General Medical Council

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Professor Dame Carrie MacEwen

Chief Executive and Registrar
Charlie Massey

Dear Ramesh

Thank you for your letter of 22 March 2025.

I acknowledge and understand your concern for the well-being of overseas doctors coming to work in the UK. Not all of them, of course, take PLAB, although this is the most common route to registration for international medial graduates (IMGs).

I want to stress at the outset that the GMC has no role in the recruitment of doctors, whether UK-qualified or internationally trained, in either the NHS or the independent sector. We have a legal duty to provide routes to registration for IMGs who wish to practise in the UK and our role is to ensure that we only register those doctors with the necessary knowledge, skills and experience to safely treat patients.

However, I do share your concerns around the challenges facing some IMGs in terms of their employment prospects in the UK once they gain registration. I want to assure you that we take our responsibilities towards prospective applicants seriously and that we have taken steps to promote awareness of these issues among this group of doctors. We are also working with system partners and using our influence to help address issues around the lack of available training posts in the NHS and the shape of post-qualification training and education more broadly.

Overseas doctors and UK job opportunities

The GMC welcomes registration applications from overseas doctors. We want them to thrive and be happy working here, and to add value to our health services.

Applying for GMC registration, by whatever route, will always represent a considerable personal challenge for every individual. That, of course, can only be made more difficult if there's a significant mismatch between the number of doctors and the availability of substantive and training posts. We do recognise that. At the same time, it has to be for the individual doctor to weigh all the aspects of

their situation pragmatically and make the best judgement they can as to whether pursuing medical practice in the UK is the right career choice for them.

It's important that they are helped to make a fully informed choice, which is why we provide <u>advice</u> to doctors thinking of applying. Among other things, we say that prospective applicants should check out job opportunities **before** they apply. We do not hold information about job opportunities in the NHS, so our guidance signposts prospective applicants to organisations that can help them inform themselves about job opportunities and about other essential practical matters. The GMC doesn't have a role in the recruitment of doctors either to training posts or to employment positions, whether in the NHS or outside it. So matching registrants to posts, even in a general way, is not something we have any standing to do.

To support overseas doctors in making a smooth transition to UK practice, we recognise the importance of an effective induction. We champion best practice in induction and offer <u>Welcome to UK practice</u> workshops to overseas doctors. In 2022, we collaborated with NHS England to produce the <u>Welcoming and valuing international medical graduates</u> guidance. And, since its publication, we have engaged with leaders and employers across the four countries to embed these standards and made a call to action for the NHS across the UK (and Health and Social Care in Northern Ireland) to mandate this guidance.

Demand for PLAB

With regard to PLAB, I'd like to clarify that capacity for this is driven by demand. I don't think it's for us to turn away those who wish to work in the UK, if they are qualified, eligible and can show they meet our standards. And nor can we use our registration processes as a mechanism for regulating doctor numbers. Strategic workforce planning falls within the remit of the four UK governments and the NHS. There are also issues here about the right to work in the UK, and access to job markets, which are outside our remit.

Training places

We know that there are particular pressures on training posts and that this affects both UK-qualified and IMG doctors. So both sets of doctors have legitimate concerns here.

As a regulator, our main role is to ensure that all those in training meet the relevant standards, and we will of course work within any legislation to ensure that our high standards continue to be observed. This must also include standards for fair and transparent recruitment to training posts.

There is, however, a broader challenge to all stakeholders across the system to make education and training accessible to more doctors. We are considering options for this as part of <u>our vision for the future of medical education and training</u>. Among other things, we are looking at how training opportunities can be increased and made accessible to a much wider range of doctors, which we hope would address the competition that currently exists for such opportunities.

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But to make this happen there needs to be a significant increase in the number of educators, as well as support for them to deliver training. We would also encourage national bodies to look for opportunities to address issues around availability of posts, including identifying the less subscribed specialties, and so help provide better information to applicants for specialty training.

Achieving these and other objectives will require a concerted system-wide approach, and there are a number of areas in which action will be needed from others, such as educators' representatives, UK governments, regulators and statutory education bodies. For our part, while we're not in a position to provide immediate or complete solutions on our own, we will continue to share our insights and work in partnership with others to improve the experience for all doctors seeking to move forward effectively in their chosen careers.

Thank you once again for writing to me about these complex issues, which I know are of concern to many. I hope this is helpful.

Yours sincerely

Charlie Massey

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