Evidence to the Justice and Home Affairs Committee on family migration

from British Association of Physicians of Indian origin (BAPIO) 10/9/22

Who we are

BAPIO is a not-for-profit national voluntary organisation initially set up to support international medical graduates especially from the Indian subcontinent, now open to all health care professionals that works for promotion of high-quality care for patients in the National Health Service (NHS).

Our appeal

On behalf of our membership and the patients our membership serves, we call for an urgent review of the Adult Dependent Relative rules (ADR) which, since changes were introduced in 2012, effectively prohibit any deserving elderly parent to be brought to UK and cared for in their twilight years of life by their families in the UK. We believe that the numbers affected are a very small fraction of total immigration and that any economic impact is far outweighed by reduced exodus of highly skilled workforce that our health system and wider society is in desperate need of.

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Options such as annual cap, health surcharge and others such measures may also be considered to assuage any concerns as is the case in other developed nations such as Canada and Australia.

We believe that the policy should allow for a more humane and compassionate approach in line with other comparable nations and hence, should be fairer to those affected as well as to the British public and the taxpayer.

Response to Question 1

Covid19 has made it obvious that the emotional strain of separation from parents as well as inability to care for elderly parents has significant adverse impact on the well-being of any core family unit and distances from elderly parents or grandparents matter and cannot be overcome simply with technological advances.

Positive impact of a grandparent on well-being and their physical and psychological development of the children cannot be overstated.

This is especially relevant for those who have adopted UK as their home e.g., many of the overseas doctors who have settled in UK and now are increasingly contributing immensely to the health system with their clinical work as well as management, quality improvement and patient safety expertise. Some of them, who have no siblings in their home countries, now find that their own parents can often end up being left vulnerable and uncared for in their home countries with no safe and effective mechanisms or support networks.

Grandparents are ‘essential’ part of their family units and the current definition of family does not take this into account or many other cultural factors where children

are expected to and feel morally distraught if they are not able to look after their elderly parents.

Response to question 4

The NHS has a long history of relying heavily on international workforce—often referred to as "foreign workers." There are approximately 153,000 non-British workers in the NHS, making up 13.3% of the workforce in hospitals and community services, with 8.3% from non-EU countries. For doctors, this proportion is 39% among hospital doctors and over 20% of GPs in England qualified outside the UK.

The cost of training a nurse is £51,000 for every nurse, a junior doctor is £230,000 and a consultant or a GP is about half a million pounds. Equally, the loss of one trained Consultant to GP is £500,000 excluding loss of taxes to the exchequer and excluding spend on replacement/locums. There are 81,427 non-UK graduates on the GMC register, meaning a significant number of the workforce could be impacted by these rules.

Cost of training the numbers lost would alone run into billions of pounds, massively exceeding any potential ADR savings.

In absence of a considerate immigration policy, many overseas doctors have left UK and hence, depriving the system of highly talented workforce, often replaced by junior doctors.
Hence, years of organisational experience and irreplaceable expertise is simply being lost and is invaluable.

This is already exacerbating the existing serious staff shortages within the NHS as well as affecting credibility of UK for those who wish to move to another health system from their home countries. We have heard from our membership that many are choosing to go to Australia, New Zealand, or Canada instead.

Response to question 5

The pandemic has left the healthcare workforce at high risk of burnout, and many are considering leaving the profession earl. Many are now taking early retirement, and many are reported reducing their working hours.

In the BAPIO/APPNE survey carried out in 2020, over 90% of the respondents' reported feelings of anxiety, stress, and helplessness due to this issue alone. They are often forced to take leave and even make multiple journeys disrupting clinics and operations including emergency and cancer care. The Covid pandemic has dispelled the presumption that such care can be delivered by visits from the UK-based offspring. This has a profoundly adverse impact on their well-being and their direct ability to deliver health services.

We are already seeing an unprecedented number of patients on waiting lists with record waiting times and the situation is likely to get worse. Hence, any frontline worker lost, and clinical time lost has direct consequences for patient safety.

One response has been to recruit thousands of further staff from overseas and hence, we must not only focus on retaining the workforce we are and will recruit but also as a society recognise that their family responsibilities are treated at par with the needs of those born in the UK.

Response to question 5

The numbers affected by the current draconical policies are relatively small and we believe impact on local authority and social care has been simply overstated.

The very reason these professionals want their elderly parents to come to the UK is to look after them and there is no evidence that they rely on any residential care settings.

Traditionally, health and social care use is low in the migrant workforce compared to the native population. There is also a culture of caring for the elders within the family, seen as an 'extension of responsibility' or informal caring as recognised in the Census 2011. This vacuum of care has been highlighted during the pandemic.

The use of care homes is significantly lower in the BAME population. Only 3% of the care home population is of BAME origin whilst constituting 13% of the total population.

Life expectancy in the home countries is significantly lower than the figures used in the home Office review suggesting the need for a review. The average life expectancy from countries with the maximum number of migrant doctors is 65.5 years which is 20 years lower than the life expectancy used in home office extrapolations. Considering the NHS estimates that a person aged 65-74 costs the NHS £2,287 per year, any cost is significantly lower than £150,000 as stated in the Govt. response.

All these factors suggest that the economic cost stated so far has been misleading and have also not included the billions lost in the lost workforce and nor does it include funding spent on locums etc which instead can be directed at improving the health and social care system.

Response to question 7

Adult Dependent Relative (ADR) rules introduced in 2012 have made it almost impossible for immigrant doctors to bring their older parents to the UK to fulfil their filial obligations.

According to a Home Office review in 2016, the number of approvals under the ADR rules fell from 2325 to 162 in a year. The rigidity of the rules deprives doctors of their human right to be with and help their parents, leaving them feeling torn, guilty, and stressed. The Joint Council for the Welfare of Immigrants (JCWI) has found the ADR rules "harsh, unjust, and unnecessary."

A joint survey about this issue by BAPIO and Association of Pakistani Physicians of Northern Europe (APPNE) found that from those affected by the inability bring an elderly parent to UK,

- 91% of respondents reported feelings of anxiety, stress, and helplessness
- nearly 60% felt their work and professionalism was adversely affected
- almost 85% had considered relocating back to their country of birth or to another country with more humane regulations
- only 10% felt their employer was able to offer flexibility when they needed to take emergency leave.

The added complexities of quarantine meant that the obstacles had only worsened during the pandemic. We have been contacted by several members who have not been able to attend to their dying parents, or who have had to travel to and from the UK to be with them, risking their own health as well as taking them away from their NHS duties.

For some, the emotional strain of having to make the choice between their professional and family duties can prove too much and they choose to leave or not to make the UK their home because of these discriminatory and divisive rules. The NHS, in turn, loses some of its finest professional capital.

As a direct consequence of these rules, there are heart-wrenching and disturbing tales of many elderly parents left to live and die in isolation, without the support of their children and vulnerable to potential abuse and exploitation. Those serving in key frontline roles are expected to make stressful multiple trips to care in times of emergency or need, with disruption to their patient services.

The public care sector in most of these countries is neither accredited nor regulated and much less developed than in the UK. Private care is even less accountable or dependable. The fact is that the elderly succumb to illnesses and are less motivated to live from loneliness and isolation.

NHS workers who are expected to treat patients with utmost compassion are being bereft of the very compassion when it comes to their own family. In many cases, they are not even able to discharge their filial obligations or say final goodbyes

Current policy fails to consider the fundamental right of a human being to be loved and cared and die with dignity.

Response to question 8

The need for human touch and comfort of being looked after and the comfort of looking after cannot be replaced by technology as has been obvious in the pandemic. It is also simply not possible to arrange the level of care needed in home countries often due to the nature of the systems and the unregulated care sector.

Summary

An urgent review of the ADR rules so that they are more reflective of the needs of those who have made the UK their home as well as put a stop to the drain of highly skilled and committed professionals, the brightest and the best in whom the country, the society and the taxpayer have invested in.

We feel that there are immense benefits to the UK from a policy that recognises need for some deserving elderly parents to come and stay with their families in the UK.

It will reduce the loss of highly trained professionals and disruption to the services at a time when NHS needs them the most.

It will provide the elders and grandchildren of settled families with the same rights to family care and family life which cannot be provided remotely.

This will not only be a fairer deal for the taxpayer and the society but allow UK to be a just and credible nation that stands for treating all with compassion and dignity.