimed to:

- Rapidly gather contemporary research evidence regarding IENMs who have migrated to work the UK and examine the extent to which they use their experience and qualifications of advanced practice, gained outside of the UK.
- Summarise the gaps within the existing research to inform a wider programme of research.

Method

To produce a rapid 'evidence check' in a very short time frame a small team of 2 investigators conducted targeted searches. This proceeded as follows. First, literature was sourced using a combination of two scholarly databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE. This was followed by a non-systematic search via Google Scholar to capture any literature that may not have been found through database searching.

Consistent with the Interim Guidance from the Cochrane Rapid Reviews Methods Group the research team took steps to optimise consistency and efficiency.[49] The following search terms were used across the databases (Internationally qualified nurses or internationally educated nurses or migrant nurses or foreign nurses) OR (Midwives) AND (Experiences or attitudes or feelings or views) AND (Advanced practice nurses or advanced practice nursing or advanced practitioners) and limiters (from 2016 to 2024 to exclude literature prior to the UK leaving the EU, and to advance knowledge - previously conducted reviews on the topic, e.g. Bond et al, 2019; literature produced in the UK; English language papers only) were derived from the following research question "*What is known (O) from the existing literature about the extent to which internationally educated nurses and midwives (P), practicing in the United Kingdom, use their experience of advanced practice gained outside of the UK (E)?"* The Population Exposure Outcome (PEO) framework was used to develop using the research question.[50]

36 abstracts were screened by two independent appraisers. The two appraisers met to discuss inclusion and exclusion choices. At this stage, the overall agreement rate was 92.1% and nine papers were chosen for full-text inclusion. A single appraiser verified the findings of the nine papers chosen for inclusion, eight were included in the final analysis. A hand-searching activity of key journals was completed to identify any articles that may have been missed when database searching.[51] An additional three papers were found. Of the final 11 included papers, three were excluded following further appraisal. One was removed on the basis that it was a secondary analysis of one of the papers that was already included, one was dated 2016 and had been previously included in a recent systematic review and one was a theoretical analysis.

All the eight reviewed articles (see Table 4 for a summary of the reviewed papers) were peer-reviewed research. Articles were appraised using the Mixed Methods Appraisal Tool (Hong et al 2018).[52] In terms of methodology and appropriateness, all rated positively. A single appraiser analysed the findings, applied codes to relevant points and then compared and clustered codes into themes and subthemes. This stage was conducted according to the principles of reflexive thematic analysis.[53] Three themes and subthemes were identified (Table 5).

Findings

Overall, the findings from the combined eight papers represent a total of 1172 participants. 95% of which were from the top countries the UK currently recruits from (India, Philippines, and Nigerua). The number of participants ranged from 11-655. Most of the papers (n = 7) used

qualitative methods; one used a survey method with a combination of quantitative and qualitative data collection.

Table 4. Summary of the eight reviewed papers

Author(s), Year of publication and country	Title	Research method/design, sample size, and population characteristics	Main findings
Pressley et al (2023) UK	Internationally recruited nurses and their initial integration into the healthcare workforce: A mixed methods study	Mixed Methods (Survey) 655 internationally recruited nurses: India 252 Philippines 149 African countries 224 Rest of the world 30	• Career development and desire to improve quality of life were the primary motivations for migration • Participants reported being appointed into positions that did not match their years of experience and previous qualifications • Variable levels of support and workplace integration
Spiliopoulos and Timmons (2023) UK	Migrant NHS nurses as 'tolerated' citizens in post-Brexit Britain	Qualitative interviews, 11 IENMs (EU and non-EU) nurses with less than five years' NHS experience	• If career aspirations (ACP training) were supported by the Trust more likely to remain in post, in same Trust long-term • Immigration policies impact retention and recruitment • Feelings of discrimination and disadvantage compared to English educated equivalent
Mendy (2021) UK	Migration and Recruitment of African Nurses in the UK: Between the Primacy of National Imperatives and Global Openness	Qualitative interviews, 15 African migrant nurses in the UK - worked within the NHS structure	• No problems with language test from English speaking country. • Migration policies restrictive and constraining • Job security important, and the UK provides nurses with high standards of training
Gillin and Smith (2021)	Filipino nurses' perspectives of the clinical and	Qualitative focus groups, 21 IENMs, Filipino nurses	• Knowledge gaps, desire to learn, and career aspirations

UK	language competency requirements for nursing registration in England: A qualitative exploration		were supported informally by peers • Variance in support offered by Trust areas
Calenda and Bellini (2021) UK	The Challenging Integration Paths of Migrant Health Professionals: The Case of Filipino and Indian Nurses in the UK	Mixed methods – web survey (433 responses from Filipino and Indian nurses working in public and private healthcare facilities in the UK) Qualitative interviews (n = 12) with key informants.	• Recruitment processes lead to inequalities with working conditions • Poor working conditions and reduced job satisfaction exacerbated when IENMs arrive through international recruitment agency
Leone et al (2020) UK	Experience of mobile nursing workforce from Portugal to the NHS in UK: influence of institutions and actors at the system, organization and individual levels	Qualitative interviews, 27 nurses and various actors in the NHS, 11 Portuguese nurses, 9 NHS staff members (e.g. Nursing Directors, Clinical Practice Facilitator, Associate Director of human resources) in 5 NHS Trusts and 8 key informants representing the views of Portugal, UK and the EU	• Highly qualified professionals, willing to advance in career • Fulfilment of professional aspirations was major motivation to migrate • Having personal sources of support enabled positive transition experience
Sedgwick and Garner (2017) UK	How appropriate are the English language test requirements for non-UK-trained nurses? A qualitative study of spoken communication in UK hospitals	Qualitative focus groups, 15 IENMs working in London hospitals - all were trained in non-English speaking countries (2participants from Philippines)	• Communication important aspect of patient safety • Failing the IELTS does not reflect ability and clinical skill level of the nurse
Stubbs (2017) UK	Recruitment of nurses from India and their experiences of an Overseas Nurses Program	Qualitative interviews, IENs (non-EU) qualified nurses with more than 5 years' experience working in UK NHS. Nine from Philippines; two from Nepal. All working as Band 3 healthcare assistants	• Nurses' role more autonomous in the UK • Difficulty understanding accents and dialects • Frustration with the Overseas Nurses Programme

Table 5. Identified themes and subthemes		
Theme	**Subtheme(s)**	**Author(s)**
Deskilling	Professional aspirations	• Pressley et al (2023) • Spiliopoulos and Timmons (2023) • Gillin and Smith (2021) • Leone et al (2020) • Sedgwick and Garner (2017)
Cultural integration	Settlement experience	• Pressley et al (2023) • Spiliopoulos and Timmons (2023) • Mendy (2021) • Gillin and Smith (2021) • Stubbs (2017) • Leone et al (2020)
Support	Professional trajectories and recruitment practices	• Pressley et al (2023) • Spiliopoulos and Timmons (2023) • Stubbs (2017) • Leone et al (2020)

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