Employment of overseas healthcare professionals in the NHS

Briefing for parliamentarians

The NHS is currently facing difficulties with recruiting much needed staff from overseas. These staff are needed to help meet the rising demand for care in the health service. With the Immigration Bill being considered by Parliament at the moment, this briefing sets out the current situation and outlines the solutions the NHS needs to deliver high quality of patient care.

Background

- The NHS is experiencing unprecedented demand for care due to the rising number of people living with complicated long term conditions, in many cases more than one. At the same time, the recommendations of the Francis report into the terrible tragedy in Mid-Staffordshire have set out the need for the NHS to employ more clinical staff.

- The demand for trained nurses currently exceeds the available supply. Employers are using a range of options to both recruit additional people and retain the skills we have. Even with the Government’s helpful commitment to increase training places, a return to practice programme for nurses and increased focus in the health service on retention, the gap will not be bridged for some time. In particular, it takes 4 years to commission extra places and train a nurse. Unlike other industries, there is no other available supply of healthcare professionals in the UK beyond those who we already employ.

- The NHS needs to recruit from countries outside of the European Economic Area (EEA). There has been significant recruitment from within the EEA in recent years. However, NHS organisations have now found that this supply can no longer meet demand. Direct overseas recruitment activity for NHS services is not undertaken lightly – it is being done to find desperately needed staff who are essential for providing quality care to patients. It requires money and significant people time to get it right.

- Recruiting from overseas does not displace UK trained healthcare professionals. Overseas recruitment can provide the time an organisation needs for other medium term plans to come to fruition while providing the stability and consistency clinical teams need.

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The impact of the cap on NHS employers

- In 2011 the Government introduced a cap on certificates of sponsorship to work in the UK. Over the last 4 years the NHS had been able to gain the necessary number of certificates required. However, this stopped being the case in June 2015. The NHS is currently subject to large number of rejections for certificates of sponsorship for nursing staff who have been interviewed and offered posts. In addition to the certificates which have already been requested and rejected we anticipate a further 1000 are planned to be requested in the next few months. Further recruitment activity, planned earlier in 2015, is also currently underway and so we can expect this number to rise.

- Failure to secure a certificate of sponsorship delays the start date for at least one additional month whilst the employer re-applies. We are aware of a number of organisations who have been unsuccessful each month between June and September – this is a four month delay with no certainty that any subsequent applications will be successful.

- There are a number of negative consequences of these delays which potentially damage quality of care for patients. They will have an impact on organisations who are planning additional staff to cope with pressures during the winter period. The delays increase the use of costly agency staff at a time when the NHS is being asked to review its use of agency staff and reduce expenditure. In addition, the impact on staff of having long term vacancies along with consistent use of agency staff to fill gaps on shifts can have a negative impact on staff morale and motivation.

- For anyone recruited since 2011 the employer is not able to extend their employment beyond 6 years unless they earn in excess of £35,000, except if included in the shortage occupation list. This means a band 5 nurse recruited in 2011 who has attained incremental pay progression each year would have, in 2017, a salary of £27,090. This does not meet the criteria to apply for indefinite leave to remain and the individual will have to leave the country. NHS organisations stand to lose a huge amount of investment the individual and the employer has committed.

Our recommendations:

- We recognise the Government’s commitment to reduce net migration. If the cap is to remain we need an urgent review of how applications from the NHS, and broader public sector, are assessed and weighted against a set a criteria which is broader than just pay.

- We must ensure we have a shortage occupation list which is responsive to changing needs in demand. We suggest awarding a number of additional points to certificates for sponsorship in recognition of the contribution to the delivery of a key UK public service.
• We also need urgent recognition that nursing is a shortage occupation across the whole health and social care sector and it needs to be included on the Home Office’s shortage occupation list.

Our role

The NHS Employers organisation (NHSE) represents the whole range of views from across employing organisations in the NHS in England on workforce issues, and supports employers to put patients first. Our role is to help employers understand and contribute to changes in the system to enable them to improve the quality of patient care. This includes providing general advice and guidance on good practice, as well as representing NHS organisations to policy makers. We work with the HR community and the whole range of Board level members to ensure we arrive at a position based on the views of employers.

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