



General
Medical
Council

Medical workforce supply and governance: A European perspective

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Working with doctors Working for patients

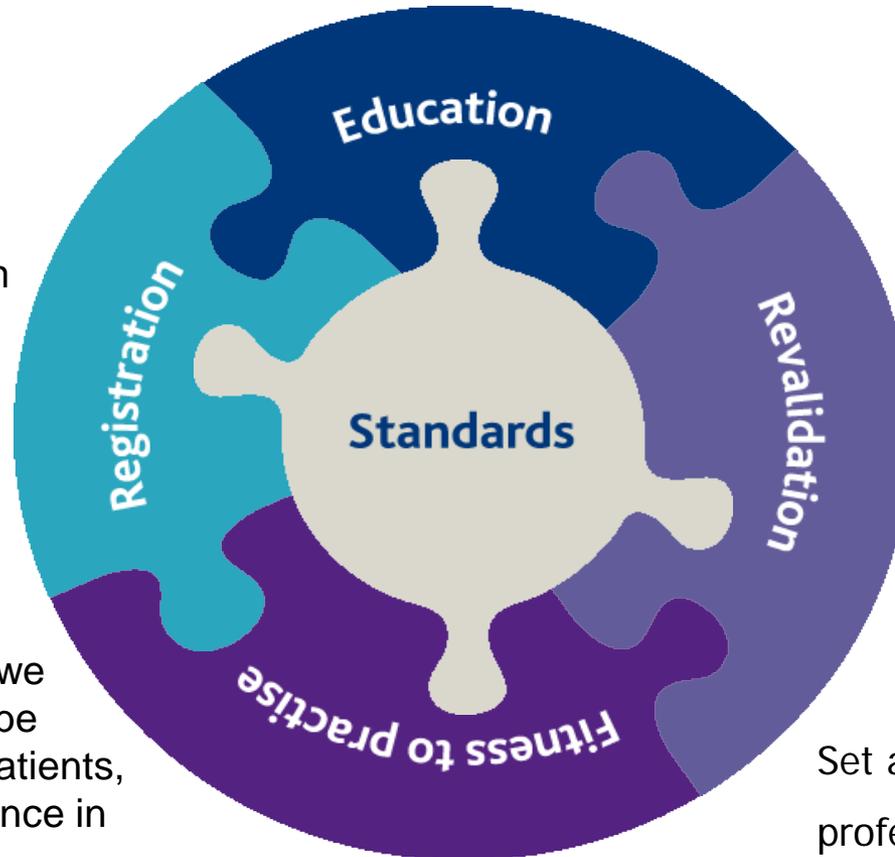
The General Medical Council (GMC)

- Independent regulator of UK's medical profession
 - ~266,856 doctors (~233,630 with a licence to practice)
- Established in law with statutory powers in 1858. Our powers are given to us by Parliament through the [Medical Act 1983](#).
- Funded mostly by doctors registration fees. But we are.....
- An independent organisation:
 - *Not a government agency*
 - *Separate from professional representation – British Medical Association*
- Accountable to UK Parliament with oversight from the Professional Standards Authority.

GMC Functions and Responsibilities

Set and maintain education standards for ~40k Undergraduate and ~ 50k postgraduate doctors

We decide which doctors are qualified to work here and maintain entry and exit from the public register



Ensuring licensed doctors demonstrate on a regular basis that they are up to date and fit to practise

We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.

Set and maintain professional standards

An international UK medical workforce

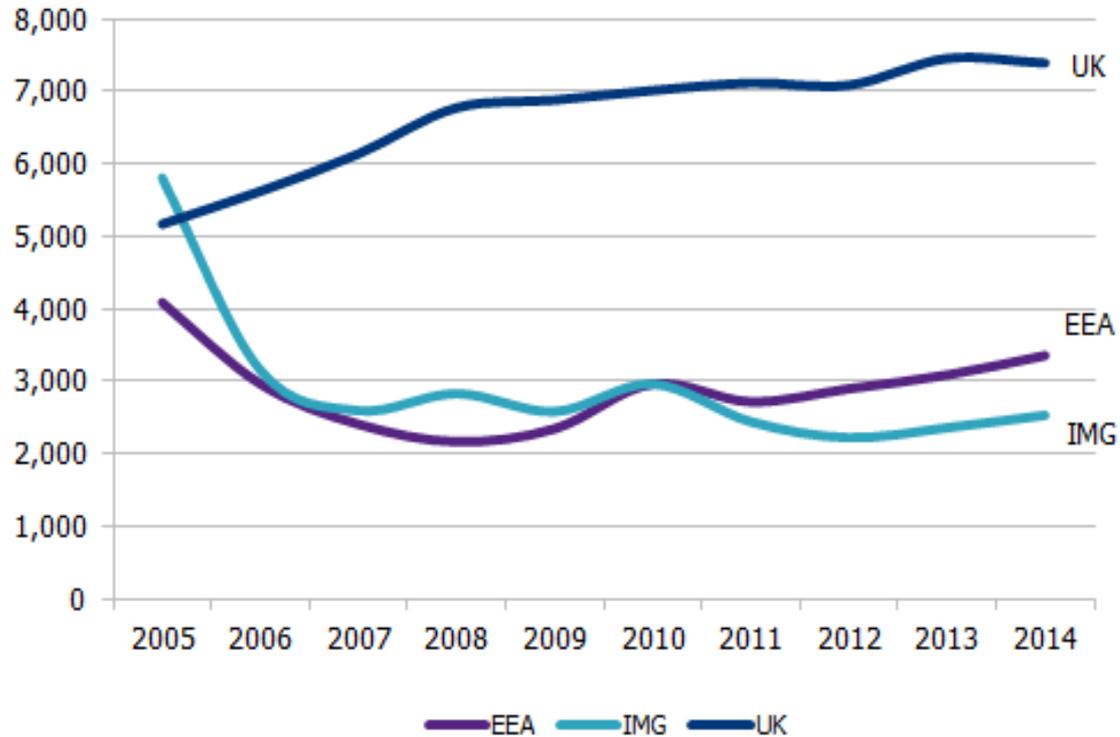
PMQ World Region	No. of doctors	%	No. of GPs	%	No. of Specialists	%
EEA (excluding UK)	29,376	11.0%	4,055	6.2%	14,051	16.8%
International	69,071	25.9%	10,879	16.7%	20,588	24.6%
UK	168,394	63.1%	50,038	77.0%	49,064	58.6%
Total	266,841	100%	64,972	100%	83,703	100.00%

An international UK medical workforce

WORLD REGIONS†		Doctors who joined in 2008		Doctors who joined in 2013	
		Number of doctors	% of doctors	Number of doctors	% of doctors
1	Southern Europe (EEA)	920	18%	1,840	33%
2	South Asia	1,483	28%	1,125	20%
3	Northwestern Europe (EEA)	575	11%	651	12%
4	Central Europe, eastern Europe and Baltic Countries (EEA)	675	13%	632	11%
5	Africa	576	11%	424	7.6%
6	Middle East	449	8.6%	320	5.7%
7	Oceania	97	1.9%	161	2.9%
8	South, Central and Latin Americas, and the Caribbean	91	1.7%	161	2.9%
9	Non-EEA Europe	158	3.0%	124	2.2%
10	Rest of Asia	130	2.5%	98	1.7%
11	Northern America	38	0.7%	50	0.9%
12	China	12	0.2%	33	0.6%
Total		5,204	100%	5,619	100%

GMC applications – macro trends and flows

Doctors added to the register by World Region of PMQ for 2005 to 2014

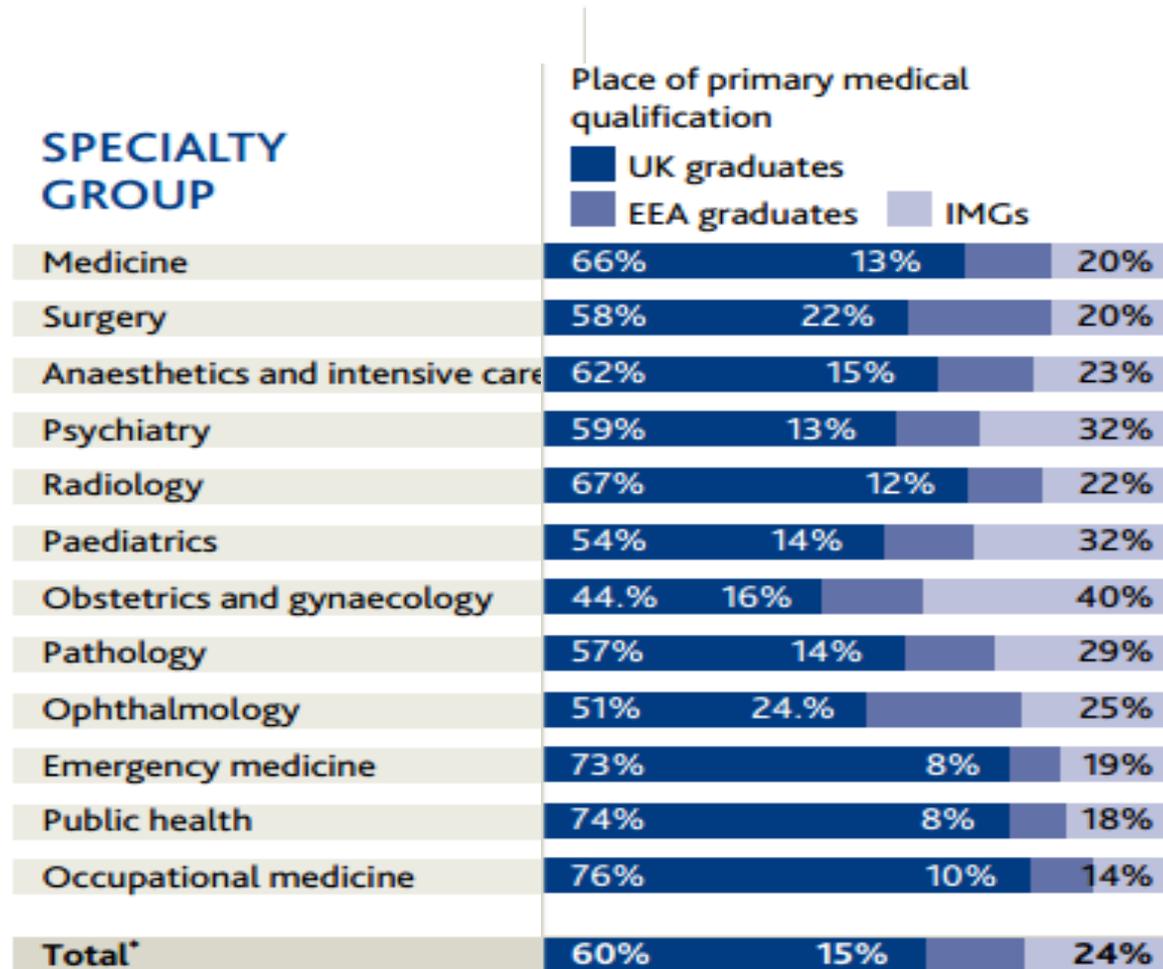


IMG vs EEA doctors – a shifting balance

		2010			2013		
EEA graduates	All	22,757	9.5%	19%	27,114	10%	
	BME	1,808	0.8%	32%	2,383	0.9%	
	White	14,801	6.2%	29%	19,099	7.4%	
	Unknown	6,148	2.6%	-8.4%	5,632	2.2%	
IMGs	All	66,024	28%	2.8%	67,844	26%	
	BME	41,332	17%	6.1%	43,860	17%	
	White	6,838	2.9%	4.9%	7,174	2.8%	
	Unknown	17,854	7.5%	-5.8%	16,810	6.5%	

The population of EEA graduates has grown by far more than that of UK graduates and IMGs. Despite this, EEA graduates were still only a tenth of all doctors in 2013, whereas IMGs represented a quarter.

Trends in medical speciality (2013)



Setting the scene – the European context

- Doctors are the most mobile profession in Europe
- New Freedom of movement legislation – EU law overrides UK law
- New UK government
 - Committed to UK renegotiation with EU ahead of in/out referendum by end of 2017
 - Workforce commitments in election manifestos
- Workforce challenges and shortages – any doctor better than no doctor?
- High profile fitness to practise cases and related information sharing / data protection challenges
- Ongoing EU trade negotiations with Canada and US (CETA/TTIP)
- Moral questions: brain drain east to west; our responsibilities for safe transition?

Why EEA doctors matter to the GMC

- In 2014 we **granted registration** to:
 - 3,959 EEA applicants – 88% of applications received
 - 3,427 for automatic recognition & 532 for general system
- In 2014 **10% of doctors on the GMC register were EEA graduates** and more EEA graduates joined the register than IMGs
- Non-UK graduates are **more likely to receive a complaint**
- Among white doctors aged over 50 years, **EEA graduates were over twice as likely to receive a sanction or a warning** as UK graduates.
- Non-UK graduates **more likely to have that complaint investigated** given its nature than UK graduates.

Recognition Directive and the GMC

Legally binding on UK with direct impact on:

- The Medical Act
- Our policies, operations & finances

- Governs the recognition rules of EEA doctors for both establishment and temporary & occasional practice
- Sets out two routes to recognition (automatic / general system)
- First adopted in the 1970s
- Revised in 2013 – new version must be implemented by Jan 2016

Provides legal definition of basic medical training (5 years or 5,500 hours) and some medical specialties

Risk of EU infraction if not implemented or complied with: UK government can bill GMC for infraction costs

Mandates exchange of fitness to practise information between regulators (both proactive and reactive)

Stipulates:

- recognition deadlines
- documentation requirements
- language requirements

Impact of the RPQ Directive on the GMC

Issue	2ndary EU legislation	Priority	Impact on GMC			
			R&R	R&QA	E&S	FtP
European professional card (EPC)	✓	H	✓	✓	✗	?
Partial access		H	✓	✗	✓	✗
Temporary and occasional provision		H	✓	✓	✗	✓
Common training frameworks/tests	✓	H	✓	✗	✓	✗
Fitness to practise alert mechanism	✓	M	✓	✓	✗	✓
Partial exemption for specialist training		M	✓	✗	✓	✗
Online administrative procedures		M	✓	✓	✓	✓
Language requirements		L	✓	✗	✗	✗
Compensation measures		L	✓	✗	?	✗
Annex V notifications	✓	L	✓	✗	✓	✗
Continuous Professional Development		L	✓	✗	✓	✗
Basic medical training		L	✓	✗	✓	✗

EEA Registration – Automatic System

Gastroenterology	
Minimum period of training: 4 years	
Country	Title
Belgique/België/ Belgien	Gastro-entérologie / Gastro-enterologie ^{[1][4]}
България	Гастроентерология *
Česká republika	Gastroenterologie
Danmark	Intern medicin: gastroenterology og hepatologi ^[2]
Deutschland	Innere Medizin und Schwerpunkt Gastroenterologie
Eesti	Gastroenteroloogia
Ελλάς	Γαστρεντερολογία
España	Aparato digestivo
France	Gastro-entérologie et hépatologie
Ireland	Gastro-enterology
Italia	Gastroenterologia
Κύπρος	Γαστρεντερολογία
Latvija	Gastroenteroloģija
Lietuva	Gastroenterologija
Luxembourg	Gastro-enterologie
Magyarország	Gasztroenterológia
Malta	Gastroenteroloġija
Nederland	Maag-darm-leverziekten ^[3]
Österreich	
Polska	Gastrenterologia
Portugal	Gastrenterologia
România	Gastroenterologie
Slovenija	Gastroenterologija
Slovensko	Gastroenterológia
Suomi/Finland	Gastroenterologia / Gastroenterologi
Sverige	Medicinsk gastroenterologi och hepatologi
United Kingdom	Gastro-enterology
Ísland	Meltingarlækningar
Liechtenstein	Gastroenterologie
Norge	Fordøysessykdommer

1. Application submitted
2. Recognition of qualification
3. *May ask for evidence of necessary knowledge of English**
4. ID Check
5. Grant registration with (or without*) a licence to practise

EEA Registration – General Systems

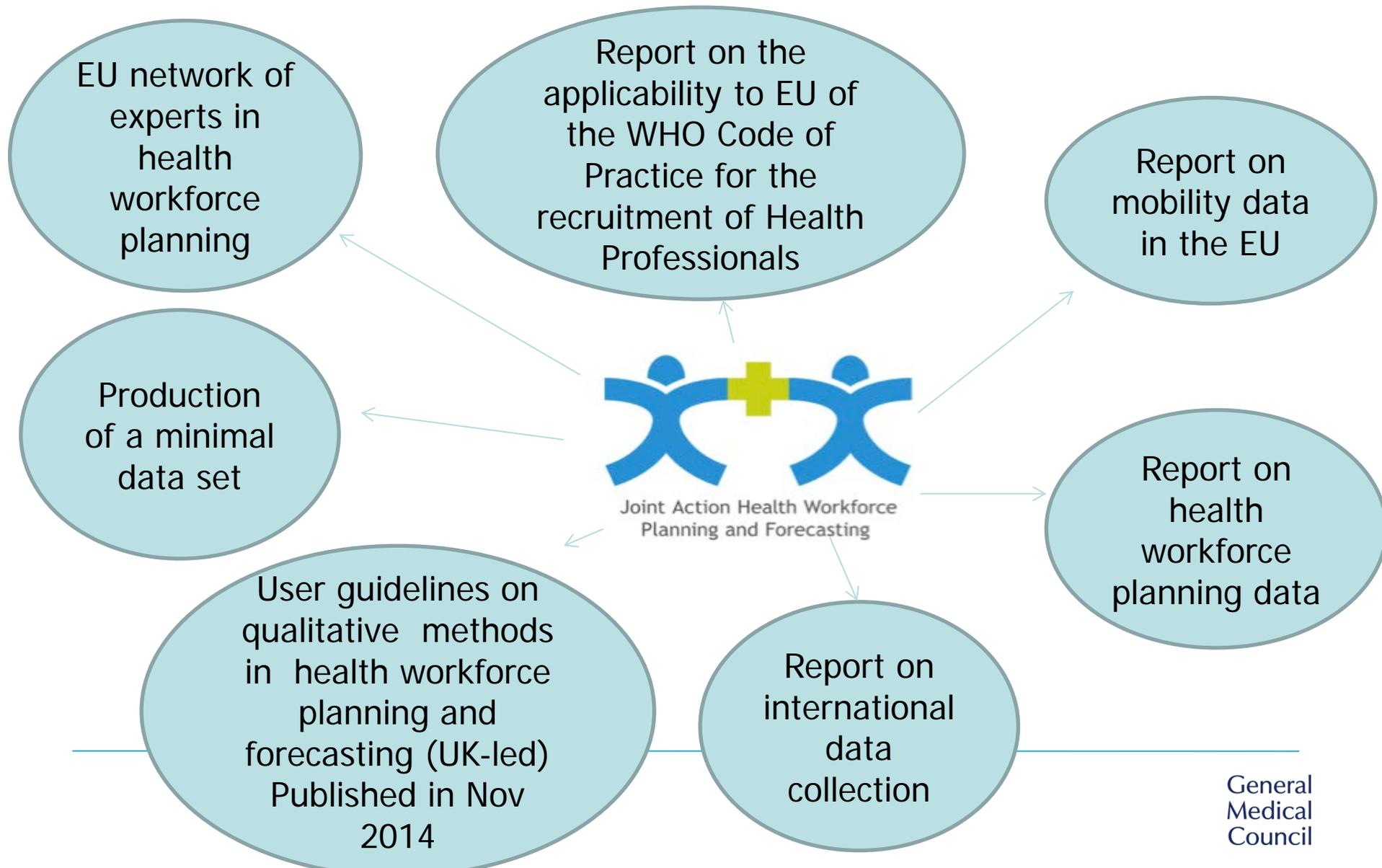
Gastroenterological surgery	
Minimum period of training: 5 years	
Country	Title
Belgique/België/Belgien	Chirurgie abdominale / Heelkunde op het abdomen *
България	Висцерална хирургия ^[1]
Česká republika	
Danmark	Kirurgisk gastroenterologi eller kirurgiske mave-tarmsygdomme** ^[1]
Deutschland	Visceralchirurgie
Eesti	
Ελλάς	
España	Cirugía del aparato digestivo
France	Chirurgie viscérale et digestive
Ireland	
Italia	Chirurgia dell'apparato digerente
Κύπρος	
Latvija	
Lietuva	Abdominalinė chirurgija
Luxembourg	Chirurgie gastro-entérologique
Magyarország	
Malta	
Nederland	
Österreich	
Polska	
Portugal	
România	
Slovenija	Abdominalna kirurgija
Slovensko	Gastroenterologická chirurgia
Suomi/Finland	Gastroenterologinen kirurgia / Gastroenterologisk kirurgi
Sverige	
United Kingdom	
Ísland	
Liechtenstein	
Norge	Gastroenterologisk kirurgi

- Qualification not listed in Directive, either at all or for UK
- Allowed to require attestations of the applicant's qualifications, competence and experience.
- Compensation measures?

How we contribute to 'safe' movement of EEA doctors

- Registration process for IMGs (e.g. PLAB test) and EEA subject to EU law
- Stronger language requirements for EEA doctors where concerns (equivalent standard raised for IMGs)
- New FTP category of impairment around ability to speak English
- Sharing FTP action with European and International regulators
- Welcome to UK Practice 'training' for EEA/IMG doctors
- Supporting HEE on their *Work, learn and return* programme, Royal Colleges MTI schemes and BMA 'new EEA/IMG doctors' initiative
- Engagement with Europe to influence legislation
- Engagement with wider European and international regulatory community community, through ENMCA and IAMRA
- Involved in EU joint action on health workforce (2013-2016)

EU joint action on health workforce 2013-2016



The future...

External

- Possible further EU enlargements
- Growing migratory flows from EEA countries
- Growth of medical schools abroad (many English taught programmes in Europe) and different quality assurance and accreditation systems
- Extension of European professional card to doctors
- Possibility of EU common training frameworks & tests for doctors
- Review of the Working Time Directive in 2016
- Growth of cross-border telemedicine services

Internal

- Strengthening of our PLAB exam for IMGs
- Applicability of any new UK National Licensing Exam to EEA doctors
- Extending our WTUKP offering

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Thank you

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