

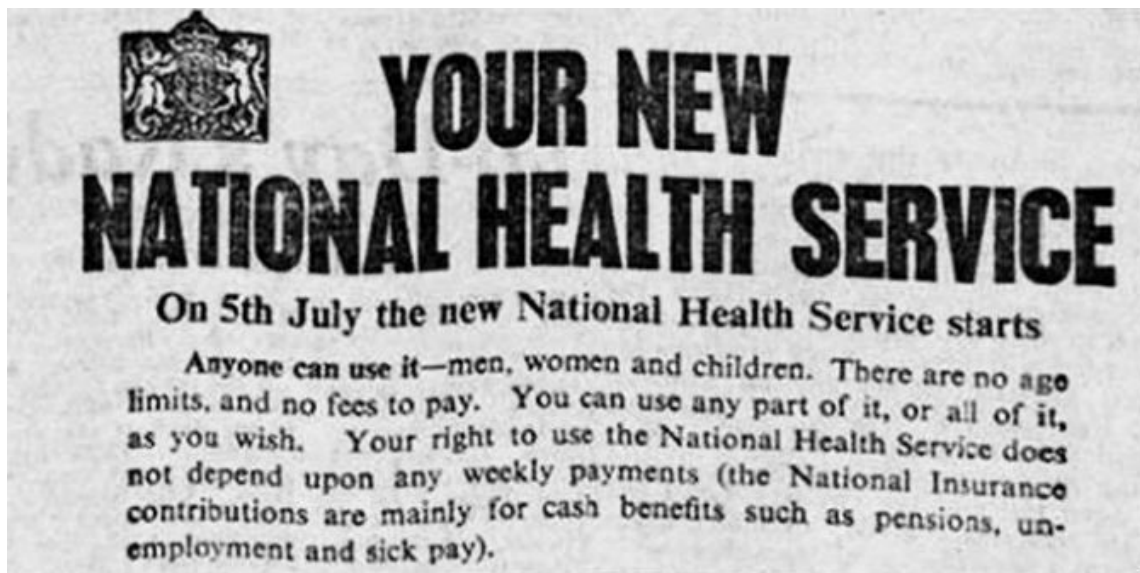
International Health Service: how the NHS has always relied on overseas labour



Would-be NHS staff from overseas will shortly find it easier to secure permission to work in the UK. Doctors and nurses from the European Economic Area, who have helped to meet staff shortages in recent decades, may no longer have the right to do so. **Parvati Raghuram (Open University)** looks at how the NHS has depended on foreign workers since its creation.

The [claim that the NHS would get an additional £350m per week](#) if the UK quit the EU was arguably one of the most persuasive slogans of the Brexit campaign. The National Health Service has been one of the prides of the postwar social architecture and has come to be closely tied to British identity. Skilfully linking the NHS with Britishness was thus a winning strategy for Leave campaigners.

Commonwealth countries and the (Inter)National Health Service



Early NHS leaflet from 1948. Photo: [Bradford Timeline](#) via a [CC-BY-NC 2.0 licence](#)

Migrant doctors from Europe, especially Jews who moved due to rising anti-Semitism in parts of Europe, had always formed a part of the medical profession in the UK. However, after the establishment of the NHS in 1948, many of the early flows were from the British Commonwealth countries. Training and work were inextricably intertwined through immigration regulations and the architecture of the health service, ensuring a steady supply of doctors (Table 1).

Thus, the *National Health Service* has always been an *international* health service. It has been populated by large numbers of migrant doctors who not only served the NHS but also constituted it, innovating and establishing it through specialist services in remote locations all over the UK. From the 1960s onwards a number of legislative changes were made to attract migrant doctors, who would come to populate the lower and middle parts of the pyramidal medical hierarchy. They did not contribute to a pre-existing NHS; rather they *made* the health service what it is today.

Table 1: Immigration rules affecting Commonwealth migrant doctors

Year	Regulation
1962	Voucher system introduced
1971	Vouchers abolished; work permit system introduced
1985	Four-year permit-free training scheme introduced

Year Nature of training available to non-EU migrants altered
 1997 had shorter stay periods
 2006 Non-EU migration virtually closed
Regulation Training typically takes five years, but all training posts

The NHS and the EEA

Since the early 2000s there has been a shift towards recruitment from within the European Economic Area (Table 2). Freedom of movement within Europe led to an increase in the pool of migrant doctors, and in 2006 a dramatic shift took place – a virtual end to the migration of doctors who are third country nationals, i.e. those whose primary medical qualifications were obtained outside the EEA.

Immigration and EU workers: timeline

- Free movement until World War 1
- 1957: Reintroduction of freedom of mobility of workers through the Treaty of Rome
- 1973: UK joined European Community
- 1992: Freedom of mobility of citizens – Maastricht Treaty
- 2004 onwards: Expansion of the EU (ten countries joined in 2004; 2 in 2007; and 1 in 2013)

Migration regulations only tell half of the story. Professional workers like doctors can practice in the UK after registering and obtaining the appropriate licence. Under [EU law](#) doctors within the EEA cannot be discriminated against, but in June 2014 a new English language test was introduced for those trying to obtain the licence to practice in the UK. This led to a reduction in the numbers of doctors obtaining a licence, [compared to those who registered](#).

Table 2: Number of registered & licensed doctors in the UK by primary country of qualification

PMQ country of origin	2010	2011	2012	2013	2014	2015	2016	2017
Austria	35	38	20	37	28	19	19	16
Belgium	43	36	36	22	37	31	35	45
Bulgaria	166	139	129	94	89	20	32	33
Croatia	1	2	3	23	110	24	23	25
Czech Republic	116	141	128	124	102	60	80	103
Denmark	30	20	17	16	25	7	14	7
Estonia	13	7	10	9	12	4	5	10
Finland	13	7	10	9	12	4	5	10
France	41	51	50	72	72	15	29	21
Germany	195	153	129	138	135	57	80	70
Greece	282	365	524	465	406	123	171	169
Hungary	207	186	175	125	89	44	57	63
Iceland	5	5	1	5	1	2	1	1
Ireland	129	145	137	170	174	242	244	241
Italy	370	386	425	610	744	124	137	137
Latvia	59	25	26	22	18	14	11	21
Lithuania	71	45	38	38	44	8	13	26
Malta	20	23	42	39	40	24	48	62
Netherlands	43	57	86	106	114	72	98	72
Norway	3	6	3	5	12	3	3	2
Poland	158	113	137	163	173	82	95	123
Portugal	48	64	92	82	104	47	30	54
Romania	677	449	288	276	263	108	170	164
Slovakia	40	40	49	44	57	17	28	29

Country of origin	2010	2011	2012	2013	2014	2015	2016	2017
Spain	124	159	264	323	247	49	67	65
Sweden	21	25	22	21	22	11	23	15
Switzerland	29	27	37	37	28	10	17	28

And back again to the Commonwealth?

Ten years later the tables turned as the UK voted to leave the EU. This led [to large drops in the number of some health professionals such as nurses](#), although the full effects are yet to be documented across the sector. Growing staff shortages in some parts of the health sector are causing concern that the EEA will no longer serve the health workforce requirements of an ageing and rising population and its attendant demands for health care.

Although some areas such as emergency medicine, paediatrics and psychiatry have almost always been on the list of shortage specialties, and are allowed to recruit internationally, shortages are now more widespread. Moreover, the cap on Tier 2 visas (previously the Work Permit category) from outside the EEA to a maximum of around 20,000 per year across all the professions – alongside the demand from some other sectors such as IT for these visas – meant that many areas of the health service remain understaffed. [NHS bosses have claimed](#) that this significantly affects their ability to deliver healthcare safely and have pressed for the removal of the cap. The Home Secretary has now capitulated to these demands. What is clear is that the NHS, as ever, struggles to remain national.

Yet this internationalism of the NHS is only one exemplar of the UK's position within a world of connections – with Europe and with other countries, including the Commonwealth. Only when the power and necessity of these connections – and their role in making the UK what it is today – is recognised will anti-immigration arguments and sentiments about Europeans and non-Europeans alike be challenged.

This post represents the views of the author and not those of the Brexit blog, nor the LSE.

[Parvati Raghuram](#) is Professor of Geography and Migration at the Open University.