



## Policy Briefing

### Migration and the health and care workforce

#### Introduction

The health and care sector is currently facing significant pressures on its workforce, in what the House of Commons Health and Social Care Committee (HSCC) has described as a “[workforce crisis](#)” with vacancy rates increasing sharply since the pandemic. The Office for National Statistics (ONS) estimated that vacancies in the UK’s health and social work sector peaked at 217,000 in July-September 2022, before falling somewhat in late 2022 and early 2023. (Note that these figures include social work jobs that are not part of the health and care sector.) At its peak, the vacancy number was equivalent to five vacancies per 100 employee jobs.

The recruitment of non-EU citizens on skilled work visas in the health and care sector increased from 2017 onwards, with a particularly sharp increase in 2021 and 2022. In 2022, just over 73,000 main applicants were sponsored for skilled work visas in the health and care sector and the number continued to rise in early 2023. The scale of recent health workforce recruitment from overseas greatly exceeded the previous peak, which took place in the early 2000s after the Labour Government promised a substantial increase in NHS staffing.

This number of overseas hires is unprecedented in the UK’s post-war history and accelerates an existing trend of growing reliance on migrant workers to staff the NHS and the care sector. Health and care employers benefit greatly from the ability to recruit internationally, although if this reliance persists long term, it also brings vulnerabilities, including exposure to international competition for health workers and risks of exploitation in the care sector.

#### Key points

- The health and care industries faced significant staff shortages in 2023, with high vacancy rates in the NHS in England despite a growing clinical workforce.
- The UK immigration system admitted unprecedented numbers of overseas health and care workers in the year ending March 2023: almost 100,000 people, making up the majority of Skilled Worker entry visas.
- The NHS in England has become more reliant on overseas health professionals over the past five years. Half of secondary-care doctors registered with the General Medical Council in England in 2022 had received their primary medical qualification abroad (excluding trainees).
- Overseas health and care workers come primarily from non-EU countries. EU nurses played a substantial role in NHS recruitment in the early 2010s but this was a temporary phenomenon.
- Reliance on international recruitment varies across the nations and regions of the UK and among NHS hospital trusts.
- Immigration policy has not been a barrier to the large-scale recruitment of overseas health professionals post-pandemic. Increased reliance on overseas health and care workers brings financial benefits but also creates risks to sustainable recruitment in the future, as well as risks of exploitation.

## Background

The increase in non-EU work visa holders was initially driven primarily by nurses but this changed in 2022 with substantial recruitment in care and senior care worker roles. Senior care workers became eligible for skilled work visas in January 2021 and care workers in February 2022.

The move to make care workers eligible for skilled work visas followed a recommendation by the [Migration Advisory Committee](#), which concluded that the end of free movement after Brexit had exacerbated existing shortages caused by poor pay and conditions in the sector. However, available data suggest that the number of care workers sponsored on skilled work visas in 2022 will have greatly exceeded the number who would have come annually under free movement.

In the year ending March 2023 just under 26,000 nurses and approximately 57,700 care or senior care workers received entry visas. Clinical and managerial roles in health and care comprised 59% of all entry visas issued under the skilled worker category that year. As a result, the health and care sector has been the most important driver of [overall increases](#) in work-related migration.

The share of workers in the residential care sector who worked for an employer that [held a sponsor license](#) increased from 10% to 39% from February 2022 to March 2023 – the first 13 months after care workers became eligible for skilled work visas. [Skills for Care](#) found that the share of new starter employees who had arrived in the UK from overseas to start an adult care job had increased from 2% in 2020-21 to 11% in 2022, suggesting a substantial increase in the importance of overseas recruitment in the care industry, despite the end of free movement. (Note that data for previous years are not available and 2020-1 figures may have been unusually low due to the pandemic.)

## The NHS in England has relied on a growing share of non-UK staff to increase the size of its clinical workforce

The share of overseas nationals among doctors, nurses and midwives in the NHS in England's hospital and community health service workforce increased from a low of 15% of those with known nationality in September 2013 to 21% in September 2021. Doctors were more likely to be non-UK or Irish nationals (30%) than nurses and health visitors (21%) or midwives (6%). The pattern in Wales is different: there, the share of non-EU workers has been broadly stable while the share of EU workers [has declined](#).

The increase in the NHS in England's non-UK workforce has been part of a larger expansion of the number of clinical staff. In particular, the number of doctors and nurses of all nationalities increased more from 2018 to 2021 than in previous years. Medical and nursing training takes several years, which means that in the short term it is difficult to sharply increase the size of the workforce using recruitment of UK nationals. Migration is often positioned as a short-term solution alongside longer-term ones that focus on local recruits. For example, the [NHS England Interim People Plan](#) (2019) noted that while international recruitment would help to "increase supply rapidly," the NHS must "drive towards a supply balance for the nursing that meets the demands of health and care services, centred on a domestically grown workforce".

In the three years to September 2021, non-UK or Irish nationals accounted for most of the expansion in the number of doctors and nurses employed in the NHS in England's hospital and community health services workforce. The net increase during this period was around 8,600 for UK or Irish doctors, compared to 9,700 for overseas workers

(FTE figures). Among nurses, the number of UK or Irish nationals increased by 14,500, compared to 22,200 for other nationals, according to NHS Digital data.

## **Overseas health professionals come primarily from non-EU countries**

Traditionally, most non-UK or Irish staff in the NHS have been from non-EU countries rather than the EU. EU citizens joined the NHS hospital and community health workforce in England in substantial numbers during the mid-2010s, although the share of non-UK nationals from the EU peaked at 39% in 2016 and fell back to 30% by September 2021. In September 2021, 20% of non-UK nurses and health visitors working in the NHS in England were EU citizens, as well as 22% of doctors and 34% of people in support roles to nurses, doctors and midwives.

### *Doctors*

Among doctors, non-EU citizens have always made up the majority of new overseas NHS joiners in England. Even during the peak of EU health workforce recruitment from 2013-2016, 90% of overseas doctors were from non-EU countries. Note that this pattern does not apply in all specialities, though. Some – such as anaesthetics and cardiothoracic surgery – have been more reliant on EU workers and more affected by the end of free movement than others, according to [Nuffield Trust analysis](#).

### *Nurses*

The main countries of origin for people joining the Nursing and Midwifery Council (NMC) register for the first time have shifted dramatically over the past decade (Figure 6). During the mid-2010s, people trained in EU countries were the main source of new joiners. Higher EU recruitment was a temporary phenomenon during a period in which overall EU migration to the UK was [unusually high](#) by historical standards. The number of EU nurses joining the register fell sharply after the EU referendum. This decline took place at the same time that overall EU migration was falling sharply as the [UK became less attractive](#) to EU migrants across the board, and was also exacerbated by an early 2016 change in [licensing requirements](#) for people with EU qualifications. By 2021/2, however, 97% of overseas-trained people joining the NMC register were trained in non-EU countries.

### *Care workers*

In 2022, 99% of care workers sponsored for work visas in the UK were from non-EU countries, with only 1% coming from EU countries, according to data obtained through a Freedom of Information request (75614).

## **Reliance on international recruitment varies across England**

Some parts of the NHS in England rely more heavily on overseas health professionals than others. In September 2021, non-UK or Irish citizens comprised just under a quarter of London's hospital and community health workforce but only 7% in the North-East and Yorkshire. Different regions' reliance on overseas health professionals also varies by role. For example, most regions have a higher share of overseas doctors than nurses but this is not the case in London and the South East. In London, NHS hospital and community health employers rely more heavily on overseas citizens as nurses (32%) than doctors (27%). The share of doctors in London with non-UK or Irish nationality is below the England average, which is unusual for London where migrant shares across the workforce and population tend to be higher than in other regions.

In September 2021, non-EU nationals outnumbered their EU counterparts in every region of England. Relative reliance on EU workers was greatest in London, where EU citizens made up 36% of overseas doctors and 24% of overseas nurses and health visitors. A recent study found that the existing make-up of the workforce influenced overseas nurses' location decisions and that trusts that already employed workers of the same nationality were [considered more attractive](#). Nursing positions outside of London were also more attractive for some nurses because of the high cost of living in the capital.

## **Will the overseas recruitment boom persist?**

In the past, spikes in overseas recruitment have been temporary. For example, large-scale recruitment of overseas nurses in the early 2000s [abruptly declined](#) in the middle of the decade when increasing numbers of domestically trained nurses started to enter the workforce. However, the scale of international recruitment in 2021-2 was much larger than the previous peak suggesting greater reliance.

## **Implications for the development of policy**

Policy makers have more control over the health and care labour markets than most other sectors – government bodies fund training places and set pay and conditions in the NHS. They also indirectly influence pay and conditions in social care, where private-sector organisations are commissioned by local authorities using public funding. In principle this means that the pipeline of domestic workers could be bolstered by increasing the number of training places or increasing wages. However, this has a cost and policy makers face a trade-off between the ease and comparatively low cost of short-term reliance on overseas workers, and the longer-term risks of shocks to international recruitment and challenges monitoring working conditions.

The UK's ability to 'ramp down' the current high levels of international recruitment and increase employment from within the UK would depend on a combination of factors, including demand, retention of existing health professionals and whether increases in training capacity domestically are sustained.

Shortages in the health and care workforce do not seem to result from immigration policy. The high number of health and care visas that the UK has issued in recent years suggests that the UK has been an attractive destination and employers in the sector have been able to overcome the barriers that immigration policy can create.

Some health and care employers may find it more difficult to recruit non-UK workers than others. For example, the end of free movement may have had a greater impact on certain specialisms that were unusually reliant on EU citizens. The Health and Social Care Committee has also pointed out that it can be more [difficult for GP practices to sponsor workers](#) because they are small organisations, and the shorter duration of their training means they will not necessarily have permanent immigration status by the end of their GP training.

In the medium to long term, UK health and care employers' ability to recruit sufficient staff is likely to depend primarily on policies to improve recruitment and retention among domestically trained workers, who make up the majority of the workforce. However, the NHS produces workforce plans on an irregular basis, and the care sector has no formal workforce planning. An independent expert panel set up by Health & Social Care Committee in 2022 also criticised the [lack of strategic planning](#) for the care workforce. The [Migration Advisory Committee](#) published a report in early

2022 arguing that poor pay and conditions had led to substantial shortages in care. It recommended increasing the salary for care workers above the minimum wage to attract and retain workers in the sector. It also recommended making care workers eligible for skilled work visas. The Home Office implemented the immigration recommendation in 2022 but, at the time of writing in June 2023, no action had been taken on the pay recommendation. Poor pay and conditions will likely be an important factor behind the surprisingly high demand for care workers sponsored from non-EU countries in the past year.

Policy development would also be aided by plugging the evidence gaps and addressing existing data limitations.

Given the importance of international recruitment in the current health and care workforce, more detailed data on the outcomes and retention of recent international recruits would greatly improve understanding of their role in the workforce. For example, Home Office statistics provide information on the [‘stay rates’ of work visa holders by nationality](#), but not by occupation or industry. Data on movement between industries – for example, migrants’ propensity to move in and out of health jobs – could in theory be derived from HMRC records and would also help illuminate the factors affecting retention.

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- This paper was authored for ReWAGE by Madeleine Sumption (Director of the Migration Observatory, University of Oxford) and Zachary Strain-Fajth (Researcher, the Migration Observatory, University of Oxford). Thanks to Mark Dayan, Lucinda Rolewicz, William Palmer, and Chris Warhurst for comments on an earlier version of this briefing. Thanks to Hector Hurmuz-Sklias for creating the visualisations.
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## About ReWAGE

- ReWAGE is an independent expert advisory group modelled on SAGE that is co-chaired by the Universities of Warwick and Leeds. It analyses the latest work and employment research to advise the government on addressing the challenges facing the UK’s productivity and prosperity, such as Covid-19, the cost-of-living crisis and labour shortages.
- For more information visit: <https://warwick.ac.uk/fac/soc/ier/rewage/>
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## About the Migration Observatory

- The Migration Observatory at the University of Oxford provides independent, authoritative, evidence-based analysis of data on migration and migrants in the UK, to inform media, public and policy debates, and to generate high quality research on international migration and public policy issues. The Observatory's analysis involves experts from a range of disciplines and departments at the University of Oxford.
- The Migration Observatory receives core funding from the Paul Hamlyn Foundation, the Barrow Cadbury Trust and the Esmée Fairbairn Foundation, and has also received support from the Economic and Social Research Council (ESRC).
- The Centre on Migration, Policy and Society (COMPAS), where the Migration Observatory is based, conducts high quality research in order to develop theory and knowledge, inform policy-making and public debate, and engage users of research within the field of migration. For further details see the COMPAS website: <https://www.compas.ox.ac.uk/>