Memorandum of evidence from the BMA - EU Justice Sub-Committee inquiry on Brexit: acquired rights

October 2016
About the BMA

The British Medical Association (BMA) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. The BMA is committed to safeguarding the future of the profession and the patients we serve. As the representative of over 168,000 of the UK’s doctors, we must be consulted and involved in any negotiations to leave the EU which would affect the medical profession, the NHS, and public health services including, for example, immigration, regulation and training, employment rights, a wide range of public health measures and more.

The BMA is a member of the Cavendish Coalition, a coalition of 29 health and social care organisations, which is seeking certainty for the current health and social care workforce originating from the European Economic Area (EEA) to remain in the UK. The coalition is also seeking to create a sustainable workforce supply and to ensure standards of care are maintained as the UK withdraws from the EU.

Introduction

The outcome of the EU referendum has created great uncertainty for EU nationals currently living, working, or studying in the UK regarding their future immigration status. It has also created uncertainty for UK nationals who are living, working or studying in other EU states, and for EU nationals outside the UK who might otherwise have planned to come to the UK to work or study. It is vital the government offers these individuals the clarity and reassurance they need regarding their future status in the UK. The government has acknowledged how damaging such uncertainty is for both EU nationals working in the UK, and for UK nationals in the EU in its white paper, ‘The process for withdrawing from the European Union’.

The EU Justice Sub-Committee’s inquiry on ‘Brexit: acquired rights’ is particularly timely. The potential impact of any changes to the current EU policy of freedom of movement must be thoroughly scrutinised: this is essential in key public services such as the NHS and care sector to aid workforce planning and to ensure safe staffing levels and quality of patient care are maintained.

Executive summary

- A significant number of EU nationals work in health and social care organisations across the UK. The EU’s policy of freedom of movement and mutual recognition of professional qualifications facilitates this, by helping NHS trusts and providers ensure gaps in the UK medical workforce are filled quickly by qualified workers with the appropriate level of training and education.
- There are approximately 135,000 EU nationals working in the NHS and adult social care system in England. This represents about five per cent of the NHS workforce and six per cent in adult social care.
- In 2014, more than 10,000 doctors working in the NHS (6.6% of the UK medical workforce) received their primary medical qualification in another European Economic Area (EEA) country with additional staff working in public health and academic medicine; these workers are vital to our NHS and the health and success of the country.
- The ongoing political uncertainty surrounding the future of EU nationals living and working in the UK will inevitably lead to some of these doctors leaving the UK. The government must offer these highly skilled professionals the reassurance they need regarding their rights to live and work in the UK. Specifically, we believe these highly skilled professionals should be granted
permanent residence in the UK. This would provide stability both to these individuals and to NHS workforce numbers

- The government announced plans to fund the training of up to an additional 1,500 students through medical schools each year from 2018, with the intention of expanding the supply of UK trained doctors and reducing the NHS’s reliance on doctors from overseas. Given that it takes at least a decade for extra places at medical school to produce more doctors, this initiative will not stop the NHS from needing to recruit international doctors from within the EU and overseas, who bring great skill and expertise to our health service

- The immigration system must remain flexible enough to recruit doctors from overseas, especially where the resident workforce is unable to produce enough suitable applicants fill vacant roles.

Freedom of movement: impact on the NHS and university sector workforce

1. Much of the rhetoric about immigration during the EU referendum campaign focused on the pressures increased immigration has placed on public services including the health service, housing and schools. Studies looking at migrants arriving in the UK since 2000 show they have made a positive contribution to public finances, paying more in taxes than the value of public services they have used. We believe it is important to acknowledge the contribution made by European migrants, including doctors, in delivering and sustaining public services, such as the NHS, care services, and our universities.

2. The EU’s principle of freedom of movement of people and the mutual recognition of professional qualifications within the EU has enabled many health and social care professionals from countries within the EEA to work in the UK. There are approximately 135,000 EU nationals working in the NHS and adult social care system in England, representing about five per cent of the NHS workforce and six per cent in adult social care. In 2014, 10,242 doctors (6.6% of the UK medical workforce) received their primary medical qualification in another European Economic Area (EEA) country.

3. Doctors from the European Union have become essential members of the UK’s medical workforce and the NHS is dependent on them to provide a high quality, reliable and safe service to patients: our health service would not be able to cope without them. These highly skilled professionals have enhanced the UK health system over the years, improving the diversity of the profession to reflect a changing population, bringing great skill and expertise to the NHS and filling shortages in specialties which may otherwise have remained empty.

4. We are asking the government to urgently take steps to give EU nationals working in the NHS the certainty and reassurance they need regarding their future status in the UK. Given the vital service they have given to the NHS and to medical education and research, and because of the length of time it takes to train a doctor, the government must offer these highly skilled individuals from the rest of the EU reassurances about their future rights to live and work in the UK. Not doing so risks undermining workforce planning in the NHS but also the ability of the health service to maintain safe staffing levels and patient safety.

5. We believe EU doctors and academic staff should be granted permanent residence in the UK. This would provide stability to these individuals and to NHS workforce numbers in the longer term.
6. UK-based researchers and staff from other EU nations must also be given the right to continue to live and work in the UK. This is vital given the collaborative nature of most medical research and the key role medical academics play in educating and training doctors and other healthcare professionals. We also note that 15% of all academic staff at UK universities are originally from other EU nations. Equally, it is essential that the government seeks to secure opportunities for UK researchers to gain experience in other EU nations. Both measures are vital for continued collaboration in medical research, in securing the future of the UK’s pharmaceutical and bio-medical sectors and to ensure that the UK continues to have the opportunity to shape the EU’s research and innovation agenda.

7. We note the workforce reforms proposed by the Secretary of State for Health for the government to fund the training of up to an additional 1,500 students through medical schools in 2018, with the intention of expanding the supply of UK trained doctors and reducing the NHS’s reliance on doctors from overseas. It is essential that alongside any increase in medical student numbers, there must also be an increase in foundation training places for these students to fill.

8. The government has outlined its ambition for an NHS that is 100% self-sufficient. However, we believe medicine thrives on the interchange of experience, knowledge and training across countries and backgrounds: closing our borders would be bad for medicine, bad for patient care and bad for medical research.

9. This announcement is symptomatic of the government’s poor workforce planning, which has meant that the health service is currently facing huge and predictable staff shortages. Given that it takes a decade for extra places at medical school to produce more doctors, this announcement will tackle neither the current shortage of doctors nor reduce the NHS’s continued need to recruit highly skilled staff from overseas.

10. It will be essential, therefore, that the NHS and university sector retains the ability to recruit professionals quickly and easily from overseas when there is an insufficient number of professionals within the resident workforce to fill shortages in specialties. This will remain the case once Brexit takes effect: the immigration system must remain flexible enough to recruit doctors from outside the UK where necessary.

11. We would also be deeply concerned about any proposals in the future to impose limits on the number of EU doctors able to work in the EU. There is a risk that the creation of a cap on EU migration would deter some doctors from seeking to work in the UK at all, and instead favour countries which are more conducive and supportive of an international workforce.

12. The introduction of much stricter restrictions for non-EU workers entering the UK since 2010 has had a detrimental impact on NHS and recruitment and workforce numbers. Shortages in the nursing workforce have become so acute that nurses have been added to the shortage occupation list to allow hospitals to recruit from outside the EU with no cap on numbers. If similar restrictions were to be brought in for EU workers following the UK’s decision to leave the EU, it would be crucial to ensure that sufficient provision was made for healthcare workers through flexibility in the UK immigration rules.
13. To conclude, as the representative of the UK’s doctors, the BMA must be consulted and involved in any negotiations which would affect the medical profession, the NHS, and public health services. This is vital to ensure doctors and medical students continue to be able to deliver the highest standards of patient care once the UK leaves the EU.

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October 2016