Health select committee inquiry: Priorities for health and social care in the negotiations on the UK’s withdrawal from the European Union.

Executive summary

1 The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.
   - We decide which doctors are qualified to work here and we oversee UK medical education and training
   - We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers
   - We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk.

2 Our statutory powers are set out in the Medical Act 1983. The way in which we regulate doctors from the European Economic Area (EEA) is determined by the recognition of professional qualifications Directive (2005/36/EC), which is transposed into UK law via the 1983 Act.

3 Over 30,000 doctors from the EEA are currently registered with the GMC to practise medicine in the UK. Our health service benefits considerably from the contribution of overseas doctors and this has not changed because of the vote to leave the EU.

4 Leaving the EU could have a significant impact on the regulation, movement and education of doctors. The full scale of this impact will depend on whether the principle of free movement is maintained and whether the Government decides to retain the European professional mobility framework once the UK finally withdraws from the EU.

5 Our long standing position is that we would like to be able to check that doctors coming to practise here from Europe meet the same standards as those who qualify in the UK and outside Europe. If this were to be possible under the UK’s new
relationship with the EU, we would look to the UK Government to make amendments to our powers as set out in UK law via the Medical Act 1983.

The EEA medical workforce

6 Doctors from Europe make a vital contribution to the health services across the UK. There are currently over 30,000 doctors on the medical register who gained their primary medical qualification (PMQ) from another country in the EEA – about 11% of 280,000 doctors currently on the register.

7 We do not expect that the vote to leave the EU will have any detrimental impact on the registration status of any EEA qualified doctor already on the register. We understand that this is the Government’s current intention and we hope that this continues to be the case.

8 However, it is unclear what impact the UK’s withdrawal is likely to have on the future numbers on the register and whether we are likely to see a reduction in the numbers applying from the rest of Europe. The latter will depend on how, after the UK has left the EU, EEA doctors who are not currently on our register will gain access to it.

9 We plan to monitor the impact of Brexit on the number of EEA nationals joining and leaving the GMC register in the coming months and would be happy to share our findings with the Committee.

10 It is also worth noting that any future arrangement with the EU may have implications for those UK doctors wishing to practise elsewhere in the EU. Whilst we believe that the number of UK doctors working in the EU is relatively low, future applications from UK qualified doctors to gain recognition of their UK medical qualification in the remaining EU member states following the official leaving date would be subject to whatever new rules on free movement of professionals were agreed.

Doctors from the Republic of Ireland

11 Brexit will instigate significant questions for workforce arrangements in all four countries of the UK, especially in Northern Ireland which is the only part of the UK that shares a land border with an EU country. We know that approximately 6.2% of currently licensed doctors in Northern Ireland have a PMQ from an Irish university.

12 A pressing question for the UK Government will therefore be whether it would seek to negotiate a special arrangement with the Republic of Ireland so that doctors would not be classed as international medical graduates (IMGs). This would determine whether they have to sit and pass Professional and Linguistic Assessments Board (PLAB), the main route by which IMGs demonstrate that they have the necessary skills and knowledge to practise medicine in the UK, as well as pass a language test.
Brexit and medical regulation

13 Under European law, doctors who are nationals of the EEA (and those who are entitled to count as such) and hold medical qualifications from another country in the EEA* are entitled to have their qualifications recognised and to pursue the medical profession in the UK with the same rights as doctors who qualified in the UK. The advantage of the European framework is that those EEA applicants benefiting from automatic recognition can gain speedy entry onto the medical register. The significant disadvantage is that (unlike doctors who graduated outside of the EEA) the GMC cannot test their competence (see paragraphs 17-19). Instead we must rely on the robustness of the medical education and regulation system in the doctor’s home country for that assurance.

14 Further information about our current registration process for European doctors who wish to join the UK medical register and hold a licence to practise medicine is outlined in our evidence to the previous call for evidence “Impact of membership of the EU on health policy in the UK”†.

15 Whether there are changes to how we register EEA qualified doctors in the future will depend on whether or not the UK remains part of the internal market and continues to be bound by EU law on the free movement of professionals. Under emerging Government plans we foresee three potential outcomes for medical regulation:

a Maintain the status quo within the single market. If the UK were to remain within the single market we expect EEA qualified doctors would continue to have their qualifications recognised by the GMC under the framework of the recognition of professional qualifications Directive.

b Maintain the status quo outside of the single market. If the UK left the single market, in the first instance it is likely that we would continue to abide with EU law. The recognition of professional qualifications Directive will be maintained as a framework for recognising the qualifications of EEA doctors if and until the Government repeals the relevant provisions within the Medical Act 1983.‡

* Where those qualifications are compliant with the recognition of professional qualifications Directive (2005/36/EC)
† Written evidence from the General Medical Council (HEU0004) to the Health Select Committee inquiry Impact of membership of the EU on health policy in the UK - publications (May 2016) http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/impact-of-membership-of-the-eu-on-health-policy-in-the-uk/written/33411.pdf
‡ The UK government may decide to end freedom of movement as we currently know it but retain the provisions in the recognition of professional qualifications Directive. The practical effects of this would be for the GMC to continue to grant preferential access to doctors who are nationals of the EEA (and those who are entitled to count as such) and hold medical qualifications from another country in the EEA. This option is likely have implication for UK qualified doctors wishing to have their qualifications recognised elsewhere in the EEA as other member states would be under no obligation to apply the Directive’s provisions and may instead decide to apply their IMG criteria for recognition.

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Bring forward significant reform to the regulation of EEA doctors. If the UK left the single market the Government could enable significant changes to the way we regulate EEA qualified doctors via amendments to the Medical Act 1983.

While we do not have a position on what the UK’s relationship with the EU should be, if the UK were to leave the single market, we would be keen for the Government to consider the following opportunity to enhance patient safety and make the necessary amendments to our legal powers, as set out in UK law via the Medical Act 1983. We also highlight other areas that will require careful consideration to ensure patient safeguards are maintained.

Opportunity: Competence of European doctors

We have always argued that the GMC should have the right to test the competence of European doctors, like we do for other doctors who qualified overseas, with rigorous assessments of their knowledge and clinical skills. We believe that the current European law which restricts us from doing so has created a weakness in the system.

We are working on proposals for a Medical Licensing Assessment (MLA) that could provide a cost-effective way to demonstrate that those applying for a licence to practise medicine meet a common standard for safe practice. We intend that the MLA will cover EEA doctors as well but that is subject to the outcome of the negotiations for the UK to leave the European Union. This will help to raise standards and provide greater assurance to the public about the competence of every doctor we register regardless of where they are from.

We will shortly be consulting on our proposals for the MLA and are keen to work with the Government on how we can ensure the MLA applies to all doctors.

Challenge: Operational and resource implications

The sheer amount of new or revised legislation and policy that might be required to be implemented post the UK withdrawal may represent significant operational and resource challenges.

It is possible that we could see an increase in registration applications from EEA doctors in the lead up to the UK withdrawal from the EU could result. If these doctors are not practising in the UK they would be unlikely to have a connection to a Designated Body for the purpose of revalidation. As a result, we may face operational challenges to register a large number of EEA qualified doctors, only to begin the administrative process to remove their licence after a short period of time should they be unable to revalidate.
Other areas for consideration

Education and Training

22 The definitions of a primary medical qualification, as well as some specialist medical training, are enshrined in EU law by the recognition professional qualifications Directive. This assumes comparability of medical education and training across the EEA. It is on the basis of medical qualifications that are deemed to have met certain minimum standards, that doctors can exercise their right of free movement within the EEA. In most cases the minimum training requirements were agreed over 30 years ago and are defined in inputs (time spent in basic medical training as set out in Article 24*; and minimum training periods for certain medical specialties as set out in Annex V) rather than outputs (outcome-based training). We have highlighted in the past that this is an outdated framework and called for reform.

23 Brexit would provide the UK with an opportunity to review and agree minimum training requirements for medicine that most suit UK healthcare needs while continuing to meet GMC standards.

Fitness to Practise

24 It will be important to consider how health regulators ensure professionals practising in the UK are fit to practise medicine should the UK withdraw from the recognition Directive. It would therefore be helpful for the GMC to retain access to the Internal Market Information (IMI) system, which we use to communicate with other medical regulatory authorities within the EEA.

25 IMI is a secure communications tool introduced by the Directive that we use to transmit and respond to queries about a doctor’s registration documents. We also use it to send and receive alerts about doctors’ fitness to practise. This warns us when a doctor has their practice restricted in one of the other 27 EU member states.

Other implications

26 Doctors working in the UK are also impacted by a wider range of EU derived legislation, including the working time Directive, employment law, EU research funding and data protection provisions. Whilst outside our remit, the Committee may want to consider the implications of these with relevant parties as part of its inquiry.

* Article 24: ‘Basic medical training shall comprise a total of at least five years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 5500 hours of theoretical and practical training provided by, or under the supervision of, a university...’
Conclusion

27 As detailed in this submission, the decision to leave the EU may have a significant impact on the regulation, movement and education of doctors. The extent of this will depend on the Government’s preferred outcome for Brexit and the outcome of EU withdrawal negotiations.

28 We will look to the Government to clarify a range of high level questions as we plan for the post Brexit landscape, some of which the Committee may wish to consider as part of their inquiry. These include:

a Will the UK Government seek to retain membership of the single market?

b If not, will the UK Government seek to retain the professional recognition framework partly or in full?

c Will we be defining our future relationship with the EU as a bloc of 27 member states or with individual / smaller groups of member states? Are there early indications of how the UK Government expects the flow of professionals (doctors) from the Republic of Ireland to work?

d Is the UK expected to treat professionals from the EU27 consistently? In the future will the UK Government seek continuity or is it likely to develop sector arrangements?

29 We would be willing to provide more information if needed as the Brexit negotiations progress and would be happy to discuss how we plan to make sure that we can continue to provide robust protection to UK patients.

General Medical Council
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