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## Implications for the health and social care workforce of the result of the referendum for the withdrawal of the UK from the EU

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House of Lords debate,  
Thursday 24 November 2016

### About the BMA

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. We have a membership of over 170,000, which continues to grow each year.

We have identified a number of issues which will need to be urgently addressed by the Department of Health, government and national agencies, and others, in the negotiations on the UK's withdrawal from the EU because of their implications for the health and social care workforce. These include the future immigration system and the implications this will have for the retention and recruitment of EU staff; mutual recognition of professional qualifications; and health and safety legislation.

The BMA is a member of the Cavendish Coalition, a coalition of 29 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.

### Executive summary

- There are approximately 135,000 EU nationals working in the NHS and adult social care system in England, which represents about five per cent of the NHS workforce and six per cent in adult social care. In 2014, more than 10,000 doctors working in the NHS (6.6% of the UK medical workforce) received their primary medical qualification in another European Economic Area (EEA) country<sup>1</sup> with additional staff working in public health and academic medicine- these individuals are vital to our NHS and the health and success of the country.
- The EU's policy of freedom of movement and mutual recognition of professional qualifications has enabled these EU nationals to work in health and social care organisations across the UK, helping NHS trusts and providers ensure gaps in the medical workforce are filled quickly by qualified workers with the appropriate level of training and education.
- The ongoing political uncertainty surrounding the future of EU nationals living and working in the UK will inevitably lead to some doctors choosing to leave the UK and may deter others from choosing to pursue careers in the NHS. While we welcome comments from the Secretary of State for Health that the government wants these doctors 'to be able to stay post-Brexit'<sup>2</sup>, the government must offer these highly skilled professionals the confirmation and reassurance they need regarding their rights to live and work in the UK, including the

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<sup>1</sup> BMA, 2014 Medical Workforce Briefing, 2015, pg. 11.

<sup>2</sup> Secretary of State for Health, Jeremy Hunt [speech to Conservative Party conference 2016](#)



offer of permanent residence in the UK. This would provide stability both to these individuals and to NHS workforce numbers.

- Following the UK's departure from the EU, it is essential that the immigration system remains flexible enough to recruit doctors from overseas, especially where the resident workforce is unable to produce enough suitable applicants to fill vacant roles.
- The BMA is satisfied with the EWTD and the measures it has introduced, including a reduction in the maximum hours worked to an average of 48 per week, as transposed into the UK Working Time Regulations. We urge the government not to repeal these Regulations for new workers.
- Doctors are increasingly being asked to work in an overstretched, under-resourced health service. The NHS is facing unprecedented demand across almost all services and a drastic funding shortfall, which risks being worsened by the UK's decision to leave the EU. Current economic predictions suggest that Brexit may result in a domestic economic downturn, which, if proven to be correct, is likely to reduce public spending in general and, specifically, the level of funding which is available to the NHS. The government must deliver upon the funding promise made by Brexit campaigners, to give the NHS an extra £350 million a week, so that patients get the health service they deserve.

### Contribution of EU and international doctors to the NHS

Much of the rhetoric about immigration during the EU referendum campaign focused on the pressures increased immigration has placed on public services including the health service, housing and schools. Studies looking at migrants arriving in the UK since 2000 show they have made a positive contribution to public finances, paying more in taxes than the value of public services they have used.<sup>3</sup>

It is important to acknowledge the contribution made by European migrants, including doctors, in delivering and sustaining public services, such as the NHS, care services, and our universities. Doctors from the EU 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. These highly skilled professionals have enhanced the UK health system over the years, improving the diversity of the profession to reflect a changing population, bringing great skill and expertise to the NHS and filling shortages in specialties which may otherwise have been unable to cope. We unreservedly condemn the xenophobic attacks by individuals who have taken the referendum result as a green light to attack the NHS staff who care for them.

### Retention and recruitment of EU staff in the NHS

There are approximately 135,000 EU nationals working in the NHS and adult social care system in England, representing about five per cent of the NHS workforce and six per cent in adult social care. In 2014, 10,242 doctors working in the NHS (6.6% of the UK medical workforce) received their primary medical qualification in another European Economic Area (EEA) country.

The Secretary of State for Health has made statements that the government wants EU doctors to remain in the UK post-Brexit, and that there is no intention to deport EU nationals currently in the UK: however, we do not think these statements go far enough.

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<sup>3</sup> Dustmann, C & Frattini, T (2011) 'The fiscal effects of immigration to the UK' *The Economic Journal*  
<http://www.cream-migration.org/files/FiscalEJ.pdf>

The government must offer these highly skilled individuals from the rest of the EU explicit reassurances about their future rights to live and work in the UK. Specifically, we believe EU doctors and medical academic staff currently working in the UK should be granted permanent residence here; this would provide stability to these individuals and to NHS workforce numbers in the longer term. Not doing so risks undermining workforce planning in the NHS but also the ability of the health service to maintain safe staffing levels and patient safety.

Furthermore, following our withdrawal from the EU, it is vital that the UK immigration system remains flexible enough to recruit doctors from outside the UK where necessary in to the NHS and research workforce.

### **EU policy of mutual recognition of professional qualifications**

The EU's policy of mutual recognition of professional qualifications, alongside its policy of freedom of movement within the EU, has enabled many health and social care professionals from countries within the EEA to work in the UK. It also allows UK doctors to work in other European countries, thereby sharing expertise and knowledge across Europe.

The government should maintain reciprocal arrangements, involving mutual recognition of qualifications along with measures to ensure patient safety, once the UK leaves the EU. Current regulations have helped create an environment which has facilitated and encouraged movement of workers and students, sharing of data and ideas as well as ensuring EU nationals are quickly able to fill gaps within specialties in UK medical workforce and the wider health service.

Should reciprocal arrangements be lost once the UK leaves the EU, there is a risk that this will not only have a detrimental impact on the UK's ability to fill gaps within the NHS but also on our ability to collaborate with our EU partners, to retain research staff and learn from colleagues.

The UK's decision to leave the EU has the potential to have wide ranging ramifications for the regulation and education of health professionals, which will need to be urgently addressed. These issues include language testing, the potential introduction of clinical skills and knowledge testing, the transferability and recognition of qualifications for doctors, the structure of undergraduate and postgraduate training, and access to the specialty register (Certificate of Eligibility for Specialist Registration / Certificate of Eligibility for GP Registration and Certificates of Completion of Training).

### **Science and research**

As with EU nationals working in the NHS and adult social care, we are seeking reassurances from government that UK-based medical academic researchers and staff from other EU nations will be given the right to continue to live and work in the UK. This is vital given that 15% of all academic staff contributing to the UK university workforce originate from other EU nations<sup>4</sup>. Equally, it is essential that the government seeks to secure opportunities for UK researchers to gain experience in other EU nations: nearly 72% of UK-based researchers spent time at non-UK institutions between 1996 and 2012<sup>5</sup>. Both measures are vital for collaboration and we are calling on the government to ensure the UK continues to have the opportunity to shape the EU's research and innovation agenda.

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<sup>4</sup> The Academy of Medical Sciences: [Academies publish joint statement on research & innovation after the EU referendum](#), 19 July 2016

<sup>5</sup> Elsevier (2013) *International comparative performance of the UK research base, 2013*

### Health and safety legislation

The BMA is satisfied with the EWTD and the measures it has transposed into the UK Working Time Regulations, namely the limit of a 48 hour working week, rest breaks and statutory paid leave. The BMA believes these Regulations protect doctors from the dangers of overwork and protect patients from overtired doctors. It is perfectly possible to design adequate training without needing to break the 48 hour average weekly limit, provided rotas are planned properly. We are urging the government not to repeal the Regulations, or limit their application, for new workers.

### Fall in applications to UK medical schools by EU and international students following the referendum

We are concerned that following recent developments in the UK, EU and international students are being deterred from choosing to study at UK medical schools opting instead for countries which are more conducive and supportive of international students and an international workforce. This may be due to the lack of clarity and certainty following the UK's decision to leave the EU, and policy announcements by the government, which appear to devalue or undermine the contribution made by international medical students and doctors from overseas.

This ongoing lack of certainty and clarity following the decision to leave the EU and the implications this will have for the medical profession, is already having an impact and is most recently demonstrated by the sharp fall in the number of EU students applying to study medicine in the UK for the coming year. Figures from UCAS for 2017 undergraduate entry show that applicants from the EU to the October deadline for medicine degrees have already fallen by 9% (-620) to 6,240 ending a trend of annual increases over recent years<sup>6</sup>.

Similarly, figures from UCAS for 2017 undergraduate entry already show that applicants from non-EU students for places at UK medical schools has fallen from 3,240 in 2016 to 3,040 in 2017, a decrease of 6%. This ends a general trend of annual increases.

We note that the Secretary of State for Health recently announced medical workforce reforms to fund the training of up to an additional 1,500 students through UK medical schools in 2018. This announcement forms part of its ambition to create an NHS that is 100% self-sufficient by expanding the supply of UK trained doctors whilst reducing the NHS's reliance on doctors from overseas. While we broadly welcome the expansion in medical workforce numbers, we are concerned that a message is being sent out to potential students and doctors from the rest of the world that the UK no longer welcomes them<sup>7</sup>. In particular, the threat of ever more stringent immigration policies risks deterring international students from seeking to study in the UK at all.

Both falls in application numbers are worrying and while there may be a number of reasons for this drop in applications, anecdotal evidence from our members suggests those who are not UK nationals feel unwelcome in the UK since the UK's vote to leave the EU. This could have potentially disastrous consequences for the UK's ability to attract talented medical students and to build potentially fruitful relationships with future leaders in healthcare from across the world.

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<sup>6</sup> [Applicant numbers to 'early deadline' university courses increase by one per cent, UCAS figures reveal today](#)

<sup>7</sup> [Hindustan Times The message from Britain is clear: Indians are not welcome anymore](#)

### **NHS funding**

Economic predictions suggest that the UK's decision to leave the EU may result in a domestic economic downturn, reducing public spending in general and leading to, potentially, further reductions in the level of funding available to the NHS. The Health Foundation has suggested that the NHS budget will be £2.8 billion lower than currently planned for 2019/2020 if the UK leaves the EU due to a predicted fall in economic growth and other factors. The National Institute of Economic and Social Research reinforces this view, suggesting the UK economy would be approximately 2.5% smaller two years after a decision to leave the EU.<sup>8</sup>

The Department of Health (DH) has also admitted that the 'UK economy is experiencing some turbulence following the decision to leave the EU'<sup>9</sup> stating in its evidence to the Doctors and Dentists Review Body that 'following the outcome of the EU referendum, the UK economy is entering a new phase which will pose new challenges to the public finances'. The DH's own analysis suggests that the rate of economic growth will fall from 2.1% to less than 1% next month.

If these predictions regarding an economic downturn are proved to be correct, this could mean that in the longer term, and assuming that the UK is able to remain part of the European Economic Area (EEA), the NHS funding shortfall could be at least £19 billion by 2030/2031 – equivalent to £365 million a week. Should the UK not retain access to the EEA, the shortfall caused by the domestic economic downturn and consequent loss of income is predicted to be as high as £28 billion – equivalent to £540 million a week.<sup>10</sup>

Furthermore, given the weak tax receipts reported in the UK, which will slow efforts to reduce deficits, and the recent fall in Sterling, which will have a significant effect on the cost of medicines and other health products, the outlook for NHS finances following the UK's decision to leave the EU is deeply alarming.

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**For further information, please contact:**

**Susan Bahl, Senior Public Affairs Officer**

**T: 020 3058 7457 | E [sbahl@bma.org.uk](mailto:sbahl@bma.org.uk)**

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<sup>8</sup> Baker J, Carreras O, Kirby S, Meaning J, Piggott R. Modelling events: the short-term economic impact of leaving the EU. NIESR, 2016.

<sup>9</sup> [The Review Body on Doctors' and Dentists' Remuneration \(DDRB\) Review for 2017 Written Evidence from the Health Department for England, October 2016](#)

<sup>10</sup> Health Foundation (2016) Briefing: NHS finances outside the EU