



Brexit: What does it mean for doctors?

Workforce statistics:

- > **9.3% of doctors** working in the NHS are from EU member states.¹
- > There are significant regional variances across the country. For example **1.7% of EU doctors work in the north east compared with 10.1% in south London.**²
- > Certain specialties are more reliant on EU doctors than others – for example, **11% of cardiology specialists, 13% of infectious disease specialists and 14% of neurology specialists** are from **EU member states.**³
- > **21% of doctors who qualified overseas** have told the RCP that they plan to leave the UK in the next five years or are unsure of their plans⁴ and **45% of EU doctors** currently working in the UK are **considering leaving the UK** following the referendum vote, with another **29% saying they are unsure.**⁵
- > **37%** of registered doctors gained their **initial primary medical qualification outside of the UK.**⁶ This rises to **42.1% for consultants.**
- > The top three reasons cited for considering leaving were the **UK's decision to leave the EU**, a **current negative attitude toward EU workers** in the UK and **continuing uncertainty over future immigration rules.**⁷ >>>

The impact

The lack of guarantees for doctors about whether they or their colleagues will be able to remain in the UK after Brexit compounds the challenges of an already demoralised workforce.^{8,9} It is likely that Brexit will make it harder for the NHS to recruit new doctors from the EU and the uncertainties about the future immigration system may leave EU doctors from member states needing to obtain visas to work in the UK.

The uncertainty of the government's planned approach to the UK's adoption, or otherwise, of current EU rules on working practices and the status of mutual recognition of EU and overseas professional qualifications is likely to increase workforce shortages and cause significant delays and uncertainty for individuals and organisations across the NHS.

The RCP's recommendations

The needs of patients must be paramount and leaving the EU cannot be allowed to put patient safety or the quality of care at risk. The UK must continue to welcome EU doctors to work in the NHS and provide urgent guarantees that EU doctors working in the NHS will be able to permanently remain in the UK following our exit from the EU.

The government must urgently clarify the future landscape for working practices and the approach for mutual recognition of EU and overseas professional qualifications.

The government must take the opportunity to ensure that effective systems are in place to allow the NHS to increase recruitment of doctors from overseas to meet rising demand, including growing the Medical Training Initiative*¹ by increasing the number of visas available. The government should seek to establish a scheme similar to the Medical Training Initiative for DfID or low and low-middle income non-priority countries, particularly those – such as Australia – that have similar training programmes to the UK and more doctors than training places. The government should also seek to establish a scheme to attract students from particular countries to study medicine on a Tier 4 student visa in the UK.

* The Medical Training Initiative (MTI) is a mutually beneficial scheme that provides junior doctors from all over the world with the opportunity to work and train in the UK, while giving trusts a high-quality, longer-term alternative to using locums to fill rota gaps.

References

www.rcplondon.ac.uk/brexit-workforce



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