

GMC response to the Health, Social Care and Sport Committee's call for evidence on the Medical Training (Prioritisation) Bill Legislative Consent Memorandum

Thank you for the opportunity to submit written evidence on the Medical Training (Prioritisation) Bill Legislative Consent Memorandum.

Our role

The GMC works with doctors, physician associates (PAs), anaesthesia associates (AAs), those they care for and other stakeholders to support good, safe patient care across the UK. We set the standards doctors, PAs, AAs and their educators need to meet, and help them to achieve them. If there are concerns these standards may not be met or that public confidence in doctors, PAs, or AAs may be at risk, we can investigate, and take action if needed.

While the GMC is the regulatory body for doctors who work in the UK - and any doctor who wishes to practise in the UK must be registered and licensed by the GMC - we have no role in the recruitment of doctors.

However, we are required by law to establish routes to registration for doctors who qualify outside the UK so that those who wish to practise here can demonstrate that they have the clinical knowledge and skills to do so safely. One way that doctors can do this is by sitting a two-part clinical exam known as the Professional Linguistics Assessment Board (PLAB).

Our position on the prioritisation of UK medical graduates

It is for the UK government, with the consent of the four UK legislatures, to decide to bring forward legislation regarding prioritisation of training places for UK graduates. It is therefore entirely legitimate that the governments set out plans about the allocation of training places. We also recognise the challenges that high competition rates have raised for doctors. UK-trained doctors have real anxieties about their futures which need to be addressed.

It is important for any decisions to be based on a close understanding of the data. Doctors with a non-UK primary medical qualification taking up a licence now make up 20% of the medical profession in Scotland (42% UK-wide). This sizable group is therefore critical to the sustainability of the future medical workforce as they often fill vital service gaps in the NHS. Some specialties are especially reliant on internationally trained doctors - this includes general practice and psychiatry.

In view of this, we encourage policymakers to carefully consider the service impacts of any targets, fully ground policy measures in evidence, mitigate against any unintended consequences on the wider workforce, and carefully communicate any changes.

Alongside this, it will be important to continue to provide support to internationally trained doctors and recognise the valuable contribution they make to healthcare across all four UK nations. Doctors joining from abroad are less likely to report feeling supported in the workplace than UK graduates. Robust action is therefore required to ensure inclusive workplaces that value and treat international workers fairly so that the UK continues to be a place where the brightest and best from around the world choose to come, work and live.

We will continue to work with doctors, governments and stakeholders to ensure any changes support a fair and sustainable system that meets the needs of patients and all doctors.

Should the committee have any questions they feel we can help with, please contact
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