

BREXIT BRIEFING

The medical workforce and future immigration policy

This briefing applies to the whole of the UK, however, given the unique situation of Northern Ireland sharing a land border with the Republic of Ireland, this will be examined in a separate briefing within the Brexit series.



Key points

- A formal agreement on citizens' rights must be reached as soon as possible to avoid a `cliff edge` that could occur if EU citizens are no longer able to come to the UK to work, if more choose to leave, or are unable to stay due to a change in their immigration status
- Sufficient stay must be given to EU medical students currently studying in the UK to allow them to complete their courses and continue to foundation training and training posts
- Measures must be put in place during the transition period to ease the shift from one immigration policy to a post-Brexit system
- Any new immigration system must be flexible and responsive to the needs of the health and social care systems
- A system of mutual recognition of professional qualifications (MRPQ) must be maintained
- The EU principle 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 European Economic Area (EEA) to work in the UK¹
- Brexit will have a significant impact on the rights of EU nationals to live and work in the UK
- Between 7-10% of doctors currently working in the UK are from the EEA. They work in nearly all specialties, including some that are facing severe workforce shortages including general practice, emergency medicine, paediatrics, occupational medicine, radiology and psychiatry²
- One of the UK Government's stated goals is to reduce overall migration post-Brexit
- Any reduction in the number of doctors migrating to the UK will have a destabilising effect on the medical workforce, and the staffing of health and social care across the UK. This will have an impact on the ability of the NHS to provide a safe and reliable service
- Evidence shows that many EEA doctors are planning to leave the UK because of the UK's decision to leave the EU
- Allowing doctors to train, teach, conduct research and practise in different countries contributes to widening their understanding of healthcare and advances new breakthroughs in medicine
- **For the UK, negotiating a formal agreement on EU citizen's rights would:**
 - create the stability necessary to allow the government to ensure the healthcare workforce can meet current and future demands
 - maintain reciprocal rights for UK doctors, medical academics, and medical students living in the EU, including recognition of medical qualifications
- **For the EU, negotiating a formal agreement on EU citizen's rights would:**
 - provide certainty for EU doctors, medical academics and medical students, and their families, currently in the UK
 - maintain access to the UK healthcare system by appropriately trained EU doctors, and access to UK post-graduate training for EU doctors
- Should there be a failure to agree a comprehensive deal on residency rights within the withdrawal agreement by March 2019, there would be considerable uncertainty about the status of EU nationals currently residing in the UK. Those without documentation proving entitlement to remain in the UK would be most at risk and the NHS, academic institutions, and other health bodies may lose a proportion of their workforce

Background

The EU's principle of freedom of movement and the mutual recognition of professional qualifications within the EU has allowed many health and social care professionals from countries within the EEA to work in the UK³.

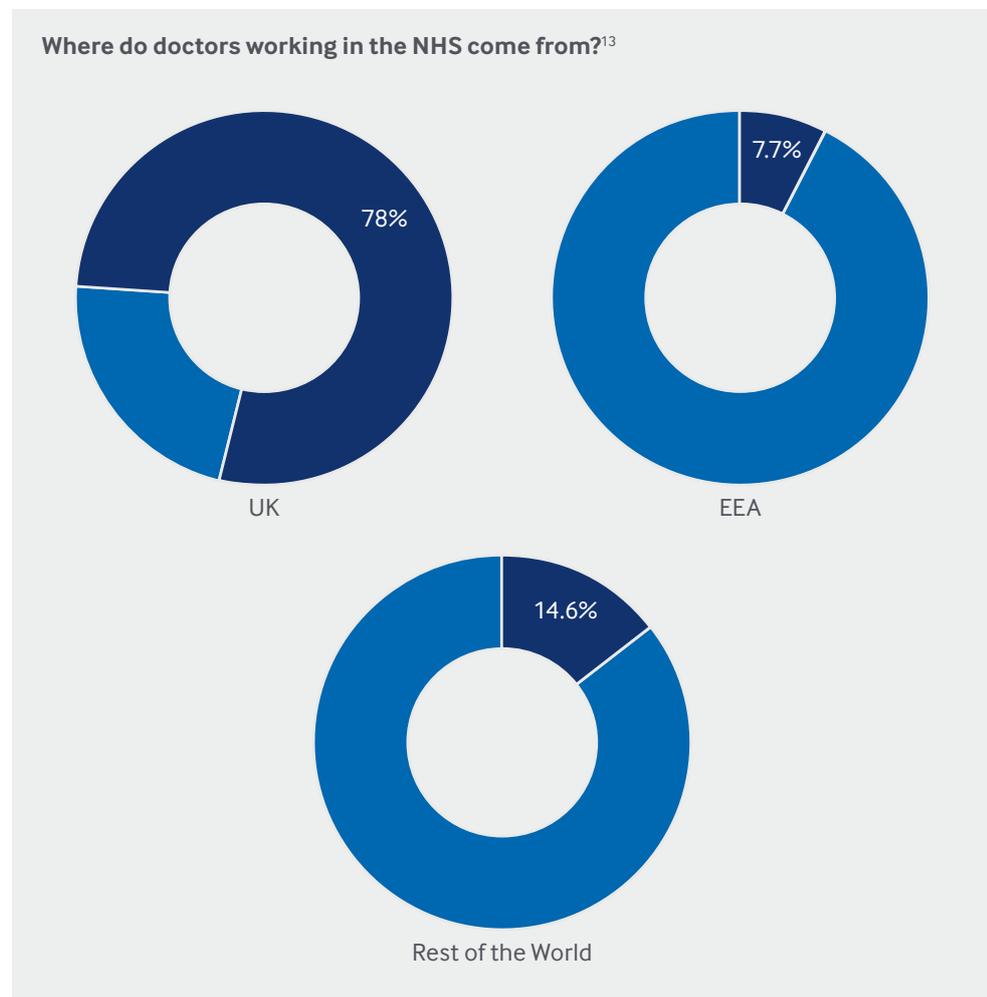
Currently, EU nationals have the right to enter the UK and have an initial right of residence in the UK for up to three months under the Citizens' Rights Directive 2004/38/EC⁴. To stay for longer than three months, an EU national must be exercising treaty rights as a jobseeker, worker, self-employed person, self-sufficient person or student (i.e. 'qualified person'). After five years of continuous residency, EU nationals and their family members⁵ may apply for permanent residency, provided they have exercised their treaty rights during that time. In 2007, the EU directive on Mutual Recognition of Professional Qualifications (MRPQ) 2005/36/EC⁶ came into force in all EU Member States. The directive facilitates the free movement of EU citizens by making it easier for professionals qualified in one member state to practise their profession in another and covers EU doctors working in the UK. In comparison, non-EU doctors who migrate to the UK do so via the Points Based System (PBS), introduced in 2008, and must obtain a visa before they can work. Most qualify for entry on either a Tier 1, Tier 2, or Tier 5⁷ visa. Non-EU medical students must enter the UK on a Tier 4 student visa and if they wish to remain in the UK to complete foundation training, they must apply for another Tier 4 visa.

To qualify for a work visa, non-EU doctors must have a job offer and meet the minimum salary and savings requirements⁸. These doctors must also meet set standards in English (International English Language Testing System⁹), show clinical competence (Professional and Linguistic Assessment Board exam¹⁰) and hold GMC registration with a license to practice in the UK. Some may also choose to complete a clinical attachment or internship. Sponsors of non-EU doctors coming to the UK under Tier 2 i.e. for a skilled job that is not on the shortage occupation list¹¹ are required to complete the resident labour market test (RLMT). They must show they have tried to fill the job with a worker from the UK/EEA first, advertising the role for four weeks, before being able to consider other applicants¹².

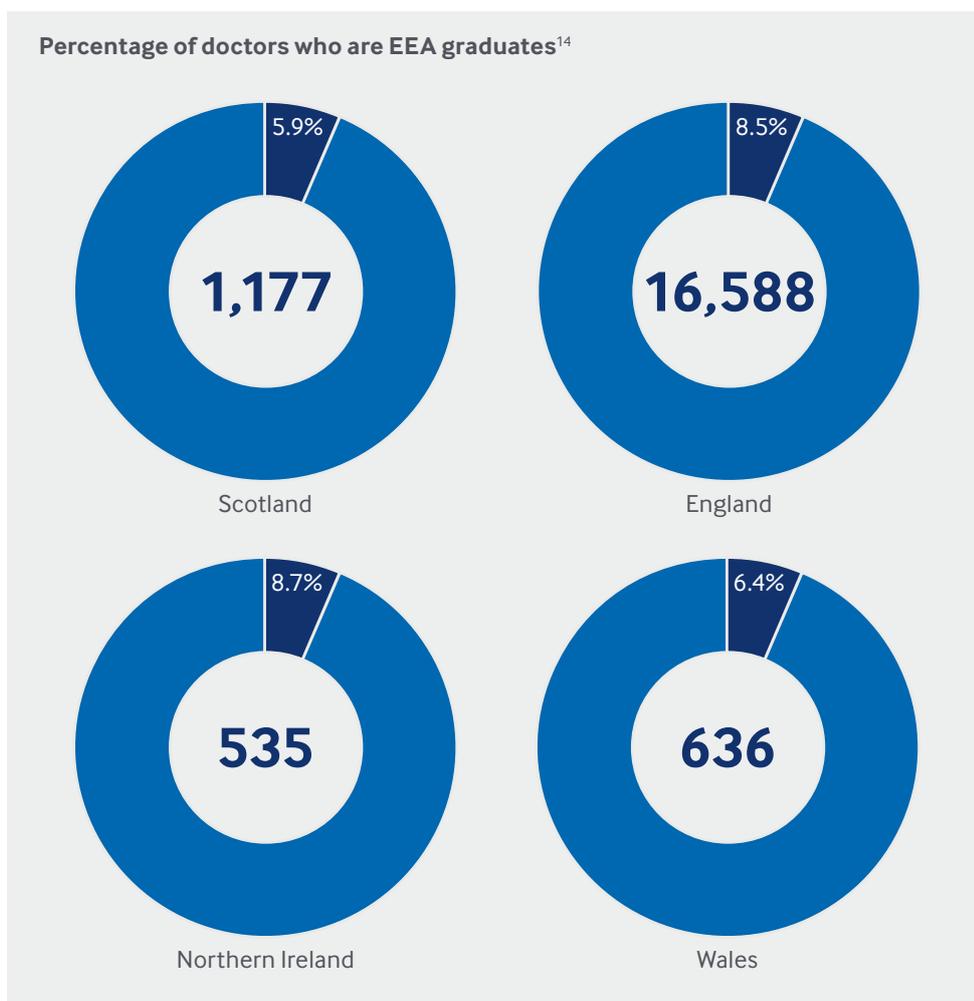
EEA doctors in the UK

There are a significant number of EEA doctors working in the UK, delivering high-quality healthcare. It is estimated that between 7-10% of doctors working in the UK are EEA nationals. Calculating a precise UK-wide figure is difficult due to a lack of data in some parts of the country and the way that available data is captured. For example, the GMC collects information on the number of EEA doctors who received their PMQ (Primary Medical Qualification) in another EU country. However, these figures include non-EEA doctors who received their PMQ in another EU country and exclude EU doctors who received their PMQ in the UK.

According to NHS Digital, approximately 22% of all doctors currently working in the NHS in England are from countries other than the UK, as shown below, with additional staff working in public health and academic medicine.



According to the GMC, EEA graduates make up 9.1% of all licensed doctors in the UK:



In 2017 more than 21,000 who received their PMQ in another EEA country were licensed to practice medicine in the UK¹⁴. In addition, thousands of medical students from the EEA and elsewhere are currently enrolled at UK universities and are already counted in national workforce planning¹⁵.

Potential consequences of the UK leaving the EU on the medical workforce

Evidence shows that EEA doctors intend to leave the UK following the referendum result

Despite efforts by the UK Government to reassure EU citizens in the UK regarding their rights to live and work in the UK after Brexit, the lack of concrete reassurances and ongoing uncertainty presents a very real risk that some EU nationals, including highly skilled doctors and medical researchers, will choose to leave the UK. This could have significant implications for the staffing of health and social care services, quality of care and patient safety. It is also important to recognise that this uncertainty can impact morale and cause a great deal of stress to those whose futures remain uncertain.

It has been reported that fewer EEA staff have joined employment in the NHS since the referendum and more have left and that the UK's decision to leave the EU was behind the trend¹⁶. The BMA's own research shows that:

- 45% of EEA doctors were considering leaving the UK and moving to another country
- of those who claimed they intend to leave the UK, 39.14% have made plans to leave

The top reasons for leaving were:

- The UK's decision to leave the EU – 19%
- The current negative attitude toward EU workers in the UK – 16%
- Uncertainty over my future immigration status – 15%
- The way the UK government treats EU workers – 13%

This study found only 9.52% of EEA doctors are confident of a positive outcome in the current negotiations taking place on EU and UK citizens' rights, whilst 31.14% responded 'not sure' and 59.34% were not confident with the outcome. In addition, 76.89% respondents claimed a negative outcome to the current EU and UK citizen rights Brexit negotiations would make them more likely to consider leaving the UK.

The UK's decision to leave the EU will increase pressure on the health service and adversely impact patient care

The NHS is already under immense pressure in the face of rising demand and tight resources. Doctors are strained as the service is plagued by workforce shortages in key specialties and it is becoming increasingly difficult to recruit and retain medical staff across the system, even with current levels of migration.

In the next five years, the general population is expected to rise by 3% 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)¹⁷. This has a substantial effect on the frequency with which patients use the NHS and the time it takes to see them and as a result, there have been significant, foreseeable increases in NHS activity across the UK in recent years.

Against this backdrop, although it remains highly competitive, fewer people are choosing medicine as a career with many more choosing to leave the health service at a time when they are needed most. The number of people applying to medical school has decreased by more than 13% since 2013 and nearly three quarters of all medical specialties faced under-recruitment in 2016¹⁸. Also, last year, just 50.4% of F2 doctors reported that they would progress directly into specialty training following completion of their Foundation Programme training¹⁹. This is leading to rota gaps and raises concerns about the ability of the NHS to adequately staff services down the line.

Efforts to increase the domestic supply of doctors are underway²⁰ but they will not address likely shortages resulting from the UK's decision to leave the EU in the short-medium term given the length of time it takes to train a senior doctor. Indeed, to maintain minimally adequate staffing levels, recruitment from the EU and elsewhere plays a crucial role. For example, to meet its target of recruiting 5,000 GPs by 2020, NHS England has found it necessary to actively recruit more than 2,000 of those from the EEA and overseas²¹.

Any reduction in the number of doctors migrating to the UK will therefore undoubtedly exacerbate workforce shortages, impacting staffing levels on hospital wards, in GP practices and in community settings across the UK. This could have particularly dire consequences for specialties facing acute shortfalls including general practice, emergency medicine, paediatrics, occupational medicine, radiology and psychiatry. Amid an already growing workforce crisis, the quality of patient care will suffer and patient safety will be put at risk. The NHS simply cannot afford to lose medical or other healthcare staff at a time when they are needed the most.

The decision to leave the EU is likely to add further pressure to the health and medical research sectors

While the immediate workforce needs of the NHS are particularly significant, migration from the EU and elsewhere provides other benefits to the UK beyond staffing services. Medicine thrives on the interchange of experience, knowledge and training across countries and backgrounds. Allowing doctors to train, teach, conduct research and practise in different countries contributes to widening the understanding of healthcare and advances new breakthroughs in medicine.

UK medical research depends upon and is enhanced by the contribution of international doctors. It is important for UK companies, universities and research institutes to attract and retain top researchers from all over the world. The employment of world class researchers helps to ensure that UK universities and companies involved in medical research maintain an internationally competitive edge and underpin the UK's position as the second most productive country for medical research.

The highly specialised nature of much medical research means that it can be difficult and unnecessarily restrictive to sustain research projects employing solely UK nationals. Experts within a specific field may simply be so few that there are none available domestically. The loss of top medical research and academic talent would impact adversely upon UK medical research activity and long-term economic success. If companies carrying out medical research find that in the UK they are unable to employ the best medical researchers from around the world, then they may move their operations abroad to countries where this is possible. [See our briefing for more on medical research.](#)

Changes or restrictions to the current legal framework for mobility will inevitably lead to a decrease in opportunities to study abroad and limit the interchange of experience, knowledge and training. It will also clearly have an impact on staffing levels in the short-medium term. This will be detrimental for medicine, patient care and medical research.

The opportunities available to UK students to spend part of their degree in another EU country and the educational and cultural benefits that they derive risk disappearing with the UK's decision to leave the EU. Likewise, for EU students, having access to UK education and training is beneficial as they can return to their home countries at some point with enhanced skills.

Ensuring the stability of the medical workforce now and post-Brexit

The BMA is calling for:

- Permanent residence for EEA doctors and medical academics who are currently working in the UK, and their family members, whether they have been living here for five years or not, to give reassurance and protection to them and to maintain the stability of the NHS workforce
- Sufficient stay for EEA medical students currently studying in the UK to allow them to complete their courses and continue to foundation training and training posts
- Measures to be put in place during the transition period to ease the shift from one immigration policy to a post-Brexit system
- A coherent future immigration system that will provide the flexibility necessary to address NHS workforce shortages and considers the needs of the wider health and social care systems
- The maintenance of a system of mutual recognition of professional qualifications (MRPQ)

Brexit presents an opportunity to review and streamline existing immigration arrangements for the benefit of the healthcare sector in the UK

The BMA believe that employers must be able to recruit and retain overseas doctors where a clear workforce need exists. This is true now and will remain the case once Brexit takes effect.

The BMA, as part of the Cavendish Coalition²², has identified ten key principles which we believe should underpin a future immigration system:

1. Be responsive to individuals and organisations using it, easy to understand and navigate, transparent, predictable and affordable: keep it simple.
2. Respond to skill and labour shortages within the health and social care sector, as well as attracting talent to the sector.
3. Support the stability of health and social care services in the short to medium term
4. Recognise the wider value to society and the economy of certain skills and roles, beyond using salary levels as a determinant of entry to the UK.
5. Support the growth of the economy across all parts of the UK.
6. Position the UK as a global leader in healthcare industry, science, technology, research and education.
7. Support the delivery of high quality public services across all parts of the UK.
8. Lead the way on the World Health Organisation Code of Practice on ethical and international recruitment.
9. Complement a strategy and plan to develop the UK's domestic supply of health and social care staff.

The immigration system for healthcare also needs to work in conjunction with the relevant regulatory systems ensuring that proportionate measures are in place to maintain patient safety.

Bearing these principles in mind, there is an opportunity to address existing complexities in the current immigration system for non-EU doctors that are often due to the interaction between the rules and the system for training doctors. Examples include: increases within the Tier 2 (General) appropriate salary threshold for experienced workers; the introduction of the immigration skills charge²³; the impact of the resident labour market test; and the exclusion of many at-risk medical specialties, such as general practice, from the shortage occupation list²⁴. Such challenges create difficulties in being able to recruit overseas workers and have shown to negatively impact the medical workforce.

Key developments

Citizens' rights

In June 2017, the UK Government made an opening offer²⁵ on the rights of EU citizens currently living and working in the UK proposing settled status for those living in the UK for five years prior to an unspecified cut-off date. The UK government made this offer on the basis of reciprocal arrangements being provided for UK nationals living and working in Europe.

In October 2017, following the conclusion of the fifth round of talks, the Secretary of State for Exiting the European Union, David Davis, confirmed that the status of EU citizens in the UK will be enshrined in UK law through the withdrawal agreement and a new registration process will be put in place for EU citizens here²⁶.

In both her speech on the October European Council²⁷ and an open letter to all EU citizens living in the UK²⁸, Prime Minister Theresa May outlined plans for 'a streamlined digital process for those applying for settled status in the UK in the future' and 'a simple process for any EU citizen who holds permanent residence under the old scheme to swap their current status for UK settled status.'

The UK offer on guaranteed rights goes beyond the strict requirements of current EU law to protect citizens. For example, the UK Government has offered guaranteed rights of return for settled EU citizens in the UK who leave the UK, in return for onward movement rights for UK nationals living in the EU. If the EU agrees to this, it would mean that an EU citizen with settled status can leave the UK for more than two years without their status being affected. In return, a UK national living in the EU, will be able to move within the other Member States, as now²⁹.

Transitional arrangements

In her speech in Florence on 22 September, Prime Minister Theresa May called for an implementation period of 'around two years' during which time 'people will continue to be able to come and live and work in the UK.'³⁰

We are awaiting more detail on what a transitional arrangement may look like, but as it takes more than 10 years to train a senior doctor, two years will not be sufficient to allow the domestic supply of doctors to increase before the EEA pipeline is restricted.

Future immigration system

Following publication of a White Paper in February 2017³¹, we know that the UK Government is committed to reducing the number of people coming to the UK from the EU. It states the EU Free Movement Directive will no longer apply and the migration of EU nationals will be subject to UK law.

Further insight into the UK Government's intentions was revealed following the leak of a Government discussion document³². The document makes clear that government will implement an immigration system, which will be introduced gradually so that employers, government systems and individuals can adapt. The successor system will enable suitably qualified, skilled and innovative EU nationals to participate in the UK labour market, and study within schools, universities and colleges. It will be expected, by UK government, that the EU provides for similar arrangements for UK nationals travelling to member states post-Brexit. We expect an Immigration Bill in early 2018 that will set out details of the new immigration system for EU citizens.

In July 2017, the government commissioned the Migration Advisory Committee (MAC) to advise on the economic and social impacts of the UK's exit from the EU, and on how the UK's immigration system should be aligned with a modern industrial strategy.³³ [[see the BMA's response here](#)]. The evidence collated by MAC, is likely to inform any future framework for immigration control and system.

Summary

The issues facing the medical workforce ahead of the UK's withdrawal from the EU are considerable and are therefore a key focus for the association. Doctors and students from all over the world come to the UK to study and work in medicine. In addition to the thousands of other NHS staff who are from the UK and overseas, they provide a vital public service to British citizens and contribute to the overall economy. For the UK to continue to provide safe and reliable healthcare services and to remain globally competitive in the life sciences, it must be able to recruit and retain doctors from the EEA and elsewhere in the world.

At present the government needs to consider whether it will tailor labour migration policy to respond to nuanced policy goals (for example, by introducing different rules for different sectors or businesses), make bespoke arrangements within bilateral agreements, or create a simple, transparent system with more uniform rules that can be more easily managed and enforced – and these options need not be mutually exclusive.

To further the interests of patients, doctors and the wider health and social care workforce, the BMA is calling on the government to implement a flexible immigration system, which facilitates the entry of doctors, nurses and other key health and social care staff to the UK, and enable UK-trained doctors to work in the EU should they so choose.

Reference

- 1 King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016
- 2 'Our data about doctors with a European primary medical qualification.' GMC, February 2017.
- 3 King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016
- 4 2004 Citizens Directive.
- 5 Family members from non-EEA countries can travel to the UK with an EEA family member or join EEA family members already in the UK. After five years of exercising treaty rights in the UK, an EEA national and their family members can apply for permanent rights of residence. Family members are defined as: spouse, civil partner, children and grandchildren, dependent parents and grandparents of the EEA national or of their spouse.
- 6 https://ec.europa.eu/growth/single-market/services/free-movement-professionals/qualifications-recognition_en
- 7 <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/recruitment-into-medical-and-dental-posts/medical-training-initiative>
- 8 <https://www.gov.uk/tier-2-general/eligibility>
- 9 http://www.gmc-uk.org/doctors/registration_applications/13680.asp
- 10 <http://www.gmc-uk.org/doctors/plab.asp>
- 11 The UK shortage occupation list applies to the entire UK, including Scotland, which has its own list as well. <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list>
- 12 <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/tier-2/resident-labour-market-test>
- 13 NHS Digital provisional workforce statistics March 2017.
- 14 <https://www.gmc-uk.org/publications/31408.asp>
- 15 <https://www.ucas.com/file/84266>
- 16 <http://www.bbc.co.uk/news/uk-england-41556997>
- 17 <https://www.parliament.uk/business/publications/research/key-issues-parliament-2015/social-change/ageing-population/>
- 18 'The state of pre and post-graduate medical recruitment in England.' BMA, 2017.
- 19 www.bma.org.uk/medicalrecruitment
- 20 The Government will fund the training of an additional 1,500 students through medical schools in England from 2018, with the intention of achieving self-sufficiency by expanding the supply of UK trained doctors, and reducing the NHS's reliance on doctors from overseas.
- 21 Pulse, NHS England looks to recruit 2,000 GPs from overseas to offset retirements <http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/nhs-england-looks-to-recruit-2000-gps-from-overseas-to-offset-retirements/20034823.article>
- 22 The BMA is a founding member of the Cavendish Coalition, a coalition of 37 health and social care organisations which has been created to ensure sustainable workforce supply and thereby standards of care are maintained as the UK withdraws from the EU. It includes organisations from across the health and care sectors including Directors of Adult Social Services, NHS Employers, NHS Providers, Royal College of Nurses, Association of UK University Hospitals, and care groups such as Care England.
- 23 The BMA has raised its concerns about the impact of the immigration skills charge, and has called for the exemption for the NHS from this charge. This additional charge to the employer would see money being diverted from an already overstretched NHS. <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/immigration-skills-charge>.

- 24 <http://www.bma.org.uk/news/2012/november/bma-seeks-specialty-immigration-exemptions>
- 25 <http://www.gov.uk/government/publications/safeguarding-the-position-of-eu-citizens-in-the-uk-and-uk-nationals-in-the-eu>
- 26 <http://www.gov.uk/government/news/david-davis-closing-remarks-at-the-end-of-the-fifth-round-of-eu-exit-negotiations-in-brussels>
- 27 <http://www.gov.uk/government/speeches/pms-statement-on-october-european-council-23-october-2017>
- 28 <http://www.gov.uk/government/news/pms-open-letter-to-eu-citizens-in-the-uk>
- 29 <http://www.gov.uk/government/publications/joint-technical-note-on-the-comparison-of-eu-uk-positions-on-citizens-rights>
- 30 PM's Florence speech: a new era of cooperation and partnership between the UK and the EU, 22 September 2017.
- 31 http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/589191/The_United_Kingdoms_exit_from_and_partnership_with_the_EU_Web.pdf
- 32 <http://www.theguardian.com/uk-news/2017/sep/05/the-draft-home-office-post-brex-it-immigration-policy-document-in-full>
- 33 <http://www.gov.uk/government/consultations/call-for-evidence-and-briefing-note-eea-workers-in-the-uk-labour-market>

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