



Royal College of Nursing Briefing Ahead of the Second Reading of the Immigration Bill

With a membership of more than 425,000 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 UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. The RCN is a politically neutral organisation.

RCN Position

Language Controls

The RCN accepts the principle that all nurses in the UK should have an acceptable command of English in order to communicate effectively with their colleagues and patients.

The Nursing and Midwifery Council, in its public protection role, already undertakes language controls for overseas nurses and midwives seeking to register in the UK and will shortly be introducing measures for all registrants, including EEA nurses and midwives. The RCN responded fully to the language controls consultation launched by the NMC on 1 June 2015 in relation to EEA nurses and midwives and has strongly supported language controls. The NMC will implement the new measures by January 2016.

The RCN is concerned that the new code of practice proposed by the Bill may impinge on these language control standards currently being developed by the Nursing and Midwifery Council (NMC). We question whether it would be appropriate for ministers to set out standards rather than professional regulators, such as the NMC, as is currently the case.

The Immigration Bill's explanatory note makes clear that a consultation will be launched in parallel with the passage of the Bill through Parliament on the content of the code of practice. We will look to engage fully with the Government on the exact nature of the proposed code of practice as health care assistants are not currently regulated with the NMC and we will respond fully to the consultation accompanying the Bill.

Skills Levy

The Bill proposes to apply a 'skills levy' to employers who sponsor a non EEA migrant worker, and will allow the Government to specify the scope and rate of the levy. The RCN is concerned that the Bill does not specify the type of workers to which this clause will apply and whether it will also include skilled migrants working in publicly funded services. We will seek greater clarity on the scope of this clause.

The NHS is increasingly reliant on international recruitment of qualified nurses to make up for the shortage of UK-trained registered nurses in the UK – a direct result of insufficient numbers of UK nurse education places in higher education. This levy, if applied to NHS trusts and other health and care providers, would penalise employers for seeking to recruit international nurses in order to fill this dangerous shortfall.

Furthermore, it is very unclear how using the levy to fund additional apprenticeships in the health sector could address the large shortfall in highly skilled health professionals. This shortfall must be addressed through better workforce planning and an increase in nurse training places.

The RCN is also concerned about the impact of previous changes to immigration rules which will force all non EEA nurses who arrived from 2011 onwards and are earning less than £35,000 to leave the country from 2017. We have reiterated our warning that failing to include nursing on the Shortage Occupation List (SOL) and failing to increase commissions for student nurse education places will exacerbate the current shortage of nurses in the UK. The RCN is urging the Government and the MAC to reconsider including nursing on the SOL or to reconsider the earning threshold of £35,000 for nurses.

The RCN predicts that the current shortage of nursing staff is likely to get worse in the next few years before the effects of any measures put in place to remedy the situation are felt. Even if commissions for nurse education places are increased immediately, there will be a shortfall as it takes three years to train a nurse. There is a real risk that the health service will struggle to provide safe nurse staffing levels in the interim.

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