



SUPPORT FOR THE HEALTH
WORKFORCE PLANNING AND
FORECASTING EXPERT NETWORK

EXPERT NETWORK 8TH WEBINAR – SUMMARY REPORT

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The contract is signed with the joint tender led by Semmelweis University (SU), and further partners are KU Leuven (KUL), the Italian National Agency for Regional Health Services (AGENAS), the Italian Ministry of Health (MDS) and the Standing Committee of European Doctors (CPME).

INTRODUCTION

On 18 March 2020, the joint tender [‘Support for the Health Workforce Planning and Forecasting Expert Network’ \(SEPEN\)](#) organised its eighth webinar for the expert network. This edition focused on *‘The impact of Brexit on health workforce planning’*. The webinar was moderated by Ms Sarada Das.

SUMMARY OF DISCUSSIONS

The United Kingdom is a hub for health professional mobility, with a long history of students, researchers and professionals moving in and out. Brexit will potentially disrupt these mobility patterns and impact health workforce planning both within the United Kingdom and the EU Member States. The SEPEN webinar presented examples of mobility, the perspective of professionals, and the implications for the health system in term of workforce planning. These insights were provided in an interview with Professor Raymond Galea as Head of the Maltese Postgraduate Medical Training Program, Mr Paul Laffin, who is EU Public Affairs Manager at the British Medical Association, and Ms Kate Ling, the Senior European Policy Manager at the NHS European Office for the NHS Confederation.

To set the scene, Prof. Galea outlined the historic ties between Malta and the UK which have led to a close cooperation also in medical training. The absence of a language barrier is a major facilitator. The Maltese framework of training closely mirrors the UK structures. Since 2008, Malta has been affiliated with the UK foundation programme which enables cross-border practical training that is recognised in the home country for registration purposes. There are also exchange opportunities in post-graduate training, for example junior doctors from Malta’s training hospital can complete part of their specialisations abroad to enable knowledge transfer. The UK is a popular destination, although Belgium, Italy and Germany are also frequent partners. Brexit has impacted on these ties and Malta has invested many efforts in ensuring that cooperation can continue. Malta is hopeful that medical doctors will continue to be able to work in the UK, however there are more question marks regarding the recognition of Maltese doctors’ qualifications in the UK post-Brexit.

To add the perspective of EU/EEA trained doctors working in the UK to the discussion, Paul Laffin presented data collected by the General Medical Council and British Medical association (BMA)¹. Pre-Brexit, 8.9% of the medical workforce in the UK consisted of EU/EEA trained doctors, in total around 22 000 doctors. There is a wide variation across medical specialties in terms of how large a percentage of the total workforce is EU/EEA trained, ranging from around 5% in general practice to 24% in ophthalmology. In terms of geographic distribution, many work in Northern Ireland, mostly doctors trained in Ireland; England is also a popular destination. Doctors mainly come from Greece, Romania, Italy, Germany and Ireland. There is less data on EU nationals in medical studies, but there are estimated to be around 3 000. As regards UK trained doctors working in the EU, it is estimated that there are around 1 000 doctors working abroad, of which approx. 700 work in Ireland. As to students, a rough estimate is around several hundred mostly believed to be studying at English language medical schools in the EU. The British Medical Association has opposed Brexit throughout due to its negative impact on the medical profession and patients.

¹ Please find all data here: <https://www.nhsconfed.org/resources/2020/02/uk-eu-negotiation-mandate>

As these numbers demonstrate the important role EU/EEA trained doctors play for the provision of healthcare in the UK, Kate Ling was invited to report how the health system is preparing for impact of Brexit on health workforce and system planning. The NHS Confederation representing the organisers and providers of health services, has been pursuing two main activities. First, it started early on in the Brexit process to inform the UK government of the impact of different models of future cooperation between the UK and the EU will have on the health system, modelling the differences between EEA style relations, EU-Canada like free trade agreements or even a no-deal scenario. In broader coalitions of stakeholders which the NHS Confederation chairs, it seeks to analyse and prepare all dimensions of healthcare, including the health workforce, for the post-Brexit challenges and bring its activities into the political process². The second important task is advising NHS Confederation members on the retention of EU/EEA trained staff. On the one hand, Ms Ling reported that so far there is no mass exit of EU/EEA trained professionals already working in the UK. On the other hand she shared data that indicates that there is already a decrease in the successful recruitment of EU/EEA trained nurses for example, who are likely discouraged to come to work in the UK due to the uncertainty as regards their future rights. While it is difficult to isolate the impact of Brexit from other factors, it is anticipated that this trend will continue unless the legal situation of professionals and their families is clarified. In terms of mitigation measures, Ms Ling presented several policies, some of which are part of longer processes initiated before Brexit. One example is the progression towards self-sufficiency by upscaling the number of UK trained medical and nursing staff. However, recruitment from non-EU countries such as India continues as a mid-term solution. The NHS is furthermore discussing the reorganisation of care, for example promoting advanced practice and creating new roles for practitioners. On a related note, Ms Ling also highlighted the social care sector's ability to recruit and retain staff, which may have a spill-over effect for the health system.

To shed more light on the reaction of EU/EEA trained doctors, working in the UK, Mr Laffin shared the outcomes of a BMA survey among 2000 of its EU/EEA trained members. One third of respondents indicating that they are considering leaving the UK, i.a. due to the uncertainty Brexit has created. However, they may not return to their home Member State, but another higher paying Member State or even a third country such as Australia due to even more attractive working conditions. The members surveyed are currently being re-contacted to see how views have changed during the process. First results confirm the feeling of uncertainty around their rights to work and the situation of their dependents. This affects in particular those who travel between the UK and another Member State, a mobility flow which contributes to knowledge transfer. Students are very concerned about the future recognition of professional qualifications should they graduate after the transition period and thus be treated as third-country nationals, with some respondents indicating that in absence of easy mobility to the EU, higher paying countries e.g. in North America are equally attractive, thus endangering the future supply of doctors to the whole of the EU. For researchers, there is not only the problem of working in the UK (17% of researchers are EU/EEA trained), but also the question of access to research funding. The UK hosts the only 5 European institutions in the global top 20 ranking of research institutions.

² As an example of stakeholder coalition action, please find here a publication by the Brexit Health Alliance:
<https://www.nhsconfed.org/resources/2020/02/uk-eu-negotiation-mandate>

These insights were followed by an open discussion with participants. Participants asked about compliance with arrangements around residency and immigration requirements for EU/EEA citizens in times of COVID-19. It was agreed that this needs to be clarified, as the examples collected in the BMA survey show the personal experience of Brexit is varied and requires detailed solutions. Participants also picked up on the discussion on on-going reforms around new roles and advanced practice, nurse prescribers and nurse associates were mentioned as concrete examples, alongside recast teamwork with pilots in which patients are referred to pharmacists rather than doctors in certain cases³. The NHS People Plan presents the reform objectives. The experts were asked to highlight their main priorities for the Brexit negotiations. The BMA will be calling for the closest possible replication of today's laws on mutual recognition of professional qualifications, to allow workforce needs to be met and medical training to continue. There also need to be suitable mobility arrangements for health professionals and their families to live, work, and access to social security. To ensure patient safety, the UK should continue to participate in the alert mechanism which allows competent authorities to inform each other about restrictions on individual doctors' fitness to practice.

The priority for Malta is post-graduate training, since the specialisation exchange also prompted many Maltese graduates to stay in the UK, a trend which the introduction of the foundation programme rolled back. In cooperation with Health Education England, circular migration has been encouraged, with the Maltese Medical Council issuing the final certificate to returning junior doctors. Brexit now endangers this mobility, and there are efforts to uphold cooperation with UK, but also Ireland and centres in Italy. In this context, participants underlined the importance of implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel. Ms Ling confirmed that UK employers are expected to respect the code and NHS Employers monitors which recruitment agencies comply.

This lively exchange was concluded by Ms Das, who thanked all speakers and participants for taking the time to join despite the difficult situation caused by the COVID-19 pandemic. The next SEPEN webinar will take place in the summer.

³ Please find more information here:

<https://www.hee.nhs.uk/our-work/nursing-associates>

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice>

<https://www.hee.nhs.uk/our-work/mental-health/new-roles-mental-health>

<https://www.hee.nhs.uk/our-work/mental-health/new-roles-mental-health/physician-associates-in-mental-health>