Memorandum of evidence from the British Medical Association to the Education Committee inquiry on ‘The impact of exiting the European Union on higher education’

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. The BMA is committed to safeguarding the future of the profession and the patients we serve.

We welcome the Education Committee’s inquiry on ‘The impact of exiting the European Union on higher education’ and have identified a number of issues which will need to be considered ahead of, and during, the negotiations on the UK’s withdrawal from the European Union (EU). These include the retention and recruitment of EU medical academic staff; the impact of Brexit on science and research; and the mutual recognition of professional qualifications (MRPQ).

Executive summary

- Medical students, doctors and medical academics from the EU have become essential members of the UK’s NHS and university workforce. We are dependent on their contributions in the provision of high quality education and excellent care to patients.
- It is vital to the future of UK higher education that the government offers EU medical students, doctors and academics reassurances about their future rights to live and work in the UK, including the offer of permanent residence. It will be essential for the immigration system to remain flexible should restrictions on the current policy of freedom of movement be implemented once the UK leaves the EU.
- The government should similarly seek to maintain reciprocal arrangements, involving mutual recognition of professional qualifications, in order to be able to recruit and retain the best researchers, educators and doctors for the UK’s medical schools, research institutions and health services.
- The higher education sector is one of the UK’s success stories, contributing £73 billion in output to the UK economy and £39.9 billion to UK GDP in 2011/12 1 and spreading UK influence and services across the globe. UK medical education is particularly world-renowned and our leading role in this sector must be safeguarded following Brexit.
- We welcome confirmation from the government that EU students applying for a place at an English university in the 2017 to 2018 academic year will be eligible for student loans and grants for the duration of their course. The Government must do more to clarify future funding arrangements: this is vital for the financial stability of HE institutions given that the presence of students from across the world and from the rest of the EU help financially underpin UK medical schools.
- The government must try to secure the UK’s ongoing access to EU research programmes and research funding following the vote to leave the EU. The high quality of UK medical research is dependent upon the UK being able to recruit the best medical researchers in the world, including from the rest of the EU, and in being able to participate in collaborative research activities, such as multi-centre clinical trials, across the EU.
- A failure to do so will have damaging consequences for the Government’s aspiration of Britain as a ‘science powerhouse’2, and the competitiveness of the UK’s university sector.

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1 Universities UK: Higher education in numbers
2 Jo Johnson, Minister of State for Universities, Science, Research and Innovation, House of Lords Hansard, 15 June, col 1287
The likely impact of the UK exiting the EU on EU students studying in England

1. The UK’s decision to leave the EU will have wide ranging ramifications for the education of EU students studying at a medical schools in England, which urgently need to be addressed. These include funding arrangements, transferability and recognition of medical degrees, and postgraduate medical training. This ongoing lack of certainty and clarity is clearly demonstrated by the sharp fall in the number of EU students applying to study medicine in the UK. Figures from UCAS for 2017 undergraduate entry show that applicants from the EU to the October deadline for medicine degrees have fallen by 9% (-620) to 6,240 ending a trend of annual increases over recent years. The potential reasons behind this fall in numbers is discussed below.

2. During the negotiating process it will be essential that the government clarifies the application and funding process for EU students who wish to study at a UK medical school once the UK leaves the EU. This is particularly important regarding the level of tuition fees that EU medical students will be set and whether or not this will involve a shift in the level of tuition fees they pay from home fee status to international student status. This may have an impact on the number of students from the rest of the EU applying for UK degrees, especially in medicine, which is a longer course than most undergraduate degrees.

3. The UK’s decision to leave the EU may also have an impact on the ability of EU students at UK medical schools to practice medicine in the UK in the longer term. The EU’s policy of MRPQ, alongside its policy of freedom of movement within the EU, has enabled many health and social care professionals, researchers and educators from countries within the EEA to work in the UK.

What protections should be in place for existing EU students and staff

4. In October 2016, the government announced EU students applying for a place at an English university in the 2017 to 2018 academic year would continue to be eligible for student loans and grants and would continue to do so for the duration of their course, even if the UK leaves the EU during this period. The government has also confirmed that currently, EU students will be charged the same tuition fees (home fee status) as UK students; EU nationals who have lived in the UK for over five years will be able to apply for undergraduate maintenance support and master’s loans.

5. This announcement will give universities greater certainty and clarity over future funding whilst also reassuring future medical students from the EU that the terms of their funding will not change if the UK withdraws from the EU during their course. Currently, home and EU domiciled student course fees account for £10.481 billion of the income of UK HE providers with a further £4.226 billion coming from fees paid by non EU students.

6. The BMA calls on the government to provide the same certainty for EU students applying for the 2018 to 2019 academic year.

7. The government must offer these highly skilled professionals the confirmation and reassurance they need regarding their rights to live and work in the UK. While we welcome comments from the Secretary of State for Health that the government wants doctors ‘to be able to stay post-Brexit’, concrete reassurances must be offered, such as the offer of permanent residence in the UK. This would provide stability to EU medical students who have

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3 Department for Education (11 October 2016) Funding support for EU students
4 House of Lords library note (October 2016) Leaving the European Union: funding for universities and scientific research
5 Secretary of State for Health, Jeremy Hunt speech to Conservative Party conference 2016
committed to training and working in the NHS and have been factored into long-term NHS workforce planning. Not doing so risks undermining workforce planning in the NHS and university sector and the ability of the health service to maintain safe staffing levels and patient safety.

8. The government should also maintain reciprocal arrangements, involving MRPQ, 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.

9. Maintaining reciprocal arrangements would help enable students from the rest of the EU to take up jobs in the UK. In medicine, the opportunity to continue postgraduate training in the NHS also helps to make UK medical schools an attractive option.

10. Should reciprocal arrangements be lost once the UK leaves the EU, there is a risk that this will have a detrimental impact on the UK’s ability to fill gaps within the NHS and also on our ability to collaborate with our EU partners, to retain research staff and to learn from colleagues. There is also a risk that upon qualification as a doctor, EU students who have trained at a UK medical school may face difficulties in practise medicine in their country of origin or in another EU country.

The future of the Erasmus+ programme following the withdrawal of the UK from the EU

11. UK students should retain the right to benefit from the wider experiences offered by the Erasmus+ scheme. Following the UK’s departure from the EU, the loss of funding currently provided by Erasmus+ would have significant financial repercussions for students moving abroad.

12. The UK also benefits from the opportunities that the Erasmus programme offers to students from the rest of the EU to spend some time in the UK as part of their degree.

Risks and opportunities for UK medical students

13. Among the risks to UK students is the likelihood that the quality of the student experience is diminished because medical schools become less able to recruit and retain the best available staff as teachers and researchers. The destabilising effect of a reduction in the number of students from the rest of the EU may also risk losing the creative diversity that has been an important feature of UK universities in recent years.

14. The UK’s decision to leave the EU will have other wide ranging ramifications for UK medical students, including the transferability and recognition of qualifications for doctors in the rest of the EEA, and the structure of undergraduate and postgraduate training. The position of UK students who have done degrees in other EU countries is particularly unclear.

15. The opportunities that UK students currently have to spend part of their degree in another EU country and the educational and cultural benefits that they derive from them risk being diminished and thus diminish the attractiveness of UK higher education.

16. As discussed above, the EU’s policy of MRPQ, alongside its policy of freedom of movement within the EU, allows UK-trained doctors to work in the EU. Should the government be unable to secure reciprocal arrangements once the UK leaves the EU, there is a risk that UK graduates of UK medical schools may face difficulties in practising medicine in an EU country. This risks
making UK higher education less attractive to students from the rest of the EU and the rest of the world.

How changes to freedom of movement rules may affect students and academics in English higher education institutions

17. The EU’s principle of freedom of movement of people, alongside the policy of MRPQ, has enabled many highly skilled medical professionals and medical students from countries within the EEA to work and study in the UK and vice versa. In 2014, 10,242 doctors (6.6% of the UK medical workforce) received their primary medical qualification in another European Economic Area (EEA) country. In 2016, 15% of all academic staff at UK universities were originally from other EU nations. It also allows UK academics and doctors to work in other European countries, thereby sharing expertise and knowledge across Europe.

Impact on medical students

18. Medicine thrives on the interchange of experience, knowledge and training across countries and backgrounds. Changes or restrictions to the current policy of freedom of movement will inevitably lead to a decrease in opportunities to study abroad and limit the interchange of experience, knowledge and training. We believe this will be detrimental for medicine, patient care and medical research.

Impact on medical academics

19. UK medical research depends upon the contribution of international doctors. It is essential that UK companies, universities and research institutes continue to attract and retain top researchers from the EU and elsewhere. The employment of world class researchers helps to ensure UK universities and companies involved in medical research maintain an internationally competitive edge. The highly specialised nature of much medical research means that it can be difficult to sustain research projects employing solely UK nationals: experts within a specific field may simply be so few in number that there are none available domestically.

20. It will be essential for the immigration system to remain flexible should restrictions on the current policy of freedom of movement be implemented once the UK leaves the EU. This will be vital not just for UK-based research programmes to recruit and retain the best available researchers and medical academics, but also for the NHS and university sector to retain the ability to recruit professionals quickly and easily from overseas when there is an insufficient number of professionals within the resident workforce to fill shortages in specialties.

How to ensure UK universities remain competitive after the withdrawal of the UK from the EU

21. UK universities will need to be able to continue to charge students from the rest of the EU fees that are comparable with those for UK citizens for UK higher education to remain attractive for the number of EU students that currently apply. This is likely to mean that EU students will need to continue to have access to UK student financial support.

22. The UK will need to maintain membership of and access to the European Research Area in order to be able to participate fully in medical research programmes funded by the EU. This will require a continuing contribution to research funds and programmes by the UK government and the retention of the free movement of workers.

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6 King’s Fund, Five Big Issues for Health and Social Care after the Brexit Vote, 30 June 2016
7 Academies publish joint statement on research & innovation after the EU referendum, 19 July 2016
23. The UK will also need to remain culturally attractive to citizens from the rest of the EU. Already the message is being sent out to potential students from the rest of the world that the UK no longer welcomes them\textsuperscript{8}. This message must not be conveyed to potential students, teachers and researchers from the rest of the EU. This will require an open and flexible immigration system, a culture that values diversity and tackles discrimination. The UK must be seen to tackle the rise in xenophobic attacks that has occurred since the referendum result.

24. It is essential that the government seeks to secure opportunities for UK researchers to gain experience in other EU nations once the UK withdraws from the EU. Policies such as MRPQ and freedom of movement, allow UK medical academics, scientists, researchers and students to work and study in the EU, thereby sharing expertise and knowledge across Europe creating an environment, which has facilitated data sharing and ideas\textsuperscript{9}. Between 1996 and 2012, nearly 72% of UK-based researchers spent time at non-UK institutions\textsuperscript{10}.

25. We are calling on the government to ensure the UK universities and research projects continue to have the opportunity to shape the EU’s research and innovation agenda. This is vital for collaboration and ensuring UK universities remain competitive after the withdrawal of the UK from the EU.

26. It will be essential for UK companies, universities and research institutes to be able to attract and retain top researchers from the EU and elsewhere if UK universities and companies involved in medical research are to maintain an internationally competitive edge. Universities should be able to continue to hire the strongest candidates in their respective fields, regardless of their nationality.

What the Government's priorities should be during negotiations for the UK to exit the EU with regard to students and staff at higher education institutions

27. We have identified three key priorities for the government during negotiations with regard to students and staff at high education institutions. First, we are seeking reassurances from government that EU medical students studying at UK medical schools, UK-based researchers and staff from other EU nations will be given the right to continue to live and work in the UK. Specifically, we are calling for these individuals to be granted permanent residence in the UK. This will be vital to prevent a ‘brain drain’ from the UK following our departure from the EU.

28. Secondly, with regards to medicine, the government should seek to maintain reciprocal arrangements, involving MRPQ along with measures to ensure patient safety, once the UK leaves the EU. This will be vital to ensuring UK medical students and doctors are able to practice medicine in the EU and vice versa.

29. Thirdly, the government must try to secure the UK’s ongoing access to EU research programmes and research funding following the vote to leave the EU. A failure to do so will have damaging consequences for the future of science and research in the UK. Further information is provided in point 26 below.

What steps the Government should take to mitigate any possible risks and take advantage of any opportunities

\textsuperscript{8} The message from Britain is clear: Indians are not welcome anymore

\textsuperscript{9} King’s Fund, Five Big Issues for Health and Social Care after the Brexit Vote’, 30 June 2016

\textsuperscript{10} Elsevier (2013) International comparative performance of the UK research base, 2013
30. As discussed in point 7, the government must take immediate steps to reassure and retain the EU medical workforce regarding their right to continue to live and work in the UK following the UK’s decision to leave the EU, including the offer of permanent residence to the EU medical workforce currently in the UK.

31. We are concerned that following the UK’s vote to leave the EU, some of these highly skilled individuals may choose to leave the UK, favouring instead countries which are more conducive and supportive of international students and an international workforce. This is a particular concern following the rise in xenophobic attacks following the UK’s vote to leave the EU and policies which appear to devalue or undermine the contribution made by medical students and doctors from the EU and elsewhere.

32. For example, the Secretary of State for Health recently announced medical workforce reforms to fund the training of up to an additional 1,500 students through 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.

33. Following the UK’s decision to leave the EU, there is a danger that the implementation of stringent immigration policies will deter EU students and health professionals from seeking to study or work in the UK at all. Instead, we believe it will be essential that the immigration system remains flexible once the UK leaves the EU to meet the needs of the NHS. This would be preferable to any immigration system in the future, which imposed limits on the number of EU doctors and medical academics able to work in the EU.

34. The BMA has also repeatedly raised concerns about the bureaucracy and costs inherent in the visa system for international students from outside the EU who choose to study at a UK medical school, particularly as they progress through their medical training. Additional costs, such as the migrant surcharge and visa fees, have exacerbated the costs incurred by these medical students who have committed to training and working in the UK. While the extension of international student tuition fees to EU students would raise a significant amount of revenue for medical schools, there is a risk that this may deter some EU students from choosing to take up a place at a UK medical school favouring instead other EU or international destinations.

35. The government also needs to address the vitally important issue of ongoing access to EU research programmes and research funding.

36. We welcomed the UK government’s recent commitment in August 2016 to underwrite EU funding awards secured while the UK remains a member of the EU. This is particularly important for universities participating in Horizon 2020. 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 timeframe\(^\text{11}\) and the UK currently has 15% of all awarded grants in Horizon 2020, the greatest share amongst those countries participating\(^\text{12}\). The UK Government, therefore, needs also to guarantee or secure funding equivalent to what the UK would have received through its membership of EU.

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\(^\text{11}\) Academy of Medical Royal Colleges: *Leaving the EU – What needs to happen to maintain the standards of healthcare in the UK*, 28 July 2016

\(^\text{12}\) European Commission (2015) *Horizon 2020: First Results*
37. The government must act quickly to ensure ongoing participation in such programmes and to limit any potential damage to the UK’s medical research base. This will be essential to mitigate any risks to the future of science and research in the UK and to ensure the quality of research from our universities is maintained in the future.