

## **The Royal College of Nursing's response to the Migration Advisory Committee's (MAC) call for evidence on the salary threshold and points-based system (PBS) commission**

The Royal College of Nursing (RCN) represents nursing across the UK and internationally, and is the largest professional union of nursing staff in the world - with a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants, nursing associates and nurse cadets.

### **Introduction to this call for evidence**

In June 2019, the Home Office commissioned the MAC to '*look further into the salary threshold question*' and to report back by January 2020<sup>1</sup>. The MAC have also recently been asked to consider an 'Australian-style' points-based system<sup>2</sup> and how this might work in the UK. To inform the report the MAC published a call for evidence on 10 September 2019 which will close at 9am on 5 November 2019 (an 8-week consultation window).

Areas the MAC has been asked to consider include:

- potential variation in salary thresholds by region/country;
- potential exceptions to salary thresholds including jobs that are on the Shortage Occupation List;
- how to deal with jobs of high public value but not high wages;
- what allowance to make for new entrants;
- how non-cash benefits and allowances and equity should be taken into account; and
- what allowance, if any, to make for part time workers.

The RCN has provided a response to the online questionnaire (27 multiple choice questions with very limited free text responses) as requested (please see the contents to that submission at Annex B below). We have also provided this response so that the important and nuanced issues relating to nursing and the health and social care sector can be adequately understood and addressed, which we do not feel that the questionnaire allowed for. The RCN will also be responding as part of the Cavendish Coalition - a wider health and social care lobbying group made up of 36 health and social care organisations - all campaigning for the common needs of our members and beneficiaries.<sup>3</sup>

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<sup>1</sup> <https://www.gov.uk/government/publications/migration-advisory-committee-welcomes-salary-threshold-commission/the-home-secretarys-commissioning-letter-to-the-chair-of-the-migration-advisory-committee-on-salary-thresholds>

<sup>2</sup> <https://www.gov.uk/government/publications/home-secretary-tasks-mac-on-australian-style-points-based-immigration-system>

<sup>3</sup> The RCN is also part of a wider health and social care lobbying group – the Cavendish Coalition– made up of 36 health and social care organisations. The Coalition, alongside its wider commitments in relation to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care, has been particularly vocal on EU settled status. The Coalition has highlighted the

**1. Key RCN asks for the future immigration system overall:**

- The future immigration system must support the recruitment and retention of the nursing and social care workforce as a whole, to ensure the UK has sufficient, appropriately trained staff to deliver the vital health and care services the population needs now, and in the future.

*Nursing as a global progression*

- Just as population health isn't restricted by geographical borders, neither should the sharing of nursing expertise be. The movement of nursing staff and health professionals across the globe contributes to making the UK a world leader in innovations in health treatments and care delivery. This should be borne in mind when the future system is designed.
- The UK Government should acknowledge the value that our international nursing workforce brings to the UK and the importance of diversity in the workforce. The future immigration system should be one that reflects that importance and makes the UK an attractive place for highly-skilled, highly-needed migrant nurses to come and practise. The purposefully hostile environment and culture must be brought to an urgent end before our nursing shortage crisis is made worse.

*International recruitment should complement investment in domestic workforce*

- The immigration system should not undermine the UK's current commitment to recruit health and care professionals from overseas<sup>4</sup> in an ethical manner, and must complement much needed investment in educating and training our domestic nursing workforce. We need to ensure that international recruitment is part of a wider needs based health and social care workforce strategy for each country of the UK, given the lack of investment in domestic workforce in parts of the UK.
- It should focus on skills and the health and social care workforce that is genuinely needed in each of the four countries of the UK, and in particular, those that are of value to society and the economy overall (ie those providing public benefit/value) rather than a sole focus on what salary migrants will earn.

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workforce shortages in these sectors, and the need to widen the skills levels to be covered by the UK's visa system post Brexit, given the current reliance of the social care sector on EU staff.

<sup>4</sup> The NHS England/NHS Improvement, interim people plan (IPP) committed (as anticipated) to increasing reliance on a supply of international workforce [https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\\_June2019.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

*The need for a simple, streamlined immigration system*

- The Home Office must make the system (and accompanying rules and infrastructure systems) simpler, more transparent, swifter and easier to navigate for individuals and employers. The current piecemeal, complex myriad of immigration rules and appendices has gradually worsened since the current system was first introduced, and it has made the system completely unworkable in practice for employers and applicants. This must not happen again with the future system.

*The end to freedom of movement for EU nationals*

- It has been widely reported and acknowledged that recruitment from the EU has played a vital role in keeping UK nursing staff (including social care workers) numbers steady for many years. Since the Brexit referendum result in 2016, far fewer EU nurses and midwives are joining the NMC register than years before (down 90%), and there are significant numbers of established EU nurses leaving the UK altogether (more than 10,000). In May, the Nursing and Midwifery Council (NMC) revealed that [51% of EU-trained nurses cited worries about Brexit as a key contributing factor to leaving the profession](#).
- The white paper<sup>5</sup> commits to the future immigration system applying to EU nationals post-Brexit, and so it should be designed so that it does not exacerbate these declining numbers of EU nursing staff in the UK.

*How to deal with jobs of high public value but not high wages*

- 7.1% of the adult social care workforce are EU nationals, and a further 9.5% are non-EU nationals. It has been found that 79% of EEA employees are earning less than £30ki, which would make them ineligible to work in the UK if the Government's proposed immigration system was implementedii. The impact of this would be catastrophic for the social care sector, and the level of domestic supply is not sufficient to substitute any losses of staff caused by these proposed changes. Migration policy alone cannot fix the issues with domestic shortagesiii but it can definitely have a significant impact at least in the short to medium term.
- The shortage of nurses and care assistants/workers in social care in each of the four countries of the UK, now and in the future, is critical. For example, in Scotland the nursing vacancies within the care home sector is reported as 20%<sup>6</sup>; and in England, the vacancy rate is around 8%, which is equivalent to

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<sup>5</sup> On 19 December 2018, the Government published its proposals for the UK's future skills-based immigration system: <https://www.gov.uk/government/publications/the-uks-future-skills-based-immigration-system>.

<sup>6</sup> Independent Sector Nursing Data 2018 [www.ScottishCare.org](http://www.ScottishCare.org)

around 110,000 vacancies in the social care sector; turnover is more than 30%<sup>iv</sup>. The Care Home Sector in Wales is also heavily reliant on an EU workforce. Their vital contribution as a whole is between 6-8% of the total workforce but this includes nearly 12% of all nurses and is geographically significant with some areas with up to 30% of the total workforce coming from Europe. The latest figures from the Department of Health in Northern Ireland show that there were just under 3,000 unfilled nursing posts in health and social care as at 30 June 2019 (13%) with a similar level estimated in nursing homes<sup>7</sup>.

- The future immigration system must enable international recruitment of workers into the social care sector in all four countries of the UK. The proposed ‘transitional measure’ (a time limited visa for 12 months with a cool off period of 12 months ‘to prevent [migrants] from working in the UK permanently’) will not work for this sector as there would be inadequate continuity of care for the UK population. Care workers/assistants are not ‘seasonal’; the UK population has care needs all year round, every year.
- The RCN welcomes that the MAC has been commissioned to explore: ‘*how to deal with jobs of high public value but not high wages,*’ because the proposals as set out in the white paper outlined in the paragraph above do not go far enough to allow for this. We believe that the proposed ‘Australian points-based system’ could enable an immigration route for the social care workforce if points are awarded for occupations of high public value (such as social care workers).

## 2. Key RCN positions about the salary threshold

- The RCN asks for the focus to move completely away from minimum salary thresholds and restricting numbers of migrants or visas with arbitrary caps and figures, as these approaches have proven unsuccessful in the past<sup>8</sup>.
- UK Government rhetoric around imposing salary thresholds to ‘*help control migration, ensuring that it is reduced to sustainable levels*’ and so that ‘*skilled migrants continue to make a positive contribution to public finances*’<sup>9</sup>, are

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<sup>7</sup> <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-june-2019>

<sup>8</sup> The former Government’s net migration targets were dropped after the targets were missed repeatedly; and nurses and doctors have been exempted the annual cap for Tier 2 (General) visas since June 2018 <https://www.gov.uk/government/news/doctors-and-nurses-to-be-taken-out-of-tier-2-visa-cap>; and nurses are exempt from the salary threshold of £30000.

<sup>9</sup>See Jonathan Portes 06 April 2018 <https://voxeu.org/article/economic-impacts-immigration-uk>  
‘Dustmann and Frattini (2014) found that recent migrants, especially those from the EU, had a more positive fiscal impact on average than natives... Recent literature uses cross-country evidence to estimate the impact of migration on growth and productivity in advanced economies. Boubtane et al. (2015) find that migration in

messages that do not align with the reality experienced across the four countries of the UK.

- We question the stated rationale for salary thresholds in principle because all evidence from the health and social care sector points in the opposite direction to this need to ‘control’ and ‘reduce’ international recruitment. For the health and care sector, international recruitment will need to significantly and rapidly *increase*<sup>10</sup> to sustain the minimum levels of workforce to meet the needs of the UK patient population. Therefore, the immigration system should reflect that need, without giving temporary exceptions for *some* occupations and missing others in need, as we see in the current system for social care.
- We cannot have an immigration system developed that seeks to achieve unrealistically high expectations of pay that do not match the policies and commitments of other Government-funded areas. Of course, we would very much welcome higher salaries for health and social care staff but it is totally unrealistic to expect, for example, wages of social care staff of around £14,000 per annum to suddenly jump to £30,000 just so that we can recruit internationally. This would require enormous increases in Government funding for the commissioning of services.

#### *Potential exceptions to salary thresholds including jobs that are on the Shortage Occupation List*

- If there must be salary thresholds at all, then there must also be a continuing exception for nursing staff (with continuing alignment with national pay scales). Currently there is an exception to the salary threshold of £30,000 for nurses on Tier 2 (g) visas, whose salaries must meet the minimums in the national NHS agenda for change pay scales, which is around £23,000 (bottom of Band 5), although this differs in each of the four UK countries- some £7,000 less than the general rule of £30,000.
- In addition, the £35,800 minimum salary threshold for applications for indefinite leave to remain is difficult for the majority of internationally recruited nurses to attain. If there was no longer a shortage occupation list/or if nurses were removed from the list, and they lost the accompanying exception to this threshold for occupations on the list, this would serve as a barrier to long term

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general boosts productivity in advanced economies, but by varying amounts; for the UK, the estimated impact is that a 1 percentage point in the migrant share of the working age population leads to a 0.4-0.5% increase in productivity. This is higher than in most other advanced economies and reflects the relatively high skill levels of migrants to the UK.’

<sup>10</sup> For example, the NHS England/NHS Improvement, interim people plan (IPP) for the NHS in England, committed (as anticipated) to a ‘significant and rapid’ increased reliance on a supply of international workforce, stating in the short to medium term [https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\\_June2019.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf).

settlement, retention and integration of much needed international nurses. These exceptions to the rule have had to be granted because the general rule is so far from reflecting the requirements in reality.

#### *Potential variation in salary thresholds by region/country*

- If there is variation in the salary threshold by country, this should continue to align with the national NHS agenda for change pay scales for Scotland, England, Wales and Northern Ireland (see appendix J table 9 of the Immigration rules). Whilst there may be evidence of even more acute shortages in some regions, we think that further variation beyond the national pay scales could add unnecessary levels of complexity to an already complicated system. It could also exacerbate issues with attractiveness for prospective applicants of some regions of the UK with particularly chronic shortages in staffing.
- It is also worth highlighting that the reorganisation of local authority boundaries (which is due to continue into 2021 and beyond) will affect the current regional delineation. The benchmarking data available to be able to justify a regional variation in pay will therefore present an ongoing practical issue due to the frequent reorganisation of both NHS and local authority boundaries. The proposal appears to be based on a fixed state landscape, which we know it will not be.

#### *What allowance, if any, to make for part time workers*

- If there must be salary thresholds at all - less than full time (LTFT) working patterns and associated pay must be taken into account (pro-rata). This need for a pro-rata salary threshold is particularly relevant for nursing staff, the majority of whom are women, often with caring responsibilities. Stress and burnout are also widely reported for nursing staff in the UK and so internationally recruited nursing staff should be enabled to work LTFT if they wish and should not be deterred from doing so when applying for a visa.
- Nursing staff deliver a public service that the whole UK population will need at some point in their lives and which is a national service that the UK Government is responsible for the delivery of. This public value should be recognised in the immigration system.

### **3. Key points about the question on the Australian Points Based System**

- The rhetoric about the UK introducing an Australian-style system after Brexit is likely to be confusing and misleading for the public. This confusion is partly because it is not always clear what aspects of Australia's immigration policy are being proposed for the UK. It is also because public misperceptions about



their immigration system are fuelled by our Government and media who make it seem as though Australia's system is more restrictive than ours, when in reality there are a number of aspects that are more permissive/enabling of migration.

- It is also worth noting that the UK previously had an equivalent system (Tier 1) to the Australian points based system that was scrapped by the Government because it was concerned that skilled migrants were coming to the UK and not entering skilled occupations. We are not aware of the evidence of this in relation to the international health and social care workforce.
- The single, narrow question asking respondents to rank characteristics for accruing points in this MAC call for evidence seems slightly disingenuous as a mechanism for truly exploring the merits of the 'Australian Points Based System'. Based on the call for evidence questionnaire it would appear that the MAC is only going to consider which migrant characteristics should be prioritised by assigning points to them. It is not identified whether this would be within the proposed immigration system in the white paper for temporary Tier 2(G) visas. This information would help respondents to make a more informed response.
- As the MAC will be aware, there are different routes of immigration in Australia, of which the points based system is only one. The RCN advises that the points based part of their system should not be considered in isolation because it works alongside their employer-led route, which is also used for health and social care sector staff.
- This call for evidence seems to rule out other important elements of the Australian system, in that in Australia it is used for:
  - permanent visas (where as the proposal in this call for evidence seems to apply to Tier 2 (g) temporary visas);
  - points are accumulated for each characteristic and the final score is used to decide whether they can migrate. It gives applicants flexibility in how they accrue the required score (if they score lowly in one area, they can make up points in another) and
  - employer sponsorship not being required; instead it recognises and values the skills and experience of the individuals.
- The RCN would be highly supportive of the UK's future immigration system being opened up for permanent immigration status in the first instance (rather than having to accrue 5 years under a Tier 2 (g) visa before becoming eligible to apply for indefinite leave to remain). Enabling immigration routes to permanent residence in the first instance would help with retention of the workforce which is particularly

important in the context of the current nursing shortages and continuity of care for patients.

- The UK currently has a 'points based system' but in name only because, in reality, there is no flexibility in how applicants accrue points (they either meet criteria or don't). The RCN would welcome the flexibility afforded by the Australian points based system, which could help with occupations that do not earn high wages and do not require Level 3 qualifications and above.
- There would also be merit in the system being focussed on the skills/occupation of the individuals rather than tied to an employer to sponsor. This may increase the available pool of applicants and would also help in instances where an employer has their certificate of sponsorship revoked and the nurse loses their visa as a result through no fault of their own.
- The RCN calls for the list of characteristics (referred to in question 27 of the online questionnaire) to include points for occupations that provide 'high public value,' which should include the social care workforce. 'High public value' could be defined as occupations delivering services where the Government has responsibility to deliver a national service to the public.
- The RCN also calls for the list of characteristics (referred to in question 27 of the online questionnaire) to include points for 'priority occupations' to include health and social care occupations in shortage.

#### **4. Other issues not covered in the call for evidence**

##### *The resident labour market test under the current immigration system*

- The MAC advised in its most recent full review of the Shortage Occupation List (SOL)<sup>11</sup> that despite the recommendation for nurses to remain on the SOL, employers should continue to apply the resident labour market test (RLMT) before seeking to employ internationally recruited nurses. This means that employers must: *'Advertise (in 2 places) in the UK for at least 28 days. This can be continuous or in 2 stages. If they advertise in 2 stages, the total time of advertising must be at least 28 days. Neither stage can be less than 7 days and they must be able to show that they did not find a suitable worker.'*<sup>12</sup>
- This rule only applies to nurses and not to other occupations on the list, such as doctors. One of the key benefits of an occupation being on the SOL is so that the RLMT does not apply, thus streamlining the process when shortages are known.
- We have heard from some of our members' representatives that the continuation of the RLMT only for nurse recruitment causes unnecessary delays and burden in the

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<sup>11</sup> <https://www.gov.uk/government/publications/full-review-of-the-shortage-occupation-list-may-2019> May 2019.

<sup>12</sup> <https://www.gov.uk/uk-visa-sponsorship-employers/job-suitability>



recruitment process, despite employers being sure they can't domestically recruit because of the widely acknowledged shortages of nurses.

- We have also heard from at least one member accessing the RCN's immigration services, that they have experienced the following:

The RCN Member expected to commence work in the UK as a nurse imminently (with their travel booked), only to be told by their future employer that they will have to wait for a month or so because the employer has realised that they have not yet, and will need to, comply with the RLMT. This meant that they had to re-book their travel to the UK (which was costly) and they lost their expected earnings for that month whilst they waited for the employer to complete the RLMT.

- We understand that this additional hurdle for employers of nurses is as a result of a historic reluctance by the MAC to add nurses to the SOL. Now that they have been on the SOL for a number of years and nurses are the single biggest user of this visa type, it is evident that international recruitment has been necessary even with RLMT in place. This additional burden for recruitment of nurses is unfair (why single out nurses as opposed to other occupations?), and arguably discriminatory because it disproportionately affects women (the majority of Tier 2 (g) nurse applicants are women). It should therefore be brought to an immediate end. We understand, and of course welcome the scrapping of the RLMT in the new system to be introduced in 2021, but we urge that it be removed before then.

#### *The application of the future immigration system for Nursing Associates*

- On 28 January 2018 the Nursing and Midwifery Council's register opened up to a new regulated healthcare profession in England only, Nursing Associates. The RCN asks for clarity as to whether the current immigration arrangements (eg Tier 2 (g) visas and the shortage occupation list) and future immigration system (post-2021) will be opened up to this newly regulated role, as this is currently not clear.

We hope that the information provided in this response will assist the MAC in its understanding of the nuanced issues and needs across the health and social care sector in each of the four countries of the UK and that this will help inform the commissioned report. The RCN would be happy to provide any additional information and data which the MAC may need. Please contact us at our Policy and Public Affairs UK Intl Inbox: [papa.ukintl@rcn.org.uk](mailto:papa.ukintl@rcn.org.uk).

**Royal College of Nursing**  
**Policy and Public Affairs (UK & International)**  
**November 2019**

## Annex A: RCN response to the MAC Call for Evidence Questions for individual organisations

This document provides the list of questions contained in the MAC Call for Evidence online form. This is to help you gather your responses only, please use the online tool to submit your responses.

The questions below are for organisations or businesses providing views related to their own organisations. Representative or member organisations please refer to annex b.

### About you

1. What is the name of your organisation?

The Royal College of Nursing

2. What is your email address?

[papa.ukintl@rcn.org.uk](mailto:papa.ukintl@rcn.org.uk)

3. Which of the following options best describe your reason for completing this form?

I am providing evidence of recruitment and salaries within my own organisation

I am providing evidence of recruitment and salaries in the sector, on behalf of other organisations/members or as a recruitment business.

**The questions that follow in this form are for those that have chosen the first option in question 3.**

### About your organisation

4. Which of the following best describes your organisation?

Private sector (including voluntary organisations, trusts and charities)

Public sector

Third sector

Other (please specify)

5. Which sector best describes your organisation/business? If multiple sectors apply, please select the one that best describes the largest component of business/organisation (by employment).

Agriculture, Forestry and Fishing

Mining and Quarrying

Manufacturing

Electricity, gas, steam and air conditioning supply

Water supply, sewerage, waste management and remediation activities

Construction

Wholesale and retail trade; repair of motor vehicles and motorcycles

Transportation and storage

Accommodation and food service activities

Information and communication

Financial and insurance activities

Real estate activities

Professional, scientific and technical activities  
Administrative and support service activities  
Public administration and defence; compulsory social security  
Education  
Human health and social work activities  
Arts, entertainment and recreation  
Other service activities  
Activities of households as employers; undifferentiated goods-  
Activities of extraterritorial organisations and bodies

If you are unsure of the sector that best describes your organisation, please refer to the link below for more detailed descriptions of sectors and which sector group (A-U) they belong to:

<http://resources.companieshouse.gov.uk/sic/> \*

6. Approximately how many people does your organisation/business employ in the UK?

0-9 employees  
10-49 employees  
50-249 employees  
250-499 employees  
500+ employees

7. In which region/country of the UK are the largest proportion of your employees located?

North East  
North West  
Yorkshire and The Humber  
East Midlands  
West Midlands  
East of England  
London  
South East  
South West  
Scotland  
Wales  
Northern Ireland  
England  
UK wide

### Employment of migrant workers

8. Over the previous 5 years has your organisation recruited: (Please select all that apply)

[Workers from EEA countries: the EEA includes European Union (EU) countries plus Iceland, Liechtenstein and Norway. We also include Switzerland as part of our definition.  
Workers from non-EEA countries: workers from outside of EU countries plus Iceland, Liechtenstein Norway and Switzerland.]

UK workers  
Workers from EEA countries outside of the UK  
Workers from non-EEA countries  
Don't know

9. Over the next 12 months are you likely to recruit: (Please select all that apply)

UK workers

Workers from EEA countries outside of the UK

Workers from Non-EEA countries

Don't know

### Experience of Tier 2 (General) visa

**Questions 10- 17 are only applicable if you have answered 'workers from non-EEA countries outside of the UK' in question 8, others should complete question 18 onwards.**

**10.** Were the non-EEA workers recruited under the Tier 2 (General) visa system?

Yes, all

Yes, some

No

Don't know

**11.** Are you currently licensed to sponsor workers under Tier 2 (General) visa?

Yes

No

Don't know

**12.** Are the salaries required by the immigration rules for the Tier 2 (General) visa generally:

Higher than what you would normally pay

About the same

Lower than what you would normally pay

Don't know

### Experience of Tier 2 (General) continued

**Question 13 is only applicable to those that have chosen the first (higher than what you would normally pay) or third option (lower than what you would normally pay) in the question 12. Others should complete question 14 onwards.**

**13.** In the previous question you indicated that the Tier 2 (General) salary thresholds were either higher or lower than you would normally pay. What has been the impact of this, have you done anything as a result? If so, what? (in 200 words)

The RCN represents a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants, nursing associates and nurse cadets. The Tier 2 (g) visa only applies to registered nurses and midwives out of these membership categories because the others do not meet the qualification requirement, for which there is currently an exception to the £30,000 salary threshold – the immigration rules ([Appendix J, Table 9](#)) set the national 'NHS Agenda for Change 2018-19' pay scales as the minimum salary levels. As can be seen in the table the Band 5 salary is £23,597 in Scotland, £23,023 in England and Wales, and £22,795 in Northern Ireland, which is the most common banding of an intern

14. Have you experienced any issues with Tier 2 (General) visa salary requirements? If so what issues? (in 200 words)

N/A because of the exemption for nurses.

15. Have any of your Tier 2 (General) visa sponsored employees applied or tried to apply for settlement?

Yes

No

Don't know

### Settlement

Migrants on Tier 2 (General) visas are eligible to apply for settlement (indefinite leave to remain) after 5 years in the UK. Those migrants coming to the UK on or after the 6th April 2011 have also had to meet a minimum salary threshold, currently £35,800, in order to be successful in their application for settlement. There is an exemption to this salary threshold for migrants employed in shortage occupations.

16. Of the Tier 2 (General) visa sponsored employees who have tried/applied for settlement, is the current income threshold (£35,800) generally:

Above their current salary

About the same as their current salary

Below their current salary

17. Please provide your views of Tier 2 (General) visa settlement income requirements (in 200 words).

As mentioned, there is an exception for nurses who are on the shortage occupation list, otherwise the threshold would be well above the average salaries of internationally recruited nurses at this stage.

**The following questions should be answered by everyone.**

### Salary thresholds

Our commission from the government asks us to consider both the mechanism for setting minimum salary thresholds and the appropriate level.

18. To what extent do you agree or disagree with the following statements:

(strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)

There should not be a minimum salary threshold above the legal requirement like the national minimum wage **neither agree nor disagree**

If there is a salary threshold it should be applied **universally** across the economy and UK, with a few exceptions to keep the system simple **disagree**

If there are salary thresholds, there need to be a variety to reflect employer needs **strongly agree**

If you have an alternative model you wish to describe, please explain it here (in 200 words):

19. If there were tailored salary thresholds, to what extent do you agree that they should be varied by: ((strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)

Sector **strongly agree**  
Region/country **agree**  
New entrants/young workers **strongly agree**  
Occupation **strongly agree**

If you consider that they should be varied by another characteristic, please explain more here (in 200 words)

Occupations of high public value: those who deliver a service that the UK Government has a responsibility to deliver a national service to the public.

20. Do you think jobs judged to be in shortage (such as those on the Shortage Occupation List) should have:

Higher salary thresholds compared to those not in shortage  
The same salary thresholds compared to those not in shortage  
**Lower salary thresholds compared to those not in shortage**  
Don't know

21. For a full-time employee, the occupation specific salary threshold is currently set at the 25th percentile of the full-time pay distribution for employees in that occupation. Do you think the occupation specific salary threshold is:

Too high  
About right  
Too low  
Don't know

Please explain your answer (in 200 words)

22. Do you think the minimum salary requirement of £30,000 for an experienced full-time employee in your organisation is:

**Too high**  
About right  
Too low  
Don't know

Please explain your answer (in 200 words)

Please see the National NHS Agenda for Change pay scales in appendix J, table 9 to the immigration rules, with starting salaries for Band 5 of approximately £23,000 per annum.

23. What do you think should be counted towards the salary for assessing whether an individual meets the threshold? (Please select all that apply)

**6 Commission**  
**4 Company car/travel allowance**  
**5. Employee equity ownership schemes**  
**3. Housing allowances**  
**1 Part-time working patterns**  
**2 Pension contributions**



7 Other cash/non-cash remuneration please specify: (in 200 words)

24. Following on from the previous question, please list your responses in order of importance with 1 being the most important and 6/7 being the least important. See above

25. Are there any other issues we should consider? (in 200 words)

## Recruitment and Salary Thresholds

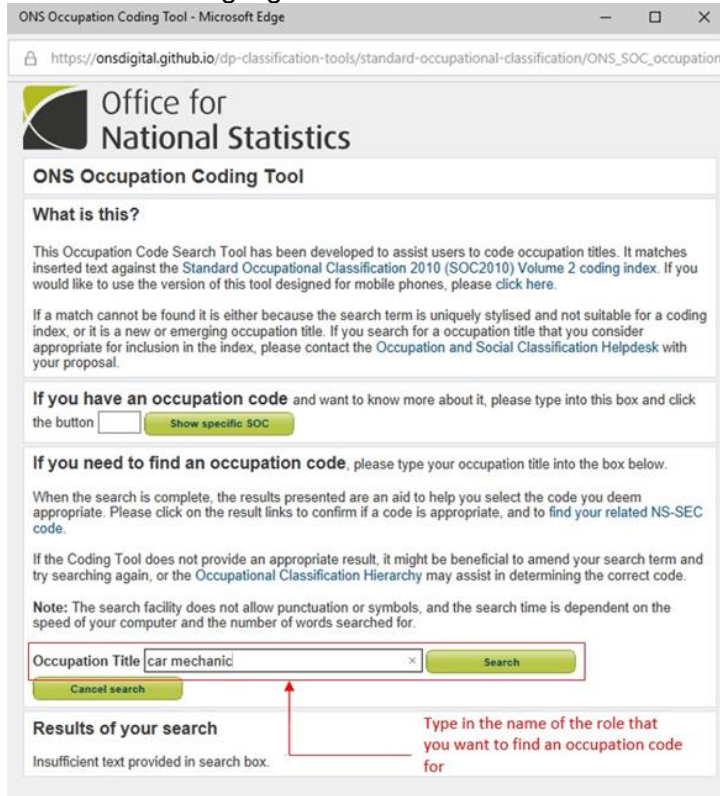
In the section that follows we will ask you to list up to 10 jobs in your organisation done by migrant workers and to provide information for each job listed on associated starting salaries, expected salary increases and what you think would be an appropriate minimum salary threshold.

In order for us to be able to make valid comparisons it is important that you match as closely as possible the job you have in mind to the correct 4-digit SOC code. To do this we recommend you make use of the Office for National Statistics Occupation Coding Tool, linked below.

[https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS\\_SOC\\_occupation\\_coding\\_tool.html](https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS_SOC_occupation_coding_tool.html)

How to use the ONS Occupation Coding Tool

Step 1: Follow the link and enter the name of the job you want to find an occupation code for in the text box highlighted below.



ONS Occupation Coding Tool - Microsoft Edge

https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS\_SOC\_occupation\_coding\_tool.html

Office for  
National Statistics

**ONS Occupation Coding Tool**

**What is this?**

This Occupation Code Search Tool has been developed to assist users to code occupation titles. It matches inserted text against the Standard Occupational Classification 2010 (SOC2010) Volume 2 coding index. If you would like to use the version of this tool designed for mobile phones, please click here.

If a match cannot be found it is either because the search term is uniquely stylised and not suitable for a coding index, or it is a new or emerging occupation title. If you search for an occupation title that you consider appropriate for inclusion in the index, please contact the Occupation and Social Classification Helpdesk with your proposal.

**If you have an occupation code** and want to know more about it, please type into this box and click the button

**If you need to find an occupation code**, please type your occupation title into the box below.

When the search is complete, the results presented are an aid to help you select the code you deem appropriate. Please click on the result links to confirm if a code is appropriate, and to find your related NS-SEC code.

If the Coding Tool does not provide an appropriate result, it might be beneficial to amend your search term and try searching again, or the Occupational Classification Hierarchy may assist in determining the correct code.

**Note:** The search facility does not allow punctuation or symbols, and the search time is dependent on the speed of your computer and the number of words searched for.

Occupation Title

**Results of your search**

Insufficient text provided in search box.

Type in the name of the role that you want to find an occupation code for

Step 2: Select the result that best matches your search.

ONS Occupation Coding Tool - Microsoft Edge

https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS\_SOC\_occupation

If the Coding Tool does not provide an appropriate result, it might be beneficial to amend your search term and try searching again, or the Occupational Classification Hierarchy may assist in determining the correct code.

**Note:** The search facility does not allow punctuation or symbols, and the search time is dependent on the speed of your computer and the number of words searched for.

Occupation Title

**Results of your search**

You searched for: **car mechanic**

The results of your search are listed below, and are presented in reverse word order with the most likely matches first. You can click on the links for further information, and to discover your related NS-SEC code.

5231. [Mechanic\\_car](#) ← **Select the result that best matches your search**

5223. [Mechanic](#)

5224. [Mechanic\\_camera](#)

5223. [Mechanic\\_technical](#)

6145. [Carer](#)

5223. [Mechanic-fitter](#)

5223. [Mechanic\\_machine](#)

6139. [Carer\\_cat](#)

3113. [Technician\\_mechanical](#)

8212. [Carman](#)

5223. [Mechanic-examiner](#)

5250. [Mechanic-in-charge](#)

8129. [Machinist\\_carbon](#)

8137. [Machinist\\_carpet](#)

8137. [Machinist\\_cap](#)

5449. [Cager](#)

8114. [Cager](#)

5322. [Technician\\_carpet](#)

7125. [Merchandise](#)

3122. [Technician\\_CAD](#)

Your search returned more than 20 results. To display the next 20 results,  or try refining your search term.

For further information about coding, please refer to the SOC 2010 Volume 2 coding index.

Step 3: Check the match by reviewing the description of the occupation code, the tasks required, and the jobs related with that code.

ONS SOC specific unit/minor/major group details - Microsoft Edge

https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/data/SingleClass.html?soc=5231

**5231: VEHICLE TECHNICIANS, MECHANICS AND ELECTRICIANS**

**Job description:**  
Vehicle technicians, mechanics and electricians accept calls for help and repair and service the mechanical parts and electrical/electronic circuitry and components of cars, lorries, buses, motorcycles and other motor vehicles, and repair and service auto air-conditioning systems.

**Entry requirements of this job:**  
There are no formal academic entry requirements, although some employers may require GCSEs/S grades or an equivalent qualification. Training is undertaken off- and on-the-job. NVQs/SVQs at Levels 2 and 3 are available. Apprenticeships at NVQ/SVQ Levels 2 and 3 are available and take three to four years to complete.

**Tasks required by this job include:**

- visually checks, test drives or uses test equipment to diagnose engine and mechanical faults;
- removes, dismantles, repairs and replaces defective parts and prepares new parts using appropriate tools;
- reassembles, tests, adjusts and tunes the appropriate parts, systems or entire engine;
- carries out routine maintenance checks on oil and air filters, brakes and other vehicle parts/systems;
- diagnoses faults in electrical/electronic circuitry, removes faulty components and fits replacements;
- checks condition of electrical/electronic systems and carries out servicing tasks;
- installs additional electrical amenities such as radio/CD players, aerials;
- repairs and services air conditioning, heating and engine-cooling systems.

**NS-SEC categorisations:**  
The simplified NS-SEC analytic class for this code is 5  
The simplified NS-SEC operational category for this code is 11.1  
To find your exact NS-SEC code, please use the [NS-SEC Coding Tool](#).

**Jobs related to this code:**

- Auto electrician
- Car mechanic
- HGV mechanic
- Mechanic (garage)
- MOT tester
- Motor mechanic
- Motor vehicle technician
- Technician (motor vehicles)

**This unit group is part of:**

- Minor Group 523: VEHICLE TRADES
- Sub-Major Group 52: SKILLED METAL, ELECTRICAL AND ELECTRONIC TRADES
- Major Group 5: SKILLED TRADES OCCUPATIONS

Step 4: If you are unhappy with the match suggested by the tool, go back to step 2 and select another suggested match and/or go back to step one and alter your search term.

In this example we are happy with the match and can conclude that the job "Car Mechanic" is associated with occupation code 5231

- 26.** Please tell us which occupations you are most likely to recruit migrant workers for. We are interested in the jobs done by migrant workers in your organisation and how they might be affected by salary thresholds. Using the Office for National Statistics (ONS) Occupation Tool, we ask you to list up to 10 jobs and to provide information for each job on the corresponding starting salaries, expected salary increases and what you think would be an appropriate minimum salary threshold.

In order for us to be able to make valid comparisons it is important that you match as closely as possible the job you have in mind to the correct 4-digit SOC code and its corresponding job title.

For ease of reference the link to the ONS Tool has been provided below:

[https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS\\_SOC\\_occupation\\_coding\\_tool.html](https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS_SOC_occupation_coding_tool.html)

Job title	ONS SOC Code	Average starting salary for full time employee (excluding allowances & deductions)	What is the pay an average performer can expect to earn after 3 years of being employed?	What would be an appropriate minimum salary threshold for experienced	Please specify the UK

		<p><b>Note:</b> <u>Include:</u> all pay before deductions for PAYE, National Insurance, pension schemes, student loan repayments and voluntary deductions. <u>Include</u> paid leave (holiday pay), maternity/paternity pay, sick pay and area allowance (e.g. London). <u>Exclude:</u> pay for a different pay period, shift premium pay, bonus or incentive pay, overtime pay, expenses and the value of salary sacrifice schemes and benefits in kind.</p>		workers doing this job?	country/region where this job holder is located.

<b>ONS Annual Survey of Hours and Earnings (ASHE) 2018</b>		
Nurses (SOC 2231)	Median gross weekly earnings Mean gross weekly earnings (excluding overtime)	£550 £552
Nursing auxiliaries and assistants (SOC 6141)	Median gross weekly earnings Mean gross weekly earnings (excluding overtime)	£322 £321
<b>NHS (England) earnings data 3 months to 30 June 2019</b>		
Registered nurses and health visitors	Mean basic annual pay (gross) Mean basic annual earnings (gross)	£29,062 £33,053
Support staff to doctors and nurses	Mean basic annual pay (gross) Mean basic annual earnings (gross)	£19,787 £17,327
<b>NHS England salary points 2019-20</b>		
Registered nurse (Band 5)	New starter 3 years' experience	£24,214 £26,220
Health care assistant (Band 4)	New starter 3 years' experience	£21,089 £21,819

### Australian Points Based System

27. The Government is considering adopting an Australian type Points Based System. In your opinion, please tell us the relative importance of the following characteristics typically used to award points to migrants by ranking them where 1 is the most important and 8/9 is the least important.

Language proficiency	2
Having studied in the UK	6
Work experience	3
Age	7
Education attainment	5
Having a job offer	4
Salary	8
Priority occupations	1

Other please specify, (in 200 words):

**Occupations of high public value, such as social care workers/assistants**

#### MAC Stakeholder database

28. Would you like to be added to our stakeholder database for future research purposes and updates on MAC work?

Yes

No

29. We may require follow-up to clarify or supplement your responses to the online form, or for follow-up research. Do you consent to be contacted to clarify or supplement your responses?

Yes

No

**This is the end of the form**

<sup>i</sup> IPPR (2018) *Fair Care* [Available at <https://www.ippr.org/files/2018-11/fair-care-a-workforce-strategy-november18.pdf>]

<sup>ii</sup> Cavendish Coalition Response from UKHCA June 2019

<sup>iii</sup> Independent Age (2016) *Brexit and the future of migrants in the social care workforce* [Available at <https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-09/IA-Brexit-Migration-report.pdf>]

<sup>iv</sup> Skills for Care, *The state of the adult social care sector and workforce in England* (24<sup>th</sup> September 2018) [Available at <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>]