

Rt Hon Amber Rudd MP  
Secretary of State for the Home Department  
Home Office  
2 Marsham Street  
London  
SW1P 4DF

10 March 2017

Dear Home Secretary

### **Immigration Skills Charge - Impact on the NHS and health and social care workforce**

As the representatives of the medical and nursing professions in the UK, we are writing to you to share our concern regarding the introduction of the Immigration Skills Charge (ISC) on 6 April 2017 and the damaging impact this charge could have on health and social care funding and on NHS workforce numbers, both in the NHS and beyond. Given the ongoing pressures on both NHS and social care finances, the sustainability of services and the recruitment and retention of staff, we are asking you to exempt the NHS and the wider health and social care system from the ISC.

We remain deeply concerned at the proposals to include NHS and health and social care employers in the list of those who would be liable to pay the Immigration Skills Charge. Imposing an upfront charge of £1,000 per year of visa would mean that £3.5 million would be taken out of the NHS budget if it was applied to the 3602 doctors who were granted Tier 2 (General) visas from August 2014 to August 2015. Health Education England, the sponsor for all doctors in training in England, would be subject to charges of £1,627,000 for 2015-2016, for the 1627 full years of sponsorship for their trainees. If the charge had been applied to Registered Nurses then our already fragile health and social care system would have lost £655,000 in 2014/15, rising to £2.1m in 2015/16.

It cannot be appropriate to divert funding away from the budget for front-line health services and the training of health professionals in this way. While the government has suggested that funds raised from the charge would be reinvested back into the UK workforce and health system, we have been given no guarantees to that effect.

The government has been clear that the aim of the skills charge is to ensure businesses are able to attract the skilled migrants they need and to improve recruitment and training for UK workers. However, the UK's health and social care system is not a business which has unlimited access to training places in the UK. Both nursing and medicine are highly skilled professions and long-term UK workforce planning for both is determined by the finite number of places available at UK medical schools and on nursing degree courses as well as on practice training capacity within the health system.

Training doctors and nurses is a lengthy process. With doctors, it is simply not possible to up-skill resident workers or put apprenticeships in place for doctors because of the long and rigorous training process involved and additional regulatory requirements. While the health secretary has outlined proposals to expand the supply of UK trained doctors to reduce the NHS's reliance on doctors from overseas, the length of time taken to train a senior doctor will mean that the NHS

will continue to be reliant upon doctors from the EU and overseas in the short to medium term to fill vacant posts. For nursing, the unknown impact of recent changes to educational funding arrangements, as well as a systemic lack of long term planning around incentivising and retaining the registered workforce means that we should be valuing the critical contribution of our international workforce, while working collaboratively to make nursing a career of choice for UK nationals.

Checks and balances are already in place to ensure posts are first offered to UK and EU nationals through the resident labour market test. It is unfair therefore, to penalise health and social care employers for recruiting a doctor or a nurse on a tier 2 visa to fill workforce gaps because a UK or EU national cannot be found to fill the post. There is a risk, given the existing pressures on the collective finances of our health and social care system, that the imposition of an additional financial burden will deter NHS employers from recruiting Tier 2 doctors. The knock on effect for safe staffing levels and for patient safety must be considered in any assessment of the ISC.

Finally, we are aware of the government's willingness to introduce exemptions for other sectors such as within academia for doctoral-level jobs and we are urging that this be extended to the health and social care sector.

Yours sincerely



**Mark Porter**  
BMA council chair



**Janet Davies**  
Chief Executive & General Secretary,  
Royal College of Nursing

Cc Rt Hon Jeremy Hunt MP, Secretary of State for Health