



## A 'new deal' on immigration for NHS and social care staff

The COVID-19 pandemic has once again highlighted the crucial role that EU and international staff play in UK health and social care services. The RCP welcomes the steps taken so far by the Government to change immigration rules for our international healthcare colleague. However we must go further to recognise the vital part they have played in the frontline response to COVID-19 and will continue to play in the future.

**New YouGov polling commissioned by the RCP shows 67% of the public thought it was unlikely that the NHS would have been able to tackle coronavirus without international staff.**

The RCP is calling on Government to create a 'new deal' on immigration for international health and social care workers:

1. **All NHS and social care staff who have worked during the pandemic, and their spouses and dependants should be given indefinite leave to remain.**
2. **All NHS and social care staff, and their spouses and dependants, should be exempt from the International Health Surcharge.**
3. **The proposed NHS Visa should be extended to social care staff.**

One in four of our hospital staff were born outside the UK<sup>1</sup>. We would not have the NHS we do without immigration. 69% of the public think that the UK Government should publicly acknowledge the contributions of international staff working in health and social care during the pandemic. The RCP believes a new deal on immigration for this group is an opportunity to show our appreciation for their commitment to the NHS.

### Indefinite leave to remain

At least 119 health and social care workers are known to have died with COVID-19.<sup>2</sup> Teams across the country are coping with the sudden, tragic loss of friends and colleagues. We strongly welcome the decision to grant immediate indefinite leave to remain to the families, spouses and dependents of healthcare workers who have sadly died with COVID-19.

The RCP is calling for this change to be extended to **all NHS and social care staff who have worked during the pandemic, and their spouses and dependants to be given indefinite leave to remain**. Well over half of the public support this position, with **59 per cent saying they believe that international NHS staff who have worked in the health service during the pandemic should have the right to permanently stay in the UK**.

Our annual census showed that 45% of advertised consultant positions last year went unfilled due to lack of suitable applicants. The Department of Health and Social Care increasing the number of medical school places is a key part of tackling this problem. By training more doctors in the UK, we will be able to better staff our NHS – but it takes 13 years to become a consultant. It will take over a decade before we begin to really see the benefits of the recent increase in UK medical school places. The Migration Advisory Committee's (MAC) recommendation last year that 'Medical Practitioner' should be added to the shortage occupation list is another reminder of the vital role that international recruitment plays in supporting the NHS.

There are no overnight fixes to our staffing challenges – and in the short to medium term, we would not be able to staff our NHS without our international colleagues. We should champion their commitment at every

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<sup>1</sup> Nuffield Trust (2019) [One in four hospital staff born outside the UK, new Nuffield Trust analysis reveals](#)

<sup>2</sup> HSJ (2020) [Deaths of NHS staff from COVID-19 analysed](#), 22 April.



opportunity. The RCP also believes that the UK Government must continue to expand UK training opportunities so that we are training more doctors, nurses and other clinicians. We will shortly be publishing a new report setting out how the Government can expand medical school places further.

It was welcome to see the Prime Minister speak so movingly about the international NHS workers he believed had played a crucial role in saving his life when he was in intensive care. **67% of the public thought it was unlikely that the NHS would have been able to tackle coronavirus without international staff.** Granting indefinite leave to remain for international staff would be a fitting way to reward their service during the pandemic, as well as providing a partial solution to the problems with the NHS workforce.

### **International Health Surcharge**

Most non-EEA nationals applying for temporary leave to remain in the UK must pay an 'Immigration Health Surcharge' (IHS) to the Home Office in order to use the NHS. The IHS is usually in addition to the immigration application fee. Currently set at £400 a year per person. The UK Government has a manifesto commitment to increase the IHS. This increase is expected to come into force in October 2020. **The new public polling today shows that 59 per cent of the public said they believe international NHS staff should not have to pay an annual charge to use the NHS.**

We support the recent free visa extension granted by the Home Office for healthcare workers and their families whose visas were due to expire by October 2020. It was welcome to see a temporary exemption from the IHS as part of those concessions. Exemption from the IHS for twelve months will be hugely welcome to many NHS staff currently working on the frontline whose visas were due to expire towards the end of this year. Yet there are likely to be tens of thousands of other frontline health and social care workers who will miss out on this exemption, despite their invaluable contribution to the fight against COVID-19, because their visas are not due to expire. **We want to see all NHS and social care staff, their spouses and dependants exempt from the IHS.**

### **NHS Visa**

This crisis has once again shone a light on the importance of health and social care working in equal partnership. **We believe that the proposed NHS Visa should be extended to social care staff.** Attracting the best international medical talent to the health service is key – but to give the best quality care for patients long-term, we need a properly resourced social care system to deliver community interventions, keep people out of hospital and live fulfilling lives.