

International Workforce in the UK After Brexit: Future Immigration System

RCN BRIEFING



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Background

The UK needs to be able to attract nursing staff with the right skills and attitudes to work and remain in the sector, particularly registered nurses.

The UK's domestic workforce supply has not kept pace with rising patient need, nor the increasing demand for care outside hospital settings. Rising vacancy rates across the UK demonstrate that nursing is in shortage. In the English NHS there were approximately 41,000 registered nurse (RN) vacancies in quarter two of 2018/19, up by 4.4% since quarter two of 2017/18.¹ Vacancy rates in Scotland are currently 4.8%, up from 4.5% in 2017.² In Northern Ireland there is an estimated NHS vacancy rate of 8.2%³ and while vacancy rates are not published in Wales, the 2017/18 NHS Wales agency spend for nursing & midwifery was £51m which implies significant shortages.⁴

Following the UK's decision to leave the European Union (EU) the Government is considering future immigration arrangements for both EU and non-EU nationals.

The RCN believes that any new immigration system needs to support appropriate recruitment of international nurses as part of a costed, UK-wide workforce plan. However, we understand that immigration reform is a complicated issue, and so we have sought clearer understanding from our members about their experiences to inform what a good immigration system for nursing would look like.

Our member engagement

In September 2018 we sought members' views through an online survey which ran from early September to early October, as well as a focus group targeted at our international membership. We offered these two routes (a survey and focus group) in order to maximise the opportunity for our members to provide feedback so we could better understand the myriad of experiences and views of nursing staff on the current UK-wide immigration system. Specifically we wanted to know members views on:

1. What works well in the current immigration system.

2. What the key challenges are in the current immigration system.
3. What practical changes are needed to be realised to resolve these challenges.

Who took part?

We received 143 completed responses to the survey. In terms of the demographics and backgrounds of those respondents:

- 43% of those who responded were registered nurses and/or midwives working in practice settings, mostly in adult acute care.
- Close to 40% were registered nurses and/or midwives who either worked closely with, or supervised internationally recruited nurses.
- Nearly one-third were internationally recruited nurses.
- The largest portion of respondents came from London (25%), followed by the South East region (17%). The lowest response rate was from Northern England (2%).

Our focus group was attended by five RCN members, comprising internationally recruited nurses from the EU as well as outside it and two HR recruiters from health providers.

Summary of findings

While attendees at our focus group all agreed that the current immigration system was not working effectively for nursing in the UK, respondents to our qualitative survey were more split. 56% thought that the current approach to immigration did not work well for nursing staff in the UK, while 43% thought that the current approach did work well. 77% of respondents thought that improvements could be made.

From both the survey and our focus group we have selected the three most frequent answers to the questions: what works well about the current immigration system, what are the most significant challenges, and what practical changes are needed to resolve these.

When asked what works well in the current immigration system, the three most frequent answers were that:

- It allows the UK to recruit large numbers of nurses from all over the world.
- The streamlined process for EU nurses was seen as a key positive, although others argued that a single route for all applicants irrespective of their origin country would be fairer.
- The system takes into account the qualifications and experiences of those being recruited.

When asked what the most significant challenges were when navigating the current immigration system, the most recurring issues were:

- The time and bureaucracy it takes to complete the user-journey. Many of our members described this as a two-fold challenge. The first part was navigating the complex visa requirements themselves, and the second was encountering confusion at employer level about what their responsibilities and reporting requirements to the Home Office were.
- Lack of alignment to the workforce needs of the sector, especially in social care. As evidence for this, our members told us that they found the sponsorship system and Tier 2 qualifying criteria confusing.
- Brexit insecurity which was seen by many as making the UK seem an increasingly unattractive place to come and work.

When asked what specific actions they thought would improve the current system, our members told us that they wanted:

- More effective language controls and better efforts at social integration. Our members were clear that they valued the contribution of international nurses, but many felt that too little was done to help these nurses transition into UK culture which undermined the effectiveness of nursing teams.
- Clearer guidance from the Home Office and employers on requirements for applicants, making the system more transparent and reducing duplication of process, i.e. having to supply the same (or

similar) evidence documents at several stages of their application.

- The evidence requirements for the Home Office and acceptance onto the Nursing & Midwifery Council (NMC) register to be more standardised and for processing times to be faster.

What are the issues?

Nursing has been on the Home Office Shortage Occupation List (SOL) since 2016 which means that nursing applicants are currently prioritised over other non-shortage professions. This could impact on members' views of the current effectiveness of the system. However, the vast majority of respondents (including those who felt that the system works well overall) still felt that improvements could definitely be made.

The perception of many respondents that the UK has become a decidedly less welcoming place to live and work is concerning. This is because we want to attract skilled nursing professionals into the UK. International nurses account for 15%⁵ of the UK's regulated nursing workforce – they are vital for patient safety and they enrich the skillset of the nursing profession.

Independently commissioned workforce projections suggest that the UK may face an additional shortage to the current vacancies of around 5,000-10,000 nurses by 2021 on top of current vacancies.⁶

Going forward, considerations on international recruitment should form part of a credible health and care workforce strategy for the whole UK to tackle systemic workforce shortages.

Policy-makers need to be aware that how they develop and communicate policy will play a vital role in ensuring that the UK is able to recruit global nursing talent in the future. Our members' contributions confirmed that immigration policy and its reform cannot be disconnected from wider concerns about Brexit, which has clearly had an impact on nurse recruitment. Since 2016 and the EU referendum the number of new nurses joining the regulatory register from the European Economic Area (EEA) has fallen by 91%.⁷

Settled status (the Government's programme for allowing EU nationals already in the UK to

remain here after Brexit) could allow over 30,000 EU registered nurses already working in the UK to remain after Brexit. It is difficult to assess how effective settled status will be until fully rolled out. However, we believe that considerable damage has already been done to the retention of our EEA workforce given its late announcement.

Many international nurses see the Home Office's immigration process and the NMC's regulatory requirements as part-and-parcel of the same journey. While policy experts tend to segment this journey into bespoke parts, i.e. applying for a visa at the Home Office level, before then proceeding through to the NMC registrations process, our members did not make such a distinction. Many of them perceived their journey as a single process which made them acutely aware of duplication of processes, multiple requests for the same (or similar) evidence and regular fee-paying occurrences which caused significant irritation. This concern is now more directly reflected in the RCN's priorities for a future immigration system.

Many respondents argued that, in addition to robust English language capability⁸, more focus was needed on supporting international nurses to integrate into their workplace culture. English language competency goes beyond just understanding patient needs. It is also about ensuring that every nurse has confidence in the communicative ability of their colleagues to deliver instructions, understand and work effectively with other members of the wider integrated health care team, and act quickly to keep patients safe and well cared for in highly pressurised environments.

Our members highlighted the need for more effective integration efforts especially by employers to help international nurses culturally acclimatise to nursing in the UK. We will be working with the NMC in 2019 to understand how nurses can be better supported in this way.

Our members highlighted that the UK nursing shortage runs in parallel with shortages across different health and social care specialties and that under the current system, providers often need to decide whether to recruit more of one profession as opposed to another. The international recruiters at our focus group highlighted that restrictions on the number of Tier 2 visas meant that there was competition between

different shortage occupations in their places of employment (such as dentists and doctors). The RCN calls for considerations on international recruitment to form part of costed, health and care workforce plans in each country of the UK.

What has the Government said?

The UK Government has repeatedly stated that the existing free movement arrangements for EU nationals will end after Brexit.

In December 2018 the UK Government published its Immigration White Paper. We welcomed some of its proposals, especially the lifting of the cap on the number of visas for highly skilled workers (including nurses) and the commitment to streamline the immigration process to make it easier for them and employers to apply. We remain concerned however that the UK Government is considering whether the minimum salary threshold of £30,000 should be applied to nurses. Further consultation on this is planned and our view is that nurses should be exempted from any such increase. Any new arrangements would need to be in place by December 2020, when the Brexit transition period is set to end – assuming that there is a withdrawal agreement in place.

For those EU nationals already living and working in the UK, the Home Office has introduced Settled Status. This will give residency to those EU nationals who are here for five years or more by the end of the transition period, or the end of March 2019 in the case of a no-deal.

Post-Brexit immigration arrangements will undoubtedly impact on nursing which is why the RCN is seeking to shape them.⁹

What needs to happen next?

A key objective of any future immigration system should be ensuring that the UK can attract and retain the highly skilled nursing workforce required to provide quality care which meets patient need. Internationally recruited nurses have made an important contribution to this goal while enhancing the cultural diversity of the profession and facilitating a rich exchange of

skills and experience.

The current system is supportive of this in the following ways:

- EU nursing staff do not currently require a visa to enter and work in the UK and there is no Government cap on the number of EU nurses who can register here.
- Although nurses from outside the EU require a certificate of sponsorship from an employer to secure a Tier 2 visa - a complicated and costly process – nursing is currently on the Home Office’s “Shortage Occupation List” which gives them priority for visas.

We believe that from an overall workforce perspective, the post-Brexit immigration system should:

- **Be developed in a way which reassures those seeking to work in the UK that they are welcome to come here.** The process of Brexit has damaged the UK’s reputation for many of our international members. The design of a new immigration system after we leave the EU presents an important opportunity to positively change this perception. To do this we believe that the UK Government needs to develop more positive communications about the value of skilled international migrants to the UK, and to its customer relations.
- **Support the education, recruitment and retention of the nursing workforce as a whole,** to ensure the UK has sufficient numbers of staff with the right skills and attitudes to deliver the vital health and care services the population needs. How this will be done needs to be clearly set out in a costed, coherent workforce plan for each of the UK countries, underpinned by legislation for staffing for safe and effective care. This must be based on population needs.
- **Complement much needed investment in educating and training our domestic nursing workforce** and not undermine the UK’s commitment to recruit overseas health professionals in an ethical manner in line with the World Health Organisation and UK codes on international recruitment of health personnel¹⁰.
- **Support the UK as a world leader in innovations in health treatments and care**

delivery, supported by movement of nurses and other health professionals across the globe.

- **Be responsive, easy to understand and navigate, transparent, predictable, accessible, and affordable** for nurses, health professionals and individuals to use.
- **Provide clear routes for internationally recruited nurses** who have worked in the UK to be granted indefinite leave to remain, without needing to meet a salary threshold.
- **Avoid any arbitrary cap on working visas** as this conflicts with having criteria for selecting highly skilled migrants that contribute to the economic and social wellbeing of the UK.
- **Align as closely as possible with the NMC’s regulatory requirements, including language-testing.** While these systems are separate, they nonetheless overlap. Our members’ experiences reinforces the need for immigration and regulatory policy to take into account one another’s processes in order to avoid unnecessary duplication.
- **Rebalance from the focus on salary levels as a measure of value in prioritising visas,** towards a positive recognition of the contribution that public sector staff, including nurses and social care workers make to health and care.
- **Exempt non-EU nurses coming to work in the UK from having to pay the Immigration Health Surcharge.** Given the contribution overseas nurses already make to our health services and the fact that they pay tax and national insurance, it is morally unjustifiable that they should pay extra to access care.¹¹
- The EU’s Mutual Recognition of Professional Qualifications Directive (MRPQ), has enabled the free movement of nurses and other health professionals by converging the standards of competency required to practice. If MRPQ is retained, we believe having **differentiated immigration arrangements for EU nurses to work in the UK** would be beneficial.

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