

Shortage Occupation List partial review: nurses

Submission to the Migration Advisory Committee

December 2015



Introduction

1.2 The TUC welcomes the opportunity to respond to the Migration Advisory Committee (MAC) partial review of the Shortage Occupation List (SoL) in relation to nurses.

1.3 We welcomed the Home Secretary's announcement in October that nurses would be added to the Shortage Occupation List as there are critical shortages facing the sector.

1.4 We believe there is a case for keeping nurses on the SoL for at least three years owing to global shortages in the supply of nurses¹ and lack of government investment in training which means it will take time for the number of nurses in the domestic labour market to be adequate for the UK's needs. There is also an urgent need for the government to address the issue of falling pay for nurses and revalidation fee increases which form a barrier to recruitment and retention.

1.5 The TUC welcomes the opportunity to examine the skills shortage in the nursing sector and believe this should underpin the government's approach toward migration policy, rather than ideologically driven hostility towards migrants that has characterised the government's approach thus far. This is evidenced by the government commitment to limit net migration to under 100,000 a year despite considerable evidence to indicate this would be economically damaging² and – given that EU migration and emigration cannot be controlled - practically unachievable.

1.6 The TUC is opposed to setting a cap on the number of non-EU migrants that can enter the country because it suggests that migration is a problem that should be limited across the board. We believe this approach scapegoats migrants for social and economic problems that can only be solved by action by employers and government to invest in decent jobs and services. The government's current hostile approach towards migration will not solve the problems workers face, rather it will fuel discrimination and social tension.

1.7 We hope that the MAC will be called on to conduct further reviews of the Shortage Occupation List, as it is not only the nursing sector where there is a need to take evidence from a range of stakeholders including trade unions on the employment of migrant workers and the nature of skills shortages. We believe there would be value in the MAC being able to conduct reviews of the Shortage Occupation List on a regular basis, examining a range of important occupations in public and private sectors.

1.8 The TUC supports the submissions of unions to this consultation. In our submission we will respond to the consultation questions we are best placed to answer.

¹ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/immigration-skill-shortages/oral/23370.pdf>

² See, for example: <http://www.niesr.ac.uk/blog/long-term-economic-impacts-reducing-migration#.VnKxpbaLRMw>

Response to consultation questions

What are the factors driving current demand for non-EEA nurses? Are these factors temporary or more structural?

1.9 The TUC believes that staff shortages are the result of a number of structural factors.

1.10 Firstly, cuts made to training for student nurses between 2010 and 2011 meant that there were not enough nurses to meet demand in the UK. The fact it takes three years to train a nurse, combined with the commissioning cycle, means it takes four years for a student nurse to become part of the NHS.

1.11 Changes to bursaries announced in the Spending Review may act as a further barrier to recruitment as trainee nurses will now be accumulating significant student debts. This could particularly be the case for the sizeable proportion of trainee nurses that already carry debt from first degrees and other Higher Education (HE) qualifications acquired prior to entering nursing. It may also be more likely to deter students from lower income backgrounds.

1.12 Secondly, staff shortages in the health sector are caused by low pay. The pay freeze in the health sector has meant that by 2016, Agenda for Change salaries for NHS staff will have lost between 12% and 18% of their value since 2010.³ In a recent survey of health members by UNISON⁴, 91% of respondents cited a pay/grading related reason as one of the drivers for considering leaving. Pay for workers in the public sector is set to fall further in real terms due to the government fixing a 1% pay cap across the public sector between 2016 – 2020.

The Health Sector Journal recently conducted an investigation into the health sector which called for improved pay as a means of cutting agency spending.⁵

1.13 Thirdly, shortages are caused by a significant number of nurses nearing retirement age and the integration of health and social care. Nurses are deterred from returning to, or deterred from staying on in, the profession, due to the substantial Nursing and Midwifery Council fee increase (half the respondents to a survey in 2014 said that it wouldn't be economical for them to return to work)⁶ and the new revalidation process.

³ <https://www.unison.org.uk/content/uploads/2015/11/UNISON-PRB-evidence-FINAL-2016-171.pdf>

⁴

https://www.unison.org.uk/content/uploads/2015/09/UNISON_report_NHS_Pay_staffing_and_more.pdf

⁵ http://www.hsj.co.uk/newsletter/topics/workforce/workforce-investigation/hsj-investigation-calls-for-improved-pay-to-cut-agency-spending/7001055.article?WT.tsrc=email&WT.mc_id=Newsletter308

⁶ <https://www.unison.org.uk/news/article/2014/10/increase-in-registration-fees-for-nurses-and-midwives-is-deeply-disappointing-says-unison/>

1.14 Finally, the aging population in Britain places additional demands on the service necessitating an increase in the number of nurses needing to be trained and recruited.

If there is a national shortage of nurses, the relative pay of nurses would be expected to rise. Has this happened? If not, why not?

1.15 Salaries of nurses in the NHS are ultimately controlled by government rather than market forces or the outcomes of free collective bargaining between unions and employers. Workers in the public sector have had their pay subjected to a public sector pay policy based on a two year pay freeze from 2010, followed by a 1% pay cap. This has meant that, despite the national shortage of nurses, pay has decreased by 9.5% in real terms over the past four years. In the Summer Budget 2015, the government stated that public sector salary increases would be held at 1% up to 2020 meaning real wages will fall further even as nursing shortages rise.

What are the issues around retention of nurses?

2.1 The UNISON survey of health staff from May – July 2015⁷ revealed the reasons for staff considering leaving were as follows:

REASONS FOR CONSIDERING LEAVING	% OF RESPONDENTS WHO GAVE A REASON
Feeling undervalued due to levels of pay	58%
Staff shortages	58%
The changing nature of the NHS (eg restructuring/reorganisation)	56%
Feeling undervalued due to managers' treatment of staff	52%
Job too stressful	47%
Lack of career/promotion prospects	44%
Having to compromise on standard of care	36%
Feeling undervalued due to unfair grading	33%
Problems with patterns of working hours	23%
Offered voluntary redundancy	2%

⁷

https://www.unison.org.uk/content/uploads/2015/09/UNISON_report_NHS_Pay_staffing_and_morale.pdf

Do some areas of the UK experience a shortage of nurses while others do not? If so, what are some areas doing that others are not?

3.1 The TUC believes that there is a local and national shortage of qualified health professionals.

What are the alternatives to employing migrants?

3.2 The TUC believes in a managed migration system where non-EU migrants with skills needed by the economy have a route into the country and receive the same terms and conditions as the resident workforce. We believe migrant workers should not be used as a substitute for training workers in the domestic labour force or as a cheap source of labour. As outlined above, there is a need for investment in training and action around low wages in the sector in order to stimulate domestic employment in the sector.

To what extent are migrant nurses (whether from within the EEA or outside of the EEA) adequate substitutes for experienced nurses (whether from within the UK or outside of it)?

3.3 Migrant nurses from within or outside the EEA must be qualified to the same skill level as nurses from the UK in order to be registered. It is important, however, that the health service recruits migrant nurses on the same rates of pay and conditions as local workers. Often migrant nurses are recruited through agencies on lower rates of pay than permanent staff. These agencies also cost the taxpayer more. Between 2010 – 2014 hiring agency staff cost the NHS over £5.5 billion.⁸

3.4 There is a need to drive up training commissions. However, proposals in the Spending Review to increase trainee numbers through the reforms to the student funding system are seriously flawed. As stated before, the accumulation of significant student debts as a result of the abolition of bursaries could act as a barrier to many potential entrants. Furthermore, loading the costs of tuition on to the trainee nurse breaks the fundamental link between those trainees and the NHS as an institution and may mean that larger numbers of trained nurses opt for careers as agency nurses, outside the NHS or even outside the UK. This may be especially so as prolonged suppression of NHS pay makes alternative careers more competitive. Finally, it is unclear how the new system will work efficiently where, even if places are increased as a result of stimulating the HE market, there is not a corresponding increase in training placements and employment opportunities offered by NHS providers that continue to be subject to the unprecedented ten year funding squeeze imposed by the government on the health service.

⁸ <http://www.theguardian.com/society/2014/nov/01/nhs-spending-agency-nurses-cuts>