



Welsh Affairs Committee

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From the Chair of the Committee

Alex Howells
Chief Executive
Health Education and Improvement Wales
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CF15 7QQ

2 April 2024

Dear Alex,

The Welsh Affairs Committee is holding an inquiry into the [Impact of population change in Wales](#). Migration to Wales from other parts of the UK and internationally is an important part of population change in Wales, and we would like to understand the role of international migration in Wales's workforce. We are therefore reaching out to sector bodies and organisations to invite evidence about their perspectives.

We are particularly interested to learn more about the following:

- To what extent does international migration fill skills gaps in the healthcare and social care sector in Wales? We welcome any case studies you would like to share.
- Is the current immigration system, including the Skilled Worker visa, Health and Care Worker visa and Seasonal Worker visa, fit for purpose for both employers and prospective employees in Wales?
- What impact will announced changes to the immigration system, including the move to the Immigration Salary List and an increase in the general salary threshold for the Skilled Worker visa, have on employers and recruitment in Wales?
- Should there be a made-for-Wales immigration pathway to enable businesses in Wales to more effectively recruit people from outside the UK, which addresses Wales-specific skills gaps and reflects median salaries in Wales?
- What is the role of international migration in the healthcare and social care sector in Wales in future?
- How has Brexit impacted the recruitment of EU citizens to work in the healthcare and social care sector in Wales?
- Is Wales effectively promoting its opportunities overseas, to attract people coming from outside the UK to Wales as a place to live and work?

The Committee would be grateful if responses to the questions above could be provided by **Friday 19th April**.



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Yours sincerely,

Rt Hon Stephen Crabb MP



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Our Ref: AO/cw

Date: 19 April 2024

Rt Hon Stephen Crabb MP
Welsh Affairs Committee
House of Commons
LONDON
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Dear Mr Crabb

Thank you for the opportunity to respond to the request to inform the Welsh Affairs Committee inquiry into the Impact of population change in Wales. We hope that our response will assist in understanding the extent to which international migration fills skills gaps in the healthcare and social care sector in Wales. Where appropriate we have also included case studies and links to further information.

Q: Is the current immigration system, including the Skilled Worker visa, Health and Care Worker visa and Seasonal Worker visa, fit for purpose for both employers and prospective employees in Wales?

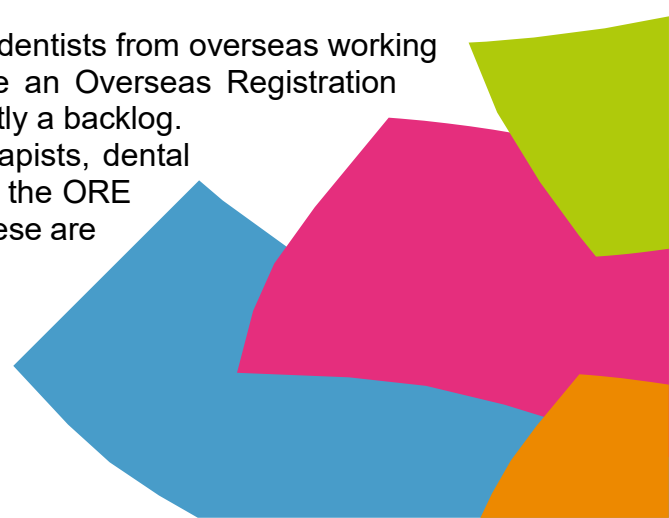
We have provided information relating to specific health professions below, however in summary we believe that the current situation would benefit from some review, particularly in relation to the length of training requirements, salary thresholds and ability to include dependents, for some roles. Specific examples are cited below,

On Pharmacy

There are five visa options open to international pharmacy students and students from England's four 'Overseas Pharmacist Assessment Programmes' (OsPAP). A visa is needed to secure a Trainee Pharmacist role on a GPhC approved Foundation Training Programme which can lead to UK registration if English language requirements are met with a pass on the registration assessment. There are around 120 Foundation training places in Wales each year. In 2023-24 there are 15% (16/103) of Wales trainees came via the OSPAP route. This suggests that students are managing to secure visas.

On Dental

The current GDC rules around international registration limit dentists from overseas working in the UK. Dentists from outside the EU have to complete an Overseas Registration Examination (ORE) which is in two parts and there is presently a backlog. There are also overseas dentists registered as Dental therapists, dental hygienists and dental nurses (1542 in total) while they await the ORE examination however, we don't have data on how many of these are



in the workforce or where they are working.

Dentists who qualified in the EU still have automatic entry to the GDC register however have to complete a Performer List Validation of Experience (PLVE) process to gain entry to the Performer's List to work in the NHS GDS. The GDC allow Temporary Registration for overseas dentists on recognised training programmes (e.g. DCT). Under SLE, NWSSP and LHBs deal with the visas as the employer, HEIW provides evidence that the dentist is on a recognised training programme to the GDC to support Temporary Registration. We have Dental Core Trainees on Temporary registration based in OMFS hospital units across Wales.

There is currently a live consultation on provisional registration rules for overseas dentists. Provisional registration for overseas-qualified dentists - GOV.UK (www.gov.uk). This would allow overseas dentists to work in Primary Care and is likely to pass prior to the summer recess and then the GDC will form rules on how this works. HEIW has had early discussions with CDO, WG and NWSSP colleagues regarding dentists from Kerala coming to work in Wales however this will depend on the rules and what is required.

On Medical

GP Training - Trainees who start GP training on arrival into Wales can complete training after three years. During their training they are employed by NHS Wales Shared Services Partnership under the Single Lead Employer arrangement. These trainees must be working for five years to be eligible for Indefinite Leave to Remain.

We believe that this is a cause of great stress as they need to find employment ready for completion of training, and they need to ensure that their new employer (mostly independent contractor GP surgeries) is willing to take on the responsibility of being a visa sponsor. There are currently only 42 independent contractor practices in Wales who hold a sponsorship licence.

Foundation Training - At application and allocation, the UK Foundation Programme is over-subscribed, with increasing numbers of IMGs involved. This would suggest that this grade of doctor could be excluded from the Shortage Occupation List, but at the start of each programme, many foundation schools have vacancies.

Q: What impact will announced changes to the immigration system, including the move to the Immigration Salary List and an increase in the general salary threshold for the Skilled Worker visa, have on employers and recruitment in Wales?

While we are mindful that there are different salary rules for healthcare and there is an Immigration Salary List which is similar to previous Shortage Occupations List and from a Social Care perspective only includes Social Workers, we understand that the key elements for our health system relating to these changes are:

- The need for jobs to be 37.5 hours per week but can be pro rata for other working patterns.
- A salary requirement of £38,700 or the job's 'standard going rate'.
- Can pay 70% - 90% of the 'going rate' for a job if that is at least £30,960 p.a. and meets a number of criteria.

The annual salaries for these jobs are based on a 37.5-hour working week. They must be pro-rated for other working patterns, based on the weekly working hours stated by the employer. As the minimum salary for healthcare jobs is £23,200 (as per list of eligible jobs), the salary for our registered healthcare professionals would be above this threshold. This may not be the case for social care support workers in the social care sector, and the impact on ability to provide social care within people's homes, has an impact on health and hospital admission/discharge.

We therefore feel that Health should remain exempt from the salary threshold and Internationally Educated Nurses who are employed in NHS Wales should be allowed to bring dependents.

Q: Should there be a made-for-Wales immigration pathway to enable businesses in Wales to more effectively recruit people from outside the UK, which addresses Wales-specific skills gaps and reflects median salaries in Wales?

HEIW believes that fragmentation from Westminster would potentially be costly to administrate in Wales. Four country representation within Westminster to work with the Secretary for State would be a collegiate way forward to better serve the UK.

Any changes that are recommended for Wales must be considered in the context of the wider health and social care system, and as recruitment into a range of trainee positions takes place via a UK system there would need to be assurance that arrangements in place in one country are transferable for example, junior doctors often undertake work outside of Wales.

We believe a benefit for GP training would be for trainees to be eligible for Indefinite Leave to Remain on award of Certificate of Completion of training, or for the eligibility to be reduced from five years to three years.

Q: What is the role of international migration in the healthcare and social care sector in Wales in future?

We know that our current workforce is not sustainable, and international migration offers us opportunity in the short to medium term. However, we recognise the global situation means that this opportunity may not continue in the longer term, and indeed the NHS England long term workforce plan confirms their intent to deliver a reduction in the reliance of international recruitment, and we must continue every effort to recruit from our Wales and UK population.

Our international nursing colleagues have always been an integral part of healthcare delivery in Wales. Cultural awareness and identifying specific needs are important in providing person centred care.

To give a specific example of international migration opportunities, if there are more OSPAP courses or a change to the 3 tier registration systems for overseas pharmacists, then we could utilise this to improve pharmacist workforce shortages. A constraint remains subsequent Foundation training capacity.

A potential supply in Kerala of pharmacy graduates (identified by NWSSP) has been identified but to date, overseas recruitment has not been actively pursued as registration would be constrained by OSPAP courses and Foundation training.

Any change to the recruitment process for the UK Foundation Programme is likely to require a 4-nation decision. There are calls to prioritise UK medical school graduates.

Q: How has Brexit impacted the recruitment of EU citizens to work in the healthcare and social care sector in Wales?

Health Boards and Trust are likely to have more granular employment data to respond to this question. However, we understand that Brexit has had no known direct impact on medical recruitment to the UK FP, with applicants from the EU seeing no change to their eligibility.

The removal of the Professional Qualifications Act led GPhC having to consider international registration arrangements. They are currently considering options i.e. a 3-tier system because EEA pharmacists/pharmacy technicians fall under the changes.

Q: Is Wales effectively promoting its opportunities overseas, to attract people coming from outside the UK to Wales as a place to live and work?

HEIW leads the effective and continually developing Train.Work.Live. (TWL) national and international attraction campaigns, which are designed to market NHS Wales as an attractive place for healthcare professionals to train and work, as well as showcasing the benefits of living in Wales. These campaigns support the supply of the current NHS Wales workforce and contribute to the workforce pipeline to meet the future demands.

TWL launched its first campaign in 2016, a medical campaign to attract doctors, with a focus on GPs. TWL has since developed to include Nursing and Midwifery, Pharmacy, Dental and Mental Health campaigns. TWL is required to be responsive to agreed priorities for example, we have the dental Train, Work, Live campaign currently live, and when the rules are changed, we have material ready to use to promote working in dentistry in Wales.

Recruitment activity has and continues to be undertaken on a local level by Health Boards, or by individual GP practices, as well as by HEIW and NHS Wales Shared Services Partnership (NWSSP). Each Health Board and Trust has their own local identity and therefore their own marketing approach. The TWL campaign has provided a more consistent approach with a national identity and supportive messaging. TWL campaigns are run on an All-Wales basis.

TWL has various levels of campaigns which include, national and international strategic campaigns to support key initiatives as well as smaller localised campaigns where Health Boards can develop their own campaign using TWL branding and collateral.

Recent support has also been given to the International Recruitment team at NWSSP with their in country recruitment events by providing promotional materials and merch. In January 2024, TWL and NWSSP attended ANCIPS (Annual National Conference of Indian Psychiatric Society) in India in collaboration with NWSSP, which resulted in a number of offers of employment.

Our UK specific campaigns also generate some interest from overseas, including a UK schools of pharmacy target generating small numbers of overseas enquiries each year (c5) and a recent digital campaign that was live in England promoting mental health careers in Wales, TWL saw more than 20% of enquiries coming from overseas.

Our Schools of Pharmacy are active in promoting their courses overseas. For undergraduates, Welsh Schools of Pharmacy (Swansea, Cardiff), similarly to all Schools of Pharmacy in the UK, actively recruit international students to their courses.

As stated above, there is over-subscription to the UK FP from within and outside the UK, so further promotion overseas would seem unhelpful. However, the need to fill vacancies, albeit often at short notice, might be seen as an opportunity to coordinate any promotion overseas.

I hope you find this contribution helpful, if you wish to have any further information please contact Clem.price@wales.nhs.uk or Angie.Oliver@wales.nhs.uk.

Yours sincerely



ANGIE OLIVER
DEPUTY DIRECTOR OF WORKFORCE & OD