

GMC response to consultation on trade negotiations with South Korea

Summary

The inclusion of any framework for the recognition of professional qualifications in a new trade agreement with South Korea must not undermine the important patient safety checks that we make on doctors wishing to practise medicine in the UK. Whilst we recognise that arrangements for the recognition of professional qualifications can cover a very wide range of professionals and service sectors, where healthcare professionals are concerned, the overriding priority must be protecting patient safety.

It is essential that healthcare regulators have control over access to their registers and can 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 recognition frameworks in each individual trade agreement.

We would be in favour of broad provisions encouraging cooperation and information exchange, at the discretion of regulators, but we would not favour any provision that either imposed mutual recognition or required regulator-led mutual recognition. This is because we believe that our existing powers and arrangements for registering doctors who qualified outside of the UK offer the best and most efficient arrangement to strike the balance between enabling registration in the UK and protecting standards of practice and patient safety.

Introduction

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 over 356,000 doctors on the UK medical register. We check every doctor's identity and qualifications before they can 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.

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- 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.

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 qualifications and experience.

Doctors who have qualified outside the UK 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 2024 we will introduce the Medical Licensing 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 become increasingly 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 of experience. There are currently only 13*

* As of 11/01/2023

doctors on the UK medical register who gained their primary medical qualification in South Korea. We do not know the number of UK qualified doctors who live and work in South Korea.

Patient safety

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 can 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 relevant countries the option to explore frameworks to recognise each other's qualifications but 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 principal consideration when considering whether to facilitate access to the medical register as part of an economic trade agreement. We believe that our existing powers and arrangements for registering doctors from South Korea offer the best and most efficient arrangement to strike the balance between enabling registration in the UK and protecting standards of practice and patient safety.

It is also operationally burdensome to maintain a separate route for nationals of a single country. These applications must be processed in a different way to applications from any other country in the world, with an individual set of rules and guidance. This creates a bureaucratic burden on regulators which will, in turn, affect the speed and quality of the service experienced by some applicants.

The GMC strongly welcomed the commitments made by the Minister, Lord Grimstone, in the parliamentary debates* on the related Professional Qualifications Bill when he stated *“The Bill allows us to take action where necessary, while fully respecting the excellence of our professions and the autonomy of regulators to determine who can practise in the UK. Nothing that the Government do will in any way seek to undermine this.”*

He went on to say: *“This respect for regulator autonomy has been upheld in our approach to trade deals...None of the trade deals or recognition agreements that we have made so far or*

* [https://hansard.parliament.uk/lords/2021-05-25/debates/953F3881-B2DD-4CBC-BAD9-30002950AD95/ProfessionalQualificationsBill\(HL\)](https://hansard.parliament.uk/lords/2021-05-25/debates/953F3881-B2DD-4CBC-BAD9-30002950AD95/ProfessionalQualificationsBill(HL))

which we are negotiating will force our regulators to compromise their world-leading standards or to accept professionals who do not meet them.”

When undertaking negotiations with South Korea, we look to the Department of International Trade to demonstrate how these commitments will be assured.

Curriculum comparison

Any provisions that aim at modifying the registration processes in partner countries must provide 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.

In addition, as soon as there are significant changes made to the curricula in the UK or partner countries, 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.

Frameworks that introduce an element of mutual acceptability and thus necessitate a system of curriculum comparability are operationally difficult to implement and burdensome for both regulators and applicants.

Conclusion

We would be in favour of broad provisions encouraging cooperation and information exchange, at the discretion of regulators, but we would not favour any provision that either imposed mutual recognition or required regulator-led mutual recognition. This is because we believe that our existing powers and arrangements for registering doctors holding a non-UK qualification offer the best and most efficient arrangement to strike the balance between enabling registration in the UK and protecting standards of practice and patient safety.

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 South Korea and the data that we hold on the numbers of doctors who qualified in South Korea on the UK medical register.

GMC, January 2023