

International Committee

Written report to the ARM 2023

Introduction

The BMA's 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 the global response to the COVID-19 pandemic; maintaining our influence in Europe; the changing legislative environment surrounding immigration and the need for immigration concessions; and international human rights. The committee is supported by the international affairs team.

Responding to the Sudan crisis

Following the outbreak of violence in Sudan on 15 April 2023, the BMA has responded to the conflict and humanitarian crisis in several ways.

- We facilitated discussions between the Sudanese Doctors Association and the Department of Health and Social Care to ensure all NHS doctors stranded in Sudan, including those with visa restrictions were eligible for evacuation.
- We issued a [BMA statement of support and solidarity calling](#) for an end to hostilities, urging the UK Government to support to those fleeing the conflict, including NHS doctors who were stranded in the region and unable to leave.
- We promoted the [International Committee of the Red Cross \(ICRC\) appeal](#) in Sudan where funds were used to support the ICRC deliver medical supplies to hospitals
- We prepared a [joint statement](#) with International Rescue Committee and the Sudanese Doctors for Human Rights calling on all Sudanese stakeholders and the international community to work without delay to ensure the re-opening of hospitals across Sudan

The BMA's delegation to the WMA supported an urgent WMA resolution on the Sudan conflict, that was passed unanimously in April, expressing condemnation for the outbreak of fighting in the country and solidarity with all healthcare professionals. The detailed resolution also calls for an immediate and effective ceasefire, respect for ethical principles of healthcare and medical neutrality, and for the international community to come to the aid of displaced people. The full resolution WMA Council Resolution for an immediate and effective ceasefire in Sudan and the protection of health care can be accessed [here](#) and associated press statement and tweet [here](#) and the full resolution WMA Council Resolution for an immediate and effective ceasefire in Sudan and the protection of health care can be accessed [here](#) and associated press statement and tweet [here](#) and [here](#).

In response to conflicts and humanitarian crises, and with a view to protect the safety and health-related human rights of healthcare staff and patients, the BMA has proactively mobilised resources to address emergent needs. Crucially, the confluence of crises including conflicts, climate emergency, poverty, and hunger, threaten the attainment of the UN Sustainable Development Goals (2030). We therefore continue our other work on global health while simultaneously responding to urgent global crises – for example, managing the BMA's Information Fund and Humanitarian Fund; lobbying for the development of a Fossil Fuel Non-Proliferation Treaty; and contributing to the UK's Pandemic Treaty civil society engagement group.

Global pandemic treaty

Whilst we seek to address the current inequity, we have also looked to the future. At the last IC meeting, we heard

from the Department of Health and Social Care's (DHSC) International Directorate on the World Health Organization's work on a [global pandemic treaty](#) - to strengthen pandemic prevention, preparedness and response.

The '[The world together](#)' intergovernmental negotiating body (INB) was tasked with developing the treaty has started work drafting its content, with the final text of the treaty expected in spring 2024.

We submitted a video statement to the [WHO public hearings](#) on the pandemic treaty outlining the importance of global solidarity and multilateral coordination to pandemic-proof the world. Within this, we emphasised that wealthy nations must do more to eliminate barriers of production of vaccines and diagnostics across low- and middle-income countries to ensure equitable access to medical countermeasures.

The BMA has also been engaging with the DHSC International Team, who oversee the UK's response to the treaty. We actively participate in the DHSC Civic Society Stakeholder Group, where we have made several interventions on the draft treaty text that pertain to measures to ensure equitable access to medical countermeasures. We have also emphasised the significance of a well-funded and resilient health system, including the need for workforce planning and safe staffing, and adequate protection for healthcare workers from both infections and violence in future pandemics.

We will continue to monitor developments and lobby where appropriate on this important issue.

Global climate action

In the lead up to COP27 negotiations, the IC was fortunate to welcome guest speaker Dr Richard Smith, Chair of UK Health Alliance on Climate Change, who explored the COP26 Health Plan objective to strengthen the voice of health professionals in the climate change space.

The IC considered a number of concerning health implications of climate change and global inequities. The Committee also considered where the BMA could usefully add its voice given the growing recognition that the medical profession has a central role in highlighting the dangers of the climate emergency. We also explored potential actions that could be taken to address the planetary and humanitarian crisis. A [BMA news story](#) of the IC discussion remains available to view.

We also supported a number of actions ahead of COP 27:

- Alongside other medical bodies, we wrote to COP 26 President Alok Sharma urging him to use his leadership at COP 27 to put health at the forefront of discussions, recognise the catastrophic health harms linked to inaction, and the significant co-benefits that flow from positive progress
- We signed up to [an open letter](#) calling on governments around the world to develop and implement a Fossil Fuel Non-Proliferation Treaty.
- The IC will consider actions for COP 28 later this year. It represents a crucial meeting for the health community, as the COP 28 President has announced the first ever day dedicated to health at the summit on 3 December 2023.

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.

Earlier this year, UK Council voted in favour of our continued membership and collaboration with the European Medical Organisations, including the Standing Committee of European Doctors, European Union of Medical Specialists, European Union of General Practitioners and European Junior Doctors Association.

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 continue with promoting the BMA campaign on Mutual Recognition of Professional Qualifications (MRPQ), launched in April 2020, 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 successful pan-European campaign which led to the positive EU adequacy decision on the UK data protection regime which resulted in the continuation of free data flows between the UK and the EU benefiting the European medical profession and the patients it treats.

Efforts were also focused on the unique situation of Northern Ireland, including securing an uninterrupted medicines supply from Great Britain to Northern Ireland and continuing to lobby to ensure the UK's formal association to the European research and innovation programme Horizon Europe.

Domestically, the BMA submitted a successful application for a seat on the [UK Domestic Advisory Group \(DAG\)](#). This is a consultative body to monitor the implementation of the TCA and to give the UK Government input from sectors most affected by Brexit. In addition, the BMA fed into the recently adopted Professional Qualifications Bill and to the ongoing debate on the UK data reform.

Breaking down barriers – UK Immigration system

We monitor the development of immigration policy to ensure the system meets the needs of the health and care sector. In recognition of the huge contribution international doctors have made working in the health service during the pandemic, we continue to ask the government to grant doctors on a path to settlement, and their dependents, automatic Indefinite Leave to Remain (ILR), free of charge.

BMA Immigration support

We meet regularly with our Immigration Advice Service (BMA IAS) which is overseen by legal firm Magrath Sheldrick LLP, to discuss the trends in queries and immigration updates. Enquiries are received from international doctors on a range of different issues, such as eligibility for the 10 years long residence route; the impact of a reduction in hours or change of employer (i.e. by cutting hours to 80% do they still meet the salary threshold), undertaking supplementary work around their main role.

We have also provided individual support to members whose situation fell outside of the current immigration rules. We achieved this through liaising directly with the Home Office to highlight the inflexibilities in the current immigration system, pushing for discretion to be applied in a number of cases for example, a member and her family who were denied indefinite leave to remain due to inadvertently changing visa categories, and a trainee doctor who was detained by UK Border officials for breaching the requirements of their visitor's visa and stopped from starting their training programme. Through our intervention, the original decisions were overturned, and the doctors allowed to continue their work in the NHS without the stress and anxiety associated with their immigration status.

Adult dependent relative rules

We continue to ask the government to soften its stance on the Adult dependent relative immigration rules. It is very difficult currently for those who work within the NHS, including doctors, to bring their elderly parents to the UK to care for them. We have consistently raised concern about the potential impact on patient care and the wider NHS if doctors choose to relocate due to the restrictive rules. The BMA will soon survey members on the impact of these rules and use the data in future lobbying activity.

GP Sponsorship

The BMA has significant concerns over the long-standing barriers to staying and working in the UK currently faced by trainee GPs as they approach completion of their training. Despite the new Health and Care Visa and efforts by the Home Office, DHSC, NHSE and HEE to streamline the sponsorship process, we are still hearing from doctors unable to find GP practices with a sponsorship license.

We have welcomed the news that the Home Office are granting a period of four months to allow GP trainees to find employment with a licensed sponsor on completion of training. Giving the doctor extra time to find employment and a GP practice extra time to apply for a licence. However, we will continue to push for a permanent resolution to this issue such as umbrella sponsorship.

We recently wrote to the Home Office, to ask for immediate implementation of the grace period to support GP trainees who complete their training in the summer. We are monitoring this situation closely and engage with the Home Office where appropriate.

Indefinite leave to remain

We continue to ask the government to take action to recognise the huge contribution international doctors have made working for healthcare services in the UK during the COVID-19 pandemic by granting doctors on a path to

settlement, and their dependents, automatic Indefinite Leave to Remain (ILR) free of charge.

Asylum policy

The BMA has voiced key concerns about the possible medical and ethical implications of the Illegal Immigration Bill as it progresses through parliament. The BMA supports the development of a single, fair, humane and effective refugee system, in keeping with our obligations under international humanitarian and human rights law, including rights to necessary and appropriate health care, irrespective of an individual's route into the UK. While we oppose the Bill outright, we continue to work with other medical organisations and peers to table amendments to remove the Bill's most damaging parts including expansion of detention, the indefinite detention of children and pregnant women and the inhumane process of offshoring.

The international team have lobbied government to abandon its plans to forcibly deport asylum seekers to Rwanda. We held a joint webinar in December 2022 with Médecins Sans Frontier and Medical Justice, on the health consequences of the UK's plan to forcibly expel asylum seekers. Subsequently, over 800 UK health professionals and leading medical bodies signed a letter that we wrote to the Prime Minister and the Home Secretary expressing grave concerns that the government's plan to send asylum seekers to Rwanda will cause catastrophic mental and physical harm to people seeking safety.

Refugee doctors

The BMA has shown leadership in supporting refugee doctors in the UK through the BMA Refugee Doctors Initiative (RDI) where they can benefit from membership benefits free of charge, up until they gain GMC registration. We currently have over 962 doctors registered on the scheme as of June 2023. In addition to jointly coordinating the Refugee doctors and dentist liaison group with the British Dental Association, which brings together outreach organisations from across the UK to learn about ongoing projects and new initiatives, and through discussions identify possible barriers that may prevent refugee doctors from returning to practice.

Human rights

The [BMA has been vocal](#) 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 worked together, for example:

- Writing a letter to Foreign Secretary, James Cleverly, urging him to make representations to the Turkish Government to call for Professor Fincanci's, President of the Turkish Medical Association (TMA), immediate release from prison and for the Government to respect the independence of the TMA.
- Working with BMA Giving to donate £25,000 to the Disasters Emergency Committee (DEC)'s Turkey-Syria Earthquake Appeal to provide emergency aid for the injured, shelter to those who lost their homes, and ensuring people have access to clean water and food. We issued a [press release](#) expressing solidarity with colleagues across Syria and Turkey, called on the Syrian government and other parties to ensure that aid safely reaches badly affected areas through additional cross-border access points, and urged governments and citizens alike to respond to this terrible tragedy with all the urgency the scale of the suffering demands. We also issued a social media post [here](#).
- Writing a letter of solidarity and support to the President and Secretary General of Pakistan Medical Association where we also called on the international community to provide greater support to address the floods and humanitarian crisis in Pakistan. We also worked with BMA Giving to ensure individuals who wish to contribute to relief efforts under way in Pakistan could donate funds through DEC.
- Writing a statement of support and solidarity with health professionals in Iran and calling for medical neutrality and partiality in the wake of protests that erupted in Iran. RCGP, RCEM, RCSeng and RCPCH co-signed our statement.
- WMA Council Session passing BMA resolution calling on the Chinese Medical Association to "to acknowledge the concerns set out in the report by the UN High Commissioner for Human Rights and comply with the 2020 WMA Resolution on human rights violations against Uyghur People in China". This formed part of the [BMA's wider work](#) responding to last year's independent [Uyghur Tribunal](#) that found evidence of medical involvement in the Chinese state's genocide against Uyghur people.

Other issues considered by the committee in 2022-23.

- BMA President, Professor Neena Modi, president's project, which seeks to promote the recognition of human health and well-being as an essential requirement for a sustainable future.
- The [WMA's scientific session](#) on the global response to antimicrobial resistance (AMR).

- The problems of unsustainable global supply chains for healthcare goods - and the principles we should be adopting of reducing our use, reusing and recycling supplies within the health sector, promoting a circular economy.
- The BMA's new report [Health and human rights in the new world \(dis\)order](#) on the emerging threats to human rights around the world.
- [International development funds.](#)
- The BMA's [refugee doctors' initiative.](#)

Dr Kitty Mohan,
Chair, BMA international committee
[International committee overview](#)