

SUBMISSION: Royal College of Nursing response to the Home Affairs Committee inquiry on post-Brexit migration policy, July 2018.

Key messages

- The post-Brexit immigration system must support the recruitment and retention of the nursing workforce as a whole, to ensure the UK has sufficient appropriately trained staff to deliver the vital health and care services the population needs now, and in the future.
- Any future immigration system should not undermine the UK's commitment to recruit health professionals from overseas in an ethical manner, and should complement much needed investment in educating and training our domestic nursing workforce.
- The current Tier 2 system is not fit for purpose. There must be a rebalancing from the focus on salary levels as a measure of value, towards a positive recognition of the contribution that public sector staff, including nurses and social care workers make to health and care.
- Any new immigration system must be responsive, easy to understand and navigate, transparent, predictable, accessible, and affordable for nurses, health professionals and individuals to use.
- Just as population health isn't restricted by geographical borders, neither should the sharing of nursing expertise be. The free movement of nurses and health professionals across the globe contributes to making the UK a world leader in innovations in health treatments and care delivery.
- 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.

1. What should the Government's objectives be in drawing up a post-Brexit immigration system?

1.1 A key objective of any future UK 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, and to enhance the overall health and wellbeing of our population. 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.

1.2 The current demographic of our domestic nursing workforce reflects this increasing diversity. In 2010/11, less than 2% of the registered nurse population (approximately 12,000 individuals) were from the European Economic Area (EEA) while just over 10% (approximately 70,000 individuals) were from non-EEA countries. By 2016/17, the EEA contribution had risen to nearly 6% of the total registered nurse workforce (38,000 individuals) while the non-EEA contribution has remained stable at 10% (67,000 individuals).¹

1.3 Given the continuing global nursing shortage and rising demand for health and care services, the UK's health and care sector needs to be able to attract nursing staff with the right skills to work and remain in the sector, particularly registered nurses. This includes providing routes for internationally recruited nurses who have worked in the UK for a specific period of time to be granted indefinite leave to remain. Governments across the UK must work together to ensure that the UK continues to be a world leader in innovation in healthcare by enabling health and care services to draw on knowledge, skills and expertise internationally after the UK withdraws from the EU. This exchange can also provide relevant learning and experience for internationally recruited health professionals to support the improvement of health and health care systems in other

¹ Nursing and Midwifery Council, 'Registration statistics', 2018. Available at: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

countries, and for UK professionals to learn from international colleagues. Nursing is a global profession, and there is high value ensuring seamless sharing of skills and knowledge on the international stage, which we hope would continue post Brexit. The patient and population health benefits of defining the NHS, health care services, and the nursing profession as a global contributor to public health are realised domestically, and overseas.

1.4 Our population is ageing with increasing demand for care outside the hospital setting. Therefore, any future immigration system needs to support the recruitment and retention of nursing and social care staff with the right skills to deliver care in the community. The current Tier 2 visa system only allows recruitment of highly skilled (degree level educated) workers from outside the EU.

1.5 The UK also has responsibilities as part of a global community. Future immigration policy must adhere to the key principles outlined in the World Health Organisation (WHO) code of practice on ethical recruitment of health workers, which includes fair treatment of individual migrant nurses, a commitment to invest in better domestic health workforce data, planning, education and training, and international recruitment practices that do not adversely impact on other international health systems.²

1.6 The recommendations in the code have been reinforced by the target outlined in the WHO's Global Human Resources for Health Strategy to 2030, which states that each country must reduce by half, their reliance on overseas health workers, given that the shortage of nursing staff is felt globally.³ The strategy couples this reduction with seeking commitments from countries to invest in, train and develop their own workforce to expand the number of health professionals.

1.7 As a member of the Cavendish Coalition, we support reshaping the current immigration system so that is it more responsive, easy to understand and navigate, transparent, predictable, accessible, and affordable. Our Immigration Advisory Service has dealt with a number of cases where nurses have found it very difficult to navigate the immigration system and have not had the relevant support from employers sponsoring them. RCN members are also particularly concerned about the annual immigration health surcharge levied on nurses and their families coming to the UK to work in our health and care services, which is a condition to be allowed to live and work in the UK as an overseas national.⁴ These staff are paying tax, national insurance and supporting the delivery of crucial care to patients. However, under the increased health surcharge announced by the UK Government in February 2018, an international nurse accompanied by a spouse and two dependent children would be expected to pay £4800 upfront before entering the UK, to cover three years working in our health service. This is completely unacceptable, causes fear and worry among nursing staff offering to bring their expertise and we call on the Home Office to stop this charge with immediate effect.

2. What are the implications of the net migration target?

2.1 The current aspiration to reduce migration to the tens of thousands is un-evidenced. The net-migration target is problematic as it includes emigration and there is no correlation made between the skills of those entering and leaving the country. The target is not linked to either the labour market or the population needs of the country.

2.2 Irrespective of the net migration target, the main challenge to recruiting health professionals from outside the EU is the monthly and annual overall cap on Tier 2 visas of 21,700 since 2011. This has led to recent difficulties for NHS employers to gain certificates of sponsorship for international doctors because the monthly cap was reached. It highlights the tension in the current immigration

² World Health Organisation (WHO), 'WHO Global Code of Practice on the International Recruitment of Health Personnel'.2018. Available at: <http://www.who.int/hrh/migration/code/practice/en/>

³ WHO 'Global Strategy on Human Resources for Health: Workforce 2030', 2016. Available at: <http://www.who.int/hrh/resources/globstrathrh-2030/en/>

⁴ Department for Health and Social Care, 'Health charge for temporary migrants will increase to £400 a year' 2018, Available at: <https://www.gov.uk/government/news/health-charge-for-temporary-migrants-will-increase-to-400-a-year>

system between having criteria for selecting highly skilled Tier 2 migrants - education and salary level based - and an artificial numerical cap. This conflict has been acknowledged by both the Migration Advisory Committee (MAC) and the Migration Observatory.⁵ It is important to recognise this in countering narratives that create an atmosphere of hostility towards migrant workers.

2.3 We welcomed the announcement from the UK Government to remove doctors and nurses from this cap in June 2018. We do not support an arbitrary cap which undermines the objectives of attracting the brightest and the best to deliver our health and care services across the UK.⁶

3. How should the UK address skills shortages which are currently met by European Union migration?

3.1 The current domestic nursing workforce supply has not keep pace with rising patient need. EU and EEA nursing staff are helping to fill the persistent shortages in the UK workforce. In the NHS in England, there are approximately 40,000 nursing vacancies and last year in 2016, across the UK for the first time in a decade, more nurses left the profession than joined.^{7 8 9} Yet, in our research, 86% of nurse leaders say that nurses recruited from the EU are essential for the proper functioning of health services, and 59% told us that they had recruited non-UK EU nationals in order to fill staffing gaps.¹⁰

3.2 Recruiting international health and care staff must be in parallel with investment from UK governments to bolster the domestic nursing workforce. When sufficient numbers of registered nurses are present, mortality rates reduce, quality improves and patients report better overall satisfaction. In the climate of staffing shortages, safe and effective patient care relies on the involvement of a committed international workforce. To protect patient safety and clinical outcomes in the long term, it is crucial that nurse staffing for safe and effective patient care is enshrined in law in England and Northern Ireland, following the lead of Wales and Scotland.

3.3 Assessing the full impact of changes to EU migration is made more difficult by the lack of detailed EU and international nursing workforce data across the health and care settings across the UK. The Nursing and Midwifery Council's (NMC) registration statistics do give a picture of the pool of registered nurses as a whole who are eligible to practice as cited above. The NMC's statistical analysis shows a clear trend towards fewer nurses from the EU joining the register since the referendum in 2016. In the 12 months since the Brexit vote there has been an 80% drop in new EEA admissions and nearly a doubling in the number of EEA nurses leaving the profession altogether.¹¹ By contrast, the numbers of nurses registering from outside the EU remains fairly stable.

3.4 There is no recent comprehensive data on the unregistered EU health and care workforce, nor on the number of EU nurses currently working outside the NHS, although some parts of the social care sector have reported concerns about the loss of EEA staff post-Brexit.¹² The UK arm's length bodies with statutory responsibilities for care delivery should collect and publish workforce data across all health and care settings. This will enable policy makers, both to better plan the workforce domestically and to understand levels of reliance on EU nursing staff.

⁵ Migration Observatory, 'Labour immigration after Brexit: Trade-offs and questions about policy design' 2018. Available at: <http://www.migrationobservatory.ox.ac.uk/resources/reports/labour-immigration-brexit-trade-offs-questions-policy-design/>

⁶ <https://www.gov.uk/government/news/doctors-and-nurses-to-be-taken-out-of-tier-2-visa-cap>

⁷ Royal College of Nursing, 'Safe and Effective Staffing: the Real Picture' 2017. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-006195>

⁸ Royal College of Nursing, 'RCN London Safe Staffing report 2015' 2015. Available at: <https://www.rcn.org.uk/london/about/publications/safe-staffing-report-2015>

⁹ Nursing and Midwifery Council, 'New figures show an increase in numbers of nurses and midwives leaving the professions' 2017. Available at: <https://www.nmc.org.uk/news/news-and-updates/new-figures-show-an-increase-in-numbers-of-nurses-and-midwives-leaving-the-professions/>

¹⁰ Royal College of Nursing, 'Safe and Effective Staffing: the Real Picture' 2017. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-006195>

¹¹ Nursing and Midwifery Council 'The Register' 2017. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf>

¹² Migration Advisory Committee 'Interim update – EEA workers in the UK labour market' 2018. Available at: <https://www.gov.uk/government/publications/eea-workers-in-the-uk-labour-market-interim-update>

4. What would the advantages and disadvantages be of having the same immigration arrangements for EEA and non-EEA citizens? Would it be practical to apply existing non-EEA rules to EEA citizens after Brexit?

4.1 Ultimately the decision about whether to have different arrangements for EEA nationals coming to work in the UK compared with non-EEA nationals, will depend on the outcome of the Government's negotiations with the EU on our future trade and cooperation arrangements. We have argued for close alignment and cooperation post-Brexit on public health, medical research, and employment and working conditions.¹³

4.2 The MRPQ Directive has enabled the UK to recruit nurses and doctors from Europe, educated to common minimum standards to fill our own workforce shortages. The Directive also includes language checks on EU nurses and a duty on all EU member states to inform one another about suspended or banned professionals, both of which are important and positive developments for patient safety.¹⁴ Any future immigration system must align to nursing regulatory requirements with the EU and create a level playing field between the remaining member states, the UK and the wider international sphere. This will be especially beneficial for developing a coherent workforce strategy which addresses the needs of the UK.

4.3 The higher education sector in Europe, including the health and nursing research community, have also benefited from the ability to collaborate on projects, including clinical trials, whilst working in other EU member states. We therefore remain open to different immigration arrangements for EEA nationals compared with non-EU nationals as part of the wider post Brexit settlement in recognition of these longstanding ties and convergence of standards.

4.4 We would not support the extension of the current non-EEA migration system to all nursing staff coming from outside the UK. The current immigration system needs reform and many of our members who come to the UK to work from overseas experience difficulties in accessing visas. In particular the use of salary as the main criterion for prioritising applications fails to recognise public sector professionals' contribution effectively. The Home Affairs Committee's most recent report, on Brexit and Immigration, is right to say that simply extending the current immigration system will not address its shortcomings - prioritising visas based on salary levels fails to recognise the benefits of international nurses to our patients and the economy.¹⁵

4.5 Under Tier 2, both salary and level of qualification are used to prioritise visas, with the most recent minimum threshold set at £30,000. Nursing required an exemption from this threshold given that average pay is well below this. In addition the £35,000 minimum income threshold to apply subsequently for indefinite leave to remain is difficult for most international nurses to attain.¹⁶ If nursing is removed from the Shortage Occupation List, this restriction will apply once more, creating a barrier to long term settlement with the potential impact on the integration of much needed migrants into the workplace.

4.6 We recognise the UK Government's announcement to offer settled status to EU citizens and the further detail published in June 2018, but this has come late and its implementation remains unclear. EU nationals need a firm commitment from the UK Government that even in the case of no-deal Brexit, promises of continued rights to live and work in the UK still hold strong.

¹³ Royal College of Nursing, 'Brexit briefings', 2018. Available at: <https://www.rcn.org.uk/about-us/international>

¹⁴ NHS Employers, Mobility of health professionals across Europe, Available at: http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/mobility-of-health-professionals-across-europe_June_2016.

¹⁵ House of Commons Home Affairs Select Committee, 'Home Office Delivery of Brexit: Immigration, 2017-19'. Available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhaff/421/42102.htm>

¹⁶ Royal College of Nursing, 'Royal College of Nursing response to Migration Advisory Committee call for evidence: Partial review of the shortage occupation lists for the UK and Scotland', 2014. Available at:

https://www2.rcn.org.uk/_data/assets/pdf_file/0011/603101/96.14_Call_for_Evidence_Partial_review_of_the_Shortage_Occupation_Lists_for_the_UK_and_for_Scotland.pdf.

5. Is there evidence that free movement has had a negative impact on workers' pay and conditions in the UK?

5.1 We endorsed the view set out by the MAC in 2016 that there was insufficient curiosity across both the health and care sector about the extent to which pay and better working conditions might be responsible for, and might help alleviate, recruitment difficulties in the UK.¹⁷

5.2 In terms of economic impact, there is some evidence from the MAC that overseas nurses are being paid less on average than UK counterparts and may not be rewarded according to their level of experience and expertise, often entering the workforce on the pay band for “new entrants” along with recently qualified UK nurses. The MAC found internationally recruited nurses were paid the exact same rate regardless of their age and concluded that, “nursing is an occupation where, on average, migrants are paid £6,000 less than equivalent UK workers”.¹⁸ This points to attempts to save costs and not invest in the domestic nursing workforce supply, at a time when the UK Government kept any annual cost of living increases for NHS staff at or below 1% between 2010-2018. However, it is important to note that the MAC attributed blame for salary differences to the UK and devolved Governments, health planning bodies and employers, not on the immigration arrangements as such.

6. What steps should the UK take to employ workers already resident in the UK?

6.1 A UK-wide health and care workforce strategy is needed to address systemic workforce shortages, in terms of education, recruitment and retention. This must be based on a whole-system approach, that sets out what is required by way of workforce based on population needs, what levers will be used, and how implementation of a strategy will be supported.¹⁹ Such a strategy should be supported by primary legislation which clarifies Government, national and local accountability for nurse staffing for safe and effective care in all health and care services. This is fundamental for patient safety.

6.2 The responsibility for educating sufficient numbers of registered nurses lies with the devolved administrations of the individual countries of the UK. Particularly in England, reforms to undergraduate nursing education in are failing to increase the number of nursing students. Indications have shown that this policy is proving ineffective, as the removal of the undergraduate pre-registration bursary have not led to the anticipated increase in nursing students.²⁰ Overall by March 2018, applications to nursing courses had fallen by 33% since the same time in March 2016, with applications from mature students falling by 42%.²¹ Yet, we know that with the right support and financing, the higher education system is best placed to support an increase in delivering nurses into the workforce. Research tells us that 94% of all graduates of subjects allied to medicine, which includes nursing, that graduated between 2011- 2016, were in professional employment within six months.²²

6.3 The fastest and most effective route into registered nursing is through higher education and there are existing unused opportunities to increase numbers of nursing students. We have made a number of recommendations to the Treasury. For example, financial support for living costs to incentivise a wider range of applications could take the form of: universal grants for students in recognition of their placements; means-tested grants to maintain diversity; and/or targeted support for parents and carers. A central fund could be created within the Department of Health and Social

¹⁷ Migration Advisory Committee 'Partial Review of the Shortage Occupations List – Nursing', 2016. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/510630/Partial_review_of_the_short_age_occupation_list_-_review_of_nursing.pdf

¹⁸ Ibid.

¹⁹ Royal College of Nursing, 'Consultation response to Health Education England's (HEE's) Facing the Facts, Shaping the Future - A draft health and care workforce strategy for England to 2027' 2018. Available at: <https://www.rcn.org.uk/about-us/policy-briefings/conr-5817>

²⁰ Royal College of Nursing, 'Left to chance: the health the health and care nursing workforce supply in England' 2018. Available at: <https://www.rcn.org.uk/professional-development/publications/pdf-006682>

²¹ UCAS, '2018 Cycle Applicant Figures – March Deadline' 2018. Available at: <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-march-deadline>

²² Higher Education Standards Authority 'Destinations of Leavers from Higher Education in the United Kingdom for the academic year 2015/16' 2017. Available at: <https://www.hesa.ac.uk/news/29-06-2017/sfr245-destinations-of-leavers>

Care which employers could access to receive dedicated funding to incentivise and grow the required workforce in their area. While we support new supplementary routes into the nursing workforce being created in England, such as the nursing degree apprenticeship and the nursing associate role, it is critical that registered nurses are not substituted for these lower-level non-registered nursing staff. To efficiently and properly address domestic nursing shortages, the three year full-time nursing degree programme must be prioritised.

6.4 To improve retention, nurses must have access to essential conditions such as improved remuneration, opportunities for improved flexible working arrangements, continuing professional development and wider career development opportunities.

About the Royal College of Nursing

With a membership of more than 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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