

GMC response to consultation on trade negotiations with Australia

Summary

The inclusion of frameworks for the mutual recognition of professional qualifications in any future trade agreement with Australia must not undermine the important patient safety checks that we make on doctors wishing to practise medicine in the UK. It is essential that healthcare regulators have control over access to their registers and are able to determine the standards of entry, regardless of the country in which an applicant has qualified. As such, regulators must be involved in the negotiations with third countries in order to advise on the suitability of including mutual recognition frameworks in each individual trade agreement.

Introduction

- 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. There are approximately 270,000 doctors on the UK medical register. We check every doctor's identity and qualifications before they are able to join the register. We also check with others, such as the doctor's medical school or previous employers, to find out if they have any concerns about the doctor's ability to practise safely, for example inappropriate behaviour, serious health problems, or performance.
 - 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** Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Recognition of professional qualifications

There are different ways to apply for registration with a licence to practise in the UK depending on a doctor's nationality, qualifications and experience.

Doctors who have qualified outside the UK and the European Economic Area are known as international medical graduates (IMGs). Before they are granted registration with a licence to practise they must satisfy us that they:

- a** Hold an acceptable primary medical qualification (PMQ) that meets our criteria
- b** Possess the knowledge, skills and experience for practice in the UK
- c** Have no outstanding fitness to practise concerns from their practice in other jurisdictions
- d** Have the necessary knowledge of English to practise safely in the UK

From 2022 we will introduce the Medical Licensing Assessment, an assessment that will create a common threshold for entry on to the UK medical register. This will ensure that all doctors who obtain general registration with a licence to practise medicine in the UK meet a common threshold for safe practice.

The medical profession has increasingly become mobile and good doctors are in demand across the world. While some doctors relocate permanently to another country to pursue their career, many move for only a few years in order to broaden their experience or undertake particular training. There can be mutual benefits in this sharing and spreading of experience. There are currently some 2,100 doctors on the UK medical register who qualified in Australia, and around 11,400 UK qualified doctors registered in Australia. A trade agreement between the UK and Australia could provide an opportunity to better support this two-way flow of medical professionals.

However, the inclusion of frameworks for the recognition of professional qualifications in any future trade agreement must not undermine the important patient safety checks that we make on doctors wishing to practise medicine in the UK. It is essential that healthcare regulators have control over access to their registers and are able to determine the standards of entry, regardless of the country in which an applicant has qualified.

For this reason, the inclusion of the recognition of professional qualifications in any future trade agreement should create a framework giving regulators in the UK and Australia the option to mutually recognise qualifications and should not impose blanket recognition. In short, it should be driven by patient safety rather than economic considerations. Patient safety is, and must remain, the principle consideration when considering whether to facilitate access to the medical register as part of an economic trade agreement.

Standards of education and training

We would welcome, in principle, the opportunity to make our registration processes more flexible and this has been one of our key priorities for a number of years. Our statutory processes for granting GP and specialist registration are particularly prescriptive and onerous and, among other things, require the applicant to submit hundreds of pages of evidence demonstrating that their individual qualifications and experience are 'equivalent' to those of a GP or specialist who has trained in the UK. In practice it can be very challenging for an applicant to meet those requirements, especially if they have not practised in the UK previously.

We would prefer a more flexible legislative framework based not on demonstrating individual equivalence, but on demonstrating capability to practise as a GP or consultant in the UK. That in turn could be based on an evaluation by us of the programme of medical education and training that the doctor had successfully completed rather than a standalone consideration of every applicant. Pending wholesale reform of our legislation along those lines, we would want any proposals for recognition of professional qualifications as part of a trade agreement with Australia or other countries to follow that sort of approach.

However it is essential that any liberalisation of the registration process provides continued assurance for patients. To do this, we must have a deep understanding of how medical education and training operates in any potential partner country and assurance that the standards of education and training are comparable to those in the UK.

This is important as the award of professional qualifications, including primary medical and specialist medical qualifications, is subject to a wide degree of standards and norms across different jurisdictions. For this reason, it is essential that the Department for International Trade consults closely with healthcare professional regulators before opening negotiations with third countries which may have important differences in their systems of medical education and regulation when compared to the UK.

For example, the University of Exeter recently mapped the current UK general practice (GP) curriculum against the two current Australian GP curricula and found that while there was a strong similarity between the curricula, the model of general practice as we understand it does not really exist outside of the UK. This means there may be few countries that would be suitable for automatic recognition of GP qualifications.

In addition, as soon as there are significant changes made to the curricula in the UK or partner country, they become less similar and so mutual recognition may no longer be appropriate. Any framework of mutual recognition must be continually monitored and updated to ensure that standards and outcomes remain essentially similar.

We would welcome the opportunity to meet with the Department of International Trade to share the intelligence we hold on medical training and qualifications in Australia and the data that we hold on the numbers of Australian qualified doctors on the UK medical register.

