International Committee: report to ARM 2021

The BMA international committee (IC) is composed of representatives from each branch of practice committee, the board of science and the medical ethics committee. It considers international and immigration affairs and, through key relationships with international organisations including the World Medical Association (WMA), is able to influence at the highest levels.

Our priorities for this session focused on maintaining our influence in Europe; the changing legislative environment surrounding immigration and the need for immigration concessions; the global response to the COVID-19 pandemic; and international human rights. The committee is supported by the international affairs team.

After skilfully leading the committee for twelve years, it is with sadness that we saw Dr Terry John stand down as chair of the IC at the beginning of the session. I would like to personally take this opportunity to thank him for his enormous contribution - for his hard work and the way he has inspired many in the BMA to shift our lens from a UK-centric view to a more global focus.

**Maintaining our influence in Europe**

The BMA has worked tirelessly, domestically and through the European partners, including European Medical Organisations (EMOs), to keep health and the medical profession high on both the UK and EU negotiating agendas.

Following the UK’s exit from the EU in January 2021, our focus has been on the ratification and implementation of the EU-UK Trade and Cooperation Agreement (TCA), including issues related to recognition of professional qualifications. We have initiated a campaign on Mutual Recognition of Professional Qualifications (MRPQ) to ensure continuity and legal certainty, for both medical professionals and students, in post-Brexit Europe. The campaign, supported by the EMOs, requested EU national medical associations to liaise with their respective governments/competent authorities to change their legislation internally to continue recognising UK qualifications for a period of time.

The BMA has also been involved in a pan-European campaign to secure the positive EU adequacy decision on the UK data protection regime which resulted in the continuation of data flows for the European medical profession and the patients it treats.

Efforts were also focused on the unique situation of Northern Ireland; ensuring reciprocal emergency healthcare between the UK and EU; and ensuring the UK secures association to the European research and innovation programme Horizon Europe.

Domestically, the BMA has also fed into the ongoing debate on the recently published Professional Qualifications Bill.

Monthly updates on the key EU legislative and policy developments which impact the medical profession, as well as the work being carried out by the BMA can be found at [www.bma.org.uk/what-we-do/working-with-europe/europe/european-brief.](https://www.bma.org.uk/what-we-do/working-with-europe/europe/european-brief)

**Post Brexit Trade deals**

We continue to be a leading voice highlighting concerns about the impact of post-Brexit international trade agreements on health and the healthcare sector. We are calling for the health and social care sectors to be excluded from any future trade deals, and for safeguards to be put in place to ensure that short-term economic benefits are not given priority over health in trade negotiations.

A number of recent parliamentary briefings outlining our position in more detail, for example during the passage of the Trade Act 2021, can be found at [www.bma.org.uk/what-we-do/working-with-uk-governments/governments/uk-consultations-briefings-and-legislation](https://www.bma.org.uk/what-we-do/working-with-uk-governments/governments/uk-consultations-briefings-and-legislation).

**Cost and complexities in the current immigration system**

The IC has repeatedly raised concerns about the cost and complexities of the current immigration system.

After our continuous calls, in May 2020 the government finally removed healthcare professionals from the health surcharge, alleviating a substantial financial burden on doctors and their families coming to the UK. Our work does not stop there, however. Late last year, we joined a number of organisations to call on the Government to review the current adult dependency rule that makes it very difficult for overseas doctors to bring their adult relatives, such as elderly parents, to the UK so they can look after them.

We started this campaign by signing a joint [letter](https://www.bma.org.uk/media/3672/bma-january-2021-adr-joint-letter-to-home-secretary.pdf) with the British Association of Physicians of Indian Origin (BAPIO), the Association of Pakistani Physicians of Northern Europe (APPNE), the Royal College of General Practitioners (RCGP), the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Ophthalmologists (RCOphth) and the Royal College of Psychiatrists (RCPsych) to the Home Secretary asking for the removal of the restrictive rule for doctors, highlighting the impact current regulations have on their own wellbeing and the threat it poses to the future medical workforce. This issue has received extensive media coverage and we continue to work with parliamentarians to push for change. We have now extended this call to the whole NHS workforce.

**COVID-19: immigration concessions**

The IC recognises that international doctors play a hugely important role in the delivery of our NHS and have worked tirelessly caring for patients on the frontline. From the outset, we have lobbied the Home Office to take urgent measures to support international medical professionals working in the NHS for the duration of the COVID-19 pandemic and beyond. During this time, we successfully lobbied for a number of immigration concessions and worked to ensure they were continuously reviewed and extended, such as the automatic visa extension.

The BMA also raised concerns about the importance of safeguarding international doctors incapacitated by COVID-19. Such as the case of Dr Basem Enany, a consultant cardiologist from Egypt, who suffered rare complications and required treatment in intensive care. The BMA through the international team and member relations, ensured that he and his family could remain in the UK, despite his employment contract and visa coming to an end. Through our intervention, his employment contract and visa were extended, providing him and his family with the reassurance they needed, allowing Dr Enany to concentrate on his road to recovery.

**The future immigration system**

At a time when the NHS is under unprecedented strain, it is critical that our immigration system allows us to attract and retain talented healthcare workers from overseas. The IC has highlighted what needs to change in the future to ensure that any new immigration system meet the needs of the UK health and social care system.

The Immigration and Social Security Coordination (EU Withdrawal) Act received Royal Assent on the 11 November 2020. The Act provided the legal framework for freedom of movement to end on 31 December 2020 - to be replaced with a new points-based system. We consistently briefed parliamentarians during the passage of the Bill on the risks the ending of freedom of movement posed to the health and social care sectors, as well as flagging our call for doctors who are already in the UK and on the route to settlement to be grated automatic indefinite leave to remain.

We recognise doctors do not work in isolation and through our lobbying work, the government committed to commissioning and publishing an independent report on the impact of the end of freedom of movement on social care once the Act came into effect.

**EU Settlement Scheme**

The deadline for EU nationals to apply under the settled status scheme was the 30 June 2021. There is no accurate record of the number of EU nationals within the UK, and therefore it is inevitable that some EU nationals may have failed to apply. Following publication of the new caseworker guidance, the BMA - through our work with the Cavendish Coalition - wrote to the Home Secretary, asking the government to adopt a reasonable and fair approach to those who miss the deadline. As well, pushing the Home Office to protect EU medical students who due to the pandemic spent more than six months outside of the UK, so as to not jeopardise a future application for settled status.

**Global response to the pandemic**

At the time of writing, the reported global confirmed death total from COVID-19 [surpasses 4 million people](https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---13-july-2021), with millions more experiencing long lasting poor health as a result of the virus.

Over [4.51 billion vaccine doses](https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/) have been administeredglobally. Distribution of vaccines has, however, been unequal globally, with higher-income countries having vaccinated a far higher percentage of their population that those in lower income countries.

The pandemic has highlighted more than ever that health is interdependent and interconnected, and global health is relevant to all healthcare professionals.

During the session, the IC was fortunate to hear from Dr Jim Campbell, Director of Health Workforce Department, World Health Organization, on the global trends during COVID-19 and the health workforce; and later in the session, Dr Olivier Wouters, Assistant Professor, LSE Health Policy on the challenges to ensuring an equitable global supply of vaccines.

The BMA has responded in a number of ways, including becoming a signatory to the [WHO declaration on vaccine equity](https://www.who.int/campaigns/vaccine-equity/vaccine-equity-declaration), which encourages countries to ensure that access to vaccines is determined by need rather than wealth or geographical location; in the [BMA’s submission](https://www.bma.org.uk/media/3581/bma-submission-global-health-security.pdf) to the Foreign Affairs Committee’s Inquiry on Global Health Security, recognising that no country will be safe from COVID-19 until all countries have the necessary human, material and financial resources to fight the virus effectively;writing to the G7 Presidency Taskforce in the Cabinet Office urging international collaboration; and successfully submitting an [emergency resolution](https://www.wma.net/policies-post/wma-council-resolution-in-support-of-the-countries-worst-affected-by-the-covid-19-crisis/) to the WMA on global cooperation in response to the COVID pandemic.

We anticipate that the global response to the pandemic will continue to be a focus of the IC’s work in the coming session.

**Human rights**

The [BMA has been vocal](https://www.bma.org.uk/what-we-do/working-internationally/our-international-work/human-rights) in calling on the UK government and governments worldwide to take action to protect the safety and human rights of healthcare staff.

The International and Medical Ethics Committees have jointly written, for example, to:

* the [British Ambassador to Zimbabwe](https://www.bma.org.uk/media/3744/bma-letter-to-melanie-roberts-fcdo-re-zimbabwe-29-jan-2021.pdf) highlighting concerns about the continuing and sustained assault on the fundamental rights and freedoms of all public sector workers, including doctors and other health care professionals; and
* the Foreign Secretary denouncing human rights abuses against peaceful protestors in Myanmar. Doctors have been at the forefront of protests against the illegal coup against the democratically elected government. A join *BMJ* blog calling for international solidarity in response to the situation can be found [here;](https://blogs.bmj.com/bmj/2021/03/30/medicine-under-fire-in-myanmar-now-is-the-time-for-solidarity/) and a statement of solidarity co-ordinated by the BMA and signed by representatives from 18 other organisations, including seven medical royal colleges can be found [here](https://www.bma.org.uk/bma-media-centre/bma-and-doctors-groups-unite-to-condemn-attacks-on-healthcare-staff-and-facilities-in-myanmar).

During the session, the BMA also successfully submitted [an emergency resolution](https://www.wma.net/policies-post/wma-resolution-on-human-rights-violations-against-uighur-people-in-china/) to the WMA on human rights violations against Uighur people in China. One aspect of the resolution calls on the promotion of fair and ethical trade in the health sector. This stems from reports that camps were used to make PPE used within global healthcare markets.

**Fair medical trade**

The BMA, through the work of the IC and international team, have long called for fair and ethical procurement across the healthcare industry, not only to ensure the safety of our own population, but also that of populations elsewhere.

In July, the BMA hosted an event presenting [the latest findings](https://blogs.ncl.ac.uk/alexhughes/files/2021/06/Forced-Labour-in-the-Malaysian-Medical-Gloves-Supply-Chain_29-June_Revised_Final-1.pdf?_gl=1*1qo51nd*_ga*Nzg1MDg4OTQ1LjE2MjUxNTQxMTA.*_ga_VH2F6S16XP*MTYyNTIxNDc0Ni4yLjEuMTYyNTIxNTMyMi4w) from a joint project involving Newcastle University, Brighton & Sussex Medical School, University of Sussex and the University of Nottingham on endemic forced labour in the medical gloves sector (funded by the Arts & Humanities Research Council and the Modern Slavery Policy & Evidence Centre).

A short BMA [report](https://www.bma.org.uk/media/4288/ppe-labour-rights-abuse-in-global-chains-for-ppe-through-covid-july-2021.pdf) signposting the research and highlighting the role individuals can take to raise awareness of the issue, can be found on the BMA’s [fair medical trade webpage.](https://www.bma.org.uk/fairmedtrade)

**Other issues considered by the committee in 2020-21**

* the BMA’s international medical graduate (IMG) programme, which focuses on how best the BMA can engage, represent and support IMGs;
* the DHSC’s ethical [Code of practice for the international recruitment of health and social care personnel - GOV.UK (www.gov.uk);](https://protect-eu.mimecast.com/s/ovO9CB6qqfQWoOuNsNNG?domain=gov.uk)
* the WHO, Global Climate and Health Alliance survey on healthcare worker attitudes towards climate action. The results of which can be found [here](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00053-X/fulltext) and the BMA’s response [here;](https://twitter.com/TheBMA/status/1380111032702672896?s=20)
* [international development funds](https://www.bma.org.uk/what-we-do/working-internationally); and
* refugee health and the [refugee doctors’ initiative](https://www.bma.org.uk/advice-and-support/international-doctors/coming-to-work-in-the-uk/help-for-refugee-doctors).

**Dr Kitty Mohan, BMA international committee chair**