

CSP's position on the Home Office 'Shortage Occupation' List

The list sets out which occupations have preferential treatment in the allocation of visas for overseas workers. It is drawn up by the Migration Advisory Committee (MAC). The MAC are a group of independent academics. They apply three tests to determine who gets on the list:

1. Is the role sufficiently skilled to be included?
2. Is there enough evidence of a clear shortage across the UK as a whole, or Scotland as a whole?
3. Can the shortage be met through domestic action in a reasonable time?

Physiotherapists and support workers are not on the latest (MAC) list.

Physiotherapists would meet the level of skills required to be included but support workers would not. The remainder of this paper sets out CSP's position on physiotherapists NOT being included in the list.

The benefits and risks of SOL status:

Benefits:

- If achieved, it will aid members coming to the end of Tier Two Visas
- It will assist services seeking to recruit overseas
- It will provide "independent" support for our view that there is a supply issue in the profession, which could help campaigning for more training places

Risks:

- Potentially this undermines our position of not seeking to rely on overseas staff.
- Health Education England (HEE) may give contradictory evidence undermining our credibility
- Without strong evidence there is a high risk of being rejected, and this would undermine our argument that we are in shortage
- If accepted it may take the pressure off governments to train more physiotherapists.
- It potentially detracts from CSP message that the supply of physiotherapy graduates is increasing and should be translated into increase staffing to meet population needs

Evidence of a shortage across the UK, or in Scotland

The CSP believes there is a shortage of physiotherapists in all parts of the UK. This is based on strong evidence of demand and supply trends.

While there has been overall growth in the supply of physiotherapy graduates across the UK, this is not uniform across the UK. And even in areas of strongest growth, it still falls short of the growth needed to meet population need. However, this is not the same as having the sort of evidence what will convince labour market economists and migration experts on the MAC.

The CSP has been undertaking a review of the supply and demand for physios and physio support workers in each UK country. This is the first comprehensive attempt to bring together NHS, MoD, university, CSP and other data. We believe this all points to the need to continue to increase supply. Unfortunately, there are gaps in the data which means we don't feel it robust enough for the MAC.

Could physiotherapy shortages be met another way?

Given the success in expanding pre registration places across the UK as a whole, and the focus of the CSP on this as the main way to address workforce supply, it would be difficult to argue that we can't address workforce shortages within the UK.

At UK level physiotherapy education and student growth is sustained by high levels of interest in the profession as a career option, a strong appetite among HEIs to develop and deliver pre-registration programmes, low levels of attrition and high levels of students becoming practising physiotherapists. These characteristics are not seen among many other professions.

However for Scotland and Northern Ireland, there is clear evidence that there are not enough student places for domestic needs.

Why some other AHPs are on the list

SLTs, paramedics, radiographers and OTs are on the list. We have not yet been able to review the evidence relating to these groups in detail, but we are aware that:

- for paramedics employers have evidenced their challenges recruiting and can point to qualified staff overseas who they could recruit
- OT was the subject of an academic study which suggested a shortage
- there are currently problems recruiting students onto some OT and radiography courses.

The status of nursing

Nursing has long been on the list. The MAC did undertake a special report into nursing. This suggests significant differences between the nursing and physiotherapy workforces. Unlike physiotherapy, nursing was found to have a significant proportion of nurses approaching retirement and a high drop out rate.

The report recommended that the inclusion of nursing should be seen as only a temporary measure and that efforts should be made to increase the numbers of nurses trained in the UK.

Recruiting internationally to solve our workforce shortages

Having a visa is not the only hurdle. Overseas trained physios have to be assessed individually by the HCPC before they can be registered and practice in the UK. Scope of practice and educational curricula can be very different in other countries. So, unlike medicine and nursing, there is not the same ease of moving between countries.

We are only aware of a couple of employers who have tried targeting overseas physios, and then only in the Republic of Ireland. Ireland is itself predicting a shortage of physios in the next few years so this does not seem a very likely source of additional staff.

The CSP's Policy on overseas physios

Council's approved policy is:

Support for developing healthcare systems

There has long been international mobility amongst physiotherapists. This has enabled physiotherapists to work across the world and has encouraged the sharing of best practice internationally. Whilst we welcome the ability of physiotherapists to move between countries, the CSP believes that the UK should not be a net importer of physiotherapy professionals.

We support WCPT and WHO policies to protect developing healthcare systems from large-scale recruitment of healthcare professionals by developed healthcare economies. In the long-term the UK should meet its own workforce needs though training more physiotherapy staff.

We believe the UK has a responsibility to support physiotherapy education in developing health systems and to train overseas physiotherapists in the UK. Whilst the UK continues to rely on overseas physiotherapy staff, it is especially important that we support the development of physiotherapy internationally.

Supporting overseas-qualified physiotherapists in the UK

We face a serious and immediate shortage of physiotherapists in the UK. Colleagues from around the world are vital to meeting the needs of patients. They are welcomed and supported by the CSP.

HCPC processes ensure that overseas-qualified physiotherapists practicing in the UK are safe, competent and equal to those trained in the UK. The CSP supports these processes.

Given the failure of workforce planning to ensure adequate training of UK physiotherapists, the loss of overseas-qualified physiotherapists from the workforce will add particular pressure to services, affecting both the public and colleagues.

We therefore support:

- the right of European physiotherapy professionals working in U.K. or Crown Dependencies to remain after the UK leaves the European Union.
- lowering of the salary level at which health workers are eligible for visa renewal beyond five years, to the national average salary.
- allowing overseas physiotherapy students who qualify at U.K. institutions to automatically be able to work in the U.K. after graduation.

We will keep under review the option of seeking shortage occupation listing for physiotherapy.

The prospect of the UK leaving the European Union could have negative implications for our members living or working in Europe and for their patients. We therefore support:

- the right of British physiotherapy professionals working in the EEA to remain in Europe after the UK leaves EU
- the continuation of the Common Travel Area between the Republic of Ireland, UK and Crown dependencies.

Valuing overseas staff

We are committed to seeking a change in the basis for visa policy, so that social value rather than economic value is used.

The UK relies heavily on overseas nationals within the health workforce to maintain safe services. We face estimated physiotherapy vacancy rates of 4,000 across the UK and this could treble with the loss of many experienced and valued colleagues and friends.

We regret that European healthcare staff are leaving the UK, while other colleagues face being told they are ineligible to remain here because they do not earn enough to qualify for a visa (The £35,000 minimum salary required for a visa extension is beyond most band 6s).

The CSP will work through the TUC, Cavendish Coalition and others to lobby the UK government to recognise the value of the roles performed by overseas health and care staff, rather than using their incomes, when setting future immigration rules.

CSP's lobbying on work visas for physios

We keep the option of making a case to be on the list under regular review. Having reviewed the evidence and our degree of confidence in what others such as HEE might say, we did not make a submission this time round. We judged that it was highly unlikely to be successful.

However, we are actively engaged in lobbying to change the system. Previous physiotherapy specific approaches to the Home Office have been rebuffed, so we are focussing on working through the Cavendish Coalition to press for reform of the visa system. This allows us to gain the support of employers, other professions and unions and of the universities for our case.

The Home Office are consulting on new work visa arrangements post Brexit. They have suggested that significant changes to the immigration system may result in there no longer being a need for the list. The CSP is involved in these discussions through our active involvement in the Cavendish coalition.

The Scottish Government's unsuccessful submission to the MAC for the inclusion of physiotherapy

The Scottish Government neither advised us about their submissions, or sought our support. Had they done so we would have provided what evidence we do have to support their submission and may have made a different decision on representations to the MAC.

Unfortunately their evidence seems to have been taken as evidence of a lack of a significant problem.

What else the CSP is doing to address workforce shortages

We are working with employees, universities and government agencies in all four UK countries to:

- encourage the continued expansion of pre reg training. This is likely to be the solution best able to provide the volume of chartered physios we need. There is a particularly acute need for this in Scotland and Northern Ireland where insufficient numbers of physios are being trained for existing service needs.

- develop pre registration apprenticeships as an alternative route to qualification. At the moment this is only available in England but there is the potential for this to be developed across all UK countries.
- support the development of return to practice schemes. These are currently only operating in England although there has been some suggestion that the Scottish Government may also be interested in such a scheme
- promoting the recruitment of more, and the upskilling of, support workers so that they can release qualified physios to do more of the things that only they can do.

How else services can address vacancy problems

The underlying problem for all services is a lack of supply. Services can't resolve this directly, but there are things they can do to help the long term solutions and things they can do to minimise the impact of shortages.

- Services can help address the long term supply by taking more students and returners on placement. Without the placements we can't train the students.
- In some areas services are expanding their support worker numbers and investing in training support workers to do more work, freeing up qualified staff to do what only they can do.
- Other services are addressing barriers to retention, for example developing more flexible working options for physios and physio support workers.