

Review

# The Registration of Medical Graduates from Eastern European Union Countries with the General Medical Council (GMC) and the Medical Council, Ireland

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## ABSTRACT:

The purpose of this study was to identify the number of medical graduates registered with the General Medical Council (GMC) between 1990 and 2005, whose initial training was in Eastern Europe and who came from universities which have subsequently developed an “English Parallel” course and are now within the European Union (EU). A similar exercise was undertaken with graduates registered with the Medical Council, Ireland.

Between 1990 and 2005 one thousand six hundred and fourteen (1614) doctors, who had trained in the selected universities from Eastern Europe, registered with the General Medical Council (GMC) in the United Kingdom (Table 1). The Register of Medical Practitioners for Ireland as at 1st July 2005 was also scanned manually to identify graduates from these countries who were registered in Ireland. Sixty four such graduates were identified of whom 6 qualified before 1990 and 5 were in their internship year. The study suggests that since 2000 younger graduates who sought training in Central and Eastern Europe are returning to the UK shortly after graduation to register and start clinical training.

## INTRODUCTION:

During the last twenty years there has been a significant growth in the training of overseas students especially within the European Union. As part of its drive to create a European identity, the European Union (EU) has long been committed to the principles of mobility between member countries and common recognition and equivalence of qualifications. This study will concentrate on English Parallel courses, which embody many of these principles. The recent emergence of comparable schools at Pavia and Milan in Italy and Groningen in the Netherlands gives some urgency to the need to understand the magnitude of these training programs as well as the needs of students studying outside their home country. It also raises questions about the need to develop integration programs for such graduates when they return to their home communities to practice.

The purpose of this study was to identify the number of medical graduates registered with the General Medical Council (GMC) between 1990 and 2005, whose initial

training was in Eastern Europe and who came from universities which have subsequently developed an “English Parallel” course and are now within the European Union (EU). A similar exercise was undertaken with graduates registered with the Medical Council, Ireland. At present we have limited understanding of the magnitude of the training of British citizens in the European Union and so of its potential impact on job opportunities within the UK.

## METHOD:

The General Medical Council of the UK and the Medical Council of Ireland were asked to provide a list of the names of graduates together with their year of registration from:

Czech Republic:	Charles University, Prague Palacky University Olomouc Masaryk University Brno
Slovakia	Pavol Jozef Safarik University, Kosice Comenius University, Bratislava
Poland	Uniwersytet Medyczny, Lodz Bialystok Akademia Medyczna Akademia Medyczna im. Karola Marcinkowskiego W. Poznan Jagiellonian University Krakow Akademia Medyczna w Gdansku Medical University of Silesia, Katowice
Hungary	University of Pecs Medical School University of Szeged Debreceni Orvostudományi Egyetem
Estonia	Tartuskskogo Universiteta

These data were made available as a computer print-out. Similar data were extracted from the Register of the Medical Council of Ireland, which was available as a compact disk. <sup>1</sup>

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Data were analysed by country, date of graduation and date of registration. Statistical comparisons across time periods and between British and Irish registrants were performed using Arcus Quickstat software.<sup>2</sup> The comparison of rates and proportions used by this software depended upon tests developed by Fleiss.<sup>3</sup>

## RESULTS:

Data were collected from two sources – the General Medical Register of the United Kingdom and the Medical Register of Ireland. This allowed a comparison of registration of Eastern European graduates in two separate English speaking jurisdictions.

Between 1990 and 2005 one thousand six hundred and fourteen (1614) doctors, who had trained in the selected universities from Eastern Europe, registered with the General Medical Council (GMC) in the United Kingdom (Table 1). Most English parallel courses started after 1994. The courses are generally 6 years in duration, although some are 5 years. The impact of such courses can, therefore, be seen from 1999 or 2000. In 2004 these countries became members of the EU and registration with the GMC no longer required applicants to have taken the Professional and Linguistics Assessments Board (PLAB) examination.

TABLE 1:

*Graduates from Selected Eastern European Countries who qualified between 1990 and 2005 and were registered with the General Medical Council or the Medical Council in 2005.*

Country	University	Number of Graduates	
		UK	Ireland
Czech	Prague	385	16
	Olomouc	86	3
	Brno	48	2
Slovakia	Kosice	72	3
	Bratislava	176	13
Poland	Lodz	104	3
	Bialystok	51	2
	Poznan	45	2
	Krakow	77	7
	Gdansk	133	2
	Katowice	115	3
Hungary	Pecs	175	4
	Szeged	58	0
	Debreceni	95	1
Estonia	Tartu	27	1

The Register of Medical Practitioners for Ireland as at 1st July 2005 was also scanned manually to identify graduates from these countries who were registered in Ireland.<sup>1</sup> Sixty four such graduates were identified of whom 6 qualified before 1990 and 5 were in their internship year. Of the 58

physicians who qualified after 1990, 28 registered with the Medical Council, Ireland in 2004 and 30 in 2005. Of these doctors 3 had typical British or Irish surnames. Two qualified from Charles University in Prague in 2002 and 2004. Both registered in 2005 and 2004 respectively. The third qualified from Palacky University, Olomouc, Czech Republic in 2003 and registered in 2005.

Charles University has one of the longest running English parallel courses amongst this group of universities. Its first graduates from these courses were in 2000 with 31 people registering with the GMC. Since that date, on average, about 40 people have registered each year. During a comparable period, from 2000 to 2005, there have been only 6 registrants from the University of Tartu in Estonia. Its English parallel course was only initiated in 2006 and so these registrants will have received their training in the medium of Estonian.

In an attempt to discover which graduates were on English parallel courses those with English sounding surnames and first names were identified and those qualified between 1994 and 1999 compared with those qualified in the six year period from 2000 to 2005 (Table 2). In the earlier period there were 18 such graduates compared with 27 in the latter period. Of these 27 data were available for 26, the other doctor working under supervision. The median duration from qualification to registration with the GMC was 7 years for those who qualified between 1994 and 1999. For those qualified after 2000 the median interval was 1 year. A Mann Witney comparison showed that this difference was highly significant with  $p < 0.0001$  adjusted for ties. This corresponds with the significant increase in registrations which followed the entry of the selected countries into the European Union in 2004. Of the 18 graduates from before 2000, nine were on a specialist register compared with one from 2000 onwards. These proportions are significantly different ( $z = 3.5$ , two sided  $p < 0.0004$ ).

TABLE 2:

*Doctors registered with the GMC during the periods 1994 – 1999 and 2000 – 2005 with an English sounding name and who were graduates of selected universities from the Eastern part of the European Union*

*This table excludes British citizens with Asian surnames, who were students in Eastern Europe. Citizens of other countries with Asian surnames cannot be distinguished from this publicly available data.*

Specialty	Qualified before 2000	Qualified after 2000
General Practice	5	0
Cardiology	1	0
Neurology	1	0
Obstetrics & Gynaecology	1	0
Trauma & Orthopaedics	1	0
Anaesthesia	0	1

They suggest that since 2000 younger graduates who sought training in Central and Eastern Europe are returning to the UK shortly after graduation to register and start clinical training. For the earlier graduates general practice was the most frequently chosen specialty.

TABLE 3:

*Entries on Specialist Register of Doctors with British Style Surnames who qualified in Eastern Europe*

Country	University	Number of Graduates	
		1994 – 99	2000 - 05
Czech	Prague	5	14
	Olomouc	0	7
	Brno	1	0
Slovakia	Kosice	3	0
	Bratislava	3	1
Poland	Lodz	0	0
	Bialystok	0	0
	Poznan	0	2
	Krakow	0	0
	Gdansk	4	0
	Katowice	1	0
	Hungary	Pecs	1
	Szeged	0	1
	Debreceni	0	1
Estonia	Tartu	0	0
Total		18	27

Forty eight per cent of registrants with the General Medical Council had qualified in either the Czech Republic or Slovakia. Fifty eight per cent of registrants with the Medical Council, Ireland had originally qualified in one of these two countries ( $z = -1.6$  n.s.). Of the 1614 Eastern European graduates who registered with the General Medical Council 45 had an English/Irish style surname. Of the 64 graduates who registered with the Medical Council, Ireland 3 had English/Irish style surnames. A comparison of these proportions, using a z test, showed no significant difference ( $z = -0.89$  n.s.) If graduates from Charles University, Prague are examined then of 385 registrants with the GMC 19 had an English/Irish style surname, compared with 2 of 14 in Ireland. Again comparison between these two proportions showed no significant difference ( $z = -1.5$ , n.s.). The level of specialist practice was similar amongst those with English/Irish surnames in both the United Kingdom and in Ireland ( $z = 0.9$ , n.s.).

The British and Irish Registers were examined for graduates of Central and Eastern European Universities with English Parallel courses as documented above. In order to ensure accuracy of data collection the exercise was carried out on two separate occasions. In addition to identifying all graduates from these universities the data were scrutinised for registrants with English, Welsh, Scottish and Irish surnames,

including those of South Asian origin. When doubt existed about the origins of a surname it was checked against “British Isles Surnames”.<sup>4</sup> Although a number of British citizens have Asian studies these were excluded from the final stages of analysis as the data available did not allow a decision as to the nationality of the graduate. This weakened the results and means that the figures underestimate the true number of British citizens who have either trained or are training on English Parallel courses.

**DISCUSSION:**

Between 1990 and 2005, one thousand six hundred and fourteen doctors, who had trained at a university with an English Parallel course, registered in the UK. Of these, at least 45 were British citizens, 19 of whom trained at Charles University, Prague. In 2004, there was a surge in the number of registrations, but the increased level appears to continue at a higher rate with the inclusion of Central European countries in the EU. In addition, there was a significant reduction in the time between graduation and registration – falling to one year or less. The findings from Ireland confirm this dramatic growth in registrations after 2004 with all Irish citizens registering after that date.

This study of registration data confirms that with the entry of countries from Central and Eastern Europe into the EU the number of people training on English Parallel courses who have registered in Britain or Ireland has dramatically increased and these numbers are likely to continue. At the time of this survey the majority of students trained in Prague. However, during the last decade the number of English Parallel courses has increased and the output from these schools is likely to contribute to the number of doctors registering and working in the UK and Ireland.

The main sources of unreliability in this study are the source of the data and the identification of graduates as of British or Irish origin. The data were only available from the two registration authorities and there are no independent ways of confirming these data. The Medical Annual is an independent list of doctors working in the UK but inclusion in it is voluntary. Lists of graduates from English Parallel courses would not provide evidence of registration. In contrast all practitioners must be registered with the national licensing body and so these lists are likely to be comprehensive.

Prior to 2004 students from English Parallel courses were required to take the PLAB route to registration. As part of this requirement prospective registrants were exposed to a range of training programs which introduced them to UK practice. At present these graduates can move directly into clinical practice without any preparatory introduction to British or Irish medicine. In the past most graduates from English Parallel courses went into general practice and if this trend continues such introductory training would be particularly useful.

One reason students chose to train on English Parallel courses is because they failed to achieve the requisite grades for

admission to a British or Irish medical school. There is some irony in this situation when one considers that Ireland actively recruits rejects from Canadian medical schools.<sup>5</sup> In addition, the UK recruits a significant number of fee-paying overseas students, with British citizens training in Europe only to enter practice in the UK.

Clearly the rationale behind European medical training has to be reviewed. The EU wishes to promote and support professional mobility and this can be seen, to some degree, with the movement of French general practitioners to the London area.<sup>6</sup> Perhaps formal links should be developed between medical schools in the East and West and the North and South of Europe. During their training program medical students would be expected to spend two semesters away from their home school, one would be in the East West pairing and the other in the North South pairing. Such an approach would encourage linguistic skills, demonstrate a range of approaches to clinical care and the provision of health services as well as engendering an European identity

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