



## BRIEFING PAPER

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# Overseas health and social care workforce

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## Summary

This Commons Library briefing paper considers the impact of the Covid-19 pandemic and Brexit on the overseas health and adult social care workforce and plans to expand the workforce.

The Covid-19 pandemic has put unprecedented pressures on the UK health and social care system. In response to the pandemic, the Government introduced measures to maximise the available workforce, which included increasing the number of staff from overseas. The Home Office have announced the extension of visas for some overseas health and social care staff. There have been calls for this to apply more widely to all overseas social care and non-medical NHS staff in recognition of their contribution during the pandemic. The pandemic, alongside the introduction of the new points-based immigration system from 1 January 2021 are likely to impact on longer term plans to tackle workforce shortages in health and social care.

### Implications for overseas recruitment

The health and social care workforce [increased by 446,000](#) between 2009/10 and 2018/19, and workers born overseas accounted for nearly 50% of the increase. However there continue to be [well-documented workforce shortages](#) in health and social care.

A key component of NHS workforce planning is to further increase international recruitment. In the longer term the Covid-19 pandemic and corresponding lockdown could have implications for the ability of the Government to meet its NHS pledges to boost the numbers of nurses and GPs.

Social care has increasingly relied on international recruitment to fill vacancies. The Nursing and Midwifery Council (NMC) have [raised concerns](#) that a likely impact of the Covid-19 pandemic will be to reduce opportunities for international recruitment, and “the reliance of social care on overseas nurses may place the sector in greater jeopardy”.

The introduction of the new points-based immigration system from 1 January 2021 also has implications for the health and social care sector. A ‘Health and Care visa’ has been introduced for healthcare workers, but there is no dedicated entry route for social care workers.

### Ethical recruitment

The UK was the first country to implement a [Code of Practice](#) for the international recruitment of healthcare professionals. All healthcare organisations and agencies recruiting internationally are “strongly advised” to adhere to the code.

One of the key principles underpinning the code is that developing countries will not be actively targeted for recruitment. As the Covid-19 pandemic stretches healthcare services around the world, with especially acute pressures in low- and middle-income countries, it is likely this will have implications for considerations around future recruitment.

### **Measures to boost numbers of overseas staff during the pandemic**

The [Coronavirus Act 2020](#) included provisions for the emergency registration of health and care professionals across the UK, including overseas applicants. For example, nurses and midwives who had completed all parts of their Nursing and Midwifery Council (NMC) registration process aside from the final clinical examination were invited to join the Covid-19 temporary register.

A new medical support worker role was announced by NHS England, which was described by the [British Medical Association](#) as “suitable for those who do not yet have General Medical Council registration, for example, international medical graduates or refugee doctors currently living in the UK.”

### **Visa extensions and exemption from the Immigration Health Surcharge**

The Government announced that visas of doctors, nurses and paramedics due to expire before 1 October 2020 would be automatically extended for one year. The Home Office announced that no fee would apply to the extension and there would also be an exemption from the Immigration Health Surcharge. The Government later announced the visa extensions would be granted to a wider range of health service staff and will apply to visas due to expire before 31 March 2021. The Home Affairs Select Committee have pushed for the visa extension to also be given to care workers and lower paid NHS staff.

Calls for all NHS workers to be exempt from paying the Immigration Health Surcharge intensified during the pandemic, and it was [announced on 21 May 2020](#) that the charge would be abolished for all overseas health and care workers. It has since been announced that healthcare workers eligible for the new ‘Health and Care visa’ are exempt from the charge, whilst other healthcare workers are eligible for reimbursement on a 6-monthly basis.

# 1. Overseas health and social care workforce: statistics

People born abroad made up 19% (818,000) of the UK health and social care workforce in 2018/19, according to data from the Office for National Statistics (ONS).<sup>1</sup> In comparison 14% of the general population of the UK were born abroad in 2019.<sup>2</sup>

Analysis from the [Nuffield Trust](#) has shown that almost one in four (23%) hospital workers were born outside the UK in 2018/19.<sup>3</sup>

Whilst the health and social care workforce increased by 446,000 between 2009/10 and 2018/19, 221,000 of these workers were born overseas, therefore accounting for nearly 50% of the increase.<sup>4</sup>

Data published by [The Migration Observatory](#) finds that the healthcare industry accounts for “nearly all of the increase in Tier 2 workers” between 2015 and Q3 2019.” The report goes on to state:

Nurses were the largest single occupation receiving of Tier 2 (general) visas, making up 16% all Certificates of Sponsorship issued to new hires in 2018.<sup>5</sup>

The House of Commons Library briefing paper [NHS staff from overseas: statistics](#) provides a comprehensive overview of the nationality of NHS staff in England, including a breakdown of nationality according to job role. ‘Nationality’ as discussed here is self-reported - it may not always reflect the person’s citizenship or country of birth and can instead reflect cultural heritage -it is not a measure of immigration.

## 1.1 Nationality of NHS staff in England

As of January 2020, 169,000 NHS staff reported a non-British nationality - 13.8% of all staff for whom a nationality is known.<sup>6</sup> This includes 29% of doctors, 17.9% of nurses and 10.4% of clinical support staff.<sup>7</sup>

NHS staff report almost 200 different nationalities. Just over 67,000 are nationals of other EU countries. Indian, Filipino and Irish are the most-represented non-British nationalities.<sup>8</sup>

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<sup>1</sup> Office for National Statistics, [Health industry workers by country of birth, UK, March 2000 – June 2019](#), Last updated 11 November 2019

<sup>2</sup> Office for National Statistics, [Population of the UK by country of birth and nationality: 2019](#), 21 May 2020

<sup>3</sup> Nuffield Trust, [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#), 4 December 2019

<sup>4</sup> Nuffield Trust, [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#), 4 December 2019

<sup>5</sup> The Migration Observatory, [Work visas and migrant workers in the UK](#), 18 June 2020

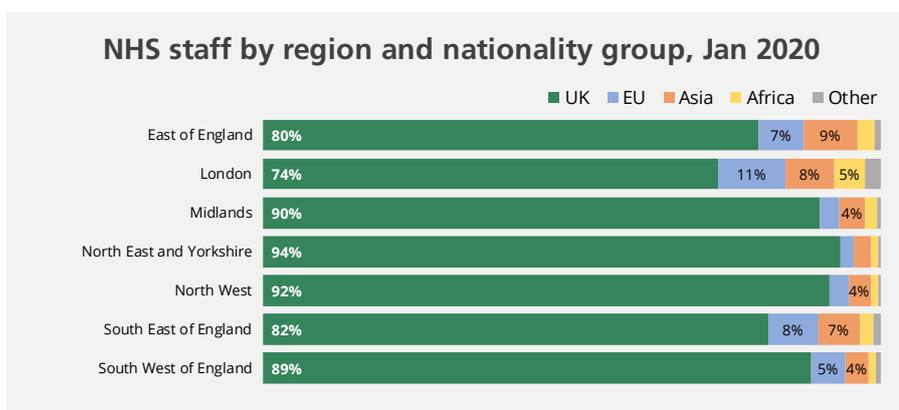
<sup>6</sup> House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

<sup>7</sup> House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

<sup>8</sup> House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

## Regional variation

There are differences across regions, as can be seen in the chart; London has the highest proportion of staff reporting a non-British nationality, whilst the North East and Yorkshire has the lowest.<sup>9</sup>



Regional variation is particularly marked when considering the nationality of nurses in England. Across England, 82% of nurses and health visitors in hospital and community health services are British. However, in the North East and Yorkshire, British nurses make up 94% of the total and in London the figure is 64%.

## NHS recruitment by nationality

[Hospital and Community Health Services \(HCHS\) workforce statistics](#)

published by NHS Digital set out the number of joiners and leavers to NHS Trusts by nationality and region.<sup>10</sup>

The data shows that EU/EEA nationals have fallen as a percentage of all joiners to the NHS since 2015/16, from 10.9% to 7.2%. Meanwhile, the percentage of joiners with a non-EU/EEA nationality has risen from 8.7% in 2014/15 to 14.5% in 2019.<sup>11</sup>

Changes were particularly pronounced for the Nurses and Health Visitors staff category. In 2015/16, 19% of nurse joiners were of EU/EEA nationality, but this fell to 6.4% in 2019. Meanwhile, the percentage of joiners from outside the EEA rose from 7.6% in 2015/16 to 22.4% in 2019.<sup>12</sup>

This figure differed between regions – in the East of England and Kent, Surrey and Sussex, over 40% of joiners in 2019 were from non-EU/EEA countries. In the North East, the figure was 6.2%.

## 1.2 Data from professional regulators

The professional regulators have a statutory duty to maintain permanent registers of practitioners who are entitled to practice within their profession.<sup>13</sup> The regulators periodically publish detailed information related to their permanent registers including about where registrants gained their qualifications. Information from the General Medical

<sup>9</sup> House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

<sup>10</sup> NHS Digital, [NHS Workforce Statistics - March 2019 \(Including supplementary analysis on pay by ethnicity\)](#), HCHS staff in NHS Trusts and CCGs March 2019, 27 June 2019

<sup>11</sup> House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

<sup>12</sup> House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

<sup>13</sup> NHS Employers, [Statutory regulation](#), 30 July 2019

Council, Nursing and Midwifery Council and Health and Care Professions Council is set out below.

## General Medical Council

The General Medical Council (GMC) '[The state of medical education and practice in the UK 2020](#)' published in November 2020 states the number of licensed doctors in 2020 is 264,916. When comparing year on year, this constitutes a 5% increase in the total number of licensed doctors compared with 2019. This is fuelled by a "very large increase in doctors who first qualified outside the UK and the EEA" who are referred to as international medical graduates (IMGs). Indeed, the report states "more IMGs joined the UK workforce than UK and UK and EEA graduates combined in 2020".

The GMC report sets out where licensed doctors gained their primary medical qualification; 64% in the UK, 28% internationally and 9% in the EEA.<sup>14</sup>

The report also includes a further breakdown which details the numbers of doctors gaining their medical qualification in the UK, EEA and internationally and the trends year on year: 168,842 in the UK (+2.6% compared with 2019), 72,972 IMGs (+13.1% compared with 2019), and 23,102 from the EEA (+3.7% compared with 2019).<sup>15</sup>

The report goes on to highlight the Middle Eastern region is a key contributor to the increase in IMGs:

Graduates with a primary medical qualification (PMQ) from Middle Eastern and South Asian countries made up a large proportion of this, growing by 83% and 47% respectively. In fact, the Middle Eastern region has now overtaken Africa to become the second largest contributor of IMGs to the UK medical workforce, behind South Asia.<sup>16</sup>

The [GMC report](#) also includes information on the trends in numbers of EEA doctors since the EU referendum:

The number of licensed EEA doctors in the UK has increased slightly since the EU referendum. Despite fluctuations between the two years, the number of EEA doctors working in the UK in 2020 is very similar to 2012. Between 2014 and 2016, we saw a 9% fall, which corresponded with a new requirement for EEA doctors to show proof of their English language capability before being able to gain a licence to practise.

Interestingly, since then – and following the EU referendum result – we've seen increases in the number of licensed EEA doctors across all four UK countries. There was a 0.8% rise from 2017 to 2018, followed by a more notable 2.2% rise from 2018 to 2019. And from 2019 to 2020, there was an even higher increase of 3.7%. This was initially driven by a fall in the numbers of EEA

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<sup>14</sup> GMC, [The state of medical education and practice in the UK 2020](#), November 2020

<sup>15</sup> GMC, [The state of medical education and practice in the UK 2020](#), November 2020, page 103

<sup>16</sup> GMC, [The state of medical education and practice in the UK 2020](#), November 2020, page 99

graduates leaving the workforce but then from 2017 the numbers joining started to rise, creating a combined effect.<sup>17</sup>

## Nursing and Midwifery Council

The latest [NMC registration data report](#) covers the period 1 April 2019 to 31 March 2020 and finds that 84% of professionals on the permanent register initially registered in the UK, compared with 4% in the EEA and 12% from outside the EEA.

The report sets out that the permanent register grew by nearly 3% in 2019-20:

(the) permanent register grew from 698,237 people to a record 716,607 in 2019–2020. That is an increase of nearly three percent (more than 18,000 people).

What has driven this growth? It has come mainly from a combination of people joining from the UK, and from countries outside the European Economic Area (EEA). The number of people from outside the EEA joining the permanent register for the first time rose from 6,157 to 12,033 (a 95 percent increase).<sup>18</sup>

The number of professionals on the NMC permanent register whose initial registration was in the UK increased by 1.5% from 591,894 to 600,906.<sup>19</sup>

In comparison, the number of people from the EEA decreased by 5% to 31,385. The [NMC](#) note:

The number of people from the EEA on our permanent register has decreased steadily since 2017–2018.<sup>20</sup>

The EEA data is broken down further to note the country of initial registration, with the largest numbers coming from Romania (nearly 25% of the total EEA professionals) followed by Portugal, Spain, Italy and Poland.<sup>21</sup>

As noted above, the report highlights a considerable rise in the number of people joining the register from outside the EEA:

For the second year running we saw a big increase in the number of people from outside the EEA on our permanent register, rising from 73,308 to 84,316. This was driven by a surge in the number of people joining for the first time, rising from 6,157 in 2018–2019 to 12,033 in 2019–2020 (a 95 percent increase).

[...]

If we drill down further, we see that two countries in particular fuelled the growth from outside the EEA: the Philippines and India. The total number of professionals on our permanent register who trained in these two countries rose from a combined total of 48,359 to 57,303 (an 18.5 percent increase).<sup>22</sup>

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<sup>17</sup> GMC, [The state of medical education and practice in the UK 2020](#), November 2020, page 102

<sup>18</sup> NMC, [The NMC register 1 April 2019 – 31 March 2020](#), 9 July 2020, page 3

<sup>19</sup> NMC, [The NMC register 1 April 2019 – 31 March 2020](#), 9 July 2020, page 8

<sup>20</sup> NMC, [The NMC register 1 April 2019 – 31 March 2020](#), 9 July 2020, page 10

<sup>21</sup> NMC, [The NMC register 1 April 2019 – 31 March 2020](#), 9 July 2020, page 11

<sup>22</sup> NMC, [The NMC register 1 April 2019 – 31 March 2020](#), 9 July 2020, page 3

## Health and Care Professions Council

The HCPC publish regular 'registrant snapshots' which includes a breakdown of registrants by application route, such as UK or international. The [snapshot](#) published on 3 November 2020 stated 26,579 registrants were 'international' out of a total of 287,917 constituting 9% of the workforce. The HCPC profession with the highest proportion of international registrants was radiographers (16%) followed by physiotherapists (15%).<sup>23</sup>

### 1.3 Nationality of adult social care workers

The Skills for Care report '[The state of the adult social care sector and workforce in England October 2020](#)' states that in 2019/20 around 84% of the adult social care workforce were British, whilst 7% had an EU nationality and 9% had a non-EU nationality.<sup>24</sup>

The report notes that nationality varied by region. London had the lowest proportion of British workers (63%) and 24% of workers had a non-EU nationality. The North East had the highest proportion of British workers (96%).<sup>25</sup>

The proportions also differed by job role according to Skills for Care estimates. Senior management roles had one of the highest proportions of British workers at 93%. In contrast 65% of registered nurses were estimated to have a British nationality, with approximately 16% having an EU nationality and 19% having a non-EU nationality.<sup>26</sup>

The report also outlines the trends in the proportion of EU workers over recent years:

Between 2012/13 and 2019/20, the proportion of EU workers had risen three percentage points. The proportion of non-EU workers decreased by three percentage points over the period.

Up until March 2020, Brexit appeared to have had little effect on these trends, with the number of EU nationals continuing to increase and the number of non-EU nationals decreasing. Since then, however, there has been a reduction in the number of people arriving in England to work in adult social care jobs. This is mostly likely a result of less travel taking place due to the pandemic.<sup>27</sup>

NMC revalidation data indicates that care homes have the highest proportions of non-British registrants of all work settings, with 15% from the EU and 24% from the 'Rest of the World'.<sup>28</sup>

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<sup>23</sup> HCPC, [Registrant snapshot - 3 November 2020](#), Last updated 10 November 2020

<sup>24</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#)

<sup>25</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#)

<sup>26</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#)

<sup>27</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#), page 11

<sup>28</sup> Nursing and Midwifery Council, [NMC response to the Social Care Inquiry from the Health and Social Care Select Committee](#), June 2020, page 3

## 2. Covid-19 pandemic

### 2.1 Measures to boost numbers of overseas staff during the pandemic

It has been reported that 81% of UK health sector workers and 65% of workers in social care have been classified as 'key workers' during the Covid-19 pandemic.<sup>29</sup> In response to the pandemic, the Government introduced measures to maximise the available health and social care workforce, which included increasing the number of overseas staff.

The [Coronavirus Act 2020](#) included provisions for the emergency registration of health and care professionals across the UK by the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). There were already existing powers for the General Medical Council (GMC) to register doctors in the UK in an emergency; the Act conferred similar powers on the NMC and the HCPC.<sup>30</sup>

The HCPC [Covid-19 temporary register](#) included paramedics, biomedical scientists, occupational therapists, radiographers, physiotherapists, operating department practitioners, clinical scientists and other professions essential to testing and treating coronavirus patients. The register focuses on former registrants and final year students rather than overseas applicants.<sup>31</sup>

#### Nurses and midwives

The Nursing and Midwifery Council Covid-19 temporary register opened on 27 March 2020.

Around 2,000 overseas applicants, including both nurses and midwives, who had completed all parts of their NMC registration process aside from the final clinical examination (Objective Structured Clinical Examination, OSCE) were invited to join from 6 April 2020.<sup>32</sup>

Overseas nurses had to meet the following eligibility criteria:

- Be living in the UK
- Have passed the Computer Based Test (CBT)
- Have had their qualifications, language, health and character checked by the NMC.
- Have been booked in for an OSCE.<sup>33</sup>

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<sup>29</sup> The Migration Observatory, [Locking out the keys? Migrant key workers and post-Brexit immigration policies](#), 29 May 2020

<sup>30</sup> House of Commons Library, [Coronavirus Bill: health and social care measures](#), 20 March 2020

<sup>31</sup> HCPC, [COVID-19: The Temporary register for former health and care professionals and final year students who have completed all their clinical practice placements is now live](#), 27 March 2020

<sup>32</sup> Nursing and Midwifery Council, [Stakeholder information pack from the Nursing and Midwifery Council on our response to Covid-19](#), 15 June 2020

<sup>33</sup> NHS Employers, [Regulatory changes](#), 8 April 2020

Overseas nurses recently recruited to the UK were provided with an extended deadline (31 December 2020) to pass their OSCE.<sup>34</sup> If they do not pass first time, they have until 31 May 2021 to pass.<sup>35</sup> Ordinarily, they are required to sit their first skills test within 3 months and to pass the test within 8 months.<sup>36</sup>

As of 17 April 2020, 10,823 former nurses and midwives and overseas registrants had joined the emergency Covid-19 register, including 1,507 overseas registrants in the UK awaiting their final exam.<sup>37</sup>

[Analysis of the Covid-19 temporary register](#) conducted by the NMC on 2 July 2020 provided the following insights:

The response has been immense, with over 14,243 people on the temporary register at the time of our analysis, of whom 66 percent had left our permanent register in the last 3 years, 16 percent had left in the last 3 to 5 years and 18 percent were overseas trained professionals.<sup>38</sup>

The [Joint statement on expanding the nursing and midwifery workforce in the Covid-19 pandemic](#) sets out the conditions of practice for those on the temporary register.

Following the reopening of OSCE test centres in the UK, the NMC announced they were “no longer inviting overseas candidates onto the Covid-19 temporary register” and are instead supporting candidates to continue with their application to gain permanent registration.<sup>39</sup>

## Doctors

The General Medical Council (GMC) gave temporary registration or a licence to practice to “suitable people” as part of the response to the coronavirus pandemic. According to the GMC, this applies to doctors with a UK address who:

- Left the register after March 2014
- Had registration but didn’t have a licence to practice.<sup>40</sup>

There have been press reports suggesting that doctors trained overseas were “barred from the UK frontline” due to difficulties obtaining the necessary accreditation with the GMC.<sup>41</sup>

[The Financial Times](#) reported on 26 March 2020:

RefuAid said it knows of 514 medics who have fled conflict or persecution abroad to settle in Britain who are currently unable to

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<sup>34</sup> NHS Employers, [Regulatory changes](#), 8 April 2020

<sup>35</sup> Home Office, [Coronavirus \(COVID-19\): advice for UK visa applicants and temporary UK residents](#), Last updated 22 June 2020

<sup>36</sup> Home Office & UKVI, [NHS frontline workers visas extended so they can focus on fighting coronavirus](#), 31 March 2020

<sup>37</sup> Nursing and Midwifery Council, NMC temporary register reaches incredible milestone as more than 10,000 sign up to fight Covid-19, [17 April 2020](#)

<sup>38</sup> NMC, [NMC publishes analysis of its Covid-19 temporary register](#), 10 September 2020

<sup>39</sup> NMC, [Covid-19 temporary registration](#), Information for overseas candidates, Last updated 9 December 2020

<sup>40</sup> GMC, Coronavirus information and advice, [Temporary registration](#)

<sup>41</sup> The Observer, [‘It’s beyond frustrating’: medics trained overseas barred from UK frontline](#), 12 April 2020

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practice. Despite being fully qualified in their own countries, some are unable to register because they have not taken a final exam cancelled because of the coronavirus outbreak.<sup>42</sup>

The GMC published a [statement](#) on 6 April 2020:

Using our emergency powers we have added over 30,000 doctors to the register to support the government's response to the pandemic. With the agreement of the chief medical officers in all four countries, we have focused initially on those doctors who were previously registered or licenced to practise with us but we have also welcomed a number of refugee doctors who passed their English language tests and our Professional and Linguistic Assessments Board exams. We have registered 25 doctors with refugee status since the start of the year.

We continue to provide a range of support to refugee and migrant doctors who wish to register with us. In the meantime, applicants can provide vital assistance to the NHS through a range of roles that don't require registration.<sup>43</sup>

### Medical support workers

A new [medical support worker](#) role was announced by NHS England, which involves workers undertaking essential routine clinical tasks under the supervision of the relevant consultant, GP or GP nurse supervisor.<sup>44</sup>

The British Medical Association (BMA) notes "the medical support worker role will allow individuals to demonstrate foundation-level medical training competency".<sup>45</sup>

The BMA state the role "is suitable for those who do not yet have GMC registration, for example, international medical graduates or refugee doctors currently living in the UK."<sup>46</sup>

The issue of migrant and refugee doctors was raised in the House of Lords; the [answer](#) provided on 18 May 2020 by Lord Bethell gives more detailed information about the Medical Support Worker role.

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<sup>42</sup> The Financial Times, [Refugee doctors plead for fast-track to practise in UK](#), 26 March 2020

<sup>43</sup> GMC, [Statement: How unregistered refugee doctors can support frontline colleagues](#), 6 April 2020

<sup>44</sup> NHS, [Medical support worker guide and job description](#), 27 April 2020

<sup>45</sup> BMA, [Covid-19: guidance for international doctors](#), 14 May 2020

<sup>46</sup> BMA, [Covid-19: guidance for international doctors](#), 14 May 2020

## 2.2 Immigration measures for health and social care staff

The Home Office announced a series of [Covid-19 related immigration measures](#) for health and social care workers, including visa extensions and exemption from the Immigration Health Surcharge. The Government also announced that immediate indefinite leave to remain will be granted to the families of health and social care workers who die as a result of Covid-19.

### Visa extensions

On 31 March 2020, the Government announced that visas of doctors, nurses and paramedics due to expire before 1 October 2020 would be automatically extended for one year. This has since been extended to apply to visas due to expire before 31 March 2021.<sup>47</sup>

The Home Office announced that no fee will apply to the automatic visa extension and an exemption from the Immigration Health Surcharge will operate. This also applies to family members.<sup>48</sup> The extension came into effect immediately (on 31 March 2020); any NHS workers who had paid for an unresolved application should, reportedly, be offered the option of a refund.<sup>49</sup>

The Home Affairs Select Committee report '[The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#)' sets out that typical visa fees alone (excluding the Immigration Health Surcharge) can cost more than £1,000 for individuals and close to £5,000 for a family of four.<sup>50</sup>

On 29 April 2020 the Government announced that free visa extensions would be granted to a wider range of health and care workers. The Home Secretary said this includes the following workers:

[...] midwives, pharmacists, physiotherapists, medical radiographers, therapy professionals not elsewhere classified, occupational therapists, health professionals not classified elsewhere, podiatrists, speech and language therapists, psychologists, ophthalmologists, biological scientists and biochemists, dental practitioners and social workers.<sup>51</sup>

The Home Office estimated "more than 6,000 doctors, nurses, paramedics, midwives, occupational therapists, psychologists as well as a range of allied health professionals will be able to continue their crucial work in the fight against coronavirus" due to the extension.<sup>52</sup>

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<sup>47</sup> Home Office and Department of Health and Social Care, [Thousands more health workers to benefit from visa extensions](#), 20 November 2020

<sup>48</sup> BMA, [COVID-19: guidance for international doctors](#), 14 May 2020

<sup>49</sup> Home Office and Department of Health and Social Care, [Home Secretary announces visa extensions for frontline health and care workers](#), 29 April 2020

<sup>50</sup> Home Affairs Select Committee, [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#), 15 June 2020

<sup>51</sup> [Letter from the Home Secretary to the Home Affairs Select Committee](#), 20 May 2020

<sup>52</sup> Home Office and Department of Health and Social Care, [Thousands more health workers to benefit from visa extensions](#), 20 November 2020

### Care workers and NHS staff in non-medical roles

The Home Affairs Select Committee have repeatedly pushed for the visa extension to also be applied to care workers and lower paid NHS staff in non-medical roles. This forms one of the recommendations of the Committee's inquiry into [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#):

The Committee has called on the Government to address the discrimination against health and care workers in lower-paid and lower-profile roles by expanding the eligibility for fee-free one year visa extensions to include all NHS and social care staff, regardless of job role or pay grade.<sup>53</sup>

The Home Affairs Select Committee's report notes that the eligible occupations outlined above are 'regulated professions', such as social work. However only 5% of the social care workforce (84,000) in 2018 were in one of the regulated professions, whilst 76% (1.2 million) worked in direct care.<sup>54</sup> Further to this, [Skills for Care](#) have estimated 8,700 'regulated profession' roles were performed by non-EU citizens in 2018/19, compared to approximately 109,000 providing direct care.<sup>55</sup>

In oral evidence to the Home Affairs Select Committee on 29 April 2020, the Home Secretary stated there are difficulties in extending the visa extension to all social care workers:

I must emphasise that, with social care, we are subject to some difficulties in terms of understanding and knowing the immigration background and status of individuals, particularly those who have not come through the tier 2 route.<sup>56</sup>

However, the Home Affairs Select Committee have asserted they "do not accept" it would be too difficult to apply the extension to social care workers.<sup>57</sup>

The [Government response](#) to the Home Affairs Select Committee's report was published on 13 November 2020 and the recommendation to extend the visa extension to the social care sector was not accepted:

[...] The social care sector is disparate in nature, making specific immigration offers a unique challenge. Overseas migrant social care workers may have come to the UK on a variety of visas that give a general right to work. Where they have a general right to work, migrants do not have to inform the Home Office about the nature of their employment.

We want to avoid overcomplicated arrangements to try to identify who might be affected, which is why the Government is showing its support and gratitude to this sector [...] The Home Office was guided on which occupations should be

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<sup>53</sup> Home Affairs Select Committee, [Home Office must end discrimination against social care and NHS support staff and include them in visa extension scheme](#), 15 June 2020

<sup>54</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019, page 18

<sup>55</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019, page 72

<sup>56</sup> Home Affairs Select Committee, [Oral evidence: Home Office Preparedness for Covid19 \(Coronavirus\), HC 232](#), Q366, 29 April 2020

<sup>57</sup> Home Affairs Select Committee, [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#), 15 June 2020

included by the Department of Health and Social Care. Whilst the offer will also benefit immediate family members of these key frontline health workers, we need to draw a line and ensure this temporary offer is clearly defined.<sup>58</sup>

### Immigration Skills Charge

The Immigration Skills Charge was introduced in April 2017 and “is intended to incentivise employers to invest in training and upskilling the resident workforce, and to reduce their reliance on migrant workers.”<sup>59</sup>

Following a Freedom of Information request, the Labour Party revealed that NHS trusts in England have spent at least £15 million since 2017 on the Immigration Skills Charge.<sup>60</sup> A Government spokesperson responded by highlighting the skills charge has been removed when “automatically renewing visas”:

We’ve already taken steps to support the NHS during the pandemic by removing the skills charge for employers when automatically renewing visas. Our new points-based immigration system, for introduction from January 2021, will go even further to make sure the NHS and wider health and care sector can continue to access the best and brightest talent from across the world.<sup>61</sup>

The charge is paid upfront when the employer assigns a certificate of sponsorship to a migrant worker and applies at a rate of £1,000 per migrant per year for large businesses, with a reduced fee of £364 for small businesses and charities.<sup>62</sup> The income raised by the charge is put “towards addressing skills gaps in the UK workforce”.<sup>63</sup>

### Immigration Health Surcharge

The [Immigration Health Surcharge](#) (IHS) is a charge that most non-EEA nationals applying for temporary leave to remain must pay to the Home Office in addition to the immigration application fee. It is intended to “ensure that migrants make a proper financial contribution to the cost of their NHS care.”<sup>64</sup>

As noted above, it was announced on 31 March 2020 that doctors, nurses, paramedics and their families in receipt of a visa extension would also be exempt from paying the IHS. However, calls for all overseas healthcare workers to be exempt from paying the IHS intensified.<sup>65</sup> The Doctors’ Association UK (DA-UK) released the following statement:

The IHS rate increased on 27 October 2020 from £400 to £624 per year.

<sup>58</sup> Home Affairs Select Committee, [Government Response to the Report on Home Office preparedness for COVID-19 \(coronavirus\): Immigration and Visas](#), 13 November 2020, page 5

<sup>59</sup> [Explanatory Memorandum](#)

<sup>60</sup> The Guardian, [‘Stealth tax’: Labour attacks £15m spent on workers’ visas by NHS](#), 23 August 2020

<sup>61</sup> The Guardian, [‘Stealth tax’: Labour attacks £15m spent on workers’ visas by NHS](#), 23 August 2020

<sup>62</sup> HL Deb, [Immigration Skills Charge \(Amendment\) Regulations 2020](#), 7 October 2020, c687

<sup>63</sup> [Explanatory Memorandum](#)

<sup>64</sup> House of Commons Library, [Immigration Health Surcharge](#), 18 June 2020

<sup>65</sup> The Guardian, [Calls grow to scrap NHS surcharge for migrant healthcare workers](#), 3 May 2020

[...] we have been campaigning for the NHS surcharge to be abolished for all NHS international healthcare workers and their families for some time. Like most in the NHS, these workers give their all to provide world-class healthcare, free at the point of use, to the people of Britain. It is perverse that they must pay for the privilege to receive that same care [...]

This is not the way a country rewards its heroes, wherever they might hail from. They came here to serve the NHS and the people of this nation. Now they risk their lives for this cause. We must protect them and their families. The government has a moral imperative to act now.<sup>66</sup>

Labour leader, Sir Keir Starmer, raised the issue of the IHS and NHS workers during Prime Minister's Questions on 20 May 2020 and the Prime Minister highlighted the need for contributions to help fund the NHS.<sup>67</sup> The Home Secretary also set out the Government's position in response to the Home Affairs Select Committee on 20 May 2020:

[...] migrants who come to the UK for more than six months are required to pay the Immigration Health Surcharge, regardless of where they are working. This money goes back into the NHS and it would not be fair to make exceptions, particularly as other essential public workers are also required to pay the surcharge, such as teachers. In return, they can access the full services the NHS offers. We have a well-established principle that everyone should pay in for the care they receive from the NHS.<sup>68</sup>

It was subsequently announced on 21 May that the Immigration Health Surcharge *would* be abolished for overseas health and care workers.<sup>69</sup>

On 14 July 2020, the Secretary of State for Health and Social Care, Matt Hancock, confirmed that "all employees working in health and social care will be exempt from the immigration health surcharge and that all employees in health and social care who have paid the immigration health surcharge on or after 31 March will be eligible for a reimbursement".<sup>70</sup>

A [response to a Parliamentary Question](#) provided by Home Office Minister Kevin Foster on 24 July 2020 provides further information:

[...] All those working in the health and care sector who paid the Surcharge on or after the 31 March 2020, but who do not qualify for the Health and Care Visa will be eligible for a reimbursement of what they have paid since that date. The Minister for Health announced on 15 July that this reimbursement will be paid in arrears of six-month increments and that this scheme will be launched by 1 October 2020.<sup>71</sup>

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<sup>66</sup> Doctors' Association UK, [Press Release: the Home Office must extend Indefinite Leave to Remain to dependents of IMGs as well as extend death in service to all](#), 22 April 2020

<sup>67</sup> Hansard, Commons Chamber, [Prime Minister's Questions](#), 20 May 2020

<sup>68</sup> [Letter from the Home Secretary to the Home Affairs Select Committee](#), 20 May 2020

<sup>69</sup> The Independent, [Boris Johnson u-turns over Immigration Health Surcharge and scraps fee for overseas nationals working in NHS](#), 21 May 2020

<sup>70</sup> HC Deb, [Coronavirus Update](#), 14 July 2020, c1403

<sup>71</sup> PQ 74741, [Immigrants: Health Services](#), Answered on 24 July 2020

## Distinction between exemption and reimbursement

It is important to note the distinction between exemption from paying from the IHS and being eligible for reimbursement following payment of the charge.

Individuals who are eligible for a [Tier 2 Health and Care visa](#), and their dependents, are exempt from paying the IHS. Health and care workers who are not eligible for the visa may instead be eligible for a reimbursement. This is set out in the [Explanatory Memorandum](#) to the *Immigration (Health Charge) (Amendment) Order 2020*.

Individuals who are eligible for a Tier 2 Health and Care visa and their dependents are normally exempt from paying the IHS. The GOV.UK webpage '[Pay for UK healthcare as part of your immigration application](#)' includes the following information:

You and your dependants do not normally need to pay the IHS if you either:

1. have a Tier 2 Health and Care visa
2. would have been eligible for a Tier 2 Health and Care visa on or after 4 August 2020

If you paid the IHS on or after 31 March 2020, you should automatically get a full refund.

The GOV.UK website sets out the [eligibility requirements](#) for a Tier 2 Health and Care visa. Detailed information regarding the eligibility requirements can be found in Part A of the '[Tier 2 of the Points Based System – Policy Guidance](#)'. Further information about the Health and Care visa can also be found in [Section 5.1](#) of this briefing.

## Immigration Health Surcharge Reimbursement Scheme

A [press release](#) from the Department of Health and Social Care summarises how the Immigration Health Surcharge Reimbursement Scheme operates:

Anyone holding a relevant visa, who has worked in health and social care continuously for at least 6 months commencing on or after 31 March 2020 and has paid the IHS may be eligible for a reimbursement. Their dependants may also be eligible for a reimbursement if the IHS has been paid for them. Applicants may only claim a reimbursement if they have paid the IHS in conjunction with a current visa.

Applicants will need to apply for reimbursements on a 6-monthly basis, when they have worked for at least 16 hours per week over the full 6 months. These reimbursements will be processed in 6-month instalments in arrears. This means, for example, if a claimant paid for the IHS in 2019, for a period of 3 years, they will be able to claim 6 months' worth of IHS reimbursement on 1 October 2020. This can be repeated on 31 March 2021 and for any additional 6-month periods, as long as they have met the eligibility criteria for this period. IHS in respect of any period of time or work before 31 March 2020 cannot be reclaimed.<sup>72</sup>

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<sup>72</sup> Department of Health and Social Care, Press Release, [Health and care staff can claim immigration health surcharge reimbursement](#), 1 October 2020

The reimbursement scheme incorporates a wider group of health and care workers than the exemption provided to holders of a Tier 2 Health and Care visa. For instance, the GOV.UK webpage '[Apply for an immigration health surcharge refund if you work in health and care](#)' lists hospital receptionists, cleaners and caterers amongst the eligible occupations:

You can apply for the refund if you work in an eligible role in the health or care sector, including:

1. direct patient care, for example as a health care assistant or social care worker
2. administrative or leadership, for example as a manager in a care home, or a hospital receptionist
3. facilities management, for example as a cleaner, caterer or courier in a hospital

The Department of Health and Social Care, Home Office, UK Visas and Immigration (UKVI), and NHS Business Services Authority published [joint guidance](#) on 1 October 2020 which sets out the eligibility requirements for the scheme in more detail.

### **Indefinite leave to remain for bereaved families of health and social care staff who die as a result of Covid-19**

The Home Secretary set out in a letter to the Home Affairs Select Committee dated 29 April 2020 that immediate indefinite leave to remain will be granted to families of frontline NHS health workers who die as a result of contracting Covid-19.<sup>73</sup>

The [scheme has since been extended](#) to include all NHS workers, support workers, healthcare and social care workers.

Guidance published by the Home Office and UKVI on 20 May 2020 states:

Your family member must have been working for the NHS in any role or working for an independent health and care provider, including the social care sector. You do not need to do anything to receive this status. UKVI will contact employers to identify those eligible and will arrange for you to be issued with indefinite leave to remain.<sup>74</sup>

In a [further letter](#) to the Home Affairs Select Committee dated 15 June 2020, the Home Secretary noted there have been difficulties in extending the bereavement scheme to the families of social care workers:

The social care sector is disparate in nature, which makes specific immigration offers a unique challenge. Migrant social care workers may have come to the UK on a variety of visas that give a general right to work. Where they have a general right to work, migrants do not have to inform the Home Office about their

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<sup>73</sup> [Letter from the Home Secretary to the Home Affairs Select Committee](#), 29 April 2020

<sup>74</sup> Home Office & UKVI, [Coronavirus \(COVID-19\): bereavement scheme for family members of NHS and health and social care workers](#), 20 May 2020

employment. As such, we do not have details of the immigration status of the 131 care workers who have died. However, I can assure you we are working hand in hand with the Department of Health and Social Care on how to implement the extension of the Covid-19 bereavement scheme and exemption from the Immigration Health Surcharge for social care workers and full details will be announced shortly.<sup>75</sup>

### Life assurance

On 27 April 2020 the Government announced a new life assurance scheme for frontline NHS and social care staff who die from Covid-19.<sup>76</sup> The families of eligible workers receive a non-contributory lump sum payment of £60,000.<sup>77</sup>

It was reported in [The Independent](#) on 27 April 2020 that when asked whether overseas workers will qualify for the scheme, the Health Secretary said:

The answer is yes. This is for frontline staff working in the NHS and social care who die and are employees within NHS and social care.<sup>78</sup>

The rules governing '[The National Health Service and Social Care Coronavirus Life Assurance \(England\) Scheme 2020](#)' set out the full eligibility requirements and make clear the scheme is not "universal" and is for those who are at high risk of contracting Covid-19 due to the nature of their job.<sup>79</sup>

### Calls for British citizenship

There have been a number of calls, including [petitions](#), for non-British NHS workers to be granted British citizenship. In a Government response to a petition on 6 May 2020 it was stated "to be fair to all migrants we think the requirements for citizenship should be the same for all."<sup>80</sup>

A subsequent Home Affairs Select Committee report [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#) also recommended British citizenship or permanent residency be granted to health and social care workers with short term visas:

In recognition of the contribution made by those at the forefront of fighting Covid-19, the Government should set out new arrangements to offer British citizenship or permanent residency to health and social care workers currently resident on short term visas. The Committee believes that people who have given so much, and in many cases risked their own health, for the nations and peoples of the UK, should be assisted to become permanent

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<sup>75</sup> [Letter from the Home Secretary to the Home Affairs Select Committee](#), 15 June 2020

<sup>76</sup> BMA, [Covid-19 life assurance scheme guidance](#), 22 June 2020

<sup>77</sup> Department of Health and Social Care, [New guarantee on death in service benefits for frontline health and social care staff during pandemic](#), 27 April 2020

<sup>78</sup> The Independent, [Coronavirus: Government to pay £60,000 to families of NHS workers who die on front line](#), 27 April 2020

<sup>79</sup> NHS Business Services Authority, [The National Health Service and Social Care Coronavirus Life Assurance \(England\) Scheme 2020](#)

<sup>80</sup> UK Government and Parliament Petitions, [Give non-British citizens who are NHS workers automatic citizenship](#), Response given on 6 May 2020

members of the society to which they have dedicated themselves.<sup>81</sup>

The [Government response](#) to the report was published on 13 November 2020, and included the following response to the recommendation:

The Government recognises the patience, hard work, and sacrifices of people in the UK during the current pandemic, including many from across the world. Any migrant working in the NHS on a route which leads to settlement can apply to become a permanent resident in the UK after 5 years.

Doctors and nurses, and those in other allied health professions which are on the UK Shortage Occupation List, have been exempt from having to meet the normal earnings thresholds for becoming a permanent resident in this way, although changes to salary thresholds for settlement purposes will be changing more widely under the new points-based system in December.

However, to become a British citizen, a person must meet several statutory criteria. These are set out in the British Nationality Act (1981). They must have lived here for a minimum number of years and become a permanent resident. These criteria are designed to ensure an applicant for citizenship has a strong connection to the UK and intends to remain here. Applicants must also satisfy a good character requirement and show they have sufficient knowledge of the English language and of life in the UK.

Citizenship cannot be granted on a discretionary basis. It is fair and right that all those who want to become British citizens should meet the same core requirements, and for citizenship to be awarded on a consistent basis.<sup>82</sup>

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<sup>81</sup> Home Affairs Select Committee, [Home Office must end discrimination against social care and NHS support staff and include them in visa extension scheme](#), 15 June 2020

<sup>82</sup> Home Affairs Select Committee, [Government Response to the Report on Home Office preparedness for COVID-19 \(coronavirus\): Immigration and Visas](#), 13 November 2020, page 6

### 3. Plans for international recruitment

The health and social care workforce increased by 446,000 between 2009/10 and 2018/19, with 221,000 of these workers born overseas and therefore accounting for nearly 50% of the increase.<sup>83</sup> However there remains a [well-documented workforce shortage](#) in health and social care.<sup>84</sup>

NHS Digital figures for 1 January to 31 March 2020 show there were 88,447 full-time equivalent vacancies across the NHS, which equates to a vacancy rate of 7.2%.<sup>85</sup> The shortages are most apparent in nursing. There were 36,083 vacancies for nursing and midwifery posts in the same period, which constitutes a 10% vacancy rate.<sup>86</sup>

Subsequent figures published by NHS Digital show there were 87,237 vacancies across the NHS in Q2 of 2020/21, which equates to a vacancy rate of 6.9%. However, NHS Digital state that “year on year comparisons should be avoided” as there has been significant disruption to recruitment activity within the NHS, resulting in a significantly lower number of advertised vacancies.<sup>87</sup>

In social care, there were around 112,000 vacancies across England in 2019/20, with an average vacancy rate of 7.3%.<sup>88</sup> The demand for social care workers is expected to rise in line with the UK’s ageing population. Skills for Care have estimated a need for 520,000 new adult social care jobs by 2035 to keep pace with projected demand (an increase of 32%).<sup>89</sup>

Analysis by the King’s Fund in November 2018 suggested the NHS workforce shortage could reach almost 250,000 by 2030.<sup>90</sup>

The [NHS Long Term plan \(January 2019\)](#) highlighted the need to increase international recruitment to help tackle workforce shortages, as set out below, and England has an [international GP recruitment programme](#), which targets GPs from the EEA and Australia. However, The King’s Fund have noted:

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<sup>83</sup> Nuffield Trust, [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#), 4 December 2019

<sup>84</sup> House of Commons Library, [The health and social care workforce gap](#), 10 January 2020

<sup>85</sup> NHS Digital, [NHS Vacancy Statistics England February 2015 - March 2020, Experimental Statistics](#), 28 May 2020

<sup>86</sup> NHS Digital, [NHS Vacancy Statistics England February 2015 - March 2020, Experimental Statistics](#), 28 May 2020

<sup>87</sup> NHS Digital, [NHS Vacancy Statistics England April 2015 – September 2020 Experimental Statistics](#), 26 November 2020

<sup>88</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#)

<sup>89</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#)

<sup>90</sup> The King’s Fund, [Staffing shortfall of almost 250,000 by 2030 is major risk to NHS long-term plan, experts warn](#), 15 November 2018

International recruitment, a key plank of workforce expansion plans, is likely to be disrupted over the short or medium term because of the pandemic.<sup>91</sup>

In a report published by the Home Office looking at the impact of the Covid-19 pandemic on immigration it was noted that visa applications and decisions have fallen across all types of visa, with only around 250 applications recorded in April 2020 and less than 100 decisions.<sup>92</sup> The [NHS People Plan 2020/21](#) published in July 2020 also emphasised these are “challenging times for international recruitment”.<sup>93</sup>

### 3.1 NHS workforce plans and recruitment pledges

The [NHS Long Term plan](#), published in January 2019, sets out that “over the past decade workforce growth has not kept up with the increasing demands on the NHS”.<sup>94</sup> The Long Term plan includes a number of measures to tackle this, such as “international recruitment will be significantly expanded over the next three years.”<sup>95</sup>

Specifically, the Long Term plan commits to increasing the recruitment of overseas nurses over the next five years (emphasis added):

In the longer-term, we need to ensure we are training more of the people we need domestically. But this will take time given it takes three years to train a nurse and at least five years of training before a doctor can work in the NHS, so in the short-term we must also continue to ensure that high-skilled people from other countries from whom it is ethical to recruit are able to join the NHS. **This will mean a step change in the recruitment of international nurses to work in the NHS and we expect that over the next five years this will increase nurse supplies by several thousand each year.**<sup>96</sup>

The [NHS Interim People Plan](#) published in June 2019, built on this, stating “in the short to medium term, given existing vacancy rates and the lead times for training new nurses, we will need to increase international recruitment significantly to secure rapid increases in supply”.<sup>97</sup>

The Interim People Plan had stated all the proposed actions would “enable the NHS to grow the nursing workforce by over 40,000 by 2024.”<sup>98</sup> This was ahead of the commitment made during the 2019 General Election to grow the nursing workforce by 50,000 (see Box 1).

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<sup>91</sup> The King’s Fund, [Delivering core NHS and care services during the Covid-19 pandemic and beyond: Letter to the Commons Health and Social Care Select Committee](#), 14 May 2020

<sup>92</sup> Home Office, [Statistics relating to COVID-19 and the immigration system, May 2020](#), 28 May 2020

<sup>93</sup> NHS, [People Plan 2020/21](#), July 2020, page 40

<sup>94</sup> NHS, [NHS Long Term Plan](#), January 2019, page 8

<sup>95</sup> NHS, [NHS Long Term Plan](#), January 2019, page 8

<sup>96</sup> NHS, [NHS Long Term Plan](#), January 2019, page 84

<sup>97</sup> NHS, [NHS Interim People Plan](#), June 2019, page 27

<sup>98</sup> NHS, [NHS Interim People Plan](#), June 2019, page 21

### Box 1: Healthcare recruitment pledges

During the 2019 General Election the Conservative Party made a series of NHS recruitment pledges, including:

- Recruit and retain 6,000 more doctors and trainees in general practice and 6,000 more primary care professionals like physiotherapists and pharmacists to increase the number of available appointments by 50 million a year by 2024/25.
- Train, recruit and retain an additional 50,000 nurses by 2024/25.

Two pledges related specifically to overseas recruitment:

- Introduce a new NHS visa for qualified health professionals with a job offer from the NHS.
- Recruit 12,000 overseas nurses by 2024/25. This formed part of the wider commitment to increase the number of nurses by 50,000.<sup>99</sup>

Following the election, an article from The King's Fund made the following comments:

Such ambitious targets, while necessary given the scale of the challenge, will be tough to deliver, and will depend in part on the detail underpinning the government's immigration policies and the new 'NHS visa'.<sup>100</sup>

At the time of the General Election in December 2019, figures from [NHS Digital](#) show there were 289,810 nurses working in the NHS. The [latest workforce figures](#) for August 2020 show there were 295,412 nurses, constituting an increase of 5,602.

The [NHS People Plan 2020/21](#) was published on 30 July 2020 and includes a section on international recruitment which sets out the following commitments:

**Building local hubs:** Health systems have a key role in helping to resume international recruitment by supporting local international recruitment hubs. As part of NHS England and NHS Improvement's international recruitment nursing programme, we will incentivise trusts to develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.

**Increasing international recruitment:** NHS England and NHS Improvement and HEE are working with government to increase our ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS. This will include work to remove barriers to recruitment and increasing capacity for induction and support.

**English language training:** Recognising the high standards required by UK regulators, Health Education England will pilot new English language training programmes for international nurses. These will offer high-quality and cost-effective language training and include new models for online education and assessment, enabling nurses to more rapidly achieve the necessary standards.

**Co-ordinated international marketing:** NHS England and NHS Improvement will work with the government to establish a new international marketing campaign through 2020/21, to promote

<sup>99</sup> The King's Fund, [What have the parties pledged on health and care?](#) 28 November 2019

<sup>100</sup> The King's Fund, [After the election: how will the new government approach health and social care?](#) 17 December 2019

the NHS as an employer of choice for international health workers.<sup>101</sup>

The [Health Service Journal](#) (HSJ) reported in December 2019 that a leaked model from NHS England and Improvement had stated international recruitment was to be the single largest contributor of extra nurses in the NHS. The model estimated an increase of 45,320, with 12,500 additional nurses from overseas recruitment. According to the HSJ:

This model set out there would be 12,500 international nurses recruited over the next five years, with Health Education England working on the assumption an average of 2,500 nurses will need to be recruited each year.<sup>102</sup>

However, following the Covid-19 pandemic, a further HSJ article suggested the Government had “written off the first year” of the NHS workforce plan:

According to senior sources very close to NHS workforce plans, the challenging nature of the international recruitment market during the pandemic will mean increased staffing plans having to be heavily backloaded to reach the target of a net 50,000 increase in nurse numbers by 2024.<sup>103</sup>

The article also noted that restrictions implemented in response to the pandemic by some countries had added pressure to recruitment programmes. For example, the Philippines implemented a formal ban on exit visas for health workers, while India did not accept resignations.<sup>104</sup>

[NHS Employers](#) has since reaffirmed the commitment to the 50,000 target:

NHS organisations are restarting their international recruitment to support their COVID-19 recovery plans.

It also remains a key priority to meet the government’s target of an additional 50,000 nurses working for the NHS by 2024/25. It is therefore important to consider your next steps on international recruitment.<sup>105</sup>

## Financial support for international recruitment of nurses

In a [letter](#) to Directors of Nursing dated 25 September 2020 from Ruth May, the Chief Nursing Officer and Duncan Barton, Director of International Nurse Recruitment, it has been set out that trusts can apply to money to support international recruitment efforts:

The NHS benefits significantly from the thousands of committed staff who arrive each year from overseas countries to work in the NHS. Clearly, COVID-19 has had a significant impact on IR in the past few months. We are now however beginning to see a lifting of some of the international travel restrictions and some

### NMC changes

The nursing and midwifery regulator, the NMC, announced on 7 October 2019 that it was allowing applicants to apply through an online system rather than on paper and introduced streamlined requirements for confirming a candidate’s competence.

This followed a change in September 2018 which allowed non-EU overseas nurses and midwives to be able to apply to work in the UK immediately after qualifying, rather than having to work for 12 months post-qualification. This brought them in line with applicants from the EU.

<sup>101</sup> NHS, [People Plan 2020/21](#), 30 July 2020, page 43

<sup>102</sup> Health Service Journal, [Exclusive: Leaked NHSE/I workforce plan reveals reliance on nursing associates](#), 3 December 2019

<sup>103</sup> Health Service Journal, [NHS workforce plan at risk as covid scuppers overseas recruitment](#), 22 May 2020

<sup>104</sup> Health Service Journal, [NHS workforce plan at risk as covid scuppers overseas recruitment](#), 22 May 2020

<sup>105</sup> NHS Employers, [Restarting international recruitment following COVID-19](#), June 2020

international nurses have travelled to the UK to join the NHS in the past few weeks.

As outlined in the nursing workforce phase three letter, this is an opportunity to accelerate the recruitment and arrival of international nurses and ensure that we can safely support their induction and onboarding. The sections below outline financial and non-financial support to enable you to do this.<sup>106</sup>

The 'financial support offer to trusts' includes three strands:

### **1 Expediting current supply**

From our recent survey of trusts, we understand there is a significant number of appointed nurses waiting to come to the UK. We want to accelerate their arrival and induction where possible and provide them with OSCE training by 31 January 2021.

We will therefore offer funding to safely support their arrival and induction. The funding equates to c.£1500 per nurse and can be used to fund any additional cost elements of IR that have been impacted by COVID-19, including flights, airport transfers, welcome packages, OSCE training and accommodation.

### **2 Ensuring future supply**

£25,000-£100,000 is available per trust in 2020/21, depending on the scale of your IR ambition and the size of your organisation. You will be required to provide the key actions you would take to increase international recruitment above planned activity (and the activity observed in 2019/20) and what funding would be required to achieve this [...]

Bids can cover a range of activities designed to expand your international nursing supply, including for example resourcing costs to increase your IR capacity or recruiting new nurses from overseas and supporting them into shortage specialties.

### **3 English language offer to UK based applicants**

We know from a recent trust data collection there are a significant a number of overseas trained nurses currently working in the NHS as healthcare support workers/healthcare assistants, who have been unable to pass the required EL requirements to join the NMC register.

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<sup>106</sup> Letter from Ruth May and Duncan Barton, [International recruitment programme and financial incentives invitation letter](#), 25 September 2020

We recognise the important contribution these individuals make to the NHS. We are therefore offering financial support to overseas trained nurses based in the UK who have not yet passed the EL requirements, to fund EL exam fees and/or to subsidise EL training support.<sup>108</sup>

The Health Service Journal (HSJ) have [reported](#) this financial support totals approximately £28 million, with £14 million available for both the 'expediting current supply' and 'ensuring future supply' strands, and £800,000 for the 'English language offer' strand.<sup>109</sup>

### Box 2: International nurses & recruitment costs

The [Nuffield Trust](#) have provided a summary of the recruitment costs involved when hiring international nurses and how this compares to other recruitment strategies:

- "Foreign nurses are recruited in two main ways: directly by the trusts, without any intermediaries, or through a recruitment agency. For the latter, trusts hire an agency to identify, select and facilitate the process for a fee per nurse hired.
- As well as that fee, there are additional charges for the employer. They include the costs of accommodation, flights, language lessons, the Objective Structured Clinical Examination (OSCE) tuition programme and fees specific to non-EEA nurses, alongside other expenses of inducting and mentoring nurses from abroad. As the competition for nurse supply gets tougher, some trusts are also offering to pay the health surcharge and even visa fees.
- All routes to increase the supply of nurses have financial implications. Although international recruitment remains the overall cheapest (and quickest) option, it can cost an NHS trust between [£2,000 and £12,000](#) per nurse hired, depending on where that nurse is from."<sup>107</sup>
- In comparison, a nurse degree apprenticeship scheme, for example, can cost an NHS trust around [£140,000 per nurse](#) (over and above the annual designated levy of up to £27,000)."

A [response from NHS Medway](#) to a Freedom of Information request also provides an example of some of the costs faced, including the Certificate of Sponsorship cost (£1,000 per annum per individual), first months' rent and relocation support for international recruits. NHS Medway's response stated that in 2019, 154 international nurses commenced in post and the Trust's "total spend of £1.1m for international onboarding included the agency fee and all additional fixed and non-fixed costs."

## 3.2 Adult social care

As noted above, the adult social care sector is highly reliant on overseas workers, and The Nuffield Trust have estimated that 98,710 migrant workers joined the formal care workforce between 2009 and 2019.<sup>110</sup>

Prior to the pandemic, the social care sector typically experienced a very high turnover of staff, with a rate of 30.4% in 2019/20, equating to 430,000 workers leaving their role.<sup>111</sup> It has been suggested that the

<sup>107</sup> Nuffield Trust, [Recruiting nurses from overseas: the main challenges facing trusts](#), 6 February 2020

<sup>108</sup> Letter from Ruth May and Duncan Barton, [International recruitment programme and financial incentives invitation letter](#), 25 September 2020

<sup>109</sup> HSJ, [Exclusive: NHS planning 41pc increase in international recruitment](#), 15 September 2020

<sup>110</sup> Nuffield Trust, [A public policy blind spot? The possible futures of the social care workforce](#), 4 February 2020

<sup>111</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2020, page 9

Covid-19 pandemic could further exacerbate retention problems, due to the additional pressure it has placed on staff.<sup>112</sup>

In a [submission](#) to the Health and Social Care Select Committee inquiry the NMC highlighted the potential negative consequences of the Covid-19 pandemic for the adult social care sector, given its reliance on overseas nurses :

[...] given that the likely impact of protective measures both here and abroad as a consequence of the global coronavirus pandemic will be to reduce the opportunities for international recruitment, the reliance of social care on overseas nurses may place the sector in greater jeopardy.<sup>113</sup>

The Migration Advisory Committee's [Review of the Shortage Occupation List 2020](#) details how some stakeholders in the sector have raised concerns that the pandemic has disrupted domestic training and recruitment plans and that "reduced access to overseas recruitment could impede the delivery of safe care to residents owing to reduced staff numbers".

The Skills for Care report [The state of the adult social care sector and workforce in England October 2020](#) notes that the vacancy rate has decreased following the pandemic from 8.6% in February 2020 to 7% in August 2020. The report suggests the reduction in occupancy rates in care homes is likely a contributing factor for this decrease. However, it is also emphasised that the vacancy rate is still high relative to the wider economy, and demand is projected to increase in the long term.<sup>114</sup>

Using data from the Office for National Statistics, the [Skills for Care report](#) states:

[...] the number of people aged 65 and above is projected to increase between 2020 and 2035, from 10.5 million to 14.1 million people in England, an increase of around 34%. The number of people aged 18-64 with a learning disability, mental health need, or a physical disability is also projected to increase over the period.

[...] The model projects that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then a 32% increase (520,000 new jobs) will be required by 2035.<sup>115</sup>

## Government position

Despite being faced with more severe workforce shortages than the NHS, the social care sector does not have an equivalent workforce plan and there is no central support to increase international recruitment. Instead the Government has stated the social care sector should reduce

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<sup>112</sup> The Health Foundation, [Even before COVID-19, high workforce turnover rates posed a major challenge for social care](#), 29 May 2020

<sup>113</sup> Nursing and Midwifery Council, [NMC response to the Social Care Inquiry from the Health and Social Care Select Committee](#), June 2020

<sup>114</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2020, page 15

<sup>115</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2020, page 108

its 'overreliance on migrant labour' and has suggested the social care sector should look to domestic workers to fill vacancies.

In a [joint press release](#) from the Home Office and the DHSC announcing the 'Health and Care visa' it was stated:

The independent Migration Advisory Committee has been very clear that immigration is not the answer to the challenges in the social care sector and, as we implement the new immigration system, we want employers to focus on investing in our domestic workforce.

In response to a [Parliamentary Question](#) from Jeremy Hunt regarding the DHSC's plans to tackle the workforce shortage in social care, Helen Whately also noted that social care is being promoted to "jobseekers, including those who may have lost their jobs during the pandemic from other sectors":

We are taking action to increase recruitment into adult social care in both the short and long term. We have launched an online recruitment tool, Join Social Care, to simplify and fast track the recruitment process, and are offering free and rapid induction training via Skills for Care for new and existing staff and volunteers. In the last year we have run a National Recruitment Campaign across broadcast, digital and social media highlighting the vital work care workers do.

The Department for Health and Social Care is also working with the Department for Work and Pensions to promote adult social care careers to jobseekers, including those who may have lost their jobs during the pandemic from other sectors, such as tourism, hospitality and retail. We are continuing to work with the sector and other government departments to understand how we can further support recruitment and retention, and we continue to work to raise the profile of adult social care careers.<sup>116</sup>

The 2020 Spending Review, published on 25 November, stated that the Government is "committed to sustainable improvement of the adult social care system and will bring forward proposals next year."<sup>117</sup> However, it is unclear to what extent the proposals will relate to international recruitment.

Further information on the impact of Brexit and the ending of free movement on the social care sector can be found in [Section 5.3](#).

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<sup>116</sup> PQ 120018, [Social Services: Vacancies](#), Answered 8 December 2020

<sup>117</sup> HM Treasury, [Spending Review 2020](#), CP330, November 2020, page 44, para 4.10

## 4. Ethical recruitment of health and social care workers

The UK was the first country to implement a [Code of Practice](#) for international recruitment; The Department of Health issued a Code of Practice for NHS employers on the international recruitment of healthcare professionals in 2001, and this was revised in 2004.<sup>118</sup> There is no equivalent code for the international recruitment of social care workers, though there were reports in 2006 that such a code was being developed.<sup>119</sup>

NHS Employers are responsible for the implementation of the Code of Practice, and for managing the list of commercial agencies that adhere to the Code.<sup>120</sup> All healthcare organisations and agencies recruiting internationally are “strongly advised” to adhere to the code.<sup>121</sup> NHS Employers has said it conduct checks (bi-annually and randomly) to ensure agencies comply with the Code of Practice.<sup>122</sup>

### Box 3: Code of Practice for international recruitment

There are 7 principles that underpin the Code of Practice:

1. International recruitment is a sound and legitimate contribution to the development of the healthcare workforce.
2. Extensive opportunities exist for individuals in terms of training and education and the enhancement of clinical practice.
3. Developing countries will not be targeted for recruitment, unless there is an explicit government-to-government agreement with the UK to support recruitment activities.
4. International healthcare professionals will have a level of knowledge and proficiency comparable to that expected of an individual trained in the UK.
5. International healthcare professionals will demonstrate a level of English language proficiency consistent with safe and skilled communication with patients, clients, carers and colleagues.
6. International healthcare professionals legally recruited from overseas to work in the UK are protected by relevant UK employment law in the same way as all other employees.
7. International healthcare professionals will have equitable support and access to further education and training and continuing professional development as all other employees.

The Secretary State for Health and Social Care, Matt Hancock, has spoken of the need for “a new Windrush Generation for the NHS. A recruitment drive to attract the brightest and best doctors, nurses, and clinical staff from overseas”.<sup>123</sup>

<sup>118</sup> Nursing Leadership, [Department of Health: Code of Practice for the international recruitment of healthcare professionals](#), December 2004

<sup>119</sup> Personnel Today, [Ethical recruitment code to deter hiring social care workers from developing world](#), 18 August 2006

<sup>120</sup> NHS Employers, [Code of Practice for international recruitment](#), 3 December 2019

<sup>121</sup> NHS Employers, [Code of Practice for international recruitment](#), 3 December 2019

<sup>122</sup> NHS Employers, [Code of Practice for international recruitment](#), 3 December 2019

<sup>123</sup> Department of Health and Social Care, [The NHS of the future will always put its people first](#), 3 June 2019

However, concerns have been raised that this should not come at the expense of developing countries.<sup>124</sup> This is of increased relevance in light of the Covid-19 pandemic.

## Recruitment from developing countries following Covid-19

A report from the [Tropical Health and Education Trust](#) published in July 2019 stated the UK is “increasingly open to criticism for the impact its recruitment is having on low and middle income countries (LMICs).”<sup>125</sup>

The Department of Health and Social Care and the then Department for International Development (DfID) produced a [list](#) of developing countries and countries where healthcare workers should not be actively recruited from. As of 17 July 2020, the webpage was updated to state “work is ongoing within the DHSC to review and update this list”.<sup>126</sup>

In May 2019, [The Telegraph](#) reported the NHS was “breaking recruitment rules with one in four new doctors coming from ‘banned’ developing countries”.<sup>127</sup>

[GMC data](#) accessed on 16 December 2020 shows that where doctors qualified outside the UK, the top 5 countries are India (29,343), Pakistan (14,631), Nigeria (8,030), Egypt (7,201) and South Africa (5,108).<sup>128</sup> All of these countries are on the ‘[banned list](#)’.

Whilst India is on the list, it is noted:

After discussions with the DFID and High Commission in India, we can confirm that agencies can recruit healthcare professionals from India. However, there are four states that receive DFID aid which should not be targeted for recruitment - these are Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal.<sup>129</sup>

However, there have been reports that India is facing acute healthcare workforce shortages in light of Covid-19. An article investigating the impact of the pandemic on the top 20 countries with the most Covid-19 cases (as of 4 May 2020) notes there is a danger that “already stretched healthcare systems could suffer a shortage of trained medical personnel...that danger is more acute in some nations than others”.<sup>130</sup>

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<sup>124</sup> Nursing Times, [UK ‘increasingly open to criticism’ for overseas nurse recruitment practices](#), 5 July 2019

<sup>125</sup> Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019, page 30

<sup>126</sup> NHS Employers, [Developing countries – recruitment](#), published 7 December 2018, last updated 17 July 2020

<sup>127</sup> The Telegraph, [NHS breaking recruitment rules with one in four new doctors coming from ‘banned’ developing countries](#), 16 May 2019

<sup>128</sup> General Medical Council, [GMC Data Explorer: Registered doctors by country of primary medical qualification](#), Accessed 16 December 2020

<sup>129</sup> NHS Employers, [Developing countries – recruitment](#), 7 December 2018

<sup>130</sup> Foreign Policy, [Coronavirus Disproportionately Affects Health Workers. Here Are the Countries Most at Risk](#), 4 May 2020

India, the poorest country in the top 20, has the lowest density of physicians (0.8 per 1,000 people).<sup>131</sup> This compares with 2.8 per 1,000 per people in the UK.<sup>132</sup>

The International Labour Organisation (ILO) article '[COVID-19: Are there enough health workers?](#)' sets out that more than half of the world's population lacks access to essential health care, with "high-income countries collectively having nearly 12 times as many people employed in the health sector as low-income nations – 580 per 10,000 people compared with only 49".<sup>133</sup> The ILO states that "having adequate numbers of health workers will be critical to winning the battle against Covid-19".<sup>134</sup> This raises concerns regarding the ability of lower income countries to respond to the Covid-19 pandemic and could impact future ethical recruitment from such nations.

[Skills for Care](#) report that in 2019/20 that when the adult social care workforce reported a non-British nationality the top 10 countries were: Romania (13%), Poland (10%), Nigeria (8%), Philippines (7%), India (6%), Zimbabwe (5%), Ghana (4%), Portugal (4%), Italy (3%), Jamaica (3%).<sup>135</sup>

Whilst there is no equivalent list of countries for the international recruitment of social care workers, all the non-EU countries listed above (Nigeria; Philippines; India; Zimbabwe; Ghana and Jamaica) are on the Department of Health and Social Care and DfID '[banned list](#)'.

The latest [NMC registration data report](#) covers the period 1 April 2019 to 31 March 2020. The report includes information on the nationality of individuals joining the NMC permanent register and highlights a significant rise in the number of people joining who trained in the Philippines and India:

People who trained in the Philippines and India represent an increasingly significant proportion of our permanent register. The number of registered professionals who trained in these two countries rose to a combined total of 57,303 by 31 March – an increase of 8,944 (18.5 percent).

The NMC registration data report also includes a breakdown of the 'total number of people on the register by country of training outside the EEA'. The top 5 countries are all included on '[banned list](#)':

1. Philippines (33,297)
2. India (24,006)
3. Nigeria (3,684)
4. South Africa (3,014)
5. Zimbabwe (2,574)<sup>136</sup>

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<sup>131</sup> Foreign Policy, [Coronavirus Disproportionately Affects Health Workers. Here Are the Countries Most at Risk](#), 4 May 2020

<sup>132</sup> Foreign Policy, [Coronavirus Disproportionately Affects Health Workers. Here Are the Countries Most at Risk](#), 4 May 2020

<sup>133</sup> International Labour Organisation, [COVID-19: Are there enough health workers?](#)

<sup>134</sup> International Labour Organisation, [COVID-19: Are there enough health workers?](#)

<sup>135</sup> Skills for Care, [The state of the adult social care sector and workforce in England October 2020](#), page 79

<sup>136</sup> NMC, [The NMC register 1 April 2019 – 31 March 2020](#), 9 July 2020

However, whilst the Philippines is included on the list of countries not to be actively recruited from, there is a [Memorandum of Understanding](#) between the UK and Philippine governments “to enable the UK to recruit registered nurses and other healthcare professionals”.<sup>137</sup>

In a [letter](#) to Directors of Nursing dated 25 September 2020 from Ruth May, the Chief Nursing Officer and Duncan Barton, Director of International Nurse Recruitment, it was suggested that further such agreements are being pursued:

Our wider offer on nursing IR includes:

[...] working with the Department of Health and Social Care (DHSC) and other government departments to create new government-to-government agreements that may facilitate recruitment from a broader range of countries. We will also commission recruitment agencies to support this, in line with ethical recruitment practice.<sup>138</sup>

### **Procurement framework for international recruitment**

Both the NHS Long-Term Plan and NHS Interim People Plan highlighted the need for “central support” to achieve the necessary increases in international recruitment. The [International Recruitment of Clinical Healthcare Professionals Framework](#) was launched in March 2019 “in response to the recommendations in the NHS Long Term Plan and Interim People Plan”.<sup>139</sup> Benefits of the framework reportedly include that providers “meet government requirements on good industry practice, codes of practice, legislation, voluntary arrangements, regulations”.<sup>140</sup>

Prior to the Covid-19 pandemic, the report from the [Tropical Health and Education Trust](#) welcomed the then proposed introduction of the [International Recruitment of Clinical Healthcare Professionals Framework](#). However, it also suggested “recruitment agencies on the approved list will still be able to actively recruit from LMICs through the use of sub-contractors who are not on the approved list.”<sup>141</sup>

The report therefore made the following recommendation:

Strengthen implementation of the UK Code of Practice for International Recruitment and ban international recruitment agencies from the NHS Employers approved list who use sub-contractors to recruit from LMICs.<sup>142</sup>

The [Tropical Health and Education Trust's](#) report also recommended increased use of ‘Skills Mobility Partnerships’ for ethical recruitment such as the Medical Training Initiative and the Global Learners

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<sup>137</sup> NHS Employers, [Developing countries – recruitment](#), Last updated 17 July 2020

<sup>138</sup> Letter from Ruth May and Duncan Barton, [International recruitment programme and financial incentives invitation letter](#), 25 September 2020

<sup>139</sup> Workforce Alliance, [International Recruitment of Clinical Healthcare Professionals](#), March 2019

<sup>140</sup> Workforce Alliance, [International Recruitment of Clinical Healthcare Professionals](#), March 2019

<sup>141</sup> Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019, page 36

<sup>142</sup> Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019, page 36

Programme.<sup>143</sup> These schemes bring doctors and nurses to the UK to work here with a view to returning to their countries of origin with improved clinical skills (see Box 4).

#### **Box 4: Skills Mobility Partnerships**

##### *Medical Training Initiative*

- The [Medical Training Initiative](#) (MTI) is a national scheme designed to allow international medical and dental graduates to enter the UK from overseas for a maximum of 24 months, “so that they can benefit from training and development in NHS services before returning to their home countries.”
- According to the [Academy of Medical Royal Colleges](#), through the MTI, trainee doctors from countries outside the European Union are offered the opportunity to learn from experienced consultants within the UK national health system. Applicants from Department for International Development (DfID) priority countries or World Bank Low Income and Lower Middle Income Countries are prioritised.
- Up to [1,000 graduates](#) per year can join the scheme. Professional bodies, such as the [Royal College of Physicians](#), have sought an increase in the number permitted, suggesting “it would be an important part of the solution to the current workforce issues in the NHS.”
- The MTI scheme has [continued](#) during the Covid-19 pandemic.

##### *Global Learners Programme*

- The [Global Learners Programme](#), also known as ‘Earn, Learn, Return’, includes agreements between the UK and several LMICs, including India, and Pakistan.
- The [Tropical Health and Education Trust’s](#) report stated 500 nurses were enrolled in the programme in 2019. Health Education England reportedly had ambitions to grow the programme to recruit 1500 nurses in 2020, with “many more planned in the future”.
- Nurses on this scheme enter the UK via a Tier 2 visa, which allows them to work for three years in the UK. They may extend this for another two years before being eligible to apply for British citizenship, and it is up to them to decide whether to remain or return to their home countries.
- Further information is set out in the [Global Learners Programme flyer](#).

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<sup>143</sup> Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019

## 5. Brexit and the new points-based immigration system

The [Immigration and Social Security Co-ordination \(EU Withdrawal\) Act 2020](#) repeals free movement legislation at the end of the transition period on 31 December 2020.

From 1 January 2021, EEA and Swiss citizens and their family members who come to the UK will be subject to UK immigration laws.<sup>144</sup>

The Government has stated the ‘new points-based immigration system’ will be introduced to coincide with the ending of free movement whereby “anyone coming to the UK for work must meet a specific set of requirements for which they will score points. Visas are then awarded to those who gain enough points”.<sup>145</sup>

The [NHS Confederation](#) has warned “Brexit will have a significant impact on the sector” and has advised health and care organisations to “ensure business continuity plans cover the supply of staff needed to deliver services beyond 31 December 2020.”<sup>146</sup>

A [Tier 2 Health and Care visa](#) has been launched as part of the ‘Skilled worker route’. However, concerns have repeatedly been raised that the new system will put increasing pressure on the social care sector, as there is no dedicated route of entry for social care workers.<sup>147</sup>

The ‘[Impact Assessment for changes to the Immigration Rules for Skilled Workers](#)’ indicated changes could be made in the future to add “further flexibility into the system”:

The Home Office will keep labour market data under very careful scrutiny to monitor any pressures in key sectors, especially given recent events.

In relation to the new Skilled Worker route, as outlined in the Government’s February 2020 Policy Statement, proposals are just the first stage in Government plans for a points-based immigration system.

The Home Office will continue to refine the system in the light of experience and will consider adding further flexibility into the system – including additional attributes that can be ‘traded’ against a lower salary.<sup>148</sup>

Further information on the new immigration system can be found in the Library’s briefing paper ‘[The new points-based immigration system](#)’.

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<sup>144</sup> [Explanatory Notes: Immigration and Social Security Co-ordination \(EU Withdrawal\) Act 2020](#), November 2020, page 3

<sup>145</sup> UKVI, [UK points-based immigration system: employer information](#), Last updated 4 December 2020

<sup>146</sup> NHS Confederation, [Approaching the end of the Brexit transition: practical implications for the NHS](#), 5 August 2020

<sup>147</sup> BMJ, [Mark Dayan: Brexit will soon become a reality for many areas of healthcare—and the outlook is not good](#), 28 September 2020

<sup>148</sup> Home Office, [Impact Assessment for changes to the Immigration Rules for Skilled Workers](#), 17 November 2020, page 5

## 5.1 Health and Care visa

Following the commitment in the Conservative Party manifesto during the 2019 General Election to create a 'NHS visa', the Government launched the Health and Care visa on 4 August 2020.<sup>149</sup>

[GOV.UK guidance](#) states:

A Health and Care Worker visa allows medical professionals to come to or stay in the UK to do an eligible job with the NHS, an NHS supplier or in adult social care.<sup>150</sup>

A [joint press release](#) from the Home Office and the DHSC provides further information:

The new Health and Care Visa will come with a reduced visa application fee compared to that paid by other skilled workers, including exemption from the Immigration Health Surcharge. Health and care professionals applying on this route can also expect a decision on whether they can work in the UK within just three weeks, following biometric enrolment.<sup>151</sup>

[NHS Employers](#) have also published a summary of the Health and Care visa requirements and how they differ from those previously in place for non-EEA healthcare workers:

The certificates of sponsorship (CoS) cap has been suspended which means there will be no limit to the number of eligible skilled workers wishing to come to the UK unless this is reinstated. The resident labour market test will no longer apply.

The health and care visa requires applicants to have certain characteristics, three of which are fixed, and six which are tradeable however 70 points in total is required.

Individuals will need to attract the following three fixed characteristics:

- a job offer from an approved employer sponsor
- a job at the appropriate skill level (RQF 3 or above – A-level equivalent)
- the ability to speak English to the level set appropriate to the role.<sup>152</sup>

### Eligible occupations

The GOV.UK website sets out the [eligibility requirements](#) for a Tier 2 Health and Care visa:

Your job must be in one of the following occupation codes to qualify for the Health and Care Worker visa:

2112: biological scientists and biochemists

2113: physical scientists

2211: medical practitioners

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<sup>149</sup> UKVI, [UK points-based immigration system: employer information](#), Last updated 4 December 2020

<sup>150</sup> GOV.UK, [Health and Care visa: Overview](#)

<sup>151</sup> Home Office and Department of Health and Social Care, [Government launches Health and Care Visa to ensure UK health and care services have access to the best global talent](#), 14 July 2020

<sup>152</sup> NHS Employers, [Skilled worker route](#), Last updated 25 November 2020

- 2212: psychologists
- 2213: pharmacists
- 2214: ophthalmic opticians
- 2215: dental practitioners
- 2217: medical radiographers
- 2218: podiatrists
- 2219: health professionals that are 'not elsewhere classified', such as audiologists and occupational health advisers
- 2221: physiotherapists
- 2222: occupational therapists
- 2223: speech and language therapists
- 2229: therapy professionals that are 'not elsewhere classified', such as osteopaths and psychotherapists
- 2231: nurses
- 2232: midwives
- 2442: social workers
- 3213: paramedics

Detailed information regarding the eligibility requirements can be found in Part A of the ['Tier 2 of the Points Based System – Policy Guidance'](#).

On [21 October 2020](#), Baroness Williams of Trafford said there will be a review of the occupations eligible for Health and Care visa, "expanding its remit and benefiting more main applicants and their family members".<sup>153</sup>

### **Application fee**

The application fee varies depending on the length of time in the UK:

- £232 per person when applying to remain in the UK for up to 3 years
- £464 per person for more than 3 years
- An automatic reduction of £55 is applied when applicants are from certain countries<sup>154</sup>

The [Impact Assessment](#) (IA) for [The Immigration and Nationality \(Fees\) \(Amendment\) \(No. 3\) Regulations 2020](#) published by the Home Office provides detailed information about the application fee:

The Health and Care Visa will offer a reduced visa fee of £232 for eligible health and care professionals applying to enter or stay in the UK for up to 3 years, a reduction of £378 on the equivalent standard Tier 2 General visa. The reduction for those applying for an Health and Care Visa lasting 3 years or more is £944. The reduced fee will also apply to dependants. The discount will be lower for those applying to professions on the Shortage Occupation List as they already pay a lower fee. The fee for the Health and Care Visa has been set at a flat rate of 50 per cent of

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<sup>153</sup> HL Deb, [Immigration and Social Security Co-ordination \(EU Withdrawal\) Bill](#), 21 October 2020, c1576

<sup>154</sup> GOV.UK, [Health and Care visa: How much it costs](#)

the cost of a Tier 2 General Visa for an occupation on the Shortage Occupation List.<sup>155</sup>

The IA forecasts an expected increase in the number of applications from healthcare workers due to the introduction of the Health and Care visa based on the reduced fee for non-EEA workers. However, the Impact Assessment does not consider the effect on EU workers who currently face no charges:

Any reduction in the visa fee for medical professionals will apply to EEA and non-EEA workers alike under the new Points-Based System in place from January 2021. This impact assessment includes the impact based on the current immigration system for non-EEA workers only.

This IA is based on the current immigration system, which applies the IHS and visa fees to non-EEA applicants under current immigration rules. It does not attempt to quantify the impact from any change to the immigration system from January 2021.<sup>156</sup>

The IA also notes the lower fee offered by the Health and Care visa “will result in foregone fee revenue to the Home Office estimated at £133.6 million” and that the DHSC will “cover the cost of this foregone fee revenue”.<sup>157</sup>

## 5.2 Recognition of professional qualifications

The UK’s system for the recognition of professional qualifications (RPQ) was derived from EU law ([Directive 2005/36/EC](#)). It allowed UK professionals to have their qualifications recognised in the EEA and Switzerland, and vice versa, with minimal barriers.<sup>158</sup> At the end of the transition period, the EU directive will cease to apply to the UK and the mutual recognition of professional qualifications will end.

There are seven professions where standards are ‘harmonised’ which means qualifications must comply with minimum agreed standards, and where these are met, qualifications are automatically recognised by regulators throughout the EU, EEA EFTA states and Switzerland. The qualifications listed as meeting the requirements for automatic recognition in EU law are set out in [Annex V of Directive 2005/36/EC](#).

Five of the seven harmonised professions are health professions:

- Doctors
- Nurses
- Midwives
- Pharmacists
- Dentists

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<sup>155</sup> Home Office, [Impact Assessment for The Immigration and Nationality \(Fees\) \(Amendment\) \(No. 3\) Regulations 2020](#), 14 July 2020, page 4

<sup>156</sup> Home Office, [Impact Assessment for The Immigration and Nationality \(Fees\) \(Amendment\) \(No. 3\) Regulations 2020](#), 14 July 2020, page 5

<sup>157</sup> Home Office, [Impact Assessment for The Immigration and Nationality \(Fees\) \(Amendment\) \(No. 3\) Regulations 2020](#), 14 July 2020, page 15

<sup>158</sup> [Explanatory Memorandum](#) to The European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019

In preparation for the end of the transition period, the Government legislated for a system for the recognition of EEA and Swiss qualifications listed in Annex V that is “similar to the current system” for a limited time.<sup>159</sup>

The [Explanatory Memorandum to \*The European Qualifications \(Health and Social Care Professions\) \(Amendment etc.\) \(EU Exit\) Regulations 2019\*](#) states UK regulators will be obliged to recognise such qualifications as being sufficient for practising in the UK, with the qualifications listed in Annex V of the Directive deemed “acceptable overseas qualifications”.<sup>160</sup>

Subsequently, [The European Qualifications \(Health and Social Care Professions\) \(EFTA States\) \(Amendment etc.\) \(EU Exit\) Regulations 2020](#) provided for more generous arrangements concerning recognition of professional qualifications of health and care professionals in line with the EEA EFTA Separation Agreement and particularly the Swiss Citizens’ Rights Agreement. For example, the Swiss Citizens’ Rights Agreement includes provisions to allow a 4-year period for the recognition of professional qualifications following the end of the transition period compared to 2 years for qualifications awarded in the EEA.

The Government has said it is “publicly committed to honouring both these Agreements regardless of the terms under which the transition period ends”.<sup>161</sup> It is also emphasised that the Agreements are reciprocal and therefore apply to the recognition of UK health and care qualifications also.<sup>162</sup> In contrast, in the EU, the recognition of UK qualifications will be determined by individual EU member states if there is no EU-wide agreement with the UK on the recognition of qualifications.<sup>163</sup>

The [GMC](#) have raised concerns about how the ending of automatic recognition may impact on the numbers of EU doctors choosing to train in the UK:

After 31 December 2020, the Mutual Recognition of Professional Qualifications Directive will no longer apply to the UK. Recognition of UK medical qualifications will be governed by the national policies and rules of each of the EEA member states. There’s a risk this could deter some of the 2,724 EEA graduate doctors who are currently training in the UK from completing their qualification. And, in future, it could prevent EEA graduate doctors from choosing to train in the UK if the qualification isn’t recognised in their home country.<sup>164</sup>

<sup>159</sup> [Explanatory Memorandum to The European Qualifications \(Health and Social Care Professions\) \(Amendment etc.\) \(EU Exit\) Regulations 2019](#)

<sup>160</sup> [Explanatory Memorandum to The European Qualifications \(Health and Social Care Professions\) \(Amendment etc.\) \(EU Exit\) Regulations 2019](#)

<sup>161</sup> [Explanatory Memorandum to The European Qualifications \(Health and Social Care Professions\) \(EFTA States\) \(Amendment etc.\) \(EU Exit\) Regulations 2020](#)

<sup>162</sup> HL Deb, [European Qualifications \(Health and Social Care Professions\) \(EFTA States\) \(Amendment etc.\) \(EU Exit\) Regulations 2020](#), 16 November 2020, c1292

<sup>163</sup> [Explanatory Memorandum to The European Qualifications \(Health and Social Care Professions\) \(Amendment etc.\) \(EU Exit\) Regulations 2019](#)

<sup>164</sup> GMC, [The state of medical education and practice in the UK 2020](#), November 2020, page 102

## Changes from 1 January 2021

The Government have published guidance '[EEA-qualified and Swiss healthcare professionals practising in the UK from 1 January 2021](#)' which explains a system of 'near automatic' recognition of professional qualifications will be in place from 1 January 2021. However, the guidance notes there may be "modification depending on the outcome of the ongoing negotiations between the UK and the EU".<sup>165</sup>

The [guidance](#) states:

To ensure that the process for recognising professional qualifications is not disrupted by the UK's exit from the European Union, the UK government has enacted legislation [...] The legislation will guarantee that qualifications currently automatically recognised with minimal barriers by UK regulators of healthcare professionals will be recognised under a near-automatic system from 1 January 2021.<sup>166</sup>

The 'near-automatic systems of recognition' will last for up to 2 years for individuals who hold qualifications awarded in the EEA and 4 years for Swiss nationals (and any non-EEA spouses and dependents of Swiss nationals).<sup>167</sup>

## Immigration Skills Charge

As set out in [Section 2.2](#), the Immigration Skills Charge was introduced in April 2017 and "is intended to incentivise employers to invest in training and upskilling the resident workforce, and to reduce their reliance on migrant workers."<sup>168</sup>

The charge is paid upfront when the employer assigns a certificate of sponsorship to a migrant worker and applies at a rate of £1,000 per migrant per year for medium or large sponsors (including the NHS).<sup>169</sup>

As the [Immigration and Social Security Co-ordination \(EU Withdrawal\) Act 2020](#) brings EEA nationals within the scope of the Immigration Rules, "employers will be required to pay the Immigration Skills Charge for all of these workers".<sup>170</sup>

When debating the amendments in the House of Lords, Lord Rosser (Labour) made the following points in relation to the NHS:

While we are not opposed to these regulations, they represent another wasted opportunity to improve the immigration system and support our NHS, because they do not exempt NHS

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<sup>165</sup> Department of Health and Social Care, [EEA-qualified and Swiss healthcare professionals practising in the UK from 1 January 2021](#), Published 26 November 2020

<sup>166</sup> Department of Health and Social Care, [EEA-qualified and Swiss healthcare professionals practising in the UK from 1 January 2021](#), Published 26 November 2020

<sup>167</sup> Department of Health and Social Care, [EEA-qualified and Swiss healthcare professionals practising in the UK from 1 January 2021](#), Published 26 November 2020

<sup>168</sup> [Explanatory Memorandum to the Immigration Skills Charge \(Amendment\) Regulations 2020](#), page 3

<sup>169</sup> HL Deb, [Immigration Skills Charge \(Amendment\) Regulations 2020](#), 7 October 2020, c687

<sup>170</sup> [Explanatory Memorandum to the Immigration Skills Charge \(Amendment\) Regulations 2020](#), page 3

employers from paying this charge [...] In the context of the NHS, however, it punishes trusts and indeed taxes them, as they have to fill clinical skills shortage gaps by recruiting badly needed skilled staff, including specialists from abroad, with the Government simply taking back through this tax much-needed money from a sorely stretched NHS—money the Government provided to the NHS in the first place on the basis that it was needed to provide front-line hospital services. They are taking this money back through a tax from a health service even more sorely stretched during Covid-19 and facing the certainty that in less than three months’ time, with the ending of free movement, an even greater proportion of skilled migrant staff will attract the skills tax [...] <sup>171</sup>

Baroness Williams of Trafford responded on behalf of the Government and highlighted the income from the Immigration Skills Charge “is used to address skills and training gaps in the resident workforce, which includes the healthcare sector” . <sup>172</sup>

### 5.3 Implications for adult social care

Whilst social workers, registered nurses and occupational therapists are listed occupations for the ‘Skilled Workers’ route and are also on the Shortage Occupation list, there is no specific visa route under the new points-based immigration system that would enable care workers to come to the UK. <sup>173</sup>

The Migration Advisory Committee report ‘[A Points-Based System and Salary Thresholds for Immigration](#)’ provides further information:

Although senior carers and some other roles within this sector would become eligible with the extension of the skilled worker route to included medium-skill occupations, this route is not the appropriate one to use to solve the problems this sector faces for low-skilled workers. Many of the problems involve lower-skilled care workers who would not be eligible under this route as they are below RQF3 skill-level. <sup>174</sup>

The Home Office ‘[Impact Assessment for changes to the Immigration Rules for Skilled Workers](#)’ published on 17 November 2020 indicates that the social care sector will be one of the hardest hit by the changes to the immigration system. The assessment is based on three indicators:

- Potential scope for adjustment
- High wage or high contribution to public services
- Recent reliance on EEA migrant labour

When analysing occupations below the RQF3 skill level (therefore ineligible for the Skilled Worker route), 10 occupations were identified as potentially facing difficulties adjusting to policy changes. The Impact Assessment goes on to state:

Of these 10 occupations, care workers and home carers were the only one identified as having a high public-sector contribution,

<sup>171</sup> HL Deb, [Immigration Skills Charge \(Amendment\) Regulations 2020](#), 7 October 2020,

<sup>172</sup> HL Deb, [Immigration Skills Charge \(Amendment\) Regulations 2020](#), 7 October 2020,

<sup>173</sup> Home Affairs Select Committee, [The Home Office’s response to the impact of Covid-19 on the immigration and visa systems](#), 15 June 2020

<sup>174</sup> Migration Advisory Committee, [A Points-Based System and Salary Thresholds for Immigration](#), January 2020, page 140

heavy reliance on long-term EEA migrant labour and potentially facing difficulty in adjusting.

[...]

In its January 2020 report the MAC highlighted that continued reliance on migrant labour may not address underlying issues in sectors and said that addressing those issues may help sectors adapt to change. For example, they state for social care “the root cause of the problems there is the failure to offer competitive terms and conditions” [...] The impact of Covid-19 has not been considered in the analysis of these potential adjustment metrics. The pandemic has caused unprecedented uncertainty for the economy and had a large impact on the UK and world-wide labour market. Given the increase in UK unemployment, domestic labour is likely to be more available to meet potential labour demand created by the new requirements of the Skilled Worker route.<sup>175</sup>

## Concerns from stakeholders

Martin Green, chief executive of Care England, a membership body for independent care providers, has stated: “The approach being taken by the government to migration post-Brexit will put significant pressures on the social care system.”<sup>176</sup>

The Skills for Care report ‘[The state of the adult social care sector and workforce in England October 2020](#)’ included the following points:

When the UK adopts the points-based immigration system on 1 January 2021, there will be no provision (at the time of writing) for care workers to immigrate to the UK. This has the potential to reduce supply when demand is forecast to increase.

[...]

The Cavendish Coalition (a group of 37 health and social care organisations, working to ensure that the system is properly staffed after the UK leaves the EU) submitted evidence to the Migration Advisory Committee on the Shortage Occupation List (SOL) in July 2020. The submission highlights the workforce supply challenges this will create for the sector and goes on to recommend that care workers should be recognised by the migration system by way of awarding points for occupations which provide a “high public value”.<sup>177</sup>

The Migration Advisory Committee (MAC) ‘[Review of the Shortage Occupation List 2020](#)’ referred to above highlights that stakeholders “were clear on concerns about how the end of free movement would impact the sector”.

## Government position

The MAC [Review of the Shortage Occupation List 2020](#) recommended adding a number of professions to the list, including ‘residential day and domiciliary care managers’ and ‘senior care workers’. The review also outlined ‘stark risks’ for the care sector:

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<sup>175</sup> Home Office, [Impact Assessment for changes to the Immigration Rules for Skilled Workers](#), 17 November 2020, page 40

<sup>176</sup> Nursing Times, [New social care warnings as government confirms immigration plans](#), 19 February 2020

<sup>177</sup> Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2020, page 12

Whilst there is a potential rise in labour supply to the care sector as a result of job losses in other sectors (for example the retail or hospitality sectors) due to the impact of COVID-19, this cannot be predicted with any certainty. It therefore remains crucial that the Government implements a more sustainable and generous funding model. The risks of this not happening in a timely manner are stark. If that does not occur, or occurs with substantial delay, we would expect the end of freedom of movement to increase the pressure on the social care sector, something that would be particularly difficult to understand at a time when so many care occupations are central to the COVID-19 pandemic frontline response.<sup>178</sup>

The Home Secretary, Priti Patel, [responded](#) to the review on 22 October 2020 and said “the Government has decided not to immediately accept any of the recommendations”. Instead, the Home Secretary noted:

[...] we intend to continue scrutinising the recommendations to ensure our approach to applying them aligns with the UK labour market, and will consider whether to implement some or all of them in a forthcoming set of changes to the Immigration Rules in 2021.<sup>179</sup>

The Home Secretary’s response also addressed the social care sector and emphasised the focus on the domestic workforce:

We also want employers to prioritise and invest in those people already in the UK, a point you recognise as being of vital importance in relation to the social care sector, upskilling our current work force rather than automatically seeking to bring in the skills and talents we need from overseas.<sup>180</sup>

### Parliamentary activity

Specific concerns regarding the impact of immigration changes on the social care sector were raised at the [Lord’s Report stage](#)<sup>181</sup> of the [Immigration and Social Security Co-ordination \(EU Withdrawal\) Act 2019-21](#).

Peers voted in favour of a non-government amendment to require the Government to commission and publish an independent assessment of the impact of the ending of EU free movement laws on the social care sector within six months of the Bill’s enactment. The Government committed to the substance of the amendment, whilst successfully arguing it should not be accepted for insertion in the Bill.<sup>182</sup>

On [21 October 2020](#), Baroness Williams of Trafford provided the following response which committed to publishing an independent assessment of the impact of ending free movement, including on the social care sector:

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<sup>178</sup> Migration Advisory Committee, [Review of the Shortage Occupation List 2020](#), September 2020, page 127

<sup>179</sup> Home Office, [Letter from the Home Secretary, Priti Patel, to Professor Brian Bell, Chair of the Migration Advisory Committee](#), 22 October 2020

<sup>180</sup> Home Office, [Letter from the Home Secretary, Priti Patel, to Professor Brian Bell, Chair of the Migration Advisory Committee](#), 22 October 2020

<sup>181</sup> [HL Deb, 30 September 2020](#)

<sup>182</sup> Commons Library, [Immigration and Social Security Co-ordination \(EU Withdrawal\) Bill 2019-21: Progress of the Bill](#), 10 November 2020

Noble Lords will see from what I have said that there is already independent reporting on social care. However, I am prepared to go further and commit today that we will agree to publish an independent assessment of the impact of ending free movement, which will comprehensively cover the impact on the social care sector, within six months of this Bill being passed [...] As the noble Lord has requested, I am happy to give a commitment to carry out the terms of his amendment.<sup>183</sup>

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<sup>183</sup> HL Deb, [Immigration and Social Security Co-ordination \(EU Withdrawal\) Bill](#), 21 October 2020, c1576

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