European Affairs: general debate

Brexit and the NHS workforce

House of Commons, Wednesday 14th and Thursday 15th March 2018

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Health services across the UK face a range of challenges including unprecedented demand across almost all services, an ageing population coupled with increasingly complex patient illnesses, and a drastic funding shortfall. The NHS is struggling to attract and retain doctors and those who are currently working within the health service are increasingly being asked to work longer in an overstretched, under-resourced system. These workforce challenges risk being exacerbated by Brexit.

With a year to go until the UK leaves the EU, we are urging the Government and EU negotiators to ensure health remains a priority within the Brexit negotiations. The BMA’s manifesto, Healthcare first – a Brexit blueprint for Europe sets out what we believe must be achieved during the Brexit negotiations and beyond, so that doctors can continue to deliver the high-quality health services patients deserve.

Key points

- **Immigration**: We are urging the Government to publish its long-awaited Immigration Bill and to clarify, at the earliest opportunity, what system will be put in place to manage migration from the EEA after Brexit. The BMA is calling for a flexible immigration system, which facilitates the entry of doctors and other key health and social care staff to the UK, while enabling UK-trained doctors to work in the EU should they so choose.

- **Workforce**: A failure to agree a comprehensive deal on citizens’ rights by March 2019 would create considerable uncertainty for the status of EEA nationals currently in the UK, including the thousands of doctors, researchers and medical students from the EEA. There is a very real risk that some EU nationals, including highly skilled doctors and medical researchers, will choose to leave the UK: this could have significant implications for the staffing of health services, quality of care and patient safety. Nearly half (45 per cent) of EEA doctors surveyed by the BMA are considering leaving the UK following the referendum vote. This compares to 42% of EEA doctors surveyed in February 2017.

- **MRPQ**: After Brexit, the BMA is calling for the maintenance of reciprocal arrangements, such as the mutual recognition of professional qualifications to enable EEA doctors to work in the UK and to facilitate the ongoing exchange of medical expertise across Europe. MRPQ has been a significant factor in enabling EEA doctors to work in the UK to deliver key health services: approximately 7.7% of doctors (12,029) currently working in the NHS medical workforce in

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1 BMA, Healthcare first – a Brexit blueprint for Europe
2 BMA (Nov 2017) EU Doctor Survey
3 BMA (Feb 2017) EU doctor survey
England are EEA graduates, while the figures for EEA graduates for other UK nations are 5.7% (1,139) in Scotland, 8.8% (550) in Northern Ireland and 6.4% (624) in Wales. There is a risk that removing automatic recognition, which is currently provided by MRPO, will result in an additional barrier to those considering working in the UK.

- **Settled status**: The Government must deliver on its promise that the process for EEA nationals wishing to apply for ‘settled status’ in the UK is as simple, fast and straightforward as possible.

**Delays in the publication of the Immigration White Paper and Immigration Bill**

The BMA has repeatedly raised concerns over ongoing delays in the publication of the Immigration White Paper and Immigration Bill. Recent reports suggesting the Government’s plans for managing migration from the EEA will now not be published until late 2018 are deeply alarming.

Unsurprisingly, the delays in publishing the Immigration Bill and the uncertainty this is creating is having a knock-on effect on the recruitment plans of employers within the NHS. Recently published data shows that in 2017, 41% of NHS trusts surveyed felt that Brexit would have a negative impact on their workforce (compared to 19% in 2016). The same survey also found that due to the uncertain future for EEA nationals working in the UK, only 35% of trusts had plans to recruit from the EEA (compared to 49% in 2016).

Although, at this stage, we do not have conclusive evidence of the impact of Brexit on the movement of doctors, recent figures from the General Medical Council show that the number of doctors coming to the U.K. from the European Union fell by 9 percent in 2017. The data revealed that 3,458 new doctors from EU countries registered with the GMC in 2017, compared with 4,644 in 2014.

The NHS is already under immense pressure in the face of rising demand and tight resources, and with workforce shortages in key specialties, it is becoming increasingly difficult to recruit and retain medical staff across the system, even with current levels of migration. This is leading to rota gaps and raises concerns about the ability of the NHS to adequately staff services in the future. The NHS cannot afford to either lose highly skilled EEA medical staff, or deter those who may want to work in the UK, at a time when they are needed the most- the implications for the staffing of health and social care services, quality of care and patient safety could be significant.

We are urging the Government to provide clarity as soon as possible about what future immigration system will be put in place to manage migration from the EEA once the UK leaves the EU. This will be vital not just for future migrants to the UK and for employers across the health and social care sector, but also for the Home Office, which will need to put measures in place to ease the shift from the current immigration policy to a post-Brexit system.

The BMA’s concerns about the Home Office’s ability to deliver immigration services was echoed in a recent report by the Home Affairs Select Committee raised serious questions about the Home Office’s ability to implement the systems and staffing required to deliver proposed Brexit changes. Whilst criticising the continued uncertainty over the status of EU nationals in the UK, the Committee also described delays to the Immigration White Paper which was preventing proper planning, as ‘unacceptable’.

In the longer term, the BMA is calling for an immigration system which is flexible enough to recruit doctors and other NHS staff from overseas, especially where the resident workforce is unable to

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1. *GMC (November 2017) Our data about doctors with a European primary medical qualification in 2017*
2. *Politico (March 2018) UK cabinet at odds over delay to bill*
3. *Cavendish Coalition publishes Brexit impact feedback from NHS employers*
4. *Home Affairs Committee (Feb 2018) Home Office delivery of Brexit: immigration inquiry*
produce enough suitable applicants to fill vacant roles. This is particularly important for medicine and medical research: the highly specialised nature of much medical research, for example, means that it can be difficult and unnecessarily restrictive to sustain research projects employing solely UK nationals; experts within a specific field may simply be so few that there are none available domestically. With regards to GP recruitment, NHS England has found it necessary to actively recruit more than 2,000 of those from the EEA and overseas to meet its target of recruiting 5,000 GPs by 2020.

While efforts to increase the domestic supply of doctors are underway, they will not address likely shortages resulting from the UK’s decision to leave the EEA in the short to medium term given that it can take up to ten years to train a senior doctor. Any reduction in the number of doctors migrating to the UK will therefore undoubtedly exacerbate workforce shortages and have an impact on staffing levels on hospital wards, in GP practices and in community settings across the UK. This could have particularly dire consequences for specialties facing acute shortfalls including general practice, emergency medicine, paediatrics, occupational medicine, radiology and psychiatry. Amid an already growing workforce crisis, the quality of patient care will suffer and patient safety will be put at risk if the UK health services are restricted from recruiting highly skilled staff.

**It is vital that any future immigration system provides the flexibility necessary to address NHS workforce shortages and considers the needs of the wider health and social care systems.**

**Workforce**

Nearly 10% of doctors working in the UK are from the EU, and, alongside the thousands of other NHS staff from the UK and overseas, these health professionals deliver key public services, conduct vital medical research, and contribute to the overall economy. Ongoing uncertainty and insecurity is having a destabilising effect on the medical workforce, affecting morale and causing a great deal of stress to those whose futures remain uncertain.

Despite recent efforts by the UK Government to reassure EEA nationals regarding their ability to live and work in the UK after Brexit, we are aware that some EEA doctors in the UK have been left feeling unwelcome and uncertain about their futures. The lack of concrete guarantees on citizens’ rights and the potential of a ‘no deal’ scenario arising at the end of the talks is affecting morale and causing a great deal of stress to those whose futures remain uncertain. A BMA survey of 1720 doctors in November 2017 found that:

- More than nearly half (45 per cent) of EEA doctors surveyed are considering leaving the UK following the referendum vote. This compares to 42% of EEA doctors surveyed in February 2017.

- Of those considering leaving, more than a third (39%) have made plans to leave, meaning almost one in five EU doctors (18%) have made plans to leave the UK.

The very suggestion that many EEA doctors are either considering or actively planning to leave the UK because of anxiety around Brexit is a cause for real concern. It is vital that these highly skilled individuals, who staff our hospitals and GP surgeries, look after vulnerable patients in the community, and conduct vital medical research to help save lives, are not used as bargaining chips during the negotiations. **Guaranteeing the rights of these nationals living and working in health services across the UK is a key priority for the BMA and we are urging the Government to offer permanent residence to EU**

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8 BMA Brexit Briefing: Workforce and Immigration
9 BMA (Nov 2017) EU Doctor Survey
10 BMA (Feb 2017) EU doctor survey
doctors and medical academics who are currently working in the UK, and their family members, whether they have been living here for five years or not. EU medical students currently studying in the UK should be given sufficient stay to enable them to complete their courses and continue to foundation and training posts.

Settled status
EEA citizens and their family members wishing to stay in the UK after Brexit will need to apply for a new immigration status (‘settled status’). Securing this new residency status will prove (for example, to employers or public service providers) that these individuals have permission to continue to live and work in the UK, and to access public funds and services in the future.

While we cautiously welcome the Government’s commitment to introduce a “streamlined digital process for those applying for settled status in the UK in the future”, and a “simple process for any EU citizen who holds permanent residence under the old scheme to swap their current status for UK settled status”, key questions remain. These include the administrative burden this will place upon those EEA nationals who will be expected to undertake it, including our members, but crucially, the capacity of the Home Office to administer a system which will require them to register the more than three million EEA nationals currently in the UK. Many questions were raised about the Home Office’s ability to cope with the increase in the number of EEA nationals in the UK applying for permanent residence as a means of guaranteeing their rights after Brexit; this spectre will be raised again ahead of the application process for settled status.

In her recent evidence to the Home Affairs Select Committee, Rt Hon. Caroline Nokes MP, the Immigration Minister, stated that were EEA nationals to apply for settled status in a “completely structured way, that would be 5,000 applications per day”. However, the Minister also acknowledged that it was unlikely EEA nationals would apply for settled status in a ‘smooth and uniform fashion’. To retain the confidence of EU nationals, it is vital that the Home Office puts measures in place to ensure that its system for settled status is able to cope with the applications process.

It will be essential that any process to register EEA nationals in the UK ahead of, and after the UK’s departure from the EU, is as the Government has promised, simple, fast and straightforward. This will be key in avoiding the challenges involved in the process for applying for permanent residence, which was widely criticised for being unwieldy and time-consuming for the individuals involved, including the BMA’s EEA members.

Mutual Recognition of Professional Qualifications
After Brexit, the BMA is calling for the maintenance of reciprocal arrangements, such as MRPQ to enable EEA doctors to work in the UK and to facilitate the ongoing exchange of medical expertise across Europe. There is a risk that removing automatic recognition, which is currently provided by MRPQ, will result in an additional barrier to those considering working in the UK.

The EU’s policy of MRPQ has been key in enabling many health and social care professionals from countries within the EEA to work in the UK and vice versa. Having a common framework for training and standards, coupled with an alert system in relation to fitness to practise concerns, has made it possible to fill gaps in the medical workforce quickly whilst ensuring patient safety. Approximately 7.7% of doctors (12,029) currently working in the NHS medical workforce in England are EEA

11 Prime Minister’s open letter to EU citizens in the UK, October 2017
12 EU Scrutiny Committee, 21 February 2018- evidence session with Caroline Nokes MP, Minister of State for Immigration, Home Office
graduates, while the figures for EEA graduates for other UK nations are 5.7% (1,139) in Scotland, 8.8% (550) in Northern Ireland and 6.4% (624) in Wales.\(^{13}\)

MRPQ is particularly important for Northern Ireland and different parts of the UK, particularly London and the South East of England. GMC data on EEA graduates by country of qualification and area of practice shows that the highest numbers of licensed doctors from within the EU graduate in Ireland, with 3,196 doctors with a UK licence graduating from Ireland.\(^{14}\) Furthermore, nearly three quarters of the EU graduates working in Northern Ireland obtained their primary medical qualification in a single EU country – the Republic of Ireland.

A number of NHS Trusts in London and the south east heavily rely on EEA doctors to provide patient services. At both the Royal Brompton and Harefield Trust and Oxford University Hospitals, 19% of doctors are EU nationals; figures from Imperial College Healthcare (17%), St George’s University Hospital (16%) and University College Hospital (16%) and Great Ormond Street Hospital (14%).

**Commitments by the UK Government and EU negotiators in the phase one withdrawal agreement to recognise existing medical professional qualifications, and to consider extending MRPQ after the UK leaves the EU in March 2019, are welcome developments. However, it is vital that during the next phase of negotiations, priority is given to ensuring that the same certainty is provided to medical students, studying outside their country of origin, who have yet to secure their professional qualifications. This is essential to not only remove unnecessary anxiety among medical students, but to help ensure that health workforce planning in the UK is undertaken in optimal conditions.**

**Alert system**

The BMA is also calling for the GMC to retain access to the Internal Market Information System (IMI) alert system, which warns the GMC when a doctor has their practice restricted in one of the other 27 EU member states. Specifically, the IMI, which allows medical regulatory authorities within the EU to communicate with other authorities, enables the GMC to transmit and respond to queries about a doctor’s registration documents as well as sending and receiving alerts about doctors’ fitness to practise across the EU. It will be important to consider how health regulators ensure professionals practising in the UK are fit to practise medicine should the UK withdraw from the MRPQ.

**To avoid any adverse risks to patient safety, it is vital that the GMC retains access to the IMI system.**

\(^{13}\) GMC (November 2017) Our data about doctors with a European primary medical qualification in 2017

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