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RESPONSE OF: The Royal College of Psychiatrists in Scotland

RESPONSE TO: Impact of leaving the European Union on health and social care in Scotland

This response was prepared by the Royal College of Psychiatrists in Scotland. The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

The Royal College of Psychiatrists in Scotland would like to make the following general points with regard to the Health and Sport Committee's enquiry into the impact of leaving the European Union (EU) on health and social care in Scotland.

Psychiatry is a medical speciality in high demand and short supply, and Brexit poses significant workforce issues in terms of recruitment, training and retention. The UK's departure from the EU puts levels of funding into mental health research in the UK at risk, and creates issues concerning devolved legislation and regulatory alignment.

There is a growing concern if EU trained psychiatrists were to leave in significant numbers, there would be many unfilled psychiatric trainee posts, and a fall in the number of consultant psychiatrists. Existing skills shortages across the psychiatric profession are likely to be exacerbated if there is an outward migration of EU and European Economic Area (EEA) psychiatrists.

There are clear pressures on the number of practicing psychiatrists across the UK. According to the latest data, 44.6% of licensed doctors specialising in psychiatry are from outside the UK.¹ There was a 2.7% fall in the number of licenced doctors from the EEA registered in psychiatry between 2011-2015.² As some medical specialities are already struggling to fill vacancies, any fall in the number of psychiatrists is significant. Child and Adolescent Mental Health Services (CAHMS) across the UK have struggled to fill vacancies. It is vital psychiatrists from the EU who are presently working in the UK are granted right of residence from the UK Government before the transitional period is over.

The UK's departure from the EU is likely to have a negative effect on the numbers of doctors training in psychiatry. Psychiatry has the highest proportion of doctors from outside the UK of any training programme, and 41% of trainee psychiatrists across the UK come from abroad.³ There has also been a sharp downward trend in the number of EEA doctors training in psychiatry. A fall in the number of EU trained psychiatrists has the potential to intensify workforce issues across the UK. Scotland also faces growing demographic challenges which the UK's withdrawal from the EU may worsen. An increase in the number of people of pensionable age will reduce the working age population, and is likely to correspond with an increase in the incidence of age-related illnesses.

Given downward trends in the number of doctors training to become psychiatrists, as well as the dependency psychiatry has on non-UK doctors training and practicing, it is vital a retention and recruitment strategy for the health and social care sector in Scotland is published. The Scottish Government's Mental Health Strategy should also consider the potential pressures placed upon psychiatric practice due to the UK's withdrawal from the EU.

Doctors' existing qualifications will be recognised across EU member states after Brexit. However, there is no guarantee additional qualifications gained in the future will be mutually recognised across EU and EEA states. Currently, the UK's Medical Act 1983 must comply with the EU Directive 2005/36/EC on the

¹ https://www.gmc-uk.org/GMC_SOMEPEP_2016_Reference_tables_about_the_register_of_medical_practitioners.pdf_68101182.pdf

² https://www.gmc-uk.org/GMC_SOMEPEP_2016_Reference_tables_about_the_register_of_medical_practitioners.pdf_68101182.pdf

³ https://www.gmc-uk.org/GMC_SOMEPEP_2016_Executive_summary.pdf_68137466.pdf

recognition of professional qualifications. This piece of European legislation provides doctors – who have trained in the EU – with a legal guarantee their qualifications will be recognised in all EU member states and EEA countries. For doctors working and carrying out research across several European countries, the ease with which they will be able to work and research is likely to be reduced. To prevent issues with the recruitment and retention of psychiatrists, it is fundamental that the rules of the Directive are still adhered to across the UK, EU and EEA member states. The Scottish Government must lobby the UK Government and the General Medical Council (GMC) to ensure that all EU and EEA qualifications are recognised as equal to UK qualifications.

It is also vital the UK Government extend the Medical Training Initiative (MTI) to 36 months. We recommend the Scottish Government exert pressure on the UK Government to lift the cap on the number of doctors who can benefit from this approved Tier-5 exchange scheme. This scheme allows doctors from overseas to train with the NHS before they return to their home countries. By reviewing the cap level, the UK Government would demonstrate it is committed to recruiting more non-UK doctors.

The UK carries out more mental health research than any other EU country, and is presently one of the main recipients of Horizon 2020 funding. For innovations in mental health policy, it is vital funding of mental health research is not reduced, particularly when funding into mental health research is comparatively lower than other areas of scientific research. For example, UK funding for mental research is approximately 22 times lower than cancer.⁴ UK institutions lead on ten mental health related flagship collaborative research programmes with EU institutions, and the EU invests more than £24m into mental health research. The UK's departure from the EU jeopardises access to EU funding for mental health research. It is therefore imperative that funding for scientific research into mental health is safeguarded in Scotland and across the UK.

Brexit also poses questions relating to the regulatory alignment of medical technologies and medicines. The UK Government has so far failed to articulate an alternative UK-based regulatory structure to the European Medicines Agency (EMA). Although goods placed on the market before the withdrawal date will not need to be modified or relabelled, there is a concern the UK will face delays in acquiring new medicines, like the limits faced by Norway as a member of the EEA. It is crucial the UK Government ensures the Medicines and Healthcare products Regulatory Agency (MHRA) establishes safety standards commensurate with the standards of the EMA.

If our members can communicate with patients sufficiently in a clinical capacity, their right to remain in the UK should not be put in doubt by further English language tests. The GMC already assesses whether international medical graduates and European doctors have an acceptable knowledge and standard of English. Doctors must provide evidence they can communicate effectively with patients in English before they are granted a licence to practice in the UK.

⁴ MQ, *MQ Manifesto for Mental Health*, (2016), p.6

There are issues relating to the devolution of powers and the Scotland Act 1998. Clause 11 of the EU Withdrawal Bill has the capacity to undermine the implementation of health and social care policies in Scotland. Clause 11 means Scottish Parliament's ability to legislate over devolved issues may be brought under the discretion of Westminster MPs, who can decide whether specific laws should be devolved. Specifically, we would like to highlight the issue that the UK's withdrawal from the EU poses to the Mental Health (Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2017. Under these regulations, mental health patients from across EU member states who are not subject to a detention requirement can be transferred into Scotland. Clarity must be provided over how these regulations will be affected by Brexit.

We also have concerns about how Scottish jurisprudence will operate after Brexit. The laws which govern public bodies in Scotland are currently underpinned by the European Convention of Human Rights. Domestic legislation such as the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2000 are situated within a devolved legal framework, which must be compatible with European human rights law. It is vital Scottish jurisprudence is not disrupted by the UK's withdrawal from the EU.