

<b>Agenda item:</b>	<b>8</b>
<b>Report title:</b>	<b>Releasing funds for 'no deal' Brexit</b>
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<b>Action:</b>	<b>To consider</b>

## **Executive summary**

In May 2018, SMT discussed the resources required under a 'no deal' scenario, in particular the potential need to recruit additional staff and make changes to IS systems. Council also held a discussion in seminar on 5 November. It was agreed that if we do not have a Withdrawal Agreement (or one that has been approved by the UK Parliament) by the 13 December European Council meeting, we will need to forge ahead with the implementation of our 'no deal' plans.

Executive Board is now asked to give the authority to release the necessary contingency funds so preparations can commence.

## **Recommendation**

The Executive Board is asked to approve budgetary resources of up to £71,000 for the funding of overtime for existing staff based on the assumption of a 40% surge in EEA applications and to agree whether they can be requested from the Contingency Fund, as set out at paragraph 22.

## Background

- 1** In October the UK Government reached agreement with the European Commission on the Withdrawal Agreement which would introduce a transition period beginning on 30 March 2019 once the UK formally leaves the EU.
- 2** However on 10 December, it was announced that the parliamentary vote to approve the Withdrawal Agreement will be postponed. No new date for the vote has yet been announced but the Prime Minister must make a statement outlining her intentions by 21 January 2019. We understand that the DHSC will now lay the draft Medical Act amendments legislating for a 'no deal' Brexit on 14 January with the BEIS general system regulations due to be laid by 19 December.
- 3** In May 2018, SMT discussed the resources required under a 'no deal' scenario, in particular the potential need to recruit additional staff and make changes to IS systems. Council also held a discussion in seminar on 5 November. It was agreed that if we do not have a Withdrawal Agreement (or one that has been approved by the UK Parliament) by the 13 December European Council meeting, we will need to forge ahead with the implementation of our 'no deal' plans.
- 4** Executive Board is now asked to give the authority to release the necessary contingency funds so preparations can commence.

## Systems changes

- 5** Applications systems design work is progressing well and the R&R route logic has now been signed off with IS. The route logic amendments will cover a range of withdrawal scenarios including:
  - a** No deal – building a new IMG route to cover ongoing recognition of EEA qualifications for both standard and specialist registration. In addition, there have been a range of other process changes for general systems, and moving EEA nationals with IMG qualifications into existing IMG routes.
  - b** EFTA - a number of potential scenarios for these doctors have been reflected in the route logic including those around transition with EU only and no deal EFTA or deal with EFTA but not EU.
  - c** A range of other related systems changes including primary source verification and English language requirements.
- 6** IS have confirmed that this work is being managed within the existing IS budget and that additional funds will no longer be required.
- 7** Registration & Revalidation have also completed a document review pilot with the two teams most affected (International and Specialist Applications) to identify which website pages and GMC documents and guidance will need to be updated in the event of Brexit. The pilot was a success, with minor improvements identified. The

time taken to complete the review was shorter than anticipated so the process is being rolled out to the remained of the registration and revalidation teams before Christmas. Further work is ongoing around document review in other directorates and that will need to be completed before details of additional funding requirements can be confirmed.

### **Planning for a 'no deal' Brexit**

- 8** If the UK will leave without a deal the GMC, and in particular teams in Registration & Revalidation, are likely to be impacted in two distinct ways:
  - a** A surge in applications before March 2019
  - b** A BAU change to reflect the new application type
- 9** It is possible we may receive a significant surge in applications prior to 29 March 2019 in the event the UK leaves the EU without a deal. We have experienced surges in applications in advance of previous changes in the past including a 39% surge in applications before we introduced changes to our English language requirements and a 41% surge in applications before we introduced primary source verification.
- 10** Any surge is likely to consist of enquiries from existing EEA doctors seeking advice about how they may be affected and an increase in both general and specialist registration enquiries and applications from prospective EEA doctors who may wish to apply while it is quicker and easier, even though they may not intend to work in the UK in the near future. It is almost impossible to predict the scale of any surge – or whether it will happen at all. Theoretically any doctor in the EEA doctor could apply – the scale could be unprecedented.
- 11** Depending on the scale of the surge, we may need to recruit or provide additional overtime funds for all teams facing an immediate impact, namely the Contact Centre, International Applications team, RST, RIT, Complaints, Registration Services, RAP, and Specialist Applications. The Revalidation team and Voluntary Erasure Restoration and Licensing (VERL) team will also be impacted in the medium term and may require additional resources.
- 12** We are not in a position to be able to specify the exact resources associated with any surge in EEA applications in advance of a no deal Brexit. We have put in place systems to monitor GMC account creation which will help us track whether there is an increase in EEAs setting up GMC online accounts. This may help us pre-emptively identify a potential surge. Our experience of surges in the past is that applications reduced immediately after the surge and we anticipate it would be similar in any pre-Brexit surge. Therefore, when estimating additional contingency funding, we need to consider the lead in time to recruit and train staff. Once new staff start processing applications, we continue to check 100% of their work until we can sign them off as fully unsupervised. This adds an additional burden on existing staff. From recruitment

to unsupervised work takes around 6 weeks. If we recruit in January, new staff will not be working unsupervised until mid-February at the earliest.

- 13** Depending on the size of the surge, the most cost effective approach may be to use contingency resources to pay existing staff overtime rather than recruiting new staff. Each of the impacted operational teams in registration and revalidation listed above would require access to contingency resources to pay overtime to existing staff.
- 14** To use an example from the International Applications team (which is likely to be one of the most impacted), assuming a 40% surge in applications from January to June 2019, the additional costs where each advisor would work 3.5 hours of overtime per week has been calculated as £25,800. This is the equivalent of recruiting two additional advisers for the six month period but would save any associated recruitment, accommodation or other costs.
- 15** Additional staff may be needed if any surge is larger as the overtime burden on existing staff could become unsustainable. We estimate that we would need around five additional L5 posts in the event of a significant surge. These roles would be temporary (short term contracts) and could be flexible i.e. allowing for some movement to follow demand – a role starting in International Applications could move to VERL or Revalidation as required during the lifecycle of the applications.
- 16** We may need to recruit rapidly in order to manage demand recognising the time it takes to recruit and train staff before they can start processing applications. This can be facilitated through:
  - a** Expedient procedures – agreement from SMT that we will be able to access contingency funding to start recruitment as soon as it is clear that a surge has begun
  - b** Developing a pool of additional appointable candidates as part of a recruitment campaign we currently have underway to fill some existing vacancies
  - c** Use of recruitment agencies
  - d** Shortened training plans – focusing on training new staff on specific tasks
- 17** In addition to extra resources, we will also take other mitigating actions including:
  - a** Redeployment of current staff
  - b** Reprioritisation of applications
  - c** Temporary lowering of SLAs. The current 90 day processing requirement under the directive will no longer be required in a no deal Brexit.

**d** Focus on clear communications

**18** We are seeking the agreement of SMT to access contingency funds for staff overtime to manage any surge in EEA applications in advance of Brexit and to recruit additional temporary staff if the surge is so large that it cannot be managed with overtime.

**BAU change to reflect the new application type**

**19** In the event we no longer operate the EEA route, and create a new application route for doctors with EEA qualifications, we anticipate a number of teams would require additional resource as a result.

**20** In some cases we may only be able to determine the impact once it is implemented; these should be monitored. In others we have predicted an FTE requirement. We have calculated this based on data from the last 12 months, and assume that the volume of applications remains the same (though in reality this may not be the case):

- a** International Applications: 1 x L5
- b** Registration Investigation: 1 x L4, 1 x L5
- c** Monitor: Contact Centre, Complaints, RAP

**21** We will come back to SMT to confirm this resourcing request in the event that there is a 'no deal' Brexit and EEA doctors moving into the new application route.

**Next steps**

**22** Executive Board is asked to approve the following budgetary resources for the funding of overtime for existing staff based on the assumption of a 40% surge in EEA applications and to agree whether they can be requested from the Contingency Fund.

International applications	£28,000
RIT	£6,000
Specialist applications	£5,000
Registration services	£4,500
Contact Centre	£4,500
Complaints	£17,000
Revalidation	£6,000
<b>TOTAL</b>	<b>£71,000</b>