September 2016

BMA Scotland response to written call for evidence - Scotland’s relationship with the EU

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.

On 23rd June 2016, the UK voted to leave the European Union (EU). The outcome of the referendum has created great uncertainty for EU nationals currently living and working in the UK regarding their future status. While the BMA acknowledges that the exact terms of the process by which the UK will depart the EU are unclear and may remain so for some time, it is vital that both the UK and Scottish Government offer these individuals the clarity and reassurance they deserve regarding their future status in the UK. This is crucial, particularly in key public services such as the NHS, to aid workforce planning and to ensure safe staffing levels are maintained.

Key points

- A significant number of EU nationals work in health and social care organisations across the UK and they form an integral part of the workforce.
- In 2014, more than 10,000 doctors working in the UK (6.6% of the UK medical workforce) received their primary medical qualification in another European Economic Area (EEA) country.
- There are significant problems with recruitment and retention of all grades of doctor across Scotland and the UK. The EU’s policy of freedom of movement and mutual recognition of professional qualifications is critical. If it, or something similar, is not retained after Brexit, the gaps in the medical workforce may expand further, with serious consequences for healthcare in Scotland and the wider UK.
- We are deeply concerned by the ongoing political uncertainty surrounding the future of EU nationals living and working in the UK. It may cause some healthcare professionals to decide against moving to the UK from Europe, and others to consider leaving the country – both to the detriment of the medical workforce.
- Brexit may deter EU students from coming to the UK to study medicine, which could have a considerable impact on UK medical schools.

Contribution of EU nationals to the NHS workforce

National director (Scotland): Jill Vickerman
Chief executive: Keith Ward
Highly skilled European migrants, including doctors, make an invaluable contribution to delivering and sustaining public services, such as the NHS and our universities. We want to reassure NHS staff from other EU countries that the contribution they make to the health service in Scotland is recognised and highly valued, along with the skills and perspectives they bring from other parts of the EU.

The EU’s policy of freedom of movement 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 and vice versa.

Figures from the GMC reveal that in 2016, more than 30,000 doctors who received their primary medical qualification in another European Economic Area (EEA) country were registered to practise medicine in the UK. There is not currently data available to show how that is reflected within the medical workforce in Scotland. We would recommend that the Scottish government carries out research into the number of non-UK EU nationals working in health and social care in Scotland with a view to recording and reporting on this in the future.

These doctors 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. They have enhanced the UK health system over the years, improving the diversity of the profession to reflect a changing population, and filling shortages in specialties which may otherwise have remained empty.

The NHS needs to retain the ability to recruit professionals quickly and easily from other countries when there is not a sufficient number of health professionals within the UK to fill shortages in specialties.

**Xenophobic hostility and employment uncertainty**

The safety and wellbeing of our members is extremely important to the BMA. Doctors must be able to continue to deliver high-quality patient care in an environment free from any xenophobic hostility. It is worth noting that, whilst other parts of the UK reported a rise in hate crimes in the wake of the EU referendum result, there does not seem to be evidence of such a spike in Scotland. None-the-less we would urge the Scottish government to remain vigilant to the possibility that the current political uncertainty surrounding the position of EU migrants in the UK could lead to them being vulnerable to xenophobic hostility which we would unreservedly condemn.
We have many clinical personnel from EU countries and further afield delivering high quality healthcare in Scotland and we have people from Scotland currently studying and working overseas. All of them will be wondering what impact an exit from the EU might have on them and how the clinical workforce might be affected in the future. EU nationals may decide not to come to the UK over concerns it would be difficult to find a job or place at medical school or doubts about their ability to secure fees.

We recognise that EU nationals exercising treaty rights who are currently in the UK have the right to permanent residence, as do their family members, after five years. We would want that situation to continue once Brexit takes effect. Consideration should be given to introducing transitional rules into UK law to provide similar assurances for EU national health workers and their families as the UK moves towards Brexit.

Given the length of time taken to train a doctor, a failure to offer doctors from the EU certainty about their future status risks not only undermining workforce planning in the NHS but also the ability of the health service to maintain safe staffing levels and patient safety.

In the midst of significant recruitment and retention problems, the last thing the NHS needs is any further loss of medical staff.

We would urge politicians to ensure that Scotland’s health service and those staff who work in it are protected from any detrimental changes.

Financial impact

NHS staff will have concerns about the financial impact of leaving the EU, with politicians who backed Brexit backtracking on claims that an exit would bring extra cash into the NHS, and a further lack of certainty about what this means for the NHS in Scotland. There is already a significant funding gap in the NHS, with pressures increasing every year as our population ages. It is essential for the Scottish government to protect our NHS from any further financial pressures as a consequence of Brexit.

Research and academic medicine

Historically Scotland has had considerable success in attracting research funding from the European Commission. Scotland’s universities receive £88.8 million of research funding a year from EU sources. Most of this, 85 per cent, comes from European Commission programmes.
We are concerned that the Brexit result will have an impact on this revenue stream to the detriment of the higher education sector and the future funding of research.

There are billions available to support research across the EU. Horizon 2020 – the EU’s leading research programme, has an indicative budget of £7-8bn to support research relating to ‘Health, demographic change and well-being’ which could be highly beneficial to Scottish research institutions.

In addition to the funding issue, the free movement of researchers (and other professionals) across Europe, coupled with the growing dominance of English as the common language of research and education, has helped the UK cement its position in the vanguard of European medical research.

Uncertainty over possible restrictions on free movement in the future could jeopardise students (under and post-graduate), trainees and senior clinical academics and researchers from coming to Scotland and the wider UK.

BMA Scotland believes it is imperative that we ensure that joint research networks and mobility across Europe are maintained in the long-term if we are not to lose the vital contribution these individuals could make to the future of the scientific community in Scotland and advances in medical research.

Medical academics are also concerned regarding the UK leadership of large research networks (for EU funding). There is some early anecdotal evidence to suggest that non-UK colleagues say the UK shouldn’t lead anymore as a result of the Brexit decision.

**European Working Time Directive**

The EWTD (European Working Time Directive) was adopted in 1993 and was implemented in UK law as working time regulations in 1998. These regulations became applicable to junior doctors in August 2009 – reducing the maximum permissible hours of work from an average of 56 per week to 48.

The BMA is satisfied with the working time regulations as they stand, since they are designed to protect doctors from the dangers of overwork while protecting patients from overtired doctors. Any move by the UK government to change the working time regulations would result in us pressing for a consultation on the matter to discuss the implications for doctors and patients.
Public health and other issues

EU legislation has led to significant improvements in the UK’s health policy, including a revised Tobacco Products Directive which strengthens the rules around tobacco products and e-cigarettes; and regulations around artificial fats in food and the promotion of unhealthy food and drink products to young people.

Conversely the Scottish Government’s attempts to introduce minimum unit pricing (MUP) have been challenged under EU law. But after several years of lobbying by the BMA and other key stakeholders, the ECJ (European Court of Justice) has ruled that it is for the Scottish Courts to decide whether other measures – such as taxation – could protect human life and health as well as minimum unit pricing, while being less restrictive to trade.

The regulation of medicines - currently harmonised across EU member states – and reciprocal rights to treatment for EU patients in the UK and vice versa, are likely to be subject to negotiation post-Brexit, and this will have implications for patients and doctors.

Conclusion

We welcome the statements made by the First Minister and Cabinet Secretary for Health to reassure citizens from other EU countries and indeed further afield that they are welcome in Scotland and that their individual contributions form a vital part of our society and economy.

BMA Scotland firmly concurs with this view and would urge the Scottish government to continue to seek further assurances from the UK Government on the future of EU nationals working in the health service in Scotland. In the interim, the BMA continues to provide expert advice to our members who are worried about how their careers and lives could be affected by the UK leaving the EU.

The BMA has reaffirmed its commitment to continuing to work with our European partners and the EU to safeguard the future of our profession and the patients we serve.

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1 BMA, 2014 Medical Workforce Briefing, 2015, pg. 11.
2 King’s Fund, Five Big Issues for Health and Social Care after the Brexit Vote’, 30 June 2016
3 GMC- List of Registered Medical Practitioners- statistics
4 www.universities-scotland.ac.uk
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