BMA Scotland written submission - Home Affairs Committee - Immigration evidence session

BMA Scotland
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The British Medical Association is a politically neutral registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of over 168,000. In Scotland, the BMA represents over 16,000 members.

**BMA Scotland concerns regarding the impact of Brexit on immigration**

BMA Scotland has highlighted a number of concerns regarding the status of European doctors following the Brexit vote.

A recent BMA survey of EEA (European Economic Area) doctors working across the UK has found that more than four in ten are considering leaving the UK following the EU referendum result.

Around 10,000 doctors working in the NHS across the UK qualified in other EEA countries, with many more working in public health and academic medicine. These staff play a vital role in Scotland’s hospitals and GP surgeries, look after vulnerable patients in the community, and conduct vital medical research to help save lives.

The NHS in Scotland is facing ongoing medical recruitment and retention difficulties and any loss of EEA doctors would make these problems significantly worse with resulting issues for patient safety.

This would be compounded by any changes to EU migration which the UK Government has indicated will result in restrictions to free movement between the UK and the rest of the EU following Brexit.

At the end of 2016, the Scottish Government published a paper outlining its stance on Brexit which included recognition of the essential contribution that European doctors make to Scotland’s NHS which was welcomed by BMA Scotland and our members.

However, as our recent survey shows damage is already being done by the continuing uncertainty over the future status of European doctors who already work in our NHS.

Many European doctors have dedicated years of service to healthcare in the UK, so it’s extremely concerning that so many are considering leaving.

The refusal of the Westminster Government to guarantee their right to continue contributing to our health service is understandably causing a significant number of European doctors to consider leaving the UK, regardless of what future agreement is reached.

We should be in no doubt that the scale of the recruitment and retention difficulties that Scotland’s NHS is facing would be made exponentially worse without the contribution of European doctors.

While the Scottish Government’s position of wanting to protect the future right of European NHS staff is welcome, it is the Westminster Government that must act, and act quickly, to ensure long-term stability for the NHS by providing certainty about their future in the UK.

It must also ensure that a future immigration system allows the NHS to continue employing overseas doctors (by definition highly-skilled) to fill staff shortages in the health service in Scotland and share knowledge, experience and skills while enabling UK-trained doctors to work in the EU.
NHS workforce planning - gaps in data

The Westminster Government has expressed its aim to achieve self-sufficiency in medical staffing in the NHS by increasing the supply of UK trained doctors. However, it takes 10-15 years to progress through training from first year medical student to fully trained GP or consultant so it will be at least 2028 for GPs or 2032 for consultants before any of these doctors are able to take on these roles.

It is clear this initiative will not meet either the NHS’ short-term or medium-term workforce needs so in the interim, the NHS will continue to be reliant upon doctors from the EU and overseas to fill vacant posts and be able to recruit them where necessary.

In addition, as the population grows more elderly and with ever more complex needs, the demand for doctors is likely to increase. It is essential that any future immigration system retains flexibility so that we can bring in the doctors with the specialties we need to fill the workforce gaps, in the regions we need them.

Without consistent and accurate workforce data, which precedes robust workforce planning, it will be difficult to establish exactly what the NHS’s workforce needs are in the short, medium or longer-term if, following the UK’s withdrawal from the EU, we do not have enough flexibility in the system to allow us to bring in the doctors we need.

If we are to address the specific needs of the NHS in Scotland effectively and our access to recruit and retain doctors from countries outwith the UK, particularly in specialities where we have recognised shortages, we need to be able to accurately define how many doctors are currently working in Scotland.

Yet we have limited and variable data on medical vacancies in Scotland, especially concerning consultants – and no data at all on vacancies for SAS doctors.

Using shortage occupation lists and the resident labour market test

Under the current immigration system, employers must show they have tried to recruit from the UK/EEA workforce before employing someone from outside the UK/EEA (the resident labour market test). This requirement is waived for occupations where there are particular shortages (shortage occupation lists exist for the UK with an additional one for Scotland and include, for example, old age psychiatry).

Shortage occupation lists have the twin advantages of being in place already for non-EEA doctors, and of having a process for consulting stakeholders, including the BMA, built into them; and the UK and Scottish Governments have taken advice from us on which specialities to include which has been helpful. However the current process is slow to react to workforce changes.

If that approach changes it is possible that there could be an impact on how quickly NHS Scotland could recruit to areas where there were shortages.
Conclusion

Most simply put, we would want to see:

- urgent clarity for those EEA doctors and medical students already working and studying in
  the UK, to allow them to stay in the UK, with their family members, once Brexit takes effect.
  We need this assurance to give some protection to those doctors and try to prevent them
  leaving

- fair, clear, consistent and transparent immigration rules for those considering coming to the
  UK in the future to study medicine and to work as doctors

- consideration of the specific needs of the NHS and the requirement for it to be able to recruit
  the right staff with appropriate qualifications and skills to fill posts where there are gaps in
  the workforce, irrespective of their country of origin, with prioritisation for hard to recruit
  specialities

- any future UK immigration policy needs to remain flexible enough to recruit health and social
  care professionals, including doctors, medical academics and researchers from the EU and
  overseas where the resident workforce is unable to produce enough suitable applicants to fill
  vacant roles.

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