

The Academy of Medical Royal Colleges response to

Migration Advisory Committee call for evidence on the EEA workforce in the UK labour market

The Academy of Medical Royal Colleges

The Academy of Medical Royal Colleges (the Academy) is the coordinating body for the UK and Ireland's 24 medical Royal Colleges and Faculties. Its aim is to ensure that patients are safely and properly cared for by setting standards for the way doctors are educated, trained and monitored throughout their careers. Healthcare is complex and increasingly there are a number of issues where a cross-specialty perspective is needed. It is the Academy's job to ensure this work is carried out effectively and then implemented by policy makers, regulators and clinicians. This unique oversight gives it a leading role in the areas of clinical quality, public health, education, training and doctors' revalidation.

More information can be found at www.aomrc.org.uk

Background

The reality of the UK's exit from the European Union is accepted by the Academy and we are committed to working with the Government and arm lengths bodies to mitigate any negative impact it may have on patients as well as the whole health and social care system.

Royal Colleges have identified a number of areas which must be addressed as part of the Brexit negotiations. These include:

- Recognition of medical qualifications
- Maintaining medical research links and funding
- Continued cooperation on public health issues
- Reciprocal healthcare arrangements and
- Regulation of medical devices.

These, however, are technical issues. The Academy believes the greatest challenge will be the likely impact on the size and skills base in both health and social care. All levels of the health and social care system rely heavily on staff from the EU and could not operate effectively without them. This concern should also be considered in the context of current staff shortages which affects all specialities.

The exact shortfall of any given speciality faces changes from year to year, but, the current problem is particularly prevalent in General Practice and acute medicine. This problem is exacerbated by a general lack of 'boots on the ground', provided by nurses and allied healthcare professionals, which could be worsened by the threat Brexit poses to freedom of movement of people, if not sufficiently addressed in negotiations. NHS Digital, Health Education England and Colleges have data on workforce shortages and unfilled posts, and while the details are not outlined here, it is worth noting that this is the context in which we are working.

Overall, there has been a long-held belief within Colleges that the UK must train more doctors and healthcare staff. Following the referendum result, the need for the UK to train more health and social care staff has become critical.

European Economic Area (EEA) Migration Trends

All medical specialities depend on EEA and non-EEA workers to deliver services but there is no official data on the exact number of EEA workers within the NHS, their roles and where they are based. However, there are some sources of data, primarily from the General Medical Council (GMC), which show where a doctor obtained their Primary Medical Qualification (PMQ) and where they trained. NHS Digital also has some useful data and individual Colleges gather data about their members and fellows. Using these sources, we can identify how EEA migration trends affect the following medical specialities:

- Around 10% of doctors working in the NHS are from EEA¹ countries and 6.8% are citizens from the rest of the world²
- 20% of surgeons working in NHS were trained in the EEA with a further 20% trained in the rest of the world³
- 17% of dentists were trained outside the UK in the EEA and a further 11.4% in the rest of the world⁴
- The GMC estimates that around 24% of GPs practising in the UK were trained in the EEA.⁵ Using the GMC and their own data, the Royal College of General Practitioners estimates that approximately 2,137 GPs working in the UK trained in the EEA providing care to 3.5 million patients⁶

¹ General Medical Council, List of Registered Medical Practitioners – statistics, 2017. Available online via: http://www.gmc-uk.org/doctors/register/search_stats.asp

² House of Commons Library. *NHS staff from overseas – statistics*. April 2017. Available online via: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783#fullreport>

³ General Medical Council, *The State of Medical Education and Practice in the UK*. 2016. Available online via: http://www.gmc-uk.org/SOMEPEP_2016_Full_Report_Lo_Res.pdf_68139324.pdf

⁴ General Dental Council. *Annual Report and Accounts 2014*. Available online via: <https://www.gdc-uk.org/api/files/17290%20GDC%20AR%20ACC%202014%20R6%20WEB%20UD.pdf>

⁵ General Medical Council, *Our data about doctors with a European primary medical qualification, working paper 1, February 2017*. Available online via: http://www.gmc-uk.org/static/documents/content/2017.02.21_GMC_data_on_EEA_doctors_in_the_UK.pdf

⁶ RCGP. *Nearly 3.5 million patients at risk of losing their family doctor through Brexit, warns RCGP*. London: RCGP, 2017a. Available here: <http://www.rcgp.org.uk/news/2017/may/nearly-million-patients-at-risk-of-losing-their-family-doctor-through-brexit-warns-rcgp.aspx>

- Royal College of Anaesthetists data shows that 7% of their members received their PMQ in the EEA and a further 23% from the rest of the world⁷
- Only 53% of NHS psychiatrists working in hospital and community services are UK nationals. Since 2010 41% of doctors who were awarded membership of the Royal College of Psychiatry (MRCPsych) obtained their PMQ from outside the UK, 28% of them are from the EEA⁸
- 6.4% of paediatric consultants and SAS doctors obtained their PMQ in the EEA.⁹ The numbers of doctors in training in paediatrics who are EEA graduates was 200 (5.5%) in 2015¹⁰
- 13% of doctors working in anaesthetics and intensive care are EEA graduates¹¹
- The Royal College of Emergency Medicine (RCEM) conducted a voluntary online survey open to all Fellows and members. 348 Fellows and members responded. 21% were from the EEA, of the remainder 69% were UK nationals and 11% from the rest of the world.

There has been a decline in applications from EEA for some speciality training over the last two years. For example, the applicants for speciality paediatric training fell from 800 in 2015 to 743 in 2016 and 580 in 2017¹². This reflects a general trend; the GMC register shows a reduction in EEA doctors from 10.1% to 9.4% of all doctors in 2015. The number of EEA graduates joining the register in 2015 was 52.4% of the 2014 figure. While this decline predates the EU referendum, it is possible that the uncertainty relating to Brexit will worsen this situation as we approach full withdrawal. The GMC surveyed EEA nationals and 61% of those who responded claimed to be considering leaving the UK in light of Brexit.¹³ The RCEM survey also showed that a significant percentage, 39% of respondents, are considering leaving Emergency Medicine in the UK at some point and 46.5% said that the result of the EU referendum played a part in that decision. In addition, the Royal Colleges of Physicians census

⁷ RCoA Survey 2016, Q9. Please indicate where you received your Primary Medical Qualification. Base (5, 196), Data collected from 1-22 April 2016.

⁸ General Medical Council, *The State of Medical Education and Practice in the UK. 2016*. Available online via: http://www.gmc-uk.org/SOMEPEP_2016_Full_Report_Lo_Res.pdf_68139324.pdf

⁹ Royal College of Paediatrics and Child Health. RCPCH Medical Workforce Census 2015. 2017. Available online via www.rcpch.ac.uk/census

¹⁰ General Medical Council, *The State of Medical Education and Practice in the UK. 2016*. Available online via: http://www.gmc-uk.org/SOMEPEP_2016_Full_Report_Lo_Res.pdf_68139324.pdf

¹¹ General Medical Council, *Our data about doctors with a European primary medical qualification, working paper 1, February 2017*. Available online via: http://www.gmc-uk.org/static/documents/content/2017.02.21_GMC_data_on_EEA_doctors_in_the_UK.pdf

¹² Royal College of Paediatrics and Child Health. RCPCH Medical Workforce Census 2015-2017. Available online via www.rcpch.ac.uk/census

¹³ General Medical Council, *Our data about doctors with a European primary medical qualification, working paper 1, February 2017*. Available online via: http://www.gmc-uk.org/static/documents/content/2017.02.21_GMC_data_on_EEA_doctors_in_the_UK.pdf

shows that 21% of their members who qualified overseas plan to leave the UK in the next five years or are unsure of their plans.¹⁴

It is also worth noting the geographical imbalances in EEA migration. In general, London relies more heavily on EEA migrants than any other part of the UK. Research conducted by The Royal College of Psychiatrists shows that in June of this year, 38.3% of consultant posts were filled by non-EEA nationals, with the proportions ranging from 25.5% in the South West to 52.3% in the West Midlands. The Royal College of Paediatrics and Child Health states that on average 6.4% of their workforce are EEA but that percentage is significantly higher in certain locations, for example, Great Ormond Street Hospital, Kings College, Guy's and St Thomas', Chelsea and Westminster employ on average just over 11% EEA graduates as paediatric consultants. In addition, the Royal College of Physicians census shows that they have a greater number of members from the EEA working in South London (10%) compared to the North East (1.7%).¹⁵

Recruitment Practices, Training and Skills

All practising doctors must be registered with the GMC and have a licence to practise; there is no difference in the methods of recruitment for those from UK and EEA. The GMC recognises EEA qualifications. Non-EEA doctors must meet GMC requirements, as well as obtain the appropriate visa.

Workforce shortages across medicine means that EEA recruitment does not affect the employment of UK workers. A number of initiatives aimed at increasing the number of medical school places and specialists training have been put in place, but shortages remain. EEA graduates help fill training posts which cannot be filled by those from the UK alone. Any barriers to recruiting doctors from the EEA without sufficient contingency plans in place will have a negative impact on the ability of the NHS to deliver a high-quality service.

While the Academy is concerned about the impact Brexit will have on an already over-stretched workforce, it recognises that doctors from the EEA will in all likelihood, continue to be welcomed post Brexit because of their highly specialised and sought-after skills and expected contribution to the UK economy. However, consultants and other highly qualified professionals operating in the health and social care system will be unable to work effectively without a wide range of non-medical staff, particularly in social care. It is essential that assurance is given urgently to current EU staff over their right to remain and that the NHS is able to continue to recruit from the EU and beyond as deemed necessary.

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¹⁴ Royal College of Physicians, *2016–17 census (UK consultants and higher specialty trainees)*, 2017. Available online via: <https://www.rcplondon.ac.uk/projects/outputs/2016-17-census-uk-consultants-and-higher-specialty-trainees>

¹⁵ Royal College of Physicians, *2016–17 census (UK consultants and higher specialty trainees)*, 2017. Available online via: <https://www.rcplondon.ac.uk/projects/outputs/2016-17-census-uk-consultants-and-higher-specialty-trainees>