

Royal College of Nursing response to the Migration Advisory Committee's (MAC) call for evidence on the shortage of occupation list (SOL) 2023

The Royal College of Nursing (RCN) is the largest professional body and trade union for nursing staff in the world. We represent around half a million members who are registered nurses, midwives, students, and nursing support workers across the United Kingdom and beyond.

C4. In the past 2 years, COVID-19 and other changes such as the ending of freedom of movement on 31st December 2020 have often changed the way employers recruit. With reference to the past 2 years, what changes (if any) have the organisations you represent experienced when recruiting/finding workers?

Nursing and Midwifery Council (NMC) data demonstrates an increasing UK reliance on international recruitment. As of March 2023 (20.8%) (164,198) of registrants (holding all nurse and midwife titles) on the NMC register were internationally educated, up from 15.1% (103,942) in September 2017 (NMC, 2023)ⁱ

The ending of freedom of movement has changed the composition of the UK's internationally educated nursing workforce. Whilst in March 2016, 5.0% of the UK workforce of nurses, midwives and nursing associates were trained in the European Economic Area (EEA), March 2023 data shows that just 3.6% coming from within the EEA. By contrast, in March 2016 9.7% of the UK workforce was trained outside the EEA, compared to 17.3% in March 2023.

This represents a record high of nurses from outside of the EEA and a record low of nurses inside the EEA. Significantly, the number of registrants joining the NMC register trained outside the EU-EEA has increased by 796% over the last five years from 2,719 in March 2018 to 24,355 in March 2023.ⁱⁱ

In the context of a global nursing shortage, it is vital that international nursing recruitment by the UK health and care system is conducted in an ethical manner, and that particular attention is given to countries that are identified as facing their own pressing health workforce shortages. The RCN is concerned by the number of new joiners to the UK nursing workforce includes recruits from countries that are listed under the WHO's (2020) Health Workforce Support and Safeguards List, where active recruitment is not permitted. In the last year, 3,457 registrants from Nigeria, and 1,263 registrants from Ghana joined for the NMC register for the first time.ⁱⁱⁱ

C5. Have the organisations or members you represent experienced difficulties with retaining staff in the past year?

The Nursing and Midwifery Council (NMC) register records the total number of nurses leaving the profession ('leavers') in the UK each year. NMC register data shows that 52,148 professionals joined the register for the first times between April 2022 and March 2023, and 26,755 professionals left the register in the same time period.

NMC's leavers survey finds that 52% of professionals left the register earlier than planned, highlighting significant issues in retention. Data from the NMC leavers' survey shows the five most common reasons for leaving the register were: retirement, physical or mental health, burnout or exhaustion, personal circumstances and leaving/having left the UK.

The RCN's employment survey of over 9,000 nursing professionals in the UK revealed that 57% of respondents were thinking about or actively planning to leave their jobs in nursing (up from 37% in 2019) and that over half (53%) of respondents cite low levels of pay as one of the main reasons for considering or planning to leave their current job.^{iv}

The RCN Employment Survey found that of all respondents who said they were thinking about or planning to leave their jobs because of their current pay level, 45% were considering leaving for a role outside.^v

Overall, between 2011 and 2021, average nursing earnings across all sectors across the UK fell 6% in real terms. This compares to 4.6% across the entire UK workforce. A large proportion of nursing staff are employed at the top spine point of each individual Agenda for Change band, with particularly large numbers situated at the top of Bands 5 and 6. For the majority of these nursing staff across all parts of the UK, real terms salaries have declined by as much as 20% since 2010. Outside of the NHS action is needed to ensure at a minimum there is parity to NHS staff in terms of pay and terms and conditions.^{vi}

The lack of progression in pay within the nursing profession, when compared to other health care professions, is also concerning. Over six out of 10 registered nurses stated that their pay band or level was inappropriate for their role and responsibilities. All the years spent developing knowledge, skills and experience, taking on higher levels of risk and responsibility, do not result in higher pay.^{vii}

C9. Why do you think these occupations should be on the SOL?

Minimum salary threshold:

The RCN recognises that a significant benefit of roles inclusion on the SOL is the reduction of the minimum salary threshold for skilled worker visas. However, as nursing roles are assessed under Option F of the Skilled Worker visa requirements (for listed health or education occupations), nursing roles are already eligible for the lower salary threshold of £20,960. It is vital that UK Government provides assurances that the minimum salary threshold for Skilled Workers under Option F will not be increased, if the salary threshold was increased, it would be imperative that nursing roles would be reconsidered for inclusion under the SOL.

The need to preserve the current salary threshold for Skilled Workers under Option F is particularly important to ensure that staff on lower pay bandings are enabled to migrate to the UK. According to the Annual Survey of Hours and Earnings, nursing assistants and auxiliaries (SOC 6141) earn an average salary of £25,550. 2022/2023. Salaries for Band 3

healthcare workers range between £21,730 (with less than 2 years' experience) and £23,177 (more than 2 years' experience).^{viii}

Vacancies:

Whilst the RCN is aware that the SOL at present does not provide any material benefits to nursing staff, the RCN has significant concerns that the removal of nursing roles from the SOL may lead to the perception that these roles are no longer in shortage.

Furthermore, the removal of nurses from the SOL in the context of high vacancy rates, highlights the absence of strategic approaches and solutions to address the critical nursing shortages that we are facing. Available data demonstrates a considerable workforce shortage across all parts of the UK.

Across NHS England, as of March 2023, there were 40,096 full time equivalent (FTE) reported registered nurse vacancies, representing a vacancy rate of 9.9%. Across England there is regional variation in the vacancy rate. FTE vacancy figures and rates across all regions are as follows; East of England 3,670 (9.7%); London 9,736 (12.8%); Midlands 8,365 (11.0%); North East and Yorkshire 5,325 (8.4%); North West 4,310 (7.1%); South East 5,419 (9.9%) and South West 3,272 (9.2%).^{ix}

In Northern Ireland, as of March 2023, figures from the Department of Health show that there were 1,833 registered nursing and midwifery vacancies in the HSC (a vacancy rate of 8.6%) with a similar vacancy rate estimated in the independent or nursing home sector. There were also 607 vacancies for nursing and midwifery support roles within Northern Ireland's HSC in March 2023. This represents a vacancy rate of 10.5%. Though existing data does not distinguish between band groups, there is a clear shortage across the nursing workforce more broadlyⁱⁱ. Furthermore, the vacancy figures published by the Department of Health only involve posts that are "actively being recruited to" and therefore do not include all unfilled nursing posts. ^x

Whilst the Welsh Government does not publish national statistics for nursing vacancies in Wales, RCN Wales estimates that registered nurse vacancies have risen from 1,612 in 2020 to 1,719 in 2021 and to 3,000 in 2022.^{xi}

In Scotland, as at 31 December 2022, 5,662.9 nursing posts (WTE) were vacant (NES, 2023a). Nursing vacancies in NHS Scotland have continued at between 8% and 9% of the workforce throughout 2022, with a record high of 9.6% in December 2021. Among nursing support worker roles, vacancies include one in 10 (10.3%) band 2 posts. The care sector in Scotland is facing similar workforce shortages. ^{xiii}In care homes for older people in Scotland, 64% of services had nursing vacancies in December 2021 compared with 48% the previous year (SSSC and Care Inspectorate, 2022). With a 17.9% nursing vacancy rate in care homes for adults, and 16.2% nursing vacancy rate in care homes for older people there is a significant and increasing nursing workforce gap in this sector. ^{xiii}

People seeking asylum and permission to work:

Whilst people seeking asylum do not ordinarily have the right to work in the UK, immigration rules do allow for people to apply for permission to work if they have been waiting for over 12 months for a decision through no fault of their own. This exemption applies only to roles on the SOL. ^{xiv} Unfortunately as there is no publicly available data on

the number of asylum seekers granted permission to work, it is not possible to determine the impact of removing nursing staff from the SOL. ^{xv} A Government assessment of the number of people granted permission to work under this rule, and the roles that they take up, is necessary to determine the impact of removing nursing roles from the SOL.

C10. What options would the organisations or members that you represent consider to fill those hard to fill jobs, if those jobs were not included on the SOL?

International nursing staff make life changing decisions to come and work in the UK, however barriers in the current immigration system present significant challenges for internationally recruited nurses.

Flexible working:

Employment terms and working conditions for registered nurses and nursing support workers should enable health, safety and wellbeing, and equality at work. In particular, the opportunity to work flexibly is key in achieving a good work-life balance, and all staff can benefit from such working arrangements regardless of whether they have caring responsibilities. ^{xvi}

Restrictive immigration rules mean that internationally educated nurses sponsored under the Health and Care visa can face additional barriers in accessing flexible working due to conditions applied to the visa. Visa rules mandate that whilst the going rate for a sponsored nursing staff's salary can be pro-rata for part-time staff, their annual salary cannot fall below the minimum threshold of £20,960. These rules diminish internationally educated nursing staff's ability to reduce their hours. The RCN calls for this rule to be revised and considers it to be a significant risk to the retention of sponsored nursing staff who have caring responsibilities, including those with children.

Family visas:

RCN members often report difficulties in bringing their children and adult dependent relatives to the UK due to the high burden of evidence that is required by the Home Office. Our members have raised that they often struggle to provide the levels of evidence required by UK Home Office to bring their children to the UK under the Sole Responsibility Rule. Legal custody arrangements, for example, are insufficient evidence alone of Sole Responsibility. Member cases also suggest that the Home Office makes assumptions that children who are temporarily staying with extended family members can continue to do so. This leaves staff separated from their children for extended periods.

RCN members also report significant challenges in bringing their adult dependents to the UK through the Adult Dependent Relative route. Nurses and other healthcare workers can provide expert levels of care to their loved ones, and as such will often be the most suitable member of the family to look after an adult dependent relative in need of care. Ensuring a workable approach to family visas is imperative to the retention of nursing staff.

No recourse to public funds:

Policies such as the 'no recourse to public funds' (NRPF) condition applied to migrant workers on temporary visas is a key disincentive to retention. In most circumstances a

person with an NRPf condition attached to their visa will be unable to claim any benefits which are classed as ‘public funds’ – this includes access to universal credit, employment and support allowance, and child benefit (Home Office, 2021).^{xvii}

Internationally educated nursing staff make an invaluable contribution to patient care as well as a significant financial contribution towards our public services through taxes and national insurance, yet they continue to be unnecessarily subject to policies that potentially put themselves and their families in financial harm.

Indefinite Leave to Remain:

Internationally educated nurses should be supported to obtain Indefinite Leave to Remain (ILR) within in the UK, this would make the UK more attractive to the international workforce. ILR gives individuals the right to live, work and study in the UK indefinitely. ILR also allows individuals the right to access public funds, as well as facilitating the movement of family members and dependents, however, those wishing to make an application for ILR must wait a minimum of five years before making an application and must pay high application fees.

Application fees for settlement in the UK are currently £2,404 per person, by comparison the latest visa and transparency fees data suggests that the estimated cost of an ILR application is just £491^{xviii}. In the context of a decade of pay erosion,^{xix} ILR fees may simply be unaffordable for many health workers and act as a barrier to settlement.

ⁱ (Nursing & Midwifery Council (2023) Registration data reports.

Available at: [Registration data reports - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports)

ⁱⁱ (Nursing & Midwifery Council (2023) Registration data reports. Available at: [Registration data reports - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports))

ⁱⁱⁱ [Registration data reports - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports)

^{iv} Employment Survey 2021: Workforce diversity and employment experiences. London: RCN. Available at: [Employment Survey Report 2021: Workforce diversity and employment experiences | Publications | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/publications/employment-survey-report-2021)

^v [RCN Employment Survey 2021 | Publications | Royal College of Nursing](https://www.rcn.org.uk/publications/rcn-employment-survey-2021)

^{vi} London Economics (2022) A Decade of Pay Erosion. Available at: [A decade of pay erosion: The destructive effect on UK nursing staff earnings and retention - October 2022 - London Economics](https://www.london-economics.com/decade-of-pay-erosion)

^{vii} (Royal College of Nursing (2020b) Gender and Nursing as a Profession – valuing nursing and paying them their worth. Available at: [Gender and Nursing | Publications | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/publications/gender-and-nursing)).

^{viii} (Employee earnings in the UK - Office for National Statistics (ons.gov.uk)).

^{ix} [NHS Vacancy Statistics England, April 2015 - March 2023, Experimental Statistics - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk/statistics/articles/nhs-vacancy-statistics-england-april-2015-march-2023)

^[i] (Northern Ireland health and social care (HSC) workforce vacancies December 2022 | Department of Health (health-ni.gov.uk)).

^x <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-march-2023>

^{xi} [Nursing in numbers - English | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/nursing-in-numbers)

^{xii} [RCN Scotland Nursing Workforce in Scotland report | Scotland | Royal College of Nursing](https://www.rcn.org.uk/scotland/nursing-workforce)

^{xiii} [RCN Scotland Nursing Workforce in Scotland report | Scotland | Royal College of Nursing](https://www.rcn.org.uk/scotland/nursing-workforce)

^{xiv} [SN01908.pdf \(parliament.uk\)](https://www.parliament.uk/publications/59444)

^{xv} [SN01908.pdf \(parliament.uk\)](https://www.parliament.uk/publications/59444)

^{xvi} Valuing Nursing in the UK. Available at: [Valuing Nursing in the UK | Publications | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/publications/valuing-nursing)).

^{xvii} [Public funds \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101111)

^{xviii} [Visa fees transparency data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101111)

^{xix} London Economics - A decade of pay erosion: The destructive effect on UK nursing staff earnings and retention (2022) [A decade of pay erosion: The destructive effect on UK nursing staff - A report for the Royal College of Nursing](https://www.london-economics.com/decade-of-pay-erosion)