



BRIEFING PAPER

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Coronavirus: Overseas health and social care workforce

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Summary

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

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

Measures to boost numbers of overseas staff during the pandemic

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

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

Visa extensions and exemption from the Immigration Health Surcharge

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

Calls for all NHS workers to be exempt from paying the Immigration Health Surcharge intensified during the pandemic, and it was [announced on 21 May 2020](#) that the charge would be abolished for all overseas health and care workers.

Implications for overseas recruitment

The health and social care workforce [increased by 446,000](#) between 2009/10 and 2018/19, and workers born overseas accounted for nearly

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50% of the increase. However there continue to be [well-documented workforce shortages](#) in health and social care.

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

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

Ethical recruitment

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

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

1. Measures to boost numbers of overseas staff during the pandemic

It has been reported that 81% of UK health sector workers and 65% of workers in social care have been classified as 'key workers' during the Covid-19 pandemic.¹ In response to the pandemic, the Government introduced measures to maximise the available health and social care workforce, which included increasing the number of overseas staff.

The [Coronavirus Act 2020](#) included provisions for the emergency registration of health and care professionals across the UK by the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). There were already existing powers for the General Medical Council (GMC) to register doctors in the UK in an emergency; the Act conferred similar powers on the NMC and the HCPC.²

The HCPC [Covid-19 temporary register](#) includes paramedics, biomedical scientists, occupational therapists, radiographers, physiotherapists, operating department practitioners, clinical scientists and other professions essential to testing and treating coronavirus patients. The register focuses on former registrants and final year students rather than overseas applicants.³

1.1 Nurses and Midwives

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

Around 2,000 overseas applicants, including both nurses and midwives, who had completed all parts of their NMC registration process aside from the final clinical examination (Objective Structured Clinical Examination, OSCE), were invited to join from 6 April 2020.⁴

Overseas nurses had to meet the following eligibility criteria:

- Be living in the UK
- Have passed the Computer Based Test (CBT)
- Have had their qualifications, language, health and character checked by the NMC.

¹ The Migration Observatory, [Locking out the keys? Migrant key workers and post-Brexit immigration policies](#), 29 May 2020

² House of Commons Library, [Coronavirus Bill: health and social care measures](#), 20 March 2020

³ HCPC, [COVID-19: The Temporary register for former health and care professionals and final year students who have completed all their clinical practice placements is now live](#), 27 March 2020

⁴ Nursing and Midwifery Council, [Stakeholder information pack from the Nursing and Midwifery Council on our response to Covid-19](#), 15 June 2020

- Have been booked in for an OSCE.⁵

Overseas nurses recently recruited to the UK been provided with an extended deadline (31 December 2020) to pass their OSCE.⁶ If they do not pass first time, they have until 31 May 2012 to pass.⁷ Ordinarily, they are required to sit their first skills test within 3 months and to pass the test within 8 months.⁸

As of 17 April 2020, 10,823 former nurses and midwives and overseas registrants had joined the emergency Covid-19 register, including 1,507 overseas registrants in the UK awaiting their final exam.⁹

An update on 7 May 2020 from the NMC stated that the temporary register included more than 13,000 former or overseas nurses and midwives.¹⁰

Conditions of practice for the temporary register

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

For overseas applicants and those who left the register four or five years ago

- You must work as registered nurse or midwife in an employed capacity for a health or social care employer.
- You should always work under the direction of an NMC registered nurse, midwife or other registered healthcare professional who is not on a temporary register.

The NMC note that some of the usual registration requirements do not apply for joining the temporary register. For example, applicants do not need to have practised for a minimum number of hours in the last three years and they do not need to pay a registration fee.

However, applicants need to comply with [the Code](#) and work within their scope of practice, and there “may also be additional conditions of practice”.¹¹

1.2 Doctors

The General Medical Council (GMC) gave temporary registration or a licence to practice to “suitable people” as part of the response to the

⁵ NHS Employers, [Regulatory changes](#), 8 April 2020

⁶ NHS Employers, [Regulatory changes](#), 8 April 2020

⁷ Home Office, [Coronavirus \(COVID-19\): advice for UK visa applicants and temporary UK residents](#), Last updated 22 June 2020

⁸ Home Office & UKVI, [NHS frontline workers visas extended so they can focus on fighting coronavirus](#), 31 March 2020

⁹ Nursing and Midwifery Council, NMC temporary register reaches incredible milestone as more than 10,000 sign up to fight Covid-19, [17 April 2020](#)

¹⁰ Nursing and Midwifery Council, [NMC’s Chief Executive and Registrar update about nursing students and the temporary register](#), 7 May 2020

¹¹ Nursing and Midwifery Council, [Joint statement on expanding the nursing and midwifery workforce in the Covid-19 pandemic](#), 2 April 2020

coronavirus pandemic. According to the GMC, this applies to doctors with a UK address who:

- Left the register after March 2014
- Had registration but didn't have a licence to practice.¹²

There have been press reports suggesting that doctors trained overseas were "barred from the UK frontline" due to difficulties obtaining the necessary accreditation with the GMC.¹³

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

RefuAid said it knows of 514 medics who have fled conflict or persecution abroad to settle in Britain who are currently unable to practice. Despite being fully qualified in their own countries, some are unable to register because they have not taken a final exam cancelled because of the coronavirus outbreak.¹⁴

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

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

We continue to provide a range of support to refugee and migrant doctors who wish to register with us. In the meantime, applicants can provide vital assistance to the NHS through a range of roles that don't require registration.¹⁵

Medical support workers

The new medical support worker role announced by NHS England involves workers undertaking essential routine clinical tasks under the supervision of the relevant consultant, GP or GP nurse supervisor. The British Medical Association (BMA) notes "the medical support worker role will allow individuals to demonstrate foundation-level medical training competency".¹⁶

The BMA state the role "is suitable for those who do not yet have GMC registration, for example, international medical graduates or refugee doctors currently living in the UK."¹⁷

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

¹² GMC, Coronavirus information and advice, [Temporary registration](#)

¹³ The Observer, ['It's beyond frustrating': medics trained overseas barred from UK frontline](#), 12 April 2020

¹⁴ The Financial Times, [Refugee doctors plead for fast-track to practise in UK](#), 26 March 2020

¹⁵ GMC, [Statement: How unregistered refugee doctors can support frontline colleagues](#), 6 April 2020

¹⁶ BMA, [Covid-19: guidance for international doctors](#), 14 May 2020

¹⁷ BMA, [Covid-19: guidance for international doctors](#), 14 May 2020

2. Immigration measures for health and social care staff

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

Visa extensions

On 31 March 2020, the Government announced that visas of doctors, nurses and paramedics due to expire before 1 October 2020 will be automatically extended for one year.

The Home Office announced that no fee will apply to the automatic visa extension and an exemption from the Immigration Health Surcharge will operate. This also applies to family members.¹⁸ The extension came into effect immediately (on 31 March 2020); any NHS workers who had paid for an unresolved application should, reportedly, be offered the option of a refund.¹⁹

The Home Affairs Select Committee report '[The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#)' sets out that typical visa fees alone (excluding the Immigration Health Surcharge) can cost more than £1,000 for individuals and close to £5,000 for a family of four.²⁰

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

... midwives, pharmacists, physiotherapists, medical radiographers, therapy professionals not elsewhere classified, occupational therapists, health professionals not classified elsewhere, podiatrists, speech and language therapists, psychologists, ophthalmologists, biological scientists and biochemists, dental practitioners and social workers.²¹

The Home Office have estimated that approximately 3,000 health and care workers and their families will benefit from the extension.²²

The Home Affairs Select Committee have repeatedly pushed for the visa extension to also be applied to care workers and lower paid NHS staff in non-medical roles. This forms one of the recommendations of the

¹⁸ BMA, [COVID-19: guidance for international doctors](#), 14 May 2020

¹⁹ Home Office and Department of Health and Social Care, [Home Secretary announces visa extensions for frontline health and care workers](#), 29 April 2020

²⁰ Home Affairs Select Committee, [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#), 15 June 2020

²¹ [Letter from the Home Secretary to the Home Affairs Select Committee](#), 20 May 2020

²² Home Office and Department of Health and Social Care, [Home Secretary announces visa extensions for frontline health and care workers](#), 29 April 2020

Committee's inquiry into [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#):

The Committee has called on the Government to address the discrimination against health and care workers in lower-paid and lower-profile roles by expanding the eligibility for fee-free one year visa extensions to include all NHS and social care staff, regardless of job role or pay grade.²³

The Home Affairs Select Committee's report notes that the eligible occupations outlined above are 'regulated professions', such as social work. However only 5% of the social care workforce (84,000) in 2018 were in one of the regulated professions, whilst 76% (1.2 million) worked in direct care.²⁴ Further to this, [Skills for Care](#) have estimated 8,700 'regulated profession' roles were performed by non-EU citizens in 2018/19, compared to approximately 109,000 providing direct care.²⁵

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

I must emphasise that, with social care, we are subject to some difficulties in terms of understanding and knowing the immigration background and status of individuals, particularly those who have not come through the tier 2 route.²⁶

However, the Home Affairs Select Committee have asserted they "do not accept" it would be too difficult to apply the extension to social care workers.²⁷ When the issue was raised at the daily press conference on 22 May 2020, the Home Secretary responded that "the immigration system is complex, and we are looking at schemes, we keep everything under review".²⁸

Immigration Health Surcharge

The [Immigration Health Surcharge](#) is a charge that most non-EEA nationals applying for temporary leave to remain must pay to the Home Office in addition to the immigration application fee. It is intended to "ensure that migrants make a proper financial contribution to the cost of their NHS care."²⁹

As noted above, it was announced on 31 March 2020 that doctors, nurses, paramedics and their families in receipt of a visa extension would also be exempt from paying the Immigration Health Surcharge.

The current rate is £400 per year and is scheduled to increase in October 2020 to £624 per year.

²³ Home Affairs Select Committee, [Home Office must end discrimination against social care and NHS support staff and include them in visa extension scheme](#), 15 June 2020

²⁴ Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019, page 18

²⁵ Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019, page 72

²⁶ Home Affairs Select Committee, [Oral evidence: Home Office Preparedness for Covid19 \(Coronavirus\), HC 232](#), Q366, 29 April 2020

²⁷ Home Affairs Select Committee, [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#), 15 June 2020

²⁸ The Guardian, [UK coronavirus: travellers arriving from 8 June must self-isolate for 14 days – as it happened](#), 22 May 2020

²⁹ House of Commons Library, [Immigration Health Surcharge](#), 18 June 2020

However, calls for all overseas healthcare workers to be exempt from paying the Immigration Health Surcharge intensified.³⁰ The Doctors' Association UK (DA-UK) released the following statement:

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

This is not the way a country rewards its heroes, wherever they might hail from. They came here to serve the NHS and the people of this nation. Now they risk their lives for this cause. We must protect them and their families. The government has a moral imperative to act now.³¹

Labour leader, Sir Keir Starmer, raised the issue of the Immigration Health Surcharge and NHS workers during Prime Minister's Questions on 20 May 2020 and the Prime Minister highlighted the need for contributions to help fund the NHS.³² The Home Secretary also set out the Government's position in response to the Home Affairs Select Committee on 20 May 2020:

...migrants who come to the UK for more than six months are required to pay the Immigration Health Surcharge, regardless of where they are working. This money goes back into the NHS and it would not be fair to make exceptions, particularly as other essential public workers are also required to pay the surcharge, such as teachers. In return, they can access the full services the NHS offers. We have a well-established principle that everyone should pay in for the care they receive from the NHS.³³

It was subsequently announced on 21 May that the Immigration Health Surcharge *would* be abolished for overseas health and care workers.³⁴

The Prime Minister is understood to have asked the Home Office and Department of Health and Social Care to implement the exemption as soon as possible. Work is reportedly underway on how to do this, with further details forthcoming. According to media reports, the change will apply to all NHS workers as well as independent health and social care workers.³⁵ Further information is set out in the Commons Library briefing '[Immigration Health Surcharge](#)'.

Press reports from 18 June 2020 have indicated that NHS workers are still being charged the Immigration Health Surcharge, despite the

³⁰ The Guardian, [Calls grow to scrap NHS surcharge for migrant healthcare workers](#), 3 May 2020

³¹ Doctors' Association UK, [Press Release: the Home Office must extend Indefinite Leave to Remain to dependents of IMGs as well as extend death in service to all](#), 22 April 2020

³² Hansard, Commons Chamber, [Prime Minister's Questions](#), 20 May 2020

³³ [Letter from the Home Secretary to the Home Affairs Select Committee](#), 20 May 2020

³⁴ The Independent, [Boris Johnson u-turns over Immigration Health Surcharge and scraps fee for overseas nationals working in NHS](#), 21 May 2020

³⁵ The Independent, [Boris Johnson u-turns over Immigration Health Surcharge and scraps fee for overseas nationals working in NHS](#), 21 May 2020

commitment to abolish the fee.³⁶ During Prime Minister's Questions on 17 June 2020, the Prime Minister confirmed that "NHS or care workers who have paid the surcharge since 21 May will be refunded."³⁷

International travel: 14-day self-isolation exemption

On 22 May 2020 it was announced international entrants to the UK would have to self-isolate for 14-days.³⁸ This came into force from 8 June 2020.³⁹

There are a number of [exemptions](#) to the self-isolation rules, including for "registered health or care professionals travelling to the UK to provide essential healthcare, including where this is not related to coronavirus."⁴⁰

The Home Office guidance states that registered health and care professionals have to demonstrate they will start work within 14 days of their arrival in the UK, have proof of professional registration with a UK-based regulator and an employment contract or letter of confirmation from an NHS Trust, independent healthcare provider, or independent social care provider.⁴¹

There are a number of other medical related exemptions, including for "sponsors and essential persons needed for clinical trials or studies".⁴²

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

The Home Secretary set out in a letter to the Home Affairs Select Committee dated 29 April 2020 that immediate indefinite leave to remain will be granted to families of frontline NHS health workers who die as a result of contracting Covid-19.⁴³

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

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

Your family member must have been working for the NHS in any role or working for an independent health and care provider,

Registered health and care professionals returning from overseas do not need to self-isolate for 14 days if they are staying in England, Wales or Northern Ireland. Currently they **do** need to self-isolate for 14 days if they are staying in Scotland.

³⁶ The Guardian, [Ministers accused of 'betrayal' over NHS surcharge for migrants](#), 18 June 2020

³⁷ Hansard, Commons Chamber, [Oral Answers to Questions](#), Prime Minister, 17 June 2020

³⁸ The Guardian, [UK coronavirus: travellers arriving from 8 June must self-isolate for 14 days – as it happened](#), 22 May 2020

³⁹ Home Office, [Coronavirus \(COVID-19\): travellers exempt from border rules in the UK](#), 8 June 2020

⁴⁰ Home Office, [Coronavirus \(COVID-19\): travellers exempt from border rules in the UK](#), 8 June 2020

⁴¹ Home Office, [Coronavirus \(COVID-19\): travellers exempt from border rules in the UK](#), 8 June 2020

⁴² Home Office, [Coronavirus \(COVID-19\): travellers exempt from border rules in the UK](#), 8 June 2020

⁴³ [Letter from the Home Secretary to the Home Affairs Select Committee](#), 29 April 2020

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including the social care sector. You do not need to do anything to receive this status. UKVI will contact employers to identify those eligible and will arrange for you to be issued with indefinite leave to remain.⁴⁴

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

The social care sector is disparate in nature, which makes specific immigration offers a unique challenge. Migrant social care workers may have come to the UK on a variety of visas that give a general right to work. Where they have a general right to work, migrants do not have to inform the Home Office about their employment. As such, we do not have details of the immigration status of the 131 care workers who have died. However, I can assure you we are working hand in hand with the Department of Health and Social Care on how to implement the extension of the Covid-19 bereavement scheme and exemption from the Immigration Health Surcharge for social care workers and full details will be announced shortly.⁴⁵

Life assurance

On 27 April 2020 the Government announced a new life assurance scheme for frontline NHS and social care staff who die from Covid-19.⁴⁶ The families of eligible workers receive a non-contributory lump sum payment of £60,000.⁴⁷

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

The answer is yes. This is for frontline staff working in the NHS and social care who die and are employees within NHS and social care.⁴⁸

The rules governing '[The National Health Service and Social Care Coronavirus Life Assurance \(England\) Scheme 2020](#)' set out the full eligibility requirements and make clear the scheme is not "universal" and is for those who are at high risk of contracting Covid-19 due to the nature of their job.⁴⁹

Calls for British citizenship

There have been a number of calls, including [petitions](#), for non-British NHS workers to be granted British citizenship. In a Government response to a petition on 6 May 2020 it was stated "to be fair to all

⁴⁴ Home Office & UKVI, [Coronavirus \(COVID-19\): bereavement scheme for family members of NHS and health and social care workers](#), 20 May 2020

⁴⁵ [Letter from the Home Secretary to the Home Affairs Select Committee](#), 15 June 2020

⁴⁶ BMA, [Covid-19 life assurance scheme guidance](#), 22 June 2020

⁴⁷ Department of Health and Social Care, [New guarantee on death in service benefits for frontline health and social care staff during pandemic](#), 27 April 2020

⁴⁸ The Independent, [Coronavirus: Government to pay £60,000 to families of NHS workers who die on front line](#), 27 April 2020

⁴⁹ NHS Business Services Authority, [The National Health Service and Social Care Coronavirus Life Assurance \(England\) Scheme 2020](#)

migrants we think the requirements for citizenship should be the same for all.”⁵⁰

However, when the suggestion of British citizenship for NHS and social care workers was raised during the daily press conference on 22 May 2020, the Home Secretary responded:

You’ve mentioned citizenship and changes that we could bring in. That would need legislation going forward but as I said we keep everything under review.⁵¹

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

In recognition of the contribution made by those at the forefront of fighting Covid-19, the Government should set out new arrangements to offer British citizenship or permanent residency to health and social care workers currently resident on short term visas. The Committee believes that people who have given so much, and in many cases risked their own health, for the nations and peoples of the UK, should be assisted to become permanent members of the society to which they have dedicated themselves.⁵²

⁵⁰ UK Government and Parliament Petitions, [Give non-British citizens who are NHS workers automatic citizenship](#), Response given on 6 May 2020

⁵¹ Metro, [Home Secretary doesn’t rule out citizenship for foreign key workers](#), 22 May 2020

⁵² Home Affairs Select Committee, [Home Office must end discrimination against social care and NHS support staff and include them in visa extension scheme](#), 15 June 2020

3. Overseas health and social care workforce: statistics

People born abroad made up 19% (818,000) of the UK health and social care workforce in 2018/19, according to data from the Office for National Statistics (ONS).⁵³ In comparison 14% of the general population of the UK were born abroad in 2019.⁵⁴

Analysis from the [Nuffield Trust](#) has shown that almost one in four (23%) hospital workers were born outside the UK in 2018/19.⁵⁵

Whilst the health and social care workforce increased by 446,000 between 2009/10 and 2018/19, 221,000 of these workers were born overseas, therefore accounting for nearly 50% of the increase.⁵⁶

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

Nurses were the largest single occupation receiving of Tier 2 (general) visas, making up 16% all Certificates of Sponsorship issued to new hires in 2018.⁵⁷

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

3.1 Nationality of NHS staff in England

As of January 2020, 169,000 NHS staff reported a non-British nationality - 13.8% of all staff for whom a nationality is known.⁵⁸ This includes 29% of doctors, 17.9% of nurses and 10.4% of clinical support staff.⁵⁹

NHS staff report almost 200 different nationalities. Just over 67,000 are nationals of other EU countries. Indian, Filipino and Irish are the most-represented non-British nationalities.⁶⁰

⁵³ Office for National Statistics, [Health industry workers by country of birth, UK, March 2000 – June 2019](#), Last updated 11 November 2019

⁵⁴ Office for National Statistics, [Population of the UK by country of birth and nationality: 2019](#), 21 May 2020

⁵⁵ Nuffield Trust, [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#), 4 December 2019

⁵⁶ Nuffield Trust, [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#), 4 December 2019

⁵⁷ The Migration Observatory, [Work visas and migrant workers in the UK](#), 18 June 2020

⁵⁸ House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

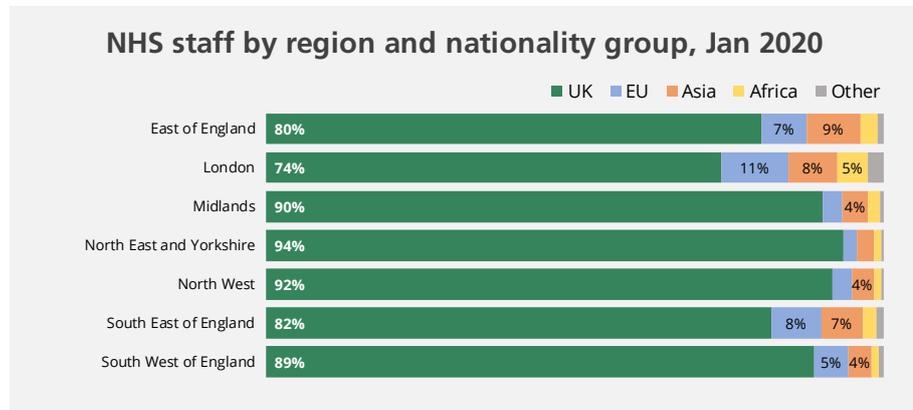
⁵⁹ House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

⁶⁰ House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

No data is collected on the nationality of GPs. However, as of December 2019, approximately 23% of GPs gained their medical qualification outside of the UK.⁶¹

Regional variation

There are differences across regions, as can be seen in the chart; London has the highest proportion of staff reporting a non-British nationality, whilst the North East and Yorkshire has the lowest.⁶²



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

NHS recruitment by nationality

The latest [Hospital and Community Health Services \(HCHS\) workforce statistics](#) published by NHS Digital sets out the number of joiners and leavers to NHS Trusts by nationality and region.⁶³

The data shows that EU/EEA nationals have fallen as a percentage of all joiners to the NHS since 2015/16, from 10.9% to 7.2%. Meanwhile, the percentage of joiners with a non-EU/EEA nationality has risen from 8.7% in 2014/15 to 14.5% in 2019.⁶⁴

Changes were particularly pronounced for the Nurses and Health Visitors staff category. In 2015/16, 19% of nurse joiners were of EU/EEA nationality, but this fell to 6.4% in 2019. Meanwhile, the percentage of joiners from outside the EEA rose from 7.6% in 2015/16 to 22.4% in 2019.⁶⁵

This figure differed between regions – in the East of England and Kent, Surrey and Sussex, over 40% of joiners in 2019 were from non-EU/EEA countries. In the North East, the figure was 6.2%. The extent to which regions rely on international recruitment to fill NHS vacancies could have implications in light of the Covid-19 pandemic, as discussed in [Section 4](#).

⁶¹ House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

⁶² House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

⁶³ NHS Digital, [NHS Workforce Statistics - March 2019 \(Including supplementary analysis on pay by ethnicity\)](#), HCHS staff in NHS Trusts and CCGs March 2019, 27 June 2019

⁶⁴ House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

⁶⁵ House of Commons Library, [NHS staff from overseas: statistics](#), 29 May 2020

3.2 Nationality of social care workers

The Skills for Care report '[The state of the adult social care sector and workforce in England September 2019](#)' states that in 2018/19 around 84% of the adult social care workforce were British, whilst 8% had an EU nationality and 9% had a non-EU nationality.⁶⁶

The report notes that nationality varied by region. London had the lowest proportion of British workers (62%) and 25% had a non-EU nationality. The North East had the highest proportion of British workers (96%).⁶⁷

The proportions also differed by job role according to Skills for Care estimates. Senior management roles reportedly had the highest proportion of British workers at 94%. In contrast 62% of registered nurses were estimated to have a British nationality, with approximately 18% having an EU nationality and 19% having a non-EU nationality.⁶⁸

NMC revalidation data indicates that care homes have the highest proportions of non-British registrants of all work settings, with 15% from the EU and 24% from the 'Rest of the World'.⁶⁹

3.3 Deaths from Covid-19

As of 9 June 2020, 211 NHS staff deaths involving Covid-19 had been reported in England. Public Health England analysis indicated there were at least 214 Covid-19 related deaths among social care workers registered 21 March to 8 May 2020.⁷⁰

Analysis from the Office for National Statistics (ONS) published on 11 May 2020 found that men and women working in social care had significantly higher rates of Covid-19 related death compared with the general working population.⁷¹ Whereas healthcare workers were not found to have a statistically significant rate of death compared with the general working population.⁷²

There is no official data which sets out the nationality of health and social care workers who have died of Covid-19. However, the Health Service Journal (HSJ) have published a series of articles analysing the publicly reported deaths of health and social care workers from Covid-

⁶⁶ Skills for Care, [The state of the adult social care sector and workforce in England September 2019](#)

⁶⁷ Skills for Care, [The state of the adult social care sector and workforce in England September 2019](#)

⁶⁸ Skills for Care, [The state of the adult social care sector and workforce in England September 2019](#)

⁶⁹ Nursing and Midwifery Council, [NMC response to the Social Care Inquiry from the Health and Social Care Select Committee](#), June 2020, page 3

⁷⁰ Parliament.uk, [Health and Social Services: Coronavirus: Written question – 56021](#), Answered 18 June 2020

⁷¹ Office for National Statistics, [Coronavirus \(COVID-19\) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020](#), 11 May 2020

⁷² Office for National Statistics, [Coronavirus \(COVID-19\) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020](#), 11 May 2020

19. The third article '[At least 23 nationalities among NHS staff killed by covid](#)', published on 19 May, analyses 203 deaths. The article states:

The dataset includes a minimum of 102 (50 per cent) migrants from at least 27 different countries, but as migrant status was rarely identified for white staff this is likely to be an underestimate.

Filipino staff remain prominent amongst reported deaths, accounting for as many more deaths as the next five countries combined. Filipino nurses comprise 3.8 per cent of the nursing workforce but represented 22 per cent of NHS nurse deaths. Similarly, 12 per cent of nurses who died were from Zimbabwe and 6 per cent from Nigeria, despite accounting for only 0.75 per cent and 0.45 per cent of NHS nurses respectively.⁷³

The HSJ analysis indicates that a large proportion of Black, Asian and minority ethnic (BAME) staff who have died of Covid-19 could be from overseas.⁷⁴ The disproportionate numbers of deaths amongst BAME healthcare workers have been widely reported, and the Commons Library briefing '[Covid-19 and Black, Asian and minority ethnic communities](#)' provides further information.

⁷³ Health Service Journal, [At least 23 nationalities among NHS staff killed by covid](#), 19 May 2020

⁷⁴ Health Service Journal, [At least 23 nationalities among NHS staff killed by covid](#), 19 May 2020

4. Implications for international recruitment

Whilst the health and social care workforce increased by 446,000 between 2009/10 and 2018/19, 221,000 of these workers were born overseas, therefore accounting for nearly 50% of the increase.⁷⁵ However there remains a [well-documented workforce shortage](#) in health and social care.⁷⁶

The latest NHS Digital figures for 1 January to 31 March 2020 show there were 88,447 full-time equivalent vacancies across the NHS, which equates to a vacancy rate of 7.2%.⁷⁷ The shortages are most apparent in nursing. There were 36,083 vacancies for nursing and midwifery posts in the same period, which constitutes a 10% vacancy rate.⁷⁸

In social care, there were around 122,000 vacancies across England in October 2019, with an average vacancy rate of 7.8%.⁷⁹

The demand for social care workers is expected to rise in line with the UK's ageing population. Skills for Care have estimated a need for 650,000 to 950,000 new adult social care jobs by 2035.⁸⁰ Analysis by the King's Fund in November 2018 suggested the NHS workforce shortage could reach almost 250,000 by 2030.⁸¹

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

International recruitment, a key plank of workforce expansion plans, is likely to be disrupted over the short or medium term because of the pandemic.⁸²

In a report published by the Home Office looking at the impact of the Covid-19 pandemic on immigration it was noted that visa applications and decisions have fallen across all types of visa, with only around 250 applications recorded in April 2020 and less than 100 decisions.⁸³

⁷⁵ Nuffield Trust, [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#), 4 December 2019

⁷⁶ House of Commons Library, [The health and social care workforce gap](#), 10 January 2020

⁷⁷ NHS Digital, [NHS Vacancy Statistics England February 2015 - March 2020, Experimental Statistics](#), 28 May 2020

⁷⁸ NHS Digital, [NHS Vacancy Statistics England February 2015 - March 2020, Experimental Statistics](#), 28 May 2020

⁷⁹ Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019

⁸⁰ Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2019

⁸¹ The King's Fund, [Staffing shortfall of almost 250,000 by 2030 is major risk to NHS long-term plan, experts warn](#), 15 November 2018

⁸² The King's Fund, [Delivering core NHS and care services during the Covid-19 pandemic and beyond: Letter to the Commons Health and Social Care Select Committee](#), 14 May 2020

⁸³ Home Office, [Statistics relating to COVID-19 and the immigration system, May 2020](#), 28 May 2020

4.1 NHS Workforce Plan

The [NHS Long Term plan](#), published in January 2019, sets out that “over the past decade workforce growth has not kept up with the increasing demands on the NHS”.⁸⁴ The Long Term plan includes a number of measures to tackle this, such as “international recruitment will be significantly expanded over the next three years.”⁸⁵

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

In the longer-term, we need to ensure we are training more of the people we need domestically. But this will take time given it takes three years to train a nurse and at least five years of training before a doctor can work in the NHS, so in the short-term we must also continue to ensure that high-skilled people from other countries from whom it is ethical to recruit are able to join the NHS. **This will mean a step change in the recruitment of international nurses to work in the NHS and we expect that over the next five years this will increase nurse supplies by several thousand each year.**⁸⁶

The [NHS Interim People Plan](#) published in June 2019, built on this, stating “in the short to medium term, given existing vacancy rates and the lead times for training new nurses, we will need to increase international recruitment significantly to secure rapid increases in supply”.⁸⁷

The Interim People Plan had stated all the proposed actions would “enable the NHS to grow the nursing workforce by over 40,000 by 2024.”⁹⁰ This was ahead of the commitment made during the 2019 General Election to grow the nursing workforce by 50,000 (see Box 1).

Box 1: Healthcare recruitment pledges

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

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

Two pledges related specifically to overseas recruitment:

- Introduce a new NHS visa for qualified health professionals with a job offer from the NHS.
- Recruit 12,000 overseas nurses by 2024/25. This formed part of the wider commitment to increase the number of nurses by 50,000.⁸⁸

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

Such ambitious targets, while necessary given the scale of the challenge, will be tough to deliver, and will depend in part on the detail underpinning the government’s immigration policies and the new ‘NHS visa’.⁸⁹

⁸⁴ NHS, [NHS Long Term Plan](#), January 2019, page 8

⁸⁵ NHS, [NHS Long Term Plan](#), January 2019, page 8

⁸⁶ NHS, [NHS Long Term Plan](#), January 2019, page 84

⁸⁷ NHS, [NHS Interim People Plan](#), June 2019, page 27

⁸⁸ The King’s Fund, [What have the parties pledged on health and care?](#) 28 November 2019

⁸⁹ The King’s Fund, [After the election: how will the new government approach health and social care?](#) 17 December 2019

⁹⁰ NHS, [NHS Interim People Plan](#), June 2019, page 21

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

This model set out there would be 12,500 international nurses recruited over the next five years, with Health Education England working on the assumption an average of 2,500 nurses will need to be recruited each year.⁹¹

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

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

[...]

Senior sources have also said restrictions implemented by some of the main countries the NHS recruits from have added pressure to recruitment programmes. For example, they said the Philippines implemented a formal ban on exit visas for health workers, while India is not accepting resignations.⁹²

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

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

It also remains a key priority to meet the government’s target of an additional 50,000 nurses working for the NHS by 2024/25. It is therefore important to consider your next steps on international recruitment.⁹³

NHS Employers guidance on [‘Ensuring your future pipeline’](#) goes on to state:

It will be an uncertain time for many candidates, especially those in countries such as the Philippines and Australia, where restrictions on migration overseas are currently in place.

It is not expected that the pandemic will stall overseas recruitment in the long-term and there are things you can do to help keep individuals interested in coming to work in your organisation.⁹⁴

NMC changes

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

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

⁹¹ Health Service Journal, [Exclusive: Leaked NHSE/I workforce plan reveals reliance on nursing associates](#), 3 December 2019

⁹² Health Service Journal, [NHS workforce plan at risk as covid scuppers overseas recruitment](#), 22 May 2020

⁹³ NHS Employers, [Restarting international recruitment following COVID-19](#), June 2020

⁹⁴ NHS Employers, [Ensuring your future pipeline](#), 16 June 2020

4.2 Implications for social care

As noted above, the social care sector is highly reliant on overseas workers, and The Nuffield Trust have estimated that 98,710 migrant workers joined the formal care workforce between 2009 and 2019.⁹⁵

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

[...] given that the likely impact of protective measures both here and abroad as a consequence of the global coronavirus pandemic will be to reduce the opportunities for international recruitment, the reliance of social care on overseas nurses may place the sector in greater jeopardy.⁹⁶

The social care sector has experienced a very high turnover of staff, with a rate of 30.8% in 2018/19, equating to 440,000 workers leaving their role.⁹⁷ Further analysis suggests only 40% of staff who left their role remained in the social care sector.⁹⁸ It has been suggested that the Covid-19 pandemic could further exacerbate retention problems, due to the unprecedented pressure on staff.⁹⁹

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

Whereas the Government has announced an NHS visa for overseas workers, there is no specific visa route under the new points-based immigration system that would enable care workers to come to the UK.¹⁰⁰ The Migration Advisory Committee report '[A Points-Based System and Salary Thresholds for Immigration](#)' set out:

Although senior carers and some other roles within this sector would become eligible with the extension of the skilled worker route to include medium-skill occupations, this route is not the appropriate one to use to solve the problems this sector faces for low-skilled workers. Many of the problems involve lower-skilled care workers who would not be eligible under this route as they are below RQF3 skill-level.¹⁰¹

The report also states:

We remain of the view that the very real problems in this sector are caused by a failure to offer competitive terms and conditions, something that is itself caused by a failure to have a sustainable

⁹⁵ Nuffield Trust, [A public policy blind spot? The possible futures of the social care workforce](#), 4 February 2020

⁹⁶ Nursing and Midwifery Council, [NMC response to the Social Care Inquiry from the Health and Social Care Select Committee](#), June 2020

⁹⁷ Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019

⁹⁸ Skills for Care, [The state of the adult social care sector and workforce in England](#), September 2019

⁹⁹ The Health Foundation, [Even before COVID-19, high workforce turnover rates posed a major challenge for social care](#), 29 May 2020

¹⁰⁰ Home Affairs Select Committee, [The Home Office's response to the impact of Covid-19 on the immigration and visa systems](#), 15 June 2020

¹⁰¹ Migration Advisory Committee, [A Points-Based System and Salary Thresholds for Immigration](#), January 2020, page 140

funding model [...] In general, our view is that issues of low pay should be treated as such and not as an issue for the immigration system to adjust for and in some sense embed.¹⁰²

Martin Green, chief executive of Care England, has stated: “The approach being taken by the government to migration post-Brexit will put significant pressures on the social care system.”¹⁰³

The Commons Library briefing ‘[The new points-based immigration system](#)’ provides more detailed information.

4.3 Ethical recruitment

The UK was the first country to implement a [Code of Practice](#) for international recruitment; The Department of Health issued a Code of Practice for NHS employers on the international recruitment of healthcare professionals in 2001, and this was revised in 2004.¹⁰⁴ There is no equivalent code for the international recruitment of social care workers, though there were reports in 2006 that such a code was being developed.¹⁰⁵

NHS Employers are responsible for the implementation of the Code of Practice, and for managing the list of commercial agencies that adhere to the Code.¹⁰⁶ All healthcare organisations and agencies recruiting internationally are “strongly advised” to adhere to the code.¹⁰⁷ NHS Employers has said it conduct checks (bi-annually and randomly) to ensure agencies comply with the Code of Practice.¹⁰⁸

Box 2: Code of Practice for international recruitment

There are 7 principles that underpin the Code of Practice:

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

¹⁰² Migration Advisory Committee, [A Points-Based System and Salary Thresholds for Immigration](#), January 2020, pages 10 and 214

¹⁰³ Nursing Times, [New social care warnings as government confirms immigration plans](#), 19 February 2020

¹⁰⁴ Nursing Leadership, [Department of Health: Code of Practice for the international recruitment of healthcare professionals](#), December 2004

¹⁰⁵ Personnel Today, [Ethical recruitment code to deter hiring social care workers from developing world](#), 18 August 2006

¹⁰⁶ NHS Employers, [Code of Practice for international recruitment](#), 3 December 2019

¹⁰⁷ NHS Employers, [Code of Practice for international recruitment](#), 3 December 2019

¹⁰⁸ NHS Employers, [Code of Practice for international recruitment](#), 3 December 2019

The Secretary State for Health and Social Care, Matt Hancock, has spoken of the need for “a new Windrush Generation for the NHS. A recruitment drive to attract the brightest and best doctors, nurses, and clinical staff from overseas”.¹⁰⁹

However, concerns have been raised that this should not come at the expense of developing countries.¹¹⁰ This is of increased relevance in light of the Covid-19 pandemic.

Recruitment from developing countries following Covid-19

A report from the [Tropical Health and Education Trust](#) published in July 2019 stated the UK is “increasingly open to criticism for the impact its recruitment is having on low and middle income countries (LMICs).”¹¹¹

The Department of Health and Social Care and the Department for International Development (DfID) have produced a [list](#) of developing countries and countries where healthcare workers should not be actively recruited from. In May 2019, [The Telegraph](#) reported the NHS was “breaking recruitment rules with one in four new doctors coming from ‘banned’ developing countries”.¹¹² Current [GMC data](#) accessed on 24 June 2020 shows that where doctors qualified outside the UK, the top 5 countries are India (29,155), Pakistan (14,393), Nigeria (7,832), Egypt (6,948) and South Africa (5,163).¹¹³ All of these countries are on the [‘banned list’](#).

Whilst India is on the list, it is noted:

After discussions with the DFID and High Commission in India, we can confirm that agencies can recruit healthcare professionals from India. However, there are four states that receive DFID aid which should not be targeted for recruitment - these are Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal.¹¹⁴

However, there have been reports that India is facing acute healthcare workforce shortages in light of Covid-19. An article investigating the impact of the pandemic on the top 20 countries with the most Covid-19 cases (as of 4 May 2020) notes there is a danger that “already stretched healthcare systems could suffer a shortage of trained medical personnel...that danger is more acute in some nations than others”.¹¹⁵

¹⁰⁹ Department of Health and Social Care, [The NHS of the future will always put its people first](#), 3 June 2019

¹¹⁰ Nursing Times, [UK ‘increasingly open to criticism’ for overseas nurse recruitment practices](#), 5 July 2019

¹¹¹ Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019, page 30

¹¹² The Telegraph, [NHS breaking recruitment rules with one in four new doctors coming from ‘banned’ developing countries](#), 16 May 2019

¹¹³ General Medical Council, [GMC Data Explorer: Registered doctors by country of primary medical qualification](#), Accessed 24 June 2020

¹¹⁴ NHS Employers, [Developing countries – recruitment](#), 7 December 2018

¹¹⁵ Foreign Policy, [Coronavirus Disproportionately Affects Health Workers. Here Are the Countries Most at Risk](#), 4 May 2020

India, the poorest country in the top 20, has the lowest density of physicians (0.8 per 1,000 people).¹¹⁶ This compares with 2.8 per 1,000 per people in the UK.¹¹⁷

The International Labour Organisation (ILO) article '[COVID-19: Are there enough health workers?](#)' sets out that more than half of the world's population lacks access to essential health care, with "high-income countries collectively having nearly 12 times as many people employed in the health sector as low-income nations – 580 per 10,000 people compared with only 49".¹¹⁸ The ILO states that "having adequate numbers of health workers will be critical to winning the battle against Covid-19".¹¹⁹ This raises concerns regarding the ability of lower income countries to respond to the Covid-19 pandemic and could impact future ethical recruitment from such nations.

[Skills for Care](#) report that in 2018/19 that when the adult social care workforce reported a non-British nationality, the top 10 countries were: Romania (13%), Poland (11%), Nigeria (8%), Philippines (8%), India (6%), Zimbabwe (5%), Ghana (3%), Portugal (3%), Jamaica (3%), Italy (2%).¹²⁰

Whilst there is no equivalent 'banned list' of countries for the international recruitment of social care workers, all the non-EU countries listed above (Nigeria; Philippines; India; Zimbabwe; Ghana and Jamaica), which is over half of the top 10 countries, are on the Department of Health and Social Care and DfID '[banned list](#)'.

Procurement framework for international recruitment

Both the NHS Long-Term Plan and NHS Interim People Plan highlighted the need for "central support" to achieve the necessary increases in international recruitment. The [International Recruitment of Clinical Healthcare Professionals Framework](#) was launched in March 2019 "in response to the recommendations in the NHS Long Term Plan and Interim People Plan".¹²¹ Benefits of the framework reportedly include that providers "meet government requirements on good industry practice, codes of practice, legislation, voluntary arrangements, regulations".¹²²

Prior to the Covid-19 pandemic, the report from the [Tropical Health and Education Trust](#) welcomed the then proposed introduction of the [International Recruitment of Clinical Healthcare Professionals Framework](#). However, it also suggested "recruitment agencies on the

¹¹⁶ Foreign Policy, [Coronavirus Disproportionately Affects Health Workers. Here Are the Countries Most at Risk](#), 4 May 2020

¹¹⁷ Foreign Policy, [Coronavirus Disproportionately Affects Health Workers. Here Are the Countries Most at Risk](#), 4 May 2020

¹¹⁸ International Labour Organisation, [COVID-19: Are there enough health workers?](#)

¹¹⁹ International Labour Organisation, [COVID-19: Are there enough health workers?](#)

¹²⁰ Skills for Care, [The state of the adult social care sector and workforce in England September 2019](#), page 75

¹²¹ Workforce Alliance, [International Recruitment of Clinical Healthcare Professionals](#), March 2019

¹²² Workforce Alliance, [International Recruitment of Clinical Healthcare Professionals](#), March 2019

approved list will still be able to actively recruit from LMICs through the use of sub-contractors who are not on the approved list.”¹²³

The report therefore made the following recommendation:

Strengthen implementation of the UK Code of Practice for International Recruitment and ban international recruitment agencies from the NHS Employers approved list who use sub-contractors to recruit from LMICs.¹²⁴

The [Tropical Health and Education Trust's](#) report also recommended increased use of 'Skills Mobility Partnerships' for ethical recruitment such as the Medical Training Initiative and the Global Learners Programme.¹²⁵ These schemes bring doctors and nurses to the UK to work here with a view to returning to their countries of origin with improved clinical skills (see Box 3).

Box 3: Skills Mobility Partnerships

Medical Training Initiative

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

Global Learners Programme

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

¹²³ Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019, page 36

¹²⁴ Tropical Health and Education Trust, [From Competition to Collaboration Ethical leadership in an era of health worker mobility](#), July 2019, page 36

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

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