

# Brexit and the future of EEA doctors working in the UK

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Working with doctors Working for patients

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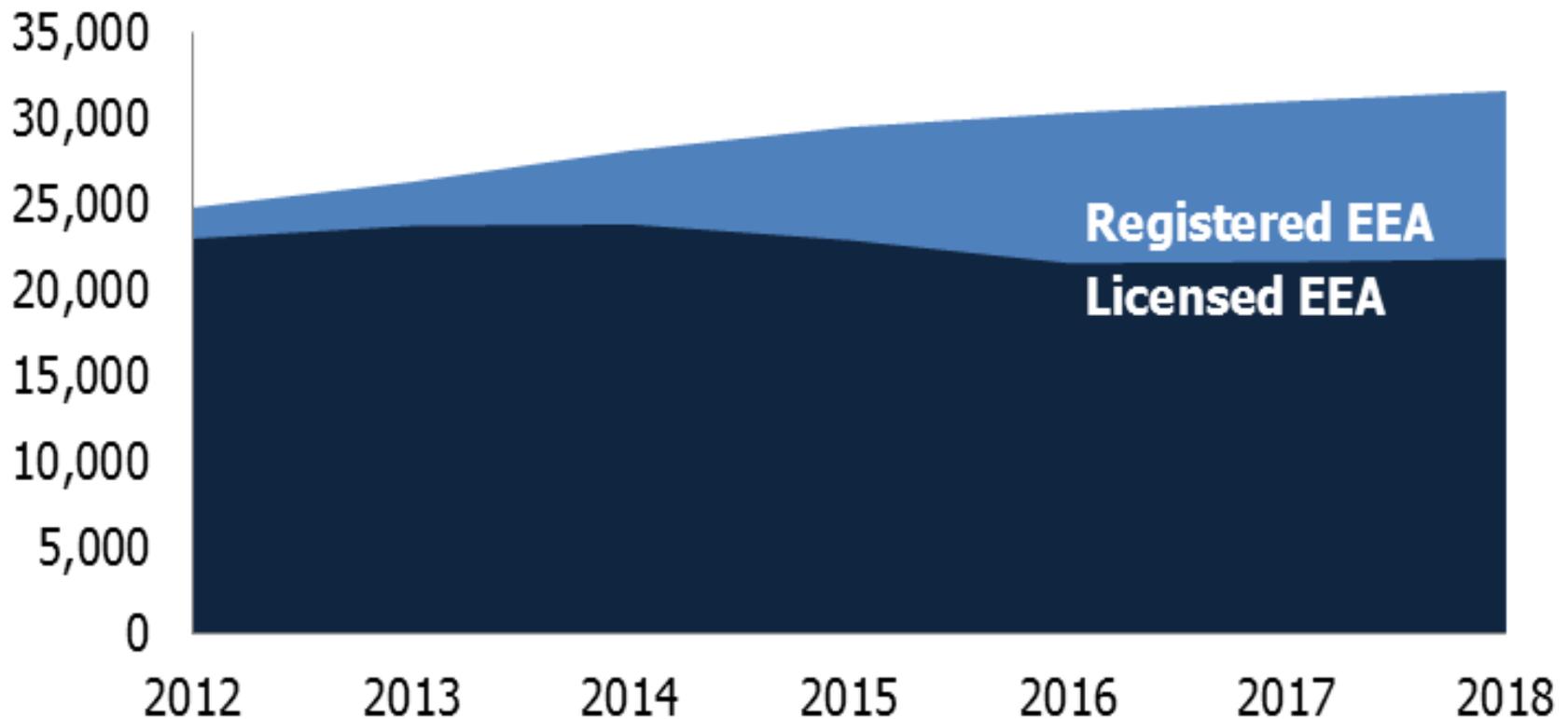
# General Medical Council

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- We are the UK competent authority for doctors - 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 when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk

# Number of EEA graduates on the UK medical register

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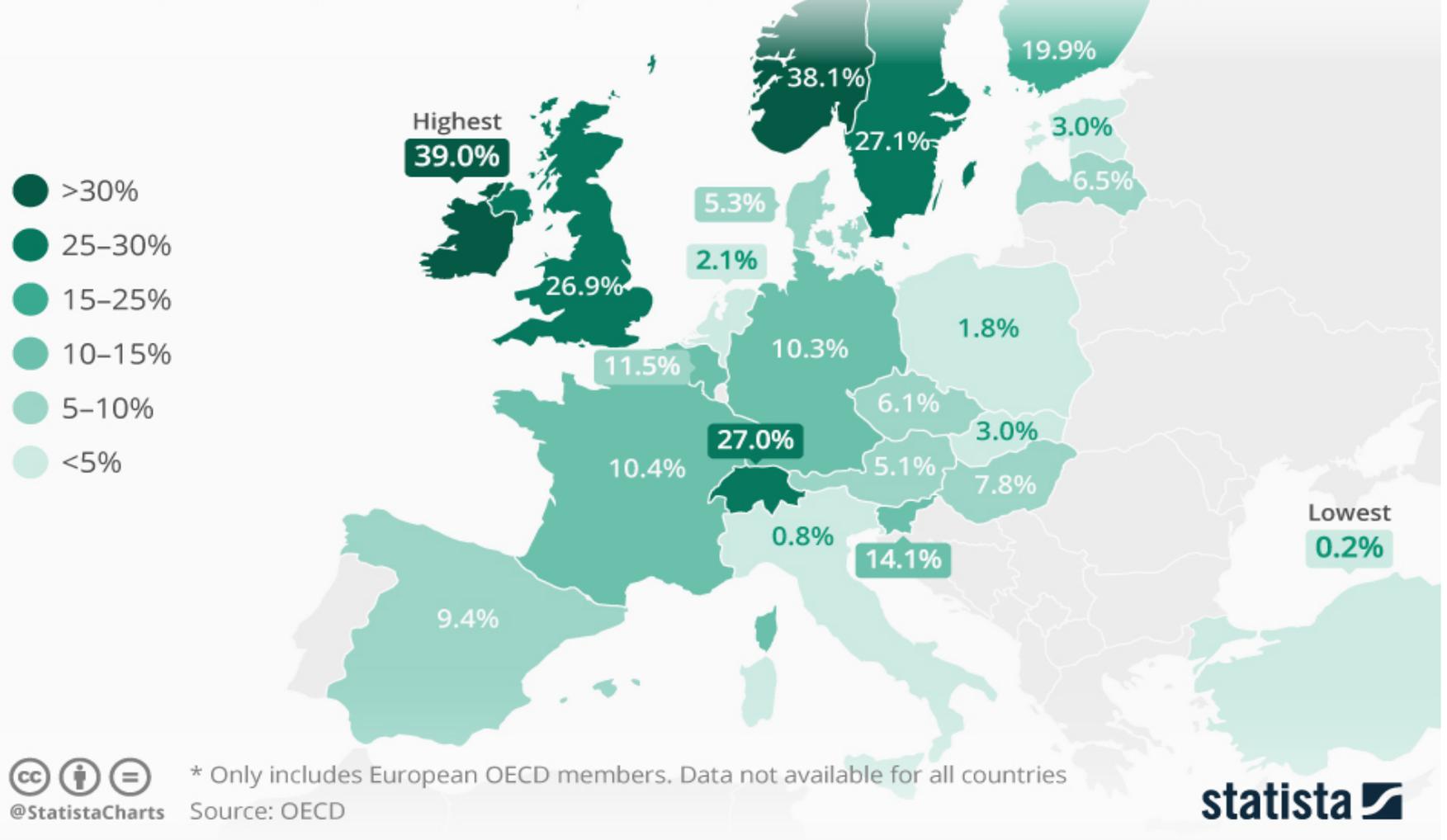
# UK medical register

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| Region of Primary Medical Qualification | Number of licensed doctors | Percentage of licensed doctors |
|---|----------------------------|--------------------------------|
| UK                                      | 161,070                    | 66%                            |
| EEA                                     | 21,791                     | 9%                             |
| IMG                                     | 59,572                     | 25%                            |

# Europe's Reliance On Foreign-Trained Doctors

Percentage of foreign-trained doctors in European countries (2015 or closest year)\*

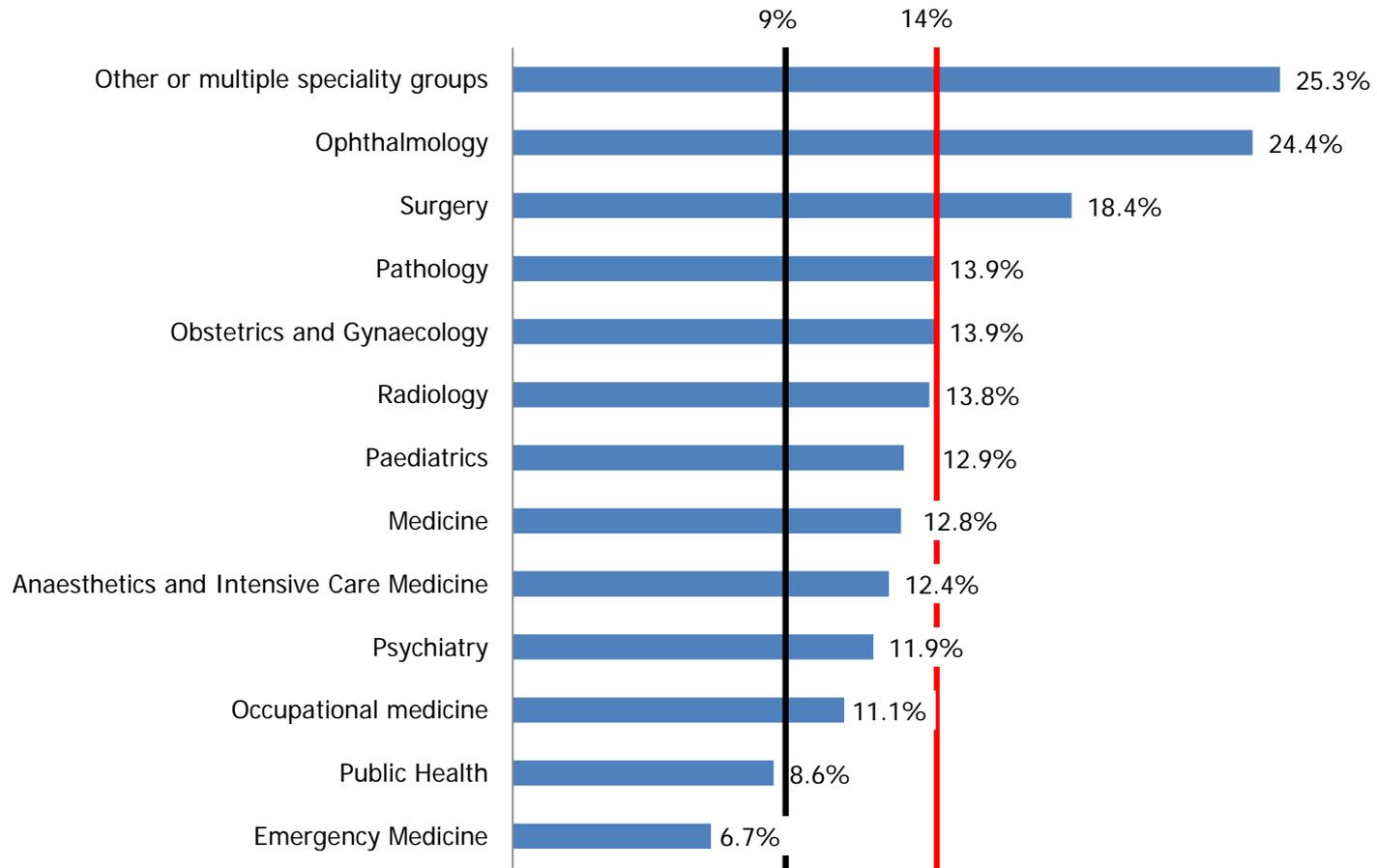


# PMQ by EEA country as at 30 June 2018

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| Rank | PMQ Country  | Licensed Doctors |
|------|--|------------------|
| 1    |  Ireland        | 3,210            |
| 2    |  Greece         | 2,444            |
| 3    |  Romania        | 2,178            |
| 4    |  Italy          | 2,162            |
| 5    |  Germany        | 2,028            |
| 6    |  Poland         | 1,776            |
| 7    |  Spain          | 1,244            |
| 8    |  Czech Republic | 1,170            |
| 9    |  Hungary       | 1,062            |
| 10   |  Bulgaria     | 738              |

# Specialties with dependency on EEA graduates



# NHS long term plan in England – growing the medical workforce

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## Increase numbers trained in the UK

- More undergraduate places, exploring part-time study, accelerated study options

## International recruitment

- New national arrangements

## Focus on retention

- CPD investment
- Addressing concerns about culture
- Making working patterns more flexible

**NHS**

The NHS Long Term Plan



# Planning for Brexit – GMC priorities

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- To minimise any risk to patient safety either due to workforce shortages or an inability to ensure that only doctors who are safe and fit to practise obtain registration
- To minimise any disruption in the supply of EEA graduates to the UK medical workforce – avoiding a cliff edge in the short term
- Improved information exchange with relevant European and International counterparts for both registration checks and sharing fitness to practise sanctions for doctors on the GMC register



# We welcome EEA doctors in the UK

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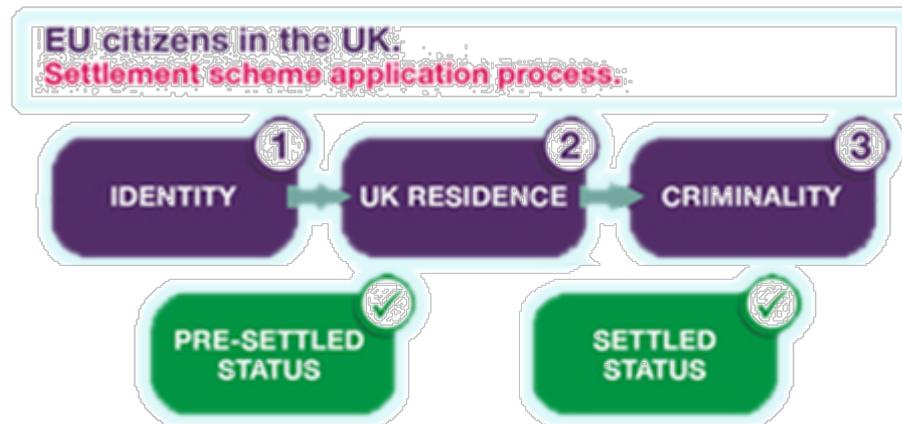
- It is essential that exiting the EU does not either deliberately or inadvertently deter the approximately 2,000 EEA qualified doctors who come here each year and contribute to the NHS
- Our health service benefits considerably from the contribution of overseas doctors and this has not changed because of the vote to leave the EU



# Right to remain in the UK

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- EU citizens living in the UK and their family members will need to apply under the settlement scheme to obtain their new UK immigration status
- Those who have not yet lived in the UK for five years will be granted pre-settled status and be able to apply for settled status once they reach the five-year point
- The deadline for applications will be 30 June 2021



# Potential Brexit scenarios

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- Withdrawal agreement signed – transition until 31 December 2020
  - Status quo for mutual recognition professional qualifications until end of 2020
  - No access to IMI after transition period
  
- Withdrawal agreement fails – 'no deal' Brexit as of 29 March 2019
  - No mutual recognition of professional qualifications
  - No access to IMI as of 29 March 2019

## Next steps in UK parliamentary process

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- UK Parliament will vote on a resolution approving both the Withdrawal Agreement and the political declaration on the future relationship
- If it is approved, the UK Government will introduce a Withdrawal Bill to implement the agreement in domestic law – this must be passed by exit day
- The European Parliament must then approve the deal

# No deal - what is the UK planning?

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Medical Act amendments laid before Parliament on 20 December 2018 including:

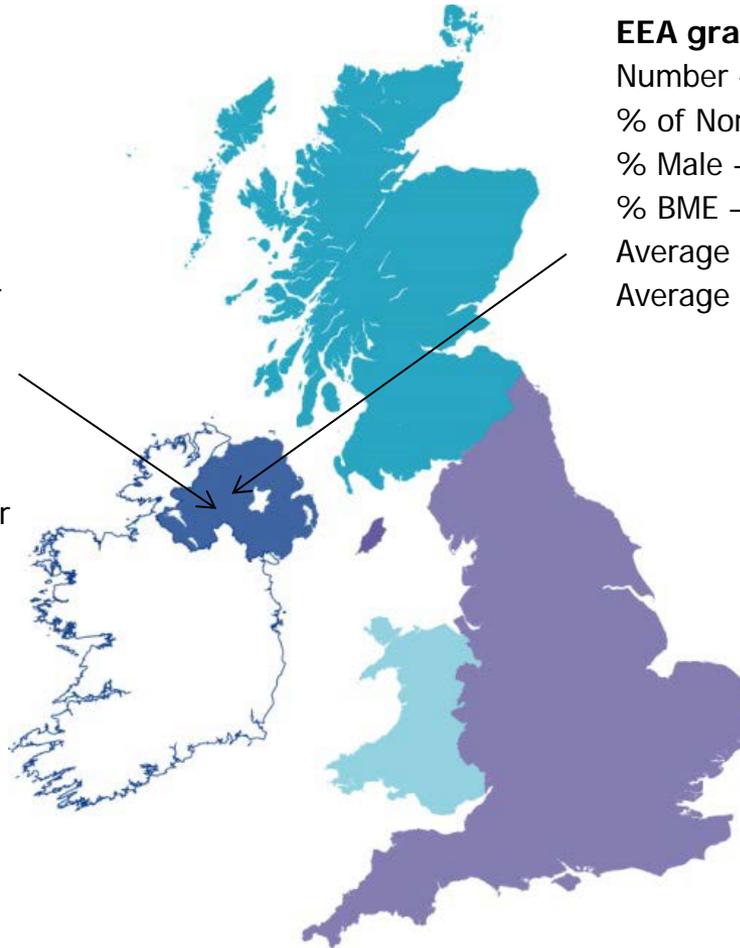
- A new international medical graduate route for registration that covers all EEA qualifications (EU and EFTA)
- Applies to any primary or specialist qualification set out in Annex V on 29 March 2019 – these will be recognised as evidence of knowledge, skill and experience regardless of the nationality of the holder
- Competent authorities can seek to remove this presumption of comparability for any qualification if there is evidence of a patient safety risk
- Removal of temporary & occasional registration
- System to be reviewed two years after coming into force

# What about the island of Ireland?

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## Importance of cross-border services

- Cooperation and Working Together (CAWT) - partnership between Northern Ireland and Republic of Ireland which facilitates cross border collaborative working in health and social care.
- Cross-border Paediatric Cardiology Services
- Proposed medical college planned for Ulster University.



## EEA graduates in Northern Ireland

Number – 544

% of Northern Ireland's doctors – 8.7%

% Male – 56.4%

% BME – 4.0%

Average age – 47.5

Average UK experience – 18.3 years

# Looking ahead – trade agreement?

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UK government called for a new RPQ framework that:

- Covers the same range of professions as the Mutual Recognition of Qualifications Directive
- Includes those operating either on a permanent or temporary basis
- Provides transparency, with cooperation between regulators to facilitate the exchange of information about breaches of professional standards, and to review changes to professional qualifications over time



Any questions?

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