

The Royal College of Nursing's submission to the Migration Advisory Committee's call for evidence on the Shortage Occupation List 2020

The Royal College of Nursing (RCN) represents nursing across the UK and internationally. It is the largest professional union of nursing staff in the world with a membership of over 450,000 registered nurses, midwives, health visitors, nursing students, health care assistants, nursing associates and nurse cadets.

Introduction to this call for evidence

The Migration Advisory Committee (MAC) is an independent body responsible for advising the Home Office on immigration policy. It also administers the Shortage Occupation List (SOL) and the separate Scottish SOL, which is an official list of occupations for which there are not enough resident workers to fill listed vacancies and would therefore benefit from overseas recruitment.

In February 2020, the UK Government published their proposals for the UK's future immigration system.¹ From January 2021 freedom of movement will cease to apply and all EU and Swiss nationals will be subject to migration controls, making the Tier 2 Visa route the primary route for employers to recruit internationally. To accommodate these changes the Tier 2 visa route will be expanded to include all occupations at RQF3-RQF5 ('medium skilled workers'), in contrast to the current system which is limited to occupations at RQF6 and above. The MAC have therefore been requested to compile a SOL that reflects the proposed changes and that includes all occupations in the RQF3-5 bracket.

Format of our response

The RCN has provided a detailed response to the online questionnaire which can be found at the bottom of this submission at Annex A. We have also provided a formal written response so that the important and nuanced issues relating to professions within the scope of this review and the wider health and social care sector can be understood and addressed, which we did not believe the questionnaire provided 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.

Scope of this review and our response

Nursing (all specialities) has been listed on the SOL since 2016. Since then, high levels of nursing vacancy rates persist, and international recruitment continues to play a crucial part in sustaining appropriate and safe workforce numbers across the UK. It therefore remains our position that nursing should remain listed on the UK SOL for at least the short to medium term, until a credible and robust needs based workforce strategy in each of the four countries has been established to address the shortages in terms of education, recruitment and retention.

¹ UK Government, *The UK's points-based immigration system: policy statement February 2020*. Available at: <https://www.gov.uk/government/publications/the-uks-points-based-immigration-system-policy-statement/the-uks-points-based-immigration-system-policy-statement>

We understand that the MAC have confirmed that all RQF6+ professions already listed on the SOL will remain, and that they do not require any further evidence on these professions.² As such, we will not be providing any further evidence on Registered Nurse (RN) shortages but will instead focus on Nursing Support Workers (NSWs) within the RQF3-5 bracket, employed at Band 3 or above or equivalent as requested and outlined in the immigration rules.³

About Nursing Support Workers

NSWs are an essential part in providing care and treatment as part of the wider healthcare team. They operate across a range of health and care settings and work under a number of different job titles with differing levels of responsibility and qualification requirements.

- Healthcare Assistants, otherwise known as Nursing Assistants/Auxiliaries or Health Care Support Workers have both clinical and non-clinical responsibilities and report directly to registered professions. There are no formal qualification requirements for this role and there are varying degrees of responsibility/seniority - they will usually operate across the UK at Band Levels 2-4 depending on experience and qualification/seniority. There are also Senior Health Care Assistants who are expected to work at a higher level than a Health Care Assistant.
- Assistant Practitioners (AFC Band 4) operate in England, Wales and Scotland and carry out a range of clinical and non-clinical functions with a greater level of complexity and autonomy than healthcare assistants, under the delegation of RNs.
- Nursing Associates (AFC Band 4) were introduced in England in 2017 and are responsible for providing direct patient care and undertake a range of clinical tasks and observation. Required to have a Nursing Associate Foundation Degree, they are able to perform more complex tasks than healthcare assistants, but not at the same level as an RN.

Concerns around the scope of this review

Though the scope of this review is outside the MACs control, by only focusing on professions with formal qualifications of RQF3+ this review will neglect to consider palpable and critical shortages in occupations that do not meet this qualification level. This will include a number of high-volume support roles in health and particularly the social care sector, which have become increasingly reliant on the EEA workforce. This will therefore undermine the purpose of the SOL and prevent employers from recruiting internationally into areas in shortage and in critical need. For the SOL to fulfil its purpose and to ensure that the UK population's needs are met, it must be expanded to encompass all professions in shortage, irrespective of whether they meet arbitrary qualification levels or salary thresholds.

There are also significant limitations with workforce data available, particularly for the social care sector, where provision is largely from independent sector providers. For many NSWs within the RQF3-5 bracket the data simply does not exist in order to provide an accurate extent of shortage. But we do know that the sector has relied heavily in on EEA workforce –

² The MACs call for evidence explicitly states that '[they] do not intend to ask stakeholders to send in any evidence for RQF6+ occupations that are already included on the SOL: we intend these occupations will remain on the SOL at this stage'

³ UK Immigration Rules, Appendix J: <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-j-codes-of-practice-for-skilled-work>

which it no longer can. Where data does exist, it often does not go into the level of granularity necessary for this review, i.e. Band or qualification level. This is a particular issue for healthcare assistants/nursing auxiliaries and health care support workers who, as outlined above, operate at varying levels of seniority and can have different qualifications.

The timing and the limited timeframe for this review (6 weeks) has also prevented reporting bodies from updating existing data as planned, and many employers will not have capacity to provide their own information, therefore undermining the ability to provide an accurate analysis of the workforce.

Our Response to the MAC's Questions

1. Whether Nursing Support Workers are in shortage

Vacancy rates

- In Northern Ireland statistics show that there were 545 vacancies for nursing and midwifery support roles within the HSC in December 2019, which represents a vacancy rate of 9.8%, and an increase of 2% since 2018.⁴ Though existing data does not distinguish between Band groups, there is a clear shortage across the nursing support workforce more broadly.
- Similarly in NHS Scotland vacancy rates for healthcare support workers employed at Band 3-4 were reported at 4.6%, which represents the highest level of vacancy rates within this staff group in the last five years, with vacancy rates of just 1.6% in March 2015).⁵
- There is currently no data on RQF3-5 staff groups in the Welsh NHS, and in the NHS in England existing data is complex, sporadic and has significant gaps. Unlike registered professions such as RNs, there is currently no publicly available information on vacancy rates for nursing support roles in the NHS or independent sector.
- Shortages in the social care sector in England however are critical - there is currently a vacancy rate of 5.7% (5,100 vacancies) and 9% (77,000) for Senior Care Workers and Care Workers respectively. Recruitment from overseas has for many years been essential in keeping these staff numbers steady and services safe – in 2019 17% of Senior Care Workers in England were from overseas, as well as 19% of Care Workers.⁶

Workforce trends and increasing service pressures as an indication of shortages

- In the NHS in England, statistics show that the overall number of NSWs employed at Band 3 and above (excluding healthcare assistants who are typically employed at Band

⁴Northern Ireland Department of Health, *Northern Ireland NHS workforce*, available at: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/workforce-statistics>

⁵ ISD Scotland, *Scotland NHS Workforce*. Available at: <https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/2020-03-03/Visualisation-Nursing-and-Midwifery.asp>

⁶ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf>

2) has risen by 19% from September 2009 to February 2020.⁷ However, increases are not experienced amongst all staff groups.

- Nursing Associate numbers have significantly increased and by February 2020 there were 1,130FTE in employment with a further 4430 trainees in post. However, in contrast the number of traditional vocationally trained nursing assistants and auxiliaries has continued to decrease, falling by 26% between September 2009 and February 2020. It is also important to remember that, as a relatively new role, the growth in the number of Nursing Associates and Trainees is to be expected and it is not yet possible to decipher any meaningful workforce trends to indicate shortages.⁸ Furthermore, many Nursing Associates will come from within the existing support workforce which means this increase may result in depletions elsewhere.
- Further variations are also evident amongst clinical settings. For example, though NSWs in Maternity services have increased by 14.5%, workforce numbers have decreased in community mental health and learning disability by 3.6%. Furthermore, Data from NHS Digital on admissions show that elective and emergency admissions have increased by 25.0% and 29% respectively, which indicates that support roles are not increasing at the same rate as demand for services.⁹

2. What are the main reasons for recruitment difficulties?

Pay

- The 2018 Agenda for Change pay deal was initiated by Government and the NHS to reduce shortages in the NHS and to make professions more attractive. This saw an end to pay freeze in the NHS and an increase in starting salaries until 2021/22. Despite these changes satisfaction with pay is still lower than previous years - in 2019, 65% of our members felt that their pay was inappropriate, compared to 38% in 2011.¹⁰ Pay and working conditions must recognise the value of the knowledge and skill required to deliver nursing care, and clearly the current rate is still falling short of this.
- Dissatisfaction over salaries in the social care sector is also an issue, where pay in adult social care is amongst the lowest across the economy.¹¹ There are long standing challenges with low and unfair pay, statutory employment terms and poor working conditions within the social care sector. There is no consistency within the system or between social care and the NHS which means that pay offered for equivalent roles can be significantly less. This adds to challenges faced by providers to recruit and retain

⁷ NHS Digital, *NHS Workforce Statistics*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2020>

⁸ NHS Digital, *NHS Workforce Statistics*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-march-2020>

⁹ NHS Digital, *NHS Workforce Statistics*. Available at <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-march-2020>

¹⁰ RCN Submission to the NHS Pay Review 2020-21: <https://www.rcn.org.uk/professional-development/publications/pub-009047>

¹¹ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

appropriately skilled and experienced staff and also creates an additional issue of competitiveness between the two sectors.

Retention

- Turnover remains high across the NHS and care sector, which creates more difficult and high pressured working environments and undermines employers' ability to effectively implement retention initiatives. Results from our 2019 employment survey revealed that four in ten (39%) of all respondents were seeking a new job, the majority of which were employed in roles equivalent to NHS pay bands 2-5 (with pay between £8.20-15/hour). Reasons for high turnover are multifaceted but include important and prevalent issues such as feeling undervalued; high stress levels and lack of support; poor work-life balance; and too much pressure.¹²
- Turnover rates are particularly high and continue to increase in the social care sector, many of which are new joiners. The turnover rate was at 30.8% in 2019 which is equivalent to around 44,000 leavers and represents a 9.1 percentage point increase since 2012/13. The turnover rate was highest amongst Care Workers at 39.5%.¹³ This high turnover rate is particularly concerning in light of the shortages being experienced in the sector (there are currently over 100,000 vacancies in the social care sector overall) as well as the aging population and the increasingly complex needs of patients within this sector. The number of adult social care jobs in England are projected to rise by 800,000 by 2035 in order to respond and support the population aged 75 and over.¹⁴

3. Whether Nursing Support Workers should be listed on the SOL

- The above data shows that there are significant workforce shortages for nursing support roles across the health and care sector. Whilst shortages are more acute in certain sectors and staff groups, due to the significant limitations and gaps in the data available we believe that there is a strong reason for all nursing and care support roles to be listed on the SOL.
- Furthermore, as proposals stand the only way to recruit internationally into RQF3-5 professions will be if they are in shortage and listed on the SOL. It is therefore our position that irrespective of shortages, there are important and necessary reasons why the ability to recruit internationally into these staff groups must be maintained.

¹² RCN Submission to the NHS Pay Review 2020-21: <https://www.rcn.org.uk/professional-development/publications/pub-009047>

¹³ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

¹⁴ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at: [Skills for Care, The state of the adult social care sector and workforce in England](#)

Nursing Support Workers are crucial for reducing wider system pressures and responding to increasing service demand

- Even before Covid-19, the NHS had the highest public sector vacancy rate in the UK of 100,500,¹⁵ whilst vacancies in adult social care were estimated to be around 122,000.¹⁶ In Nursing in particular, prior to Covid-19 in the NHS in England there were around 40,000 RN vacancies, whilst in Scotland and Northern Ireland there were 2715¹⁷ and 2114 RN vacancies respectively.¹⁸ Whilst vacancy rates are not published in Wales, a recent report by the RCN estimates the vacancy level of over 1,600, and also shows that agency spending on nursing and midwifery was at £63.8million in 2018/19 which implies a significant and critical shortage.¹⁹ These shortages impact on the delivery of services, increase pressures and create significant and avoidable safety risks for patients and staff.
- At the same time, patient demand is far outpacing available service supply across the UK. In the NHS in England, in 2018/19 almost 1/5 people attending A&E waited over four hours, compared to just 1/25 in 2010/2011.²⁰ In Northern Ireland, 35% of patients waited longer than a year for a hospital appointment in September 2019²¹ whilst in Scotland the percentage of patients meeting the 12 week outpatient referral standard dropped from 90% in 2015 to 75% in 2019.²² In the NSH in Wales, 6.2% of patients spent longer than 12 hours in urgent care departments in October 2019, which is the highest proportion since records began.²³
- NSWs play an essential part in reducing existing pressures across the wider health and care system by reducing waiting times, improving patient access and providing more highly qualified staff with the time to concentrate on more complex tasks.²⁴ The rising number of NSWs in England indicates that they are already being increasingly relied upon - in 2018/19 the NHS employed 6,500 more clinical support to registered professionals - a 2.6% increase compared to the 1.5% increase of RNs.²⁵

¹⁵ [Office for National Statistics](#)

¹⁶ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at: [Skills for Care, The state of the adult social care sector and workforce in England](#)

¹⁷ ISD Scotland, *Scotland NHS Workforce*. Available at: <https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/2020-03-03/Visualisation-Nursing-and-Midwifery.asp>

¹⁸ Northern Ireland Department of Health, *Northern Ireland NHS workforce*, available at <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/workforce-statistics>

¹⁹ www.rcn.org.uk/professional-development/publications/009-905

²⁰ NHS Digital, *NHS Workforce Statistics*. Available at <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2020>

²¹ Northern Ireland Department of Health, *Northern Ireland Hospital Statistics*. Available at: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/hospital-statistics>

²² Scottish Government, *NHS performance against LDP standards*. Available at: <https://www.gov.scot/publications/nhsscotland-performance-against-ldp-standards/>

²³ NHS Wales, *NHS Wales Data Dictionary*. Available at: <http://www.datadictionary.wales.nhs.uk/index.html#!WordDocuments/performanceindicators.htm>

²⁴ The Kings Fund, *Closing the gap: key areas for action on the health and care workforce March 2019*. Available at: <https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce>

²⁵ The Health Foundation, *Falling short: the NHS workforce challenge November 2019*. Available at: https://www.health.org.uk/sites/default/files/upload/publications/2019/S05_Falling%20short_The%20NHS%20workforce%20challenge.pdf

- To cut off recruitment from overseas when capacity and pressure is clearly mounting is short sighted. To adequately respond to the increasing need for care, workforce capacity must grow at an equivalent, if not faster rate, which includes support workers as well as registered professionals.

Nursing Support Workers are key supply route to the Registered Nurse workforce

- Nursing support roles provide a key domestic supply route to the registered nursing workforce, as a supplement to the primary route via the nursing degree. Nursing Associates in particular were introduced in England with the express purpose of building workforce capacity and increasing RN numbers - some Nursing Associates will convert through further study and it is also possible for support staff to access the fast track nursing degree through recognition of prior learning in 18 months to two years. Though this pipeline has typically targeted the domestic workforce, this supply route could be significantly expanded and developed by providing international staff with the equivalent skills the opportunity to enter the UK to continue training and graduate as an RNs.

The impact of Covid-19 on our healthcare services

- Though it is too soon to identify the precise implications of Covid-19, its impact on our health and care services will be significant and pre-existing shortages and pressures will likely be exacerbated, particularly in the community due to more complex long term conditions.
- Demand for health and care services as postponed or cancelled services begin to resume will increase. Even prior to Covid-19 around 4.4 million patients were on the waiting list for routine hospital appointments.²⁶ As services resume with new restrictions for infection control, waiting times and backlogs of patients will increase dramatically - it is projected that waiting lists will more than double to 10 million by the end of 2020.²⁷
- There may be risks of pressures on universities providing nursing degrees which may disrupt domestic supply over the next few years. Potential delays to the commencement of the 2020/21 academic year could cause long term supply issues as it takes three years to train as a nurse. Apprenticeships being postponed will also impact the immediate and long term supply. Insufficient clinical placement capacity has been a longstanding issue, affected by limited staff, poor workforce planning and underinvestment – all issues that will likely be exacerbated in a post pandemic environment due to service pressures.
- Significant increases in workforce capacity across the wider health and care team will be necessary if the rise in demand is to be effectively addressed, and this cannot be met by the UK labour market alone. In this time of uncertainty, we need to make it as easy as possible for employers to respond to these pressures, which means enabling international recruitment into all professions, irrespective of salary, qualification level or

²⁶ The Health Foundation, *Shock to the system: Covid-19's long term impact on the NHS May 2020*. Available at:

<https://www.health.org.uk/news-and-comment/blogs/shock-to-the-system-covid-19s-long-term-impact-on-the-nhs>

²⁷ The Guardian, *NHS hospital waiting lists could hit 10 million in England this year*. Skills for Care, *The state of adult social care and workforce in England 2019*. Available at Accessed via: https://www.theguardian.com/society/2020/jun/10/nhs-hospital-waiting-lists-could-hit-10-million-in-england-this-year?utm_term=RWRpdG9yaWFsX0d1YXJkaWFuVG9kYXlVS19XZWVrZGF5cy0yMDA2MTA%3D&utm_source=esp&utm_medium=Email&CMP=GTUK_email&utm_campaign=GuardianTodayUK

shortage.

4. Average salaries and the ability of organisations to increase wages

- Majority of health and care professionals within the RQF3-5 bracket will fail to meet the general salary threshold of £25,600. Though the exact pay will vary depending on each UK Country, NHS Band 3 salaries will range between £19,737-22,594 and Band 4 £21,892-£24,973.²⁸ This means individuals will simply be ineligible to work in the UK unless listed on the SOL.
- Unlike in the NHS there is no recognised pay scale for the social care or independent sector and wages for equivalent roles will often be substantially lower – usually at the National Living Wage or only a few pence above. Pay rates will also vary depending on whether the person is employed independently or by a local authority. The median average pay for a Senior Care Worker for example can range between £17,000 (independent sector) or £23,700 (local authority) – both still falling short of the general salary threshold.²⁹
- The minimum salary threshold of £35,000 for permanent residency is also unattainable for professions within this bracket. Whilst overtime international recruits are able to progress through the NHS pay framework, the starting salaries will prevent individuals from reaching the threshold within the five-year timescale - individuals at the starting point of agenda for change Band 4 will earn just over £24,000 after five years.³⁰ Not only do these barriers have the potential to disrupt individuals personal lives, but they also have significant implications for the continuity of care for patients.
- There is clearly a need to raise the salary levels of health and care staff so that they more accurately reflect the skills, knowledge and value of this workforce. However, whilst we would very much welcome higher salaries for health and care staff, we cannot expect wages to increase to £25,600 just so that we can recruit internationally. This would require enormous increases in Government funding for the commissioning of services, and in the current context of an economic recession, it is simply unrealistic in the immediate term.

5. RCN wider concerns on the immigration system, the SOL and current barriers to recruitment

- The proposed salary threshold of £25,600 will lead to the perverse and deeply concerning situation where the majority (if not all) of health and care professionals within the RQF3-5 bracket will simply be unable to enter the UK unless they are in shortage and can benefit from the lower salary threshold of £20,480 afforded by being listed on the SOL.

²⁸ NHS Employers, NHS Terms and Conditions (AfC) pay scales from 1 April 2020. Accessed via: <https://www.nhsemployers.org/pay-pensions-and-reward/agenda-for-change/pay-scales/annual>

²⁹ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

³⁰ NHS Employers, NHS Terms and Conditions (AfC) pay scales from 1 April 2020. Accessed via: <https://www.nhsemployers.org/pay-pensions-and-reward/agenda-for-change/pay-scales/annual>

- To arbitrarily cut off the international workforce supply of nursing and care support staff is short sighted, particularly in the context of a global pandemic. Waiting for significant shortages to appear and pressures to mount before enabling employers to recruit internationally sets up an entirely unsustainable health and care system, in which patients, the economy and the wider population bear the impact.
- Employers need the flexibility to recruit now in order to cater to and plan for the uncertainties ahead and so that patients receive the safe and effective care that they deserve. The aim for UK Government as a whole should be for policies to support over-supply of health and care workforce, since this will likely never be reached. The immigration system must be agile and enable employers to respond to current and future labour shortages, which is particularly important given the uncertainties around the impact of the current pandemic.

Implications for the social care sector

- As highlighted above, the shortages in social care are critical. However, with average salaries of £16,400-£18,400, many Care Workers will be unable to enter the UK as they fail to meet even the lower salary threshold for the SOL. Furthermore, many of these individuals will not have their skill level recognised at RQF3+ as they will often gain training and education whilst on the job – experience that is very rarely academically accredited. It is estimated that 72% of social care occupations will not meet the current qualification level.³¹
- As proposals stand, from January 2021 overseas recruitment into these roles will be impossible. This situation will be disastrous for the social care sector. Current shortages will be exacerbated which will run the risk of care home closures and some of the most vulnerable in society being prevented from accessing the care and support they need.
- As opposed to a long-term funding solution, social care has received piecemeal and emergency funding packages for many years which has meant that the sector is unable to provide consistent, bespoke care services to all who need it. Funding challenges within local authority commissioned services have led to a reduced offer of social care support against a backdrop of increased population need. This means that thresholds and eligibility criteria for receiving care are increasing and many are left without the support they need. In turn, this puts additional pressure on community health services which they will be unable to manage.
- International recruitment alone cannot fix these shortages and it is clear that wider system reform is necessary as well as efforts to address the structural issues around poor pay and terms and conditions. However, until this is achieved it is clear that international recruitment must continue for the social care sector to continue to function safely and effectively.

The Shortage Occupation List should include all occupations in shortage irrespective of salary or qualification level

³¹ Skills for Care, *The state of adult social care and workforce in England 2019*. Available at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf>

- Whilst it is not the responsibility of the MAC to determine the direction of Government's migratory policy, implementation of the future immigration system is fast approaching which provides no route to recruitment into social care. It is therefore imperative that the MAC meaningfully engage with these issues and consider alternative ways to enable recruitment for these lower paid but highly important roles. One possible solution would be for the SOL to be expanded to encompass all professions in shortage, irrespective of whether they meet arbitrary qualification levels or salary thresholds.

Minimum salary thresholds

- The RCN maintain the position that the immigration system must move completely away from its current focus on minimum salary thresholds. It must focus on need, without giving temporary exemptions to some occupations and missing others.
- If there must be salary thresholds, the RCN expect health and care professionals within the RQF3-5 bracket to be exempt from the general salary threshold, whose salaries must instead meet the minimums in the national NHS agenda for pay scales. This solution would enable professionals employed by the NHS to enter into the UK without relying on being listed on the SOL. Whilst we recognise that this measure does not necessarily provide a solution for recruitment into the independent or social care sector, it is our view that it is better to maintain at least one route to migration than to close it off completely. This could also act as an incentive/encourage independent employers to raise salaries to at least the equivalent of the NHS in order to continue recruiting from overseas.

Jobs of high public value

- There is clearly a tension between professions of value/in need, and those 'in shortage'. All health and care staff including support workers deliver a public service that the whole UK population will need at some point in their lives. Though their contribution and importance has been brought to the fore during this emergency, they are and always have been key workers.
- Their public value should be recognised in the immigration system, or alternately, in an accompanying 'priority' list to facilitate recruitment into these roles. This could be achieved by awarding additional points or allowing the recruitment of occupations that provide 'high public value', which would include roles in social care and which could be defined as occupations delivering services where the Government and Local Authorities have a responsibility to deliver a national service to the public.

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

Annex A: RCN Submission to the MAC call for evidence for the Shortage Occupation List 2020

A1. What is the name of your organisation

- Royal College of Nursing

A2. What is your email address?

- Papa.ukintl@rcn.org.uk

A3. Which of the following options best describe your reason for completing this form?

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

(Section B Blank due to above answer)

C1. How many businesses/organisations do you represent?

Under 5

5-49

50-499

500-4,999

5000+

Don't know

C2. How have you engaged the businesses/organisations you represent to inform this consultation response?

- Ongoing dialogue as part of Business as Usual
- Specific events/contact arranged to discuss this consultation
- Other –

C3. Thinking of the businesses/organisations you have engaged with, in general are their staff concentrated in specific UK countries/regions or are they UK-wide?

Concentrated in specific regions

UK-wide

Don't know

C4. And which region(s) or country(ies) are these organisations' staff concentrated?

- North East
- North West
- Yorkshire and Humber
- East Midlands
- West Midlands
- East of England
- London
- South East
- South West
- Scotland
- Wales
- Northern Ireland
- England – staff operate across regions equally

C5. Thinking of the businesses/organisations you engage with, please tick all the relevant sectors they cover from the list below:

- Human Health and Social Work Activities

C6. Thinking of the businesses/organisations you engage with and their number of employees, select all size bands that they cover.

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

C7. Are the majority of businesses/organisations you engage with roughly of a similar size in terms of the number of employees (e.g most SMEs or most large organisations)?

Yes

No

Don't know

Majority of Trusts/Boards employ much more than 500+ staff. However, social care and independent providers can be substantially smaller.

C8. Which size band(s) are these businesses/organisations concentrated in? (Select all that apply)

- 0-9 employees
- 10-49 employees
- 50-249 employees
- 250-499 employees
- 500+ employees
- Don't know

D1. In general, how would you describe their approach to recruitment?

It is more important to fill the role quickly, even if they don't have the right skills to do the job

They are willing to compromise on some of the skills needed in order to fill a vacancy sooner

They prefer to wait for someone who has most of the skills they need, even if that means leaving a position unfilled for a while

They only recruit someone who is a very good fit, even if that means leaving a position open indefinitely

Don't know

Prefer not to say

D2. When the organisations you represent recruit staff (either directly or through an agency), where do they advertise or look for them?

Through a recruitment agency

Local newspaper

National newspaper

Jobcentre

Other government programmes and schemes

Trade press/ Professional publications

Recruitment agencies
School/college/university job fairs or career services
Internal notices/ filled it internally
Shop windows/ notice boards
Speculative enquiries
Specialist recruitment website (e.g. Indeed)
Social media/networks (e.g. LinkedIn, Facebook)
Company website
Word of mouth (including, for example, referrals from
colleagues, family and friends)
Other (please specify)
Don't know

1

D3. To your knowledge, have the organisations you have engaged with recruited any of the following workers in the past 3 years...?

UK and/or Irish workers
**Workers from EEA countries outside of the UK and/or
Ireland**
Workers from non-EEA countries
Don't know

D4. Over the next 12 months are they likely to recruit any...?

UK and/or Irish workers
**Workers from EEA countries outside of the UK and/or
Ireland**
Workers from non-EEA countries
Don't know

D5. Are there any of the organisations you represent currently registered as a Tier 2 Sponsor?

Yes
No
Don't know

D6 Within the last 12 months have any of the organisations you represent experienced any difficulty in recruitment? This can include not being able to fill a vacancy or having to fill the vacancy with a candidate they would not regard as fully proficient at their job.

Yes
No
Don't know

D7. In general, for roles where the organisations you represent have experienced difficulties in recruitment, how far would they agree or disagree with the following...?

There are applicants with the skills I need in the UK but I have trouble recruiting these applicants
I have to look outside the UK to find applicants with the skills I need
I have to look outside the UK to find applicants with the qualifications that I need
I have to look outside the UK to find applicants with the work experience I need

NA

E1 For roles that the organisations you represent are experiencing difficulties in filling, what do you think are the main reasons for recruitment difficulties? (Free Text)

There are a number of factors contributing to shortages across the health and care sector. Within RQF3-5 specifically, unattractive and uncompetitive pay and terms and conditions in the sector are an

ongoing issue. Despite recent improvements through the 2018 Agenda for Change pay deal satisfaction with pay is still lower than previous years - in 2019, 65% of our members felt that their pay was inappropriate, compared to 38% in 2011.³²

Dissatisfaction over salaries in the social care sector is also an issue, where pay in adult social care is amongst the lowest across the economy.³³ There are long standing challenges with low and unfair pay, statutory employment terms and poor working conditions within the social care sector. There is no consistency within the system or between social care and the NHS which means that pay offered for equivalent roles can be significantly less. This adds to challenges faced by providers to recruit and retain appropriately skilled and experienced staff and also creates an additional issue of competitiveness between the two sectors.

Turnover remains high across the NHS and care sector, which creates more difficult and high pressured working environments and undermines employers' ability to effectively implement retention initiatives. Results from our 2019 employment survey revealed that four in ten (39%) of all respondents were seeking a new job, the majority of which were employed in bands 2-5. Reasons for high turnover are multifaceted but include important and prevalent issues such as feeling undervalued; high stress levels and lack of support; poor work-life balance; and too much pressure.³⁴

Turnover rates are particularly high and continue to increase in the social care sector, many of which are new joiners. The turnover rate was at 30.8% in 2019 which is equivalent to around 44,000 leavers and represents a 9.1 percentage point increase since 2012/13. The turnover rate was highest amongst Care Workers at 39.5%.³⁵ This high turnover rate is particularly concerning in light of the aging population and the increasingly complex needs of patients within this sector.

E2: And thinking about some of the recruitment issues commonly reported by employers, to what extent (if at all) do the following cause problems in recruitment for the organisations you represent?

- Too much competition from other employers
- Low number of applicants with the required skills
- Low number of applicants generally
- Low number of applicants with the required motivation, personality or attitude
- Low number of applicants with qualifications that are required for the job
- Job entails shift work and or unsociable hours
- Temporary or insecure work
- Remote location/transport issues

E3. Which technical skills have the organisations you represent most commonly had difficulty finding among candidates?

Don't know

E4. Which personal skills have the organisations you represent most commonly had difficulty finding among candidates?

Don't know

³² RCN Submission to the NHS Pay Review 2020-21: <https://www.rcn.org.uk/professional-development/publications/pub-009047>

³³ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

³⁴ RCN Submission to the NHS Pay Review 2020-21: <https://www.rcn.org.uk/professional-development/publications/pub-009047>

³⁵ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

E5 On average, how long does it take to fill a vacancy in the organisations you represent? (This covers the period from the job initially being advertised to the successful applicant starting in the role).

Under a month
1 to 3 months
4 to 6 months
7 months up to a year
1 year or more
Don't know

E6. Which of the following things have the organisations you represent done to overcome difficulties filling vacancies?

E7. And how effective have the following things been in helping the organisations you represent overcome difficulties in filling vacancies?

increasing salaries,
increasing training,
redefining existing jobs,
increasing advertising / recruitment spend,
Using new recruitment methods or channels
recruiting workers who are non-UK nationals
increasing / expanding trainee or apprentice programmes
Bringing in agency workers
Being prepared to offer training to less well qualified recruits

E8 For each approach the organisations you represent have used to help overcome recruitment difficulties, please tell us which job role(s) they have employed this approach with using the approaches below:

- Automating roles to reduce the amount of labour required
- Increasing salaries
- Increasing the training given to your existing workforce
- Redefining existing jobs
- Increasing advertising / recruitment spend
- Using NEW recruitment methods or channels
- Recruiting workers who are non-UK nationals
- Increasing / expanding trainee or apprentice programmes
- Bringing in contractors to do the work, or contracting it out
- Being prepared to offer training to less well qualified recruits
- Anything else (please specify)

E9 Other than the number of vacancies, are there any other ways of knowing that occupations in the sectors you work in are in shortage? (Free Text)

- Analysis of workforce growth rates when compared to increase in demand
- The degree of reliance on overseas workers
- The increasing rate of service delays and waiting times

Detail provided in answer above

F1. Which of these statements best describes the proficiency of staff in the organisations you represent?

All of the staff in the organisations we represent are fully proficient at their job

One or more of the staff in the organisations we represent are **not fully proficient** at their job **but this is not a major concern** for the organisations.

One or more of the staff in the organisations we represent are **not fully proficient** at their job **and this is a major concern** for the organisations.

Don't know

F2. Is the fact that some of the staff in the organisations you represent are not fully proficient causing these organisations to...?

Lose business or orders to competitors
Delay developing new products or services
Have difficulties meeting quality standards
Have higher operating costs
Have difficulties introducing new working practices
Increase workload for other staff
Outsource work
Other (please specify)

F3. Thinking about the staff who are not fully proficient, which, if any, of the following technical skills do you feel most commonly need improving?

Technical or job specific skills
Computer literacy / basic IT skills
Advanced or specialist IT skills
Solving complex problems requiring a solution specific to the situation
Reading and understanding instructions, guidelines, manuals or reports
Writing instructions, guidelines, manuals or reports
Basic numerical skills and understanding
More complex numerical or statistical skills and understanding
Communicating in a foreign language
Manual dexterity – for example, to mend, repair, assemble, construct or adjust things
Adapting to new equipment or materials
Knowledge of products and services offered by your organisation and organisations like yours
Knowledge of how your organisation works
Specialist skills or knowledge needed to perform the role
Driving skills / licences
Other (please specify)

Don't know

F4 Still thinking about the staff who are not fully proficient, which, if any, of the following personal skills do you feel most commonly need improving?

Instructing, teaching or training people
Sales skills
Customer handling skills
Persuading or influencing others
Team working
Managing or motivating other staff
Ability to manage own time and prioritise own tasks

Setting objectives for others and planning human, financial and other resource

Managing their own feelings, or handling the feelings of others

Making speeches or presentations

Other (please specify)

Don't know

F5. Now thinking about staff development, do the organisations you represent currently have the following in place?

- A business plan that specifies the objectives for the coming year?
- A training plan that specifies in advance the level and type of training employees will need in the coming year?
- A budget for training expenditure?

Section G – Occupations that are in shortages:

G1&2: asks for up to 10 jobs the organisations we represent have experienced difficulties in recruiting suitable workers for over the past 12 months. This question asks for job title and SOC code.

Job title	Soc code
Health Care Support Workers	6141
Care Workers / Home Carers / Carer	6145
Senior Care Workers / Senior Carer	6146
Nursing Associate	2231

G3 For each job that the organisations you represent have had difficulties recruiting suitable workers for, please detail:

- o Average hours worked per week in this job role
- o Minimum qualification required for the role
- o Main region of shortage in the UK, or whether the shortage is country/UK-wide
- o Whether you consider the occupation should be on the SOL.

Nursing Assistant/Auxiliaries/Healthcare Assistant (SOC6141)

- Average hours worked: standard hours of around 37.5 a week, though terms and conditions will be different for support roles working outside of the NHS
- Minimum qualification: There are no set entry requirements to become a nursing / healthcare assistant
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

Nursing Associate (SOC2231)

- Average hours worked: standard hours of around 37.5 a week, though terms and conditions will be different for support roles working outside of the NHS
- Minimum qualification: To begin training, individuals will need GCSEs grade 9 to 4 (A to C) in maths and English, or Functional Skills Level 2 in maths and English as a minimum. They will need to complete a Level 5 foundation degree and successful completion of the Nursing Associate Apprenticeship Programme
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

Assistant Practitioner (SOC6141)

- Average hours worked: standard hours of around 37.5 a week, though terms and conditions will be different for support roles working outside of the NHS
- Minimum qualification: Previous experience in a clinical support role, healthcare qualification, usually at level 3 such as NCFE CACHE Diploma in Healthcare Support and a level 5 two-year foundation degree in health and social care.
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

Senior Healthcare Assistants (SOC6141)

- Average hours worked: standard hours of around 37.5 a week, though terms and conditions will be different for support roles working outside of the NHS
- Minimum qualification: Level 3 (SCQF-6) (City and Gilds 3, NVQ3 or BTEC National Diploma. Completion of Level 3 Diploma in Healthcare Support
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

Health care Support Workers (Scotland) (SOC6141)

- Average hours worked: standard hours of around 37.5 a week,
- Minimum qualification: Health Care Support Worker operate at a range of different levels in Scotland with varying qualification levels required.
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

Care Worker / Carer (SOC6145)

- Average hours worked: standard hours of around 37.5 a week,
- Minimum qualification: No minimum qualification level for this role.
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

Senior Care Worker / Senior Carer (SOC6145)

- Average hours worked: standard hours of around 37.5 a week,
- Minimum qualification: Senior Care Workers will usually require a NVQ Level 2 in Health & Social Care
- Main Region of shortage: N/A
- Whether this role should be on the SOL: Yes

G4 Please could you tell us why you think that this job title should be on the Shortage Occupation List (SOL)?

- A detailed response, outlining existing data and concerns over the current system and the SOL can be found above.

G5 The next questions are about the salary for the job role(s) that organisations have had difficulties recruiting. Please let us know the average salary the organisations you represent would pay for the job role. You may select whether you would like to provide the average annual, monthly or weekly salary. Include All pay before deductions for PAYE, National Insurance, pension schemes, student loan repayments and voluntary deductions. Include paid leave (holiday pay), maternity/paternity pay, sick pay and area allowance (e.g. London). Exclude 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.

G7 You have indicated that for the following job role(s), the average salary that the organisations **you represent pay is lower than the average for this job role across the UK. For each job role, please can you tell us whether the organisations you represent would be able to pay the**

additional wage (given below) to meet the required salary for a sponsored worker. This 'additional wage' figure below is based on the difference between the salary information you have provided and the salary required for an experienced worker who receives no additional points for educational qualifications in this role, assuming the role is not on the SOL. This is set at whichever is higher of the specific salary threshold for this occupation (the 25th percentile of earnings), or the general salary threshold (£25,600).

ONS Annual Survey of Hours and Earnings (ASHE) 2019³⁶ (UK wide)			
Care workers and Home Carers	Annual full-time gross pay	19,104 PA	Additional wage to meet salary threshold: £6,496
Health Associate Professional	Annual full-time gross pay by occupation	20,543 PA	Additional wage to meet salary threshold: £ 5,057
Nursing auxiliaries/ assistants/health care support workers (SOC 6141)	Annual full-time gross pay by occupation	21,190 PA	Additional wage to meet salary threshold: £4,410
NHS (England) earnings data December 2019³⁷			
Support staff to doctors and nurses	Mean basic annual pay per FTE	£20,036	
	Mean annual earnings per person	£19,553	
	Mean annual basic pay per person	£17,080	
NHS England salary points 2020-21³⁸			
Senior Healthcare assistant (Band 3)	New starter	£19,737	
	3-4 years' experience	£21,142	
Assistant Practitioner and Nursing Associate (Band 4)	New starter	£21,892	
	3-4 years' experience	£24,147	

G8 Why don't you think the organisations you represent will be able to pay this additional wage to meet the required salary for a sponsored worker for the following job role(s)?

- There is clearly a need to raise the salary levels of health and care staff so that they more accurately reflect the skills, knowledge and value of this workforce. However, whilst we would very much welcome higher salaries for health and social care staff, we cannot expect wages to suddenly jump to £25,600 just so that we can recruit internationally. This would require

³⁶Office for National Statistics, *Employee earnings in the UK: 2019*. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2019>

³⁷NHS Digital, *NHS Staff Earnings Estimates December 2019*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-staff-earnings-estimates/december-2019-provisional-statistics>

³⁸Health Careers, *Agenda for Change Pay Rates*. Available at: <https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates>

enormous increases in Government funding for the commissioning of services, and in the current context of an economic recession, it is simply unrealistic in the immediate term.