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Rt Hon Amber Rudd MP  
Home Secretary  
Home Office  
2 Marsham Street  
London  
SW1P 4DF

5 February 2018

Dear Home Secretary

**Re: Demand for restricted certificates of sponsorship, Tier 2**

Our organisations represent both employers and the medical profession within the NHS.

We are writing to highlight the serious impact of the number of rejections for restricted certificates of sponsorship, particularly for doctors, and to offer our support in finding a solution that works for Government, employers, individuals and our patients.

Whilst our focus is ensuring the current system works for the NHS, we are keen to ensure that it works for both business and the wider public sector. We are also mindful of the significant efforts required from Home Office colleagues to design and build a new model for managing EEA migration and the transition to settled status for those EEA nationals currently living in the UK and we have taken this into consideration in developing a suggested way forward.

In this letter we outline:

- our understanding of the issue,
- the impact of the rejections on service delivery, cost and reputation,
- a policy solution for your consideration.

**The issue and demand for clinical staff in the NHS**

We know that the demand for nurses to work in all types of healthcare setting, across the UK, is continuing to increase. We also know that the demand for nurses from overseas is having a direct impact on the availability of restricted certificates of sponsorship for other professionals, including doctors and pharmacists from within our sector and a range of skilled occupations from across business.

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The doctors who have been offered employment subject to a visa are required to provide clinical care to patients. Without them, this has a direct impact on waiting times and temporary staffing costs, both of which are priority areas for employers and the Government.

Whilst there is a significant amount of work underway at both a national and local level to increase the supply of clinical professionals and retain our existing talent, there is and will remain an on-going need to attract clinical staff from outside the UK.

### **Impact of the rejections on service delivery, costs and reputation**

The impact of delays in recruiting staff to clinical roles has three core elements:

- it reduces the availability of clinical staff to see patients,
- it increases temporary staffing costs as NHS organisations are required to provide clinical cover in hospitals 24-7,
- it affects the reputation of the NHS both with the domestic population around ability to manage demand, and confidence and credibility overseas within the global medical professional community.

An example of how this translates at a local NHS trust level:

One orthopaedic doctor vacancy required the employer to use locums to fill the gap at a cost of £100,000 per annum, around double the cost of an NHS employee.

The employer found a full-time replacement from overseas who could start in February 2018. The doctor is ready to travel to the UK to start work however without the certificate of sponsorship the doctor remains overseas, the employer has a vacancy in the department, is needing to reduce planned patient facing activity during the daytime and will need to pay enhanced costs to cover the out of hours work.

At a time when we are all seeking to build confidence in the UK economy and maximise its attractiveness to countries beyond the EU it is important that all policy is aligned to delivering that goal.

Whilst we have a number of policies designed to increase the UK trained clinical workforce through additional training places and retain existing talent we also need to continue to attract doctors and nurses from overseas to support the delivery of our NHS.

### **Policy suggestion**

Our proposal is to retain the current cap on restricted certificates of sponsorship for the short term and to exclude applications for shortage occupation roles from the allocation process.

Excluding shortage occupation applications from the tier 2 cap will help alleviate pressure in the system now and work for employers across all sectors and Government in the short term whilst the UK navigates through a complex Brexit negotiation.

We believe our suggestion provides a pragmatic and considered approach which allows Government to retain its commitment to focus on managing migration. It also enables the NHS to employ the doctors it has recruited in recent months and who are needed now to manage the patient demand in the system.

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## Next steps

We would welcome a further conversation with you to work through the feasibility of this proposal or any other suggestions you may have which enable us to achieve the same end goal.

We look forward to hearing from you.

Yours sincerely



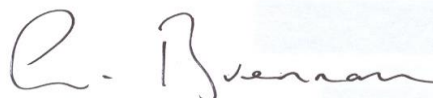
Daniel Mortimer  
Chief Executive, NHS Employers



Professor Jane Dacre  
President, Royal College of Physicians



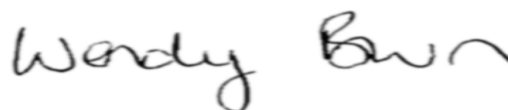
Professor Lesley Regan  
President, Royal College of  
Obstetricians and Gynaecologists



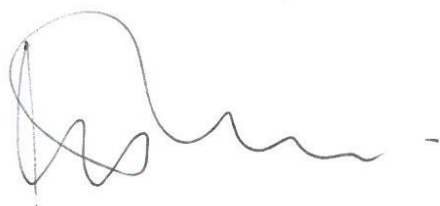
Dr Liam Brennan  
President, Royal College of Anaesthetists



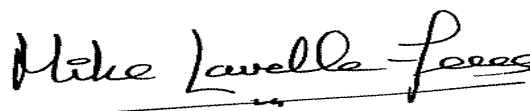
Dr Chand Nagpaul  
Council Chair, British Medical Association



Professor Wendy Burn  
President, Royal College of Psychiatrists



Professor Carrie MacEwan  
Chair of the Academy of  
Medical Royal Colleges



Professor Michael Lavelle-Jones  
President, Royal College of Surgeons of Edinburgh



Professor Derek Alderson  
President, Royal College of Surgeons

cc. Rt. Hon. Jeremy Hunt, Secretary of State for Health and Social Care  
James Kent, Special Advisor to Prime Minister