

Dear Sir/Madam

Migration Advisory Committee - Call for Evidence: Review of the Salary Threshold and Points-Based System Commission

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The Association welcomes the opportunity to respond to the MAC (Migration Advisory Committee) call for evidence on the Salary Threshold and the Points-Based System. Given our remit, it is not appropriate for us to respond to the questions designed for employers or organisations representing them, but we have set out our general comments and concerns based on the information given on the salary threshold commission. Please find enclosed the BMA's submission.

1 Background

Doctors, medical students and thousands of health professionals from overseas provide a vital public service to the residents of the UK and contribute to the overall economy. They make up a substantial portion of the UK medical workforce and the NHS therefore relies on them to deliver safe and reliable health services. On the 6 October 2019, all medical practitioners were placed on the Shortage Occupation List. However, vacancies persist in the NHS, even with current levels of migration and it is becoming increasingly difficult to recruit and retain doctors. Any reduction in migration would further exacerbate these shortages¹. We would ask that you read this response in the context of the following key points:



- Freedom of movement has allowed hundreds of thousands of health and social care staff from Europe to come to the UK to provide key public services, carry out vital medical research and contribute to the overall economy.
- Any reduction in the number of doctors or healthcare staff migrating to the UK will exacerbate workforce shortages and impact on staffing levels in hospital wards, in GP practices and in community settings across the UK. Amid an already growing workforce crisis, the quality of patient care will suffer, and patient safety will be put at risk if an immigration policy is introduced which restricts the flow of vital workers.
- The BMA is calling for ongoing free movement for healthcare and medical research staff.
- There are currently 135,000 NHS staff in England who are nationals of a country outside of the UK.
- 9% of all licensed doctors in the UK are EEA graduates (making up 14% of all hospital consultants)² and 24% are international medical graduates from non-EEA countries.
- Approximately 15% of doctors enrolled on the first year of the UK FP (Foundation Programme), are originally from outside of the UK, with 10-12% of them being international students who graduated from UK medical schools. Doctors that are within the Foundation Programme, are factored into workforce planning.
- Since the referendum in 2016, EU migration to the UK has fallen and is now at its lowest level since 2013³. EU applications to UK medical schools have fallen to their lowest point in a decade.⁴ Other healthcare professions, including nursing are experiencing similar problems.
- Conversely, more than half of doctors who joined the workforce between June 2018 and 2019 were International Medical Graduates. This is three times the number of IMGs joining the workforce than between 2012 and 2013.⁵
- As set out in a recent GMC workforce report, there are significant threats to retaining existing doctors. We are struggling to retain substantial numbers of doctors who, in the

face of pressures, are reducing their hours or intending to leave UK practice. This is especially serious for certain groups of doctors, such as GPs and international medical graduates (IMGs) in specialty and associate specialist (SAS) and locally employed (LE) roles.⁶

- EU and non-EU workers make up a large proportion of the adult social care workforce. One in five of the adult social care workforce in England were born outside of the UK and many social care professionals currently working in the UK are from other EU countries, equating to nearly 80,000 jobs.
- Many of the proposals set out in the immigration white paper, published in December 2018, are consistent with our previous lobbying work on the Tier 2 (General) visa route. However, it is our view that they do not go far enough to make the system workable. EU and non-EU applicants, including doctors, would still be subject to the bureaucracy and costs (such as application fees and the general inflexibilities in the system) which could compound recruitment problems in the NHS.

2 The Salary Threshold

We understand the MAC have been asked to consider the specific points below.

2.1 Potential options when setting a threshold

We understand the commission set out a range of potential options for the MAC to consider, when setting the threshold.

Full-time doctors meet the salary threshold. However, the BMA is calling on the government to significantly reduce the £30,000 salary threshold to reflect NHS pay scales for doctors working less than full time (see below) and all other healthcare professionals.

2.2 Potential exception to salary thresholds including jobs that are on the Shortage Occupation List

The most relevant exception to the salary threshold for doctors is where they apply for a post in the FP having been granted a Tier 4 (General student) visa to study at a UK medical school. The FP is two years in duration and the doctor will remain on a Tier 4 visa until the end of their Foundation Programme training.

A small number of international graduates can enter the FP on a Tier 2 (General) visa but are subject to a lower salary threshold under the milk-round category of £20,800. It is important that this exception remains in place.

All medical practitioners were placed on the SOL (Shortage Occupation List) as of the 6 October 2019. If the salary threshold is significantly lowered to reflect NHS pay scales, then the SOL must be reviewed to include shortage occupations within those pay scales. Another option would be to make occupations on the SOL exempt from the salary threshold completely. This may facilitate the inclusion of roles with a high public value that do not necessarily attract the higher salaries.

2.3 What allowance, if any, to make for part time workers?

International doctors may find it difficult to meet the current salary threshold of £30,000 if they intend on working less than full time (part-time), they must make sure they are able to still meet the salary threshold with the reduced hours, if for example, they request to work 70% of the full time equivalent.

As a result, many international doctors may be reluctant to ask to work LTFT due to fear of compromising their immigration status. From an equality perspective, a high proportion of applicants who work LTFT are women with childcare responsibilities. As a result, this restriction may disproportionately impact on female international doctors.

There are many benefits to working LTFT, which include an improved work-life balance, the opportunity to spend more time with children or undertake caring responsibilities, and support in managing personal health. The salary threshold must have a system to facilitate working LTFT. One option would be to calculate the level of the salary threshold under a pro-rata system.

2.4 Potential regional variation in salary thresholds

The MAC may decide to explore the introduction of regional variations to the salary threshold for jobs outside of London. This may encourage doctors to seek roles outside of London and the South East and help ease recruitment and retention issues in harder to recruit areas. It does not seem appropriate that doctors who meet a salary threshold for a job in London (due to London weighting) may be excluded from applying for the equivalent job in other parts of the UK, where the salary may be under £30,000. The system must ensure that all areas of the UK benefit from highly skilled migration.

2.5 How to deal with jobs of high public value but not high wages

Doctors work closely alongside a range of individuals, including nurses, paramedics, allied healthcare professionals, clinical scientists, lab and theatre technicians, porters and cleaners, many of whom are likely to be EU nationals or from outside the EU/EEA. These individuals play an important role in the efficient and safe running of the health service. It is important that these professions are recognised for the public value they provide, and the salary threshold is set at a level or is flexible enough to accommodate them. Given the nature of multidisciplinary team working, any reduction in the number of allied healthcare professionals would likely have a huge impact on doctors on the delivery of patient care.

As mentioned previously if jobs on the SOL were exempt from the salary threshold, it could facilitate recruitment into occupations in the health and social care sector that may have otherwise been unable to apply because their salary level was not high enough.

2.6 Have doctors ever been impacted directly by the salary threshold?

In 2017, the Tier 2 (general) cap was reached in October for over eight consecutive months. During this time, NHS hospital Trusts were competing with employers in the banking and IT sector for certificates of sponsorship and the salary threshold was significantly raised due to the increased demand. The higher the salary of the candidate, the higher the probability of the migrant securing a Tier 2 visa.

More than 1,500 applications for Tier 2 visas by doctors were rejected between December and March 2019⁷ despite hundreds of unfilled posts within the NHS. The BMA together with NHS Employers successfully lobbied the UK Government to temporarily exempt doctors and nurses from the Tier 2 cap. In June 2018, the Home Office announced this exemption with the intention of relieving some of the pressure on the Tier 2 (General) system.

2.7 Should the Settlement threshold be reviewed?

We do not understand the rationale behind having one threshold to work in the UK and a separate higher threshold for settlement. The settlement threshold adds an unnecessary level of complexity to the Tier 2 (General) visa system and acts an unnecessary barrier to the recruitment and retention of healthcare professionals in the UK.

3. Australian Points Based Systems

The Australian system is made up of different component parts. We understand the focus of this consultation is on the points-based aspect of the system. However, we would ask that the MAC look at how the system works in its entirety and how it works alongside the employer, state or territory sponsorship system. These sponsorship routes allow employers and state and territory governments to identify and nominate highly skilled workers, such as doctors, for vacancies that cannot be filled locally. They do not require the applicant to meet the characteristics of a points-based test.

3.1 Characteristics of the points-based system

The online questionnaire proposed sets out the characteristics of a points-based system (language proficiency; having studied in the UK; work experience; age; education attainment; having a job offer; salary and priority occupations) and asked employers and organisations representing employers to rank their importance.

We have noted they are very similar to employer requirements under the current system. International doctors are highly skilled professionals, with an excellent standard of education, training, experience and English language skills. We do not envisage that they will have difficulties meeting most of the proposed characteristics in a future system.

3.2 Age

The inclusion of age as a characteristic in the points-based system seems an unnecessary barrier to recruitment. We would not welcome a system that could theoretically discriminate against doctors on the basis of a particular characteristic, especially as the age range of international doctors coming to the UK to work varies. We would expect the immigration system to accommodate the recruitment of all doctors at all stages of their career. If, however this was included in a points-based system, we would expect it to work in parallel with other visa routes to recruit highly skilled doctors of all ages.

3.3 Public value

The MAC may consider the inclusion of a characteristic that would facilitate the recruitment into jobs of high public value. This would provide prospective workers with the option to accrue points based on the public value aspect of their role. This would be helpful if they find it is not feasible for them to meet the salary threshold.

3.4 Capacity

We know that turnaround times for processing applications differs greatly between the UK and Australia. Under the Australian system, processing an application under the points-based

system can take up to 12 months, if not longer, compared to processing an application under the current Tier 2 system, which can take up to 3 weeks (or sooner under the Premium service). Any changes made to the immigration system must be supported by the recruitment of trained case workers to avoid any delays in processing times.

3.5 *Conclusion*

We would not welcome the introduction of a points-based system in the UK if it further complicates the system and simply acted as a barrier to international recruitment. It would not be acceptable to include it if the impact of doing so would be to make the immigration system more restrictive, inflexible and bureaucratic.

Yours sincerely,

A handwritten signature in black ink that reads "Raj Jethwa". The signature is written in a cursive style with a horizontal line underlining the name.

Raj Jethwa
Director of Policy
British Medical Association

Endnotes

¹ House of Commons Library (July 2019) NHS staff from overseas

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783>

² https://www.gmc-uk.org/-/media/documents/our-data-about-doctors-with-eeapmq-2018_pdf-76231983.pdf

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/may2019>

⁴ <https://www.independent.co.uk/news/education/education-news/studentsuniversity-medicine-health-brexit-latest-undergraduate-ucas-admissions-a8601121.html>

⁵ <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2019>

⁶ <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2019>

⁷ <https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-march-2019/>