Cancer Research UK Briefing
Opposition Day Debate on Immigration, 26 June 2019

Introduction and overview

1. International collaboration, and the movement of researchers across borders, underpins medical research progress. It means patients benefit from the best science in the world, faster.

2. In the UK, research has helped double cancer survival since the 1970s, and this work is being done by a mix of domestic and international research staff. As Government redesign the immigration system, they must we can continue to attract, recruit and retain global talent UK to keep driving progress for patients.

3. To that end, Cancer Research UK believe the Government must do the following under a new immigration system, to keep the UK a global leader in medical research and innovation:
   - Minimise the financial and administrative requirements on research staff coming to work in the UK and their employers
   - Avoid penalising skilled research staff by using salary as the only measure of skill
   - Safeguard the NHS and help it deliver the long-term plan by ensuring international recruitment remains a viable option for workforce planning

Visa requirements – Keep the UK attractive and competitive

4. The UK’s current visa system places financial and administrative requirements on researchers and their employers which risk making world-class research harder to do and the UK a less attractive location to do it.

5. In 2018, a five-year UK visa for a researcher with a partner and three children cost over £11,000, while the same researcher and family could obtain a four-year French Talent passport for approximately £1,040.¹

6. The Russell Group estimates current proposals for a new immigration system would increase the cost of international recruitment for universities by 34%.²

7. Keeping fees of this kind, and expanding them to research staff from the EEA, threatens to undermine the UK’s competitiveness in attracting global scientific talent, as well as increasing research institutions’ recruitment costs and making world-class research harder.

Salary as a proxy for skill – Don’t penalise research and patients

8. Government has proposed a minimum salary threshold of £30,000³ to encourage skilled migration to the UK. Roles with salaries under this will not be eligible for international applicants. GO-Science is currently collecting evidence of the impact this threshold will have on the research sector.

For further information please email publicaffairs@cancer.org.uk
9. In the medical research sector many research staff who are **skilled by Government definitions** nonetheless earn relatively low salaries, especially early in their careers. This means an **immigration system which uses salary as the only proxy for skill unfairly penalises researchers** for the sector they have chosen. By extension, patients lose out.

10. A salary threshold will prevent recruitment of some skilled research staff. The medical research sector needs to be able to employ global talent at all professional levels regardless of salary.

11. We are especially concerned that the impact of minimum salary thresholds will disproportionately be felt outside of the South East of England, where wages are typically higher than elsewhere in the nation. The existence of a separate Shortage Occupation List (SOL) for Scotland is positive, and the UK Government should consider using this to provide exemptions from minimum salary thresholds.

**The NHS – Protect international recruitment to help address staff shortages**

12. The Scottish Government’s ambition to drive progress in cancer care, is reliant on addressing current staffing shortages. Around 1 in 10 diagnosis posts are vacant at a time when the number of cancer cases is increasing.

13. **A new immigration system must support, rather than hinder the NHS’ ability to recruit internationally.** A failure to do so will not only damage the delivery of the long-term plan but would risk deepening the already extant staffing crisis.

14. **By 2035, 500,000 people in the UK are expected to be diagnosed with cancer every year - an increase of more than 150,000 on 2015 levels.** Services are already struggling with current demand, so staffing shortages must be addressed.

15. The proposed £30,000 threshold would also impact some NHS technical staff, and we would reiterate that using salary as the sole proxy of skill is a blunt measure which would likely have significant negative impact on NHS staffing levels.

---

**The Cancer Research UK Beatson Institute – Glasgow**

The Beatson Institute in Glasgow carries out a programme of world-class science to understand key aspects of cancer cell behaviour. The Beatson has experienced a declining proportion of EU applicants in recent years: in 2016, 28% of post-doc applicants were from the EU, falling to 13% of applicants in 2018.¹

**We must protect world-leading research like that undertaken at the Beatson, now and in the future.** Alongside policies that protect and promote medical research in the UK, Government should proactively communicate with the medical research community – in the UK and around the world – to clearly signal that the UK welcomes international researchers.

---

¹ Quoted in the House of Commons Science and Technology committee report, 2018, Accessed March 2019 – An immigration system that works for science and innovation
https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/1061/1061.pdf

² The Russell Group and Ernst Young (2019): Challenged posed by immigration proposals to Russell Group Universities

³ Except for new entrants—those who have recently graduated from a UK university or who are under the age of 25 when taking up a post—where the threshold is lower (specific thresholds depend on the role taken up).

For further information please email publicaffairs@cancer.org.uk