Debate on the Queen’s Speech: ‘Exiting the European Union’

House of Lords  
Wednesday 28 June 2017

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.

Key points

- Proposals to control immigration from the EU, as outlined in the forthcoming Immigration Bill, must take into account the needs of the NHS, university and research sectors for both skilled and unskilled labour. Any future immigration system should be flexible enough to ensure that gaps in workforce are quickly filled where they cannot be met by UK nationals. This is vital to the safe staffing of health services and ensuring patients receive a high quality, reliable and safe service.

- The prime minister must deliver on her promise to guarantee the rights of EU nationals in Britain, and Britons living in Europe, as soon as possible. EU doctors and medical academic staff currently working in the UK should be granted permanent residence here, regardless of whether they have been resident here for five years or not.

- We also call on the 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.

Immigration Bill

The Queen’s Speech unveiled eight Brexit Bills, including the Immigration Bill, which intends to end free movement in the UK and bring EU nationals within the UK’s immigration system. Currently, the EU’s policy of freedom of movement of workers and reciprocal arrangements enables highly skilled medical professionals, with the appropriate level of training and education, to fill vacancies within health services, ensuring safe staffing levels and patient safety are maintained. The imposition of immigration restrictions on EU nationals must not hinder the safe staffing of health services or seek to deter doctors, researchers and medical students from wanting to work and study in the UK at all. The impact of this Bill on the staffing of health and social care services across the UK is, consequently, of key interest to the BMA.

The NHS has always relied on international doctors to provide a safe and sustainable level of service for patients and to fill gaps in the medical workforce. In the next five years, the general population is expected to rise by three per cent while the number of patients aged over 65 is expected to increase by 12% (1.1 million) and those aged over 85 by 18% (300,000). Given that the medical needs of these patients are likely to grow ever more complex, the demand for highly skilled doctors from overseas to meet the needs of the patient population is likely to continue for the foreseeable future.
Following our withdrawal from the EU, any future immigration system must be flexible enough to allow EU doctors to fill gaps in the health service, university and research sectors and in public health. This advantage will be lost if, as outlined in the Immigration Bill, the UK no longer accepts freedom of movement of workers and if reciprocal arrangements change once the UK leaves the EU.

The BMA is calling for any future immigration system to take into account the needs of the NHS, university and research sectors for both skilled and unskilled labour. The new system must be responsive to need, be flexible and capable of change to take into account changes in workforce requirements; be transparent, affordable and easily understood; and managed by employers, sponsors and migrants alike.

The position of EU nationals currently working in the NHS

The prime minister must deliver on her promise to guarantee the rights of EU nationals in Britain, and Britons living in Europe, as soon as possible\(^2\). Whilst we recognise the prime minister’s proposals on the rights of EU citizens living in the UK following Brexit\(^3\), these proposals are a starting point, and leave many unanswered questions. Consequently, the potential impact of these proposals on medical research, the NHS and its workforce is still unclear.

We are concerned that this ongoing lack of certainty has left EU citizens in the UK feeling unwelcome and uncertain about whether they and their families will have the right to live and work in the UK after Brexit.

A BMA survey of European Economic Area (EEA) doctors working in the UK found that more than four in ten (42\%) are considering leaving following the EU referendum result with a further quarter (23\%) unsure about their future in the UK. Around 10,000 doctors who work in the NHS – 6.6\% of the UK medical workforce - qualified in the EEA with many more working in public health and academic medicine.

These individuals staff our hospitals and GP surgeries, look after vulnerable patients in the community, and conduct vital medical research to help save lives. Many have dedicated years of service to healthcare in the UK, so it’s extremely concerning that so many are considering leaving.

Individuals from the EU, who are already working in the NHS and care sector, and EU academic staff need to be given explicit reassurances that they have the right to continue living and working in the UK. To provide certainty and stability for these individuals, and for the NHS and universities, EU doctors and medical academic staff currently working in the UK should be granted permanent residence, regardless of whether they have been here for five years. This is vital to protect patient safety.

Workforce

Within the UK, data from the GMC on licensed EEA graduates by country reveals that Northern Ireland has a relatively high reliance on EEA graduates (8.8\%), which can likely be attributed to the large number of Republic of Ireland graduates working there. England has a higher reliance on EEA doctors (8.2\%) than Scotland (6.6\%) or Wales (6.4\%). The Specialist Register has a particularly high proportion of European graduates (14.6\%) and it is worth noting that surgery and ophthalmology are particularly reliant on EEA graduates, where over a fifth (20\% and 24\% respectively) are EEA graduates.

The government has outlined its intention to achieve greater self-sufficiency in medical staffing in the NHS by increasing the supply of UK trained doctors, thereby reducing the NHS’s reliance on doctors from overseas\(^4\). Specifically, the Secretary of State for Health has announced that NHSE will fund training of up to an additional 1,500 students in medical schools in England from 2018. However, given the length of time taken to train a senior doctor – at least 10 years - this
will not meet either the NHS’ short-term or medium term workforce needs. In the interim, the NHS will continue to be reliant upon doctors from the EU and overseas to fill vacant posts so will need to be able to recruit them where necessary.

Furthermore, doctors work closely alongside a range of individuals, including nurses, paramedics, allied health professionals, clinical scientists, lab and theatre technicians, porters and cleaners, many of whom are likely to be EU nationals or from overseas. All of these individuals play an integral role in the efficient and safe running of the health service. It is vital that any future immigration system takes into account the needs of the NHS for both skilled and unskilled labour. It should be based on the needs and demands of the service, ensuring gaps in workforce are filled where they cannot be met by UK nationals. This will be vital in providing a high quality, reliable and safe service to patients.

**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.

**Northern Ireland**

Exiting the European Union poses 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, a member of the European Union. 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.

We welcome statements made by the UK government in the White Paper and elsewhere regarding their desire to maintain the Common Travel Area thereby protecting the ability of UK and Irish nationals to move and work freely between the UK and the Republic of Ireland under the existing arrangements following the UK’s withdrawal from the EU. Should it become apparent during negotiations that maintenance of the CTA conflicts with EU law, we would expect the government to work urgently with both the EU and Irish government to develop legally viable solutions to 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.

The existing open border arrangements enable medical professionals based on both sides of the border to currently travel freely to provide healthcare to their patients. This needs to continue both for the benefit of patients and for the services on which they so heavily rely. For example, many doctors, 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. Health services in Northern Ireland and the Republic of Ireland working separately often do not have sufficient demand to provide cost effective, highly specialist medical services. This has also meant that both Northern Ireland and the Republic of Ireland can retain access to highly trained clinicians who would otherwise not have the demand for a service to warrant their full time expertise. There is a considerable risk therefore that this cross border healthcare could be undermined or jeopardised by the UK’s departure from the EU.
It is vital that doctors in Northern Ireland and the Republic of Ireland, particularly those who travel daily across the border to work, are able to maintain the ability to move between both jurisdictions to deliver these vital health services without undue hindrance to their professional lives. In contrast to the other nations of the UK, nearly three quarters of the EEA graduates working in Northern Ireland obtained their primary medical qualification in a single EU country – the Republic of Ireland. A high proportion of these doctors are likely UK citizens from Northern Ireland who went to medical school in the Republic of Ireland. It is of utmost importance therefore that in order to sustain the delivery of high quality services, this mutual recognition of medical qualifications between Northern Ireland and the Republic of Ireland continues.

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References

1 https://www.parliament.uk/business/publications/research/key-issues-parliament-2015/social-change/ageing-population/
2 The government’s negotiating objectives for exiting the EU: PM speech, January 2017
5 The BMA is a member of the Cavendish Coalition®, a coalition of more than 30 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.
6 The United Kingdom’s exit from and new partnership with the European Union White Paper