

## **Royal College of Nursing (RCN) Submission to the Public Accounts Committee call for evidence on Immigration: Skilled worker visas**

*With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the United Kingdom and the largest professional union of nursing staff in the world.*

### **1. Introduction**

- 1.1 In March 2025, the National Audit Office (NAO) published its report into the Skilled Worker visa route.<sup>i</sup> Through its membership of the Cavendish Coalition, a group representing health and social care bodies concerned with the impact of Brexit on international recruitment to the sectors, the RCN was consulted during the development of the report.
- 1.2 The RCN broadly welcomes the findings of the NAO report, especially regarding the need for a joined-up approach to tackling migrant worker exploitation, strengthening sponsor compliance, and linking immigration and skills policy more closely. However, it is the RCN's view that a more fundamental reappraisal of the visa sponsorship system is needed to increase flexibility for migrant workers and protect them from exploitation and destitution.
- 1.3 The RCN continues to call for an urgent, government-led investigation into exploitation in the social care sector. The RCN has seen a significant rise in calls from members in the sector seeking advice about possible workplace exploitation, in many cases related to threats made against their visa sponsorship. The investigation should establish the extent of exploitative practices and inform the strategy needed to stamp them out.
- 1.4 The RCN believes that steps need to be taken to increase the retention of internationally educated nursing staff within UK health and care systems. Ensuring routes for family members to join loved ones in the UK are viable, and providing access to public funds for those on Skilled Worker visas would make the UK a more welcoming destination for nursing professionals. This must also include reductions in the qualifying period and application costs for indefinite leave to remain. The RCN will soon be publishing a report on the challenges facing internationally educated nursing staff with policy recommendations for improving retention.

### **2. Scale of international recruitment of nursing staff**

- 2.1 In the years since the COVID-19 pandemic, the UK's dependence on international recruitment to meet health and care workforce needs has sharply increased. The introduction of the dedicated Health and Care Worker visa as part of the Skilled Worker route has facilitated the process of recruiting internationally for employers in both the NHS and the independent sector. As cited in the NAO report, 65% of all Skilled Worker visa applications since 2022 been for the Health and Care Worker visa (648,100 applications).
- 2.2 Registration data from the Nursing and Midwifery Council (NMC) reveals that the percentage of internationally educated nursing staff as a total of the UK register has increased year on year since the introduction of the Skilled Worker route and the Health and Care Worker visa, from 15% to 23% between September 2020 and September 2024.<sup>ii</sup> In the same time period, 98,073 internationally educated nursing staff joined the UK register, 95,338 from outside the EU/EEA. Much of this international recruitment took place in the context of the 50,000 Nurses Programme, a commitment made by the then UK government in 2019 to increase the number of registered nurses in the NHS in England by 50,000 by 2024.<sup>iii</sup>
- 2.3 The RCN has previously raised concerns regarding the numbers of internationally educated nurses that have joined the UK register from countries on the DHSC 'red list'.<sup>iv,v</sup> The list is comprised of countries identified by the World Health Organisation (WHO) as facing the most critical health workforce shortages, that should not be targeted for active recruitment.<sup>vi</sup> In the 12 months to September 2024, 21% of all internationally educated nurses joining the NMC register for the first time received their initial training in a country on the 'red list'.<sup>vii</sup> International recruitment must be conducted ethically and in line with the UK's international obligations.
- 2.4 The extent of international recruitment since COVID-19 has been unethical and unsustainable, and that addressing the challenges facing the domestic nursing workforce pipeline must be the priority when ensuring future nursing workforce supply. This nonetheless requires robust workforce planning that encourages consistency and predictability in external as well as internal workforce supply. Fluctuations in demand for internationally educated nurses create challenges for workforce planning in sending countries, which can lead to worsening global health inequalities.
- 2.5 Visa applications of internationally educated nursing professionals declined by 72% in 2024.<sup>viii</sup> This drastic decline was largely a result of the end of the 50,000 Nursing Programme and the reduction of associated funding for international recruitment. It was also made worse by the punitive immigration changes,

including the ban on care workers bringing family dependents to the UK, introduced by the previous UK government in Spring 2024.<sup>ix</sup> It is critical that the current government ensures that the UK remains an attractive place to practice nursing, both for prospective recruits abroad but also internationally mobile professionals already in the UK.

### **3. Labour exploitation on the Skilled Worker route**

- 3.1 The RCN is deeply concerned by increasing member reports of unethical and exploitative employment practices faced by internationally educated nursing staff working in the care sector. These include reports of repayment fees as high as £25,000; wages being withheld; fraudulent job offers; illegal work finding fees; and pressure to sign exploitative contracts under threat of sponsorship withdrawal.
- 3.2 Since the General Election in June 2024, the RCN has been calling for a government-led investigation to establish the extent of exploitation in the care sector and inform the strategy needed to eliminate it.<sup>x</sup> The Government have committed to such an investigation to be undertaken by the Fair Work Agency, though this is unlikely to commence before April 2026.
- 3.3 The NAO has highlighted a lack of robust data on the extent of abuse and the Home Office's failings in developing a systematic risk assessment of workplace exploitation and sponsor non-compliance. While the NAO has stopped short of calling for a government-led investigation, the report's findings reinforce the RCN's calls for an investigation to begin urgently to address these data gaps.

### **4. Exploitation and visa sponsorship**

- 4.1 The RCN is concerned that the current requirement for Skilled Worker visa holders to obtain a Certificate of Sponsorship can exacerbate the already unequal relationship between many migrant workers and their employers. RCN members have faced threats of deportation that are used by employers to intimidate and exploit sponsored workers. RCN members have reported that their employers have threatened revoking sponsorship when issues and disagreements have arisen, including pressure to withdraw workplace grievances. One member reported being instructed to work on days that they were not contracted to. When the member raised their concerns, the employer told them that they had to comply, as "we sponsor you".
- 4.2 Where sponsorship is terminated, workers on the Skilled Worker route, including those on the Health and Care worker visa, have just 60 days to find a new sponsor

following receipt of a curtailment letter from the Home Office. The RCN has called for an extension of this curtailment period to 180 days, as is the case for the 'Skills in Demand' visa in Australia. Under the Australian system staff are permitted to work in any occupation during this time which helps to alleviate financial hardship. Currently, the Home Office has no process for those on the Skilled Worker route to request extensions to the standard 60-day period in exceptional circumstances.

- 4.3 As cited in the NAO report, the Gangmasters and Labour Abuse Authority estimate that 34,000 workers in the care sector have been affected by sponsorship licence revocations by the Home Office. The RCN has recently submitted Freedom of Information requests to the 15 regional international recruitment partnerships established by DHSC to support impacted workers back into sponsored employment.<sup>xi</sup> We received responses from 7 regional partnerships in total, revealing that on average, only 3.5% of workers who have approached regional partnerships have been successfully supported into new positions. The RCN is concerned that the overwhelming majority of workers approaching regional partnerships are not receiving sufficient support.
- 4.4 The RCN welcomes other measures to support workers who have lost sponsorship through no fault of their own back into employment with a licensed sponsor. In an announcement on 12 March 2025, Minister for Migration and Citizenship, Seema Malhotra MP announced that new immigration policy changes to take effect on 9 April 2025.<sup>xii</sup> This included the new requirement for care providers in England to prove that they attempted to recruit a worker resident in England before recruiting internationally.
- 4.5 Currently, employers will typically face costs of £3,525 to sponsor a worker on a three-year Health and Care Worker visa. The RCN believes that these fees are untenable given the financial pressure on UK health and care systems and divert much needed funding away from frontline services. An exemption of the immigration skills charge and certificate of sponsorship fee could be explored as an incentive to recruit from the pool of migrant workers already in the UK. This would also have the benefit of reducing the need for active enforcement of a Resident Labour Market Test (RLMT).
- 4.6 This measure could also have benefits for tackling poor working conditions in the sector by increasing flexibility for migrant health and care workers in the UK. Reducing the costs of sponsorship would effectively reduce the barriers to obtaining a new sponsor and the grounds for charging repayment fees when leaving a previous employer.

## **5. Family visas**

- 5.1 The previous Government introduced a rule change which removed the eligibility of care workers and senior care workers to bring dependents to the UK with them from March 2024, a decision which the current UK government has confirmed it will uphold. This has had a significant impact on international recruitment into the care sector, contributing to a 91% drop in visas granted to care workers in 2024 compared to the previous year. Nursing professionals were not directly impacted by the decision to remove the eligibility of care workers to bring dependants with them to the UK. However, the RCN did receive calls from members concerned about the changes and what effects there could be for them. Even when not affected directly, immigration policies that arbitrarily separate families contribute to the perception that the UK is a hostile environment for migrants, making it a less attractive place to live and work internationally educated nursing staff.
- 5.2 RCN members have reported difficulty in bringing family members to the UK due to high thresholds for evidence required by the Home Office to approve applications for family visas. This includes applications for child visas by single parents under the sole parental responsibility rule. In these cases, legal custody arrangements are insufficient evidence. In one case, a members' application was denied on the basis that sole responsibility couldn't be proved even after the child's other parent passed away.
- 5.3 RCN members have also raised concerns regarding the evidence threshold for adult dependent relative visas. Nursing staff 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 adults in need of care. The RCN is aware of at least one case in which a registered nurse was initially refused a visa for their elderly parent on the basis that they could return to their home country to provide care there instead.
- 5.4 The RCN has called for the UK government to ensure that immigration rules do not arbitrarily separate migrant staff from their children, or from adult dependent relatives in need of care. Ensuring accessible routes for family reunification is a key issue for retention of internationally educated staff.

## **6. Visa and settlement application fees**

- 6.1 The RCN is concerned with the lack of government planning in regards to immigration rule changes. For example, in April 2025, the minimum salary threshold for sponsored workers increased from £23,500 to £25,000. This means that staff on Band 3 NHS pay scales in England, Wales and Northern Ireland are no

longer eligible for sponsorship, until a pay deal is introduced which brings Band 3 above the new salary threshold. This has implications for both individuals affected but also the health system as NHS trusts are unable to recruit internationally to Band 3 roles until this gap is closed.

6.2 There have been significant increases to visa and settlement application fees in recent years, which is having an enormous impact on our internationally educated members. In October 2023, the then UK government raised application fees for the Health and Care Worker visa by 15%, and application fees for indefinite leave to remain (ILR) by 20%. Following recent increases, the cost to apply for ILR is now 25% higher than in 2022 at more than £3,000 per applicant. With no concessional rate for children under 18, a family of four would be expected to pay over £12,000 to apply. The RCN is calling on the UK government to cap fees for visa and ILR applications at the cost of processing to support the retention of internationally mobile nursing staff.

## **7. Indefinite leave to remain**

7.1 The Skilled Worker route requires sponsored workers to live and work in the UK for a continuous period of five years before they are eligible to apply for indefinite leave to remain (settled status). Indefinite leave to remain (ILR) provides migrant workers with several benefits including access to public funds; increased security in their residency; and the ability to move employers freely. ILR is also beneficial for employers as it can support retention and removes the need to reapply for certificates of sponsorship or pay the immigration skills charge. Together, these will currently cost employers £3,525 for a typical three-year visa.

7.2 The NAO report makes little mention of ILR, other than to say that the Home Office has a poor understanding of whether those on Skilled Worker visas remain in the UK after their visas expire or return to their home countries. The report cites findings from the Home Office that just 15% of individuals with a valid visa in 2018 had applied for ILR by 2022.

7.3 The RCN submitted a Freedom of Information request to the Home Office in January 2025 to request information regarding the number of nursing professionals who had been working continuously on a Skilled Worker (or previous Tier 2) visa for 5 years or more and would therefore qualify for ILR. Regrettably, we were informed that the Home Office was unable to answer this question as they “do not record data relating to current numbers of individuals that would be eligible for Indefinite Leave to Remain”.

- 7.4 International case studies show a more accessible pathway to settlement. New Zealand for example, offers permanent residency upon arrival as a means to recruit and retain international staff. Canada also has announced an express route to permanent residence specifically for health workers. In the UK, holders of the Global Talent visa, Tier 1 (entrepreneur) visa and investor visa already have a shorter qualifying period of three years for ILR.
- 7.5 Shortening or eliminating the qualifying period for ILR for nursing professionals is needed to maximise the retention of those nursing professionals who have arrived in recent years. This will not only provide stability to them and their families but also support the ambition to bring international recruitment within ethical and sustainable levels.

## **8. No recourse to public funds**

- 8.1 The no recourse to public funds (NRPF) condition applied to migrant workers on temporary visas, including the Skilled Worker route, is a key risk to the financial stability of internationally educated nurses and their families. The RCN continues to call on the UK government to remove the condition immediately.
- 8.2 In 2024, the RCN published its report ‘Without a safety net: The impact of no recourse to public funds on internationally educated nursing staff’.<sup>xiii</sup> The report included findings from a survey conducted in January 2024 of around 3,000 internationally educated nursing staff. The findings revealed the acute pressures faced by IENs without access to public funds, leaving them struggling to meet basic needs, getting into credit card debt, and in some cases relying financially on abusive partners.
- 8.3 Currently, migrants can apply for a ‘change of conditions’ (request to access public funds), under certain circumstances. However, the conditions that need to be met to be granted public funds are very high, and often require a migrant to be destitute, or approaching destitution. The Home Office should immediately establish a process allowing for representations from migrant workers or their representatives for access to public funds in exceptional circumstances.
- 8.4 There is no concession for victims of domestic abuse to access public funds if they are currently under the Skilled Worker visa. The Migrant Victims of Domestic Abuse Concession (MVDAC) allows access to public funds only to victims who entered the UK on a spouse visa as the dependent of a main applicant on the Skilled Worker route. The concession is based on the recognition that financial dependency can prevent individuals from leaving abusive relationships. A similar argument of

financial dependency could be made in the case of vulnerable workers at risk of re-exploitation. The Home Office should introduce a process for migrant workers or their representatives to request a grace period during which they can access public funds in cases where they have been exploited by their former employer.

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- <sup>i</sup> [Immigration: Skilled Worker visas - NAO report](#)
  - <sup>ii</sup> [Registration data reports - The Nursing and Midwifery Council](#)
  - <sup>iii</sup> [50,000 Nurses Programme: delivery update - GOV.UK](#)
  - <sup>iv</sup> [WHO Global Code Independent Stakeholder Reporting Instrument \(2024\) | Royal College of Nursing](#)
  - <sup>v</sup> [Code of practice for the international recruitment of health and social care personnel in England - GOV.UK](#)
  - <sup>vi</sup> [WHO health workforce support and safeguards list 2023](#)
  - <sup>vii</sup> [Registration data reports - The Nursing and Midwifery Council](#)
  - <sup>viii</sup> [Immigration system statistics data tables - GOV.UK](#)
  - <sup>ix</sup> [Changes to legal migration rules for family and work visas in 2024 - House of Commons Library](#)
  - <sup>x</sup> [End social care worker exploitation now, demands RCN | News | Royal College of Nursing](#)
  - <sup>xi</sup> [International recruitment fund for the adult social care sector 2024 to 2025 - GOV.UK](#)
  - <sup>xii</sup> [Written statements - Written questions, answers and statements - UK Parliament](#)
  - <sup>xiii</sup> [Without a safety net | Publications | Royal College of Nursing](#)