The BMA calls on all political parties to:

— Give highly skilled EU doctors and medical researchers currently in the UK — on whom the NHS relies — permanent residence in the UK

More than 10,000 doctors currently 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 medical research. These highly skilled professionals have become essential members of the UK’s medical and research workforce. They have enhanced the UK's health, higher education and research systems, improved the diversity of the profession to reflect a changing population, brought expertise to the NHS and higher education, and filled shortages in specialties which may otherwise have been unable to cope.

EU doctors currently working in the UK should be granted permanent residence in the UK, regardless of whether they have been resident here for five years or not. This is vital to provide certainty and stability to these individuals, to NHS and university workforce numbers and, therefore, to patient safety.

Medical students should be given clarity over their future rights to live in the UK and train and work in the NHS following Brexit. Medical students are factored into NHS workforce planning, therefore retaining them within the NHS as they progress and become doctors is vital to the future sustainability of the NHS workforce and health services.
– **Ensure a flexible immigration system which meets the needs of the UK’s health services and medical research sector**

Doctors and medical academics work closely alongside a range of individuals, including nurses, paramedics, allied health professionals, clinical scientists, lab and theatre technicians, porters and cleaners, and social care staff, many of whom are EU nationals or from outside the EU. These individuals play an integral role in the efficient and safe running of the health service.

Any future immigration system must take into account the needs of the NHS, university and research sectors for both skilled and unskilled labour and should be flexible enough to ensure that gaps in workforce are filled where they cannot be met by UK nationals. It is essential that a future immigration system does not jeopardise staffing levels in the NHS or the university and research sectors. This will be essential to maintain patient safety, to give patients the health service they need, and to maintain the UK’s world leading role in science and research.

– **Preserve reciprocal arrangements, including mutual recognition of professional qualifications and measures which protect patient safety**

Mutual recognition of professional qualifications (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 medical education and training, coupled with an alert system in relation to fitness to practise concerns, has allowed the NHS to fill gaps in the medical workforce quickly to ensure patient safety. The UK’s departure from the EU brings into question the continued applicability of these regulations to the UK, with a potential adverse impact on the NHS workforce and on patient safety. It is vital that reciprocal arrangements are put in place as the UK leaves the EU.

– **Secure ongoing access to EU research programmes and research funding, to maintain the UK’s world-leading science and research base**

It is vital that any future government seeks to maintain the UK’s ongoing access to EU research programmes and research funding, to research staff from the rest of the EU, to collaborative research projects, and a common regulatory environment. The next government will also need to guarantee the significant capital investments made by the EU in UK universities. All of these are vital to the competitiveness of the UK’s university sector, and the future of science and research in the UK.

EU research programmes have made a significant contribution to UK research – the UK received €8.8billion in 2007-2013 having contributed €5.4 billion during the same period. The next government must try to secure the UK’s ongoing access to EU research programmes and research funding. The high quality of UK medical research is dependent upon the UK’s continuing ability to being able to participate in collaborative research activities, such as multi-centre clinical trials, across the EU and so it is vital that the next government maintains access to collaborative research projects following Brexit.

We are calling on a future government to seek to achieve a common regulatory environment for medicines, medical devices, clinical trials and the use of data for research purposes following the UK’s withdrawal from the EU. At the very least, there will need to be mutual recognition of regulations: a failure to do so would lead to a divergence of regulatory standards and the creation of unnecessary and unhelpful barriers to research co-operation, to the introduction of new drugs and medical devices into the UK and to trade.
– **Ensure Brexit does not hinder the UK’s ability to play a leading role in European and international efforts to tackle global health and public health threats**

Following Brexit, it is vital that any future UK government continues to engage with key European and international organisations to ensure effective systems are in place to combat cross-border risks to health security and on issues that transcend borders, such as advertising, marketing and the trading of products.

The UK will not be able to tackle the challenges presented by these issues on its own, and as the UK is leaving the EU, not Europe, co-operation with European and international partners will continue to be essential. Health security and public health threats are a shared responsibility with collaboration within and between countries, crossing many organisations and governments at the EU, and international level.

– **Address the unique impact Brexit may have on the health and social care services in Northern Ireland**

Brexit presents distinct issues for all countries of the UK but has very specific risks for the health service and medical profession in Northern Ireland due to the land border with the Republic of Ireland. The existing open border arrangements, since the introduction of the Common Travel Area in 1922, provide a number of benefits for patients, health services and health professionals, which risk being lost if restrictions are introduced following the UK’s withdrawal from the EU.

Many doctors and health professionals, particularly those working in areas bordering the Republic of Ireland, deliver healthcare on an all island basis, providing services to patients living on both sides of the border. The sustainability of these vital health services risk being jeopardised and the professional lives of doctors and other health staff in Northern Ireland being detrimentally affected should the UK and the EU fail to reach an agreement on the land border between Northern Ireland and the Republic of Ireland.

Should it be the case that the maintenance of the Common Travel Area conflicts with EU law once the UK leaves the EU, we call on any future government to work urgently with both the EU and Irish government to develop legally viable solutions which will protect the longstanding rights of UK and Irish nationals on the island of Ireland, to travel, work and live on either side of the border.