European and External Relations Committee

The EU referendum and its implications for Scotland

Written submission from General Medical Council

Following the Scottish Parliament's Information Centre's request for the number of doctors In Scotland with a primary medical qualification from the EU (see Annex A below), and your Committee's call for evidence, I am sending some further information which I hope the Committee may find useful.

For context, 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.

Our operations in Scotland cover the following areas:

- We support doctors with ethical and professional matters. Our ethical guidance on issues such as confidentiality, consent, and end of life care is developed in collaboration with the profession and a wide range of patient and public partners in Scotland to make sure it remains relevant. We also hold outreach sessions with medical students and doctors regularly.
- We work closely with others, including doctors, employers, medical educators, patient groups and other national and local organisations to share data, information and intelligence that may help us to embed our standards, understand trends in medical practice and identify risks to patient safety. We do this as part of a Scottish healthcare system that is dedicated to improving the quality of care.

The GMC - regulation across 4 parts of the UK

While healthcare professional regulation is reserved to Westminster, the GMC operates within the legal and legislative structures of the different jurisdictions within the UK. As an example of this, our guidance for doctors reflects the laws of all Scotland, and when a law changes we seek senior counsel's advice on whether we would need to update our guidance.

Our registration processes and procedures currently accommodate the movement of doctors between the UK and countries inside and outside the European Economic Area (EEA). GMC registration allows doctors to move freely between the four healthcare systems in the UK.

The UK's exit from the EU

The impact on doctors and the GMC's regulation of the medical profession will depend on the precise form that withdrawal takes. The key issue revolves around the EU legislation governing the free movement of professionals, and in particular whether the UK remains part of the EEA or reaches some form of equivalent arrangement. The EEA provides for the free movement of persons, goods, services and capital within the single market of the European Union (EU) between its 28 member states, as well as three of the four member states of the European Free Trade Association (EFTA): Iceland, Liechtenstein and Norway. Were the UK to remain in the EEA or something similar, doctors coming here would be subject to the current rules – the only differences likely to be that the UK would no longer be able to influence the nature of those rules as it would not be part of the EU.

As at 10 August 2016 there were roughly 21,584 doctors who qualified in other EEA countries practising in the UK. This represents around 9 percent of the approximately 240,000 doctors licensed to practise in the UK. Of this number, around 1,167 practise in Scotland, or approximately 6 percent of the workforce. The total number of doctors practising in Scotland is 20,400 (a fuller breakdown can be found at Annex A). The Chair of the GMC, Professor Terence Stephenson, wrote to all doctors in July 2016 to make clear that doctors from the EEA make a vital contribution to the UK's health services. Understandably, there is anxiety among many of these doctors following the outcome of the referendum. Although withdrawing from the EU is likely to have implications for the way we regulate doctors, we do not expect that it will have a detrimental impact on the registration status of any EEA qualified doctor already on the register, and we made this clear.

There are a number of areas we are keen to explore as the future relationship with the EU and EEA is negotiated. These are outlined below.

Registration of EEA qualified professionals

The future registration of EEA qualified doctors will depend on whether or not the UK remains part of the single market and continues to be bound by EU law on free movement of professionals. In the event that the UK retains its access to the single market, it would seem likely that EEA qualified doctors would continue to be able to have their qualifications recognised by the GMC under the current system.

In the event that the UK was no longer bound by the Directive on the Recognition of Professional Qualifications in any future agreement, it is likely that EEA qualified doctors would be considered in the same manner as international medical graduates with an acceptable overseas primary medical qualification. Currently a doctor who falls into this category would normally need to sit and pass our two part Professional and Linguistic Assessments Board (PLAB) examination as well as the International English language testing system (IELTS) test, which can already be applied to EEA graduates. The tests for overseas (non EEA graduates) are designed to make sure that doctors practising in the UK have the language and clinical skills necessary to practise safely.

Workforce planning and recruitment and retention

It is not clear what impact the withdrawal will have on the future numbers on the register. It is possible that there could be a reduction in the number applying for Europe, as they would have to demonstrate they were competent before being allowed to practise. It is also worth noting that future applications from UK qualified doctors to work in the EEA would be subject to whatever new rules on the movement of UK professionals were agreed between the UK and the EU.

Fitness to practise

As a patient safety organisation, the GMC's principal concern is to make sure that all doctors practising in the UK are able to do so safely.

It is unclear whether the GMC would be able to use the Internal Market Information (IMI) system to communicate with other medical regulatory authorities within the EEA. We currently use IMI to transmit any queries about a doctor's documents to their home regulatory authority. We also use it to send and receive fitness to practise alerts under the newly adopted alert mechanism. This warns us when a doctor has their ability to practise restricted in one of the other 27 EU member states. However, as EEA doctors would not have automatic rights to practise here, this should not pose a threat to patient safety as we would require the doctor to produce evidence of good standing from his or her home regulator as we do for doctors from other overseas countries.

Education and training

The definition of a primary medical qualification, as well as some details of specialist medical training, is currently enshrined in EU law. In particular, Article 24 of the Recognition of Professional Qualifications Directive states that *"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…"*

It is unclear at this stage whether the four governments would wish to keep this definition. The view among many involved in medical education is that quality of courses cannot be measured by their duration.

Employment legislation and the European working time Directive

UK doctors are currently subject to a range of EU derived legislation, including the working time directive, employment law and data protection provisions.

Doctors in training were brought fully within the scope of the working time directive in 2009 meaning that they should have a maximum 48 hour working week. Although restrictions on hours is a combination of EU and UK legislation any change which extended hours or appeared to reduce protection is likely to be resisted by doctors in training. The GMC would be keen to make sure that any new system was compatible with the safety of patients and good education and training for doctors.

Impact on future regulatory reform

As noted earlier, the Medical Act contains a number of provisions for the registration of UK and EEA applicants, the definition of basic medical training and definitions of specialist medical training that are grounded in EU law. As part of the process of disentangling UK and EU law, we understand that the Department of Health (UK) will need to review the Act and decide where it wants to abrogate, retain or modify EU law. We expect the Department to do this in consultation with all four UK governments, the GMC and the other professional regulators.

Medical Licensing Assessment

We are working on proposals for a Medical Licensing Assessment that could provide a cost effective way to demonstrate that those who are granted a licence to practise medicine meet a common standard for safe practice, irrespective of whether they trained in the UK or overseas. Our view is that a single unified assessment will help to raise standards and provide greater assurance to the public about the competence of doctors regardless of where they are from. We have been engaging with medical schools, the Scottish Government and others with an interest in this area, ahead of a full consultation later this year. We believe that the Medical Licensing Assessment can provide a better way of making sure that doctors entering medicine in the UK are safe to practise. In the event that the provisions on free movement are not included in the UK's future relationship with the EU we would intend that, subject to consultation, doctors who trained in an EEA country and who wished to register with the GMC would need to pass the MLA.

Conclusion

The implications for the GMC of the decision to leave the EU will depend on the precise form that withdrawal takes. The referendum result raises questions about the flow of professionals from the EU and EEA.

We will continue to provide robust protection to UK patients. Regardless of our future arrangement with the EU, it is important that doctors from other European countries continue to be aware of the vital contribution they make to Scotland's health services. I hope this is helpful. We would be happy to discuss any of these issues further if it would be useful for the Committee.

Annex A

International doctors working in Scotland

PMQ World Region	Nationality World Region	Cannot locate doctor in the UK	England	NI	Scotland	Wales	Grand Total
ALL PMQ	EEA (excluding British) nationality	3,715	16,340	1,450	1,379	662	23,546
ALL PMQ	No recorded nationality	513	54,047	2,002	6,411	3,156	66,129
ALL PMQ	Outside EEA nationality	1,566	34,861	316	2,105	1,877	40,725
ALL PMQ	British nationality	670	89,580	2,946	10,434	4,468	108,098

ALL PMQ	**Grand Total (All nationalities and all PMQs)**	**6,464**	**194,828**	**6,714**	**20,329**	**10,163**	**238,498**
EEA (excluding UK) PMQ	EEA (excluding British) nationality	3,014	12,455	314	919	519	17,221
EEA (excluding UK) PMQ	No recorded nationality	25	1,735	191	167	105	2,223
EEA (excluding UK) PMQ	Outside EEA nationality	35	544	10	31	23	643
EEA (excluding UK) PMQ	British nationality	44	1,302	64	48	39	1,497
EEA (excl UK) PMQ	**Grand Total (All nationalities and EEA PMQs)**	**3,118**	**16,036**	**579**	**1,165**	**686**	**21,584**
Outside EEA PMQ	EEA (excluding British) nationality	572	1,527	48	77	68	2,292
Outside EEA PMQ	No recorded nationality	163	11,621	103	475	660	13,022
Outside EEA PMQ	Outside EEA nationality	1,286	29,649	235	1,477	1,672	34,319
Outside EEA PMQ	British nationality	188	5,418	44	256	232	6,138

Outside EEA PMQ	**Grand Total (All nationalities and Non-EEA PMQs)**	**2,209**	**48,215**	**430**	**2,285**	**2,632**	**55,771**

UK PMQ	EEA (excluding British) nationality	129	2,358	1,088	383	75	4,033
UK PMQ	No recorded nationality	325	40,691	1,708	5,769	2,391	50,884
UK PMQ	Outside EEA nationality	245	4,668	71	597	182	5,763
UK PMQ	British nationality	438	82,860	2,838	10,130	4,197	100,463
UK PMQ	**Grand Total (All nationalities and UK PMQs)**	**1,137**	**130,577**	**5,705**	**16,879**	**6,845**	**161,143**

Data Notes

- Data correct as at 10 August 2016
- Nationality is not a complete dataset (27% of the register has no recorded nationalities)
- This count is based on the primary nationality, and does not account for doctors with dual nationalities
- Nationalities from qualifying countries for British citizenship (as defined on www.gov.uk) have been coded as British
- The EEA is the 28 countries of the EU, together with Iceland, Liechtenstein, Norway and Switzerland
- These numbers relate to doctors with a licence to practise only to work in the UK. This does not include those that are registered without a licence to practise.
- Cannot locate doctor in the UK - These are doctors based outside the UK and those located in the Channel Islands
- We have located doctors in the UK countries using the algorithm***:

1. Where they work*

2. Where they are training based on the NTS**

3. Their Designated Body – through registration – if it is not a national body.

4. Their registered address

* Please note, the data on where doctors work comes from external data sources and does not cover non-NHS providers so is not a complete data source

**The number of doctors in training is based on the 2016 National Training Survey census data of all doctors in a training programme on 22 March 2016

***The figures are as accurate as we can get them, as we are reliant on doctors/Designated bodies or on NHS Employers updating the data.