

Has Brexit affected the UK's medical workforce?

How have the numbers of doctors in the NHS who come from the EU and the European Free Trade Association changed since the Brexit referendum in 2016? And do certain specialties face particular problems? Martha McCarey and Mark Dayan take a closer look at what's happened since the vote.

Long read

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Research by the Nuffield Trust evaluating the impact of Brexit on the UK workforce previously focused on decreases in the numbers of EU workers in nursing and in social care. In these professional groups, large workforce shortages are a long-

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certain specialties faced particular problems – a real risk in a workforce where a surgeon is of little help for a shortage of anaesthetists.

Disparate impacts

We selected four specialties with known ongoing recruitment and retention issues, where staffing data also show a proportionately high number of staff from the EU and from the European Free Trade Association (EFTA) countries also subject to the free movement of labour before Brexit (Norway, Iceland, Switzerland and Liechtenstein). These were anaesthetics, paediatrics, cardio-thoracic surgery and psychiatry.

Using UK-wide registration data provided by the General Medical Council (GMC), we looked at how fast the number of specialists in these fields who first qualified in the EU and EFTA increased in the five years before the EU referendum, from 2010 to 2015. These registered specialists are senior doctors, qualified to be full consultants and registered anywhere in the UK. Forthcoming work from our Health and International Relations Monitor project, funded by the Health Foundation, will look at doctors working at all levels in the English NHS.

We then projected the pre-referendum rate of change forwards and compared it to actual EU/EFTA staffing trends in each of these specialties in the five years after the referendum between 2016 and 2021. Essentially, this tells us whether there was a gap between pre-Brexit rates and growth and what happened later.

Interpreting these numbers



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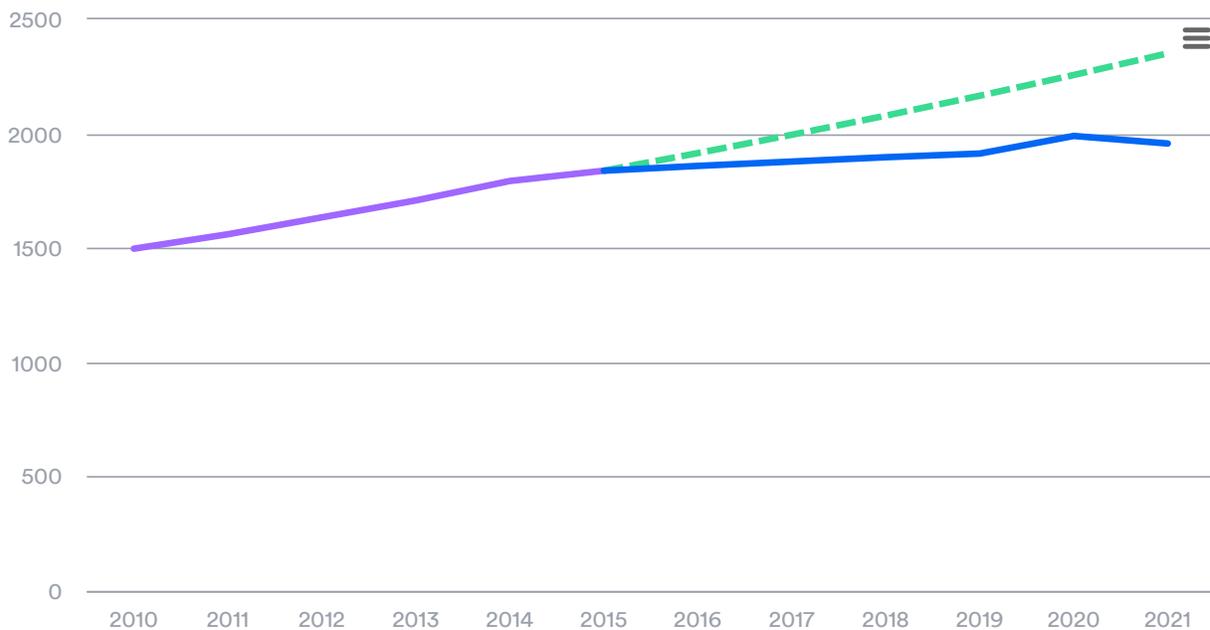
intensive medicine and patient resuscitation. As a result, trained anaesthetists tend to specialise in one or several of these areas.

The specialty faces significant shortages. The overall number of EU or EFTA doctors is consistently far higher than in other specialties, increasing from 1,457 in 2007 to 1,957 in 2021 for the UK. Unlike the other selected specialties, this last number shows a very slight actual decrease from 2020 by around 1.7% or 33. If the number of anaesthetists had kept rising at the pre-referendum rate, there would have been around 400 more in 2021.

EU/EFTA anaesthetic specialists, 2010-2021

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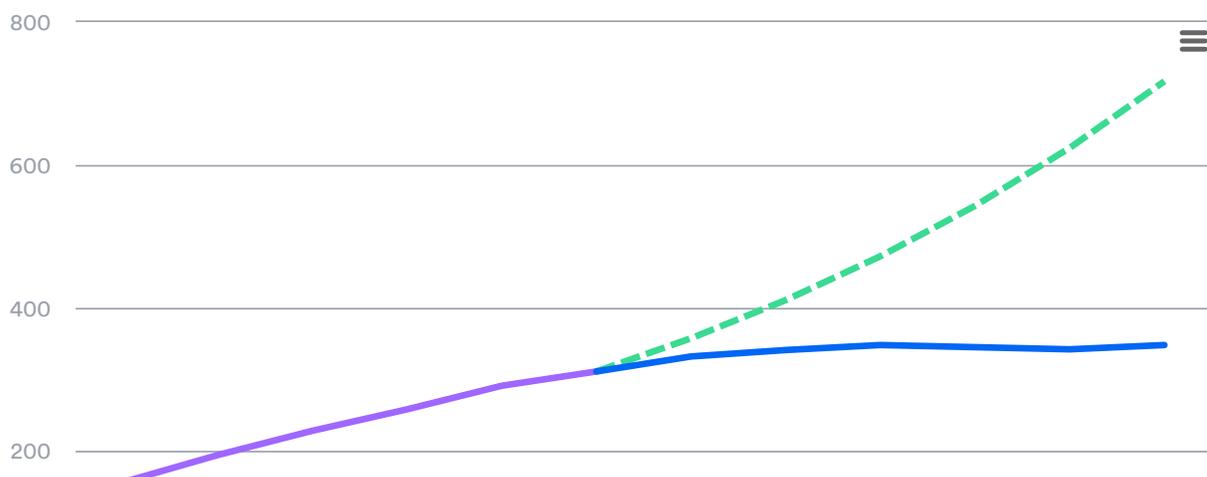
Cardio-thoracic surgery broadly covers surgical interventions on the heart, lung, oesophagus and chest, such as transplants, heart failure treatment and congenital disease. It is highly reliant on European staff. Over 15 years, EU and EFTA numbers roughly tripled, from 118 in 2006 to 348 in 2021. Surprisingly, the number of EU and EFTA cardio-thoracic surgeons (291) overtook that of UK-trained surgeons (268) in 2014. It has remained higher since, but has stagnated.

If the meteoric increase before the EU referendum had continued, we would see over 700 EU and EFTA cardio-thoracic surgical specialists. This is likely more than is realistic or needed: a simple linear counterfactual always risks being projected beyond what underlying causes could really deliver. However, some continued growth would have been welcome in a specialty that has **struggled seriously in recruiting domestically**.

EU/EFTA cardio-thoracic specialists, 2010-2021

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Psychiatry is split into subspecialties providing care for adult, old age and child and adolescent populations, as well as forensics, learning disabilities and medical psychotherapy. It is a well-known area of chronic shortage in the medical workforce. Paediatrics cover age groups from birth to adulthood and subspecialties from neonatal medicine to oncology. It has seen issues with staffing and retention, both generally and in subspecialties such as paediatric intensive care (doctors and nurses) and geographical areas, notably in the **north of England** and **Scotland**. Both have again seen a slowdown in EU and EFTA recruitment after 2016. If previous rates of registration had continued, we would see 288 more paediatric specialists and 165 more psychiatrist specialists across the UK.

EU/EFTA paediatric specialists, 2010-2021

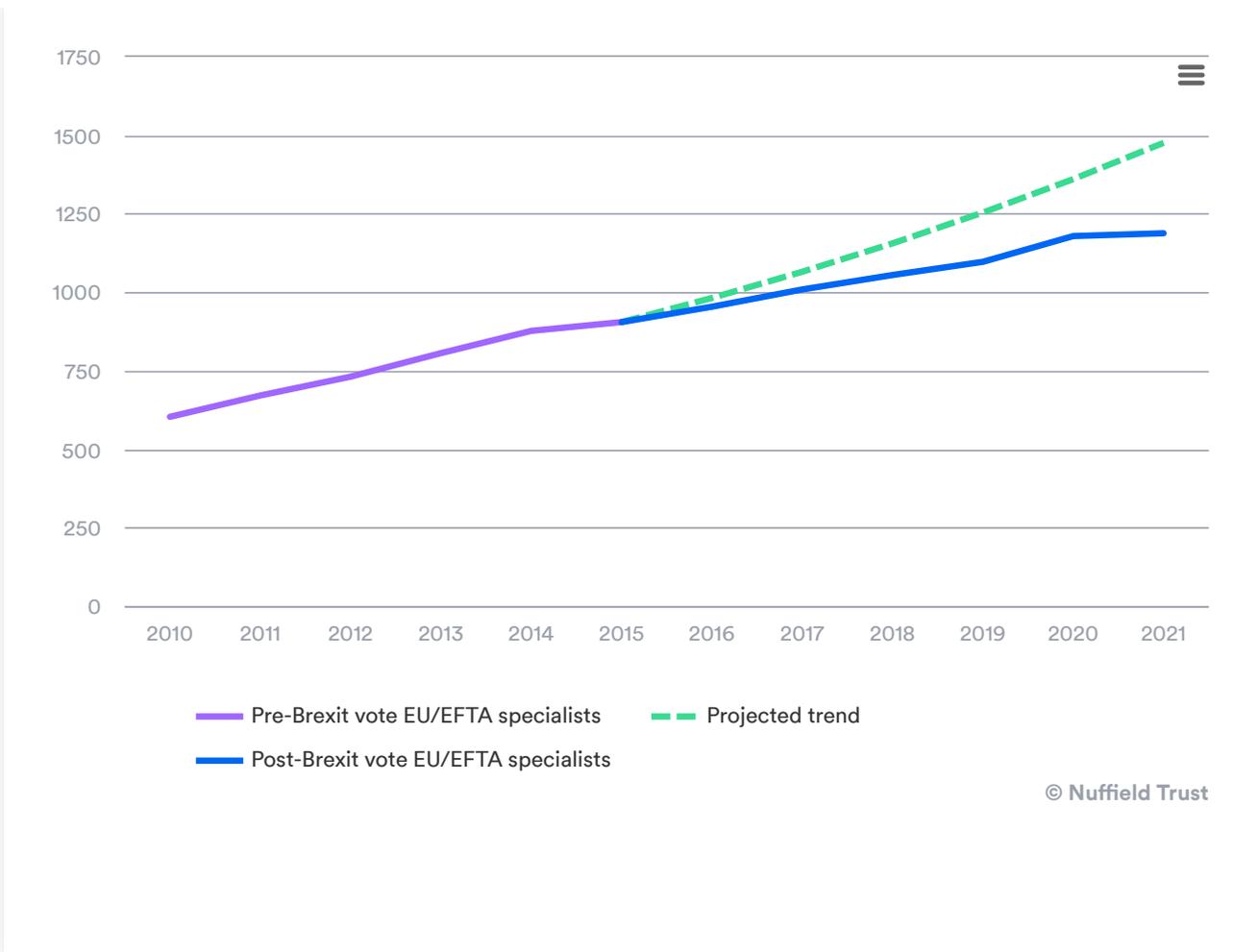
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EU/EFTA psychiatry specialists, 2010-2021

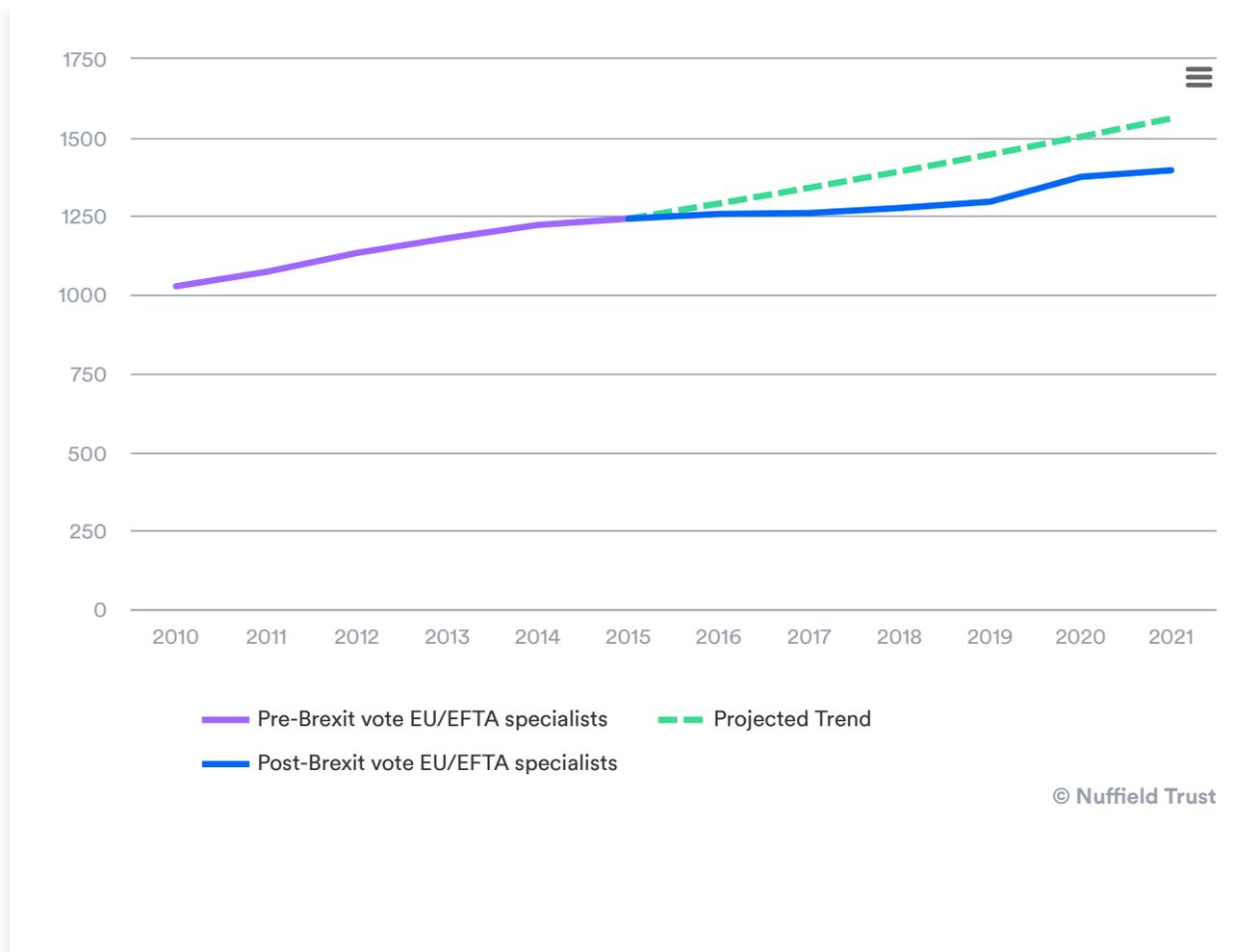
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While these trends are specific to certain specialties, a slowdown in registration of specialists qualified in the EU and EFTA is visible more generally. Had it continued at the rate before the EU referendum, we would have expected over 41,000 in total in 2021 – more than 4,000 greater than the actual figure.

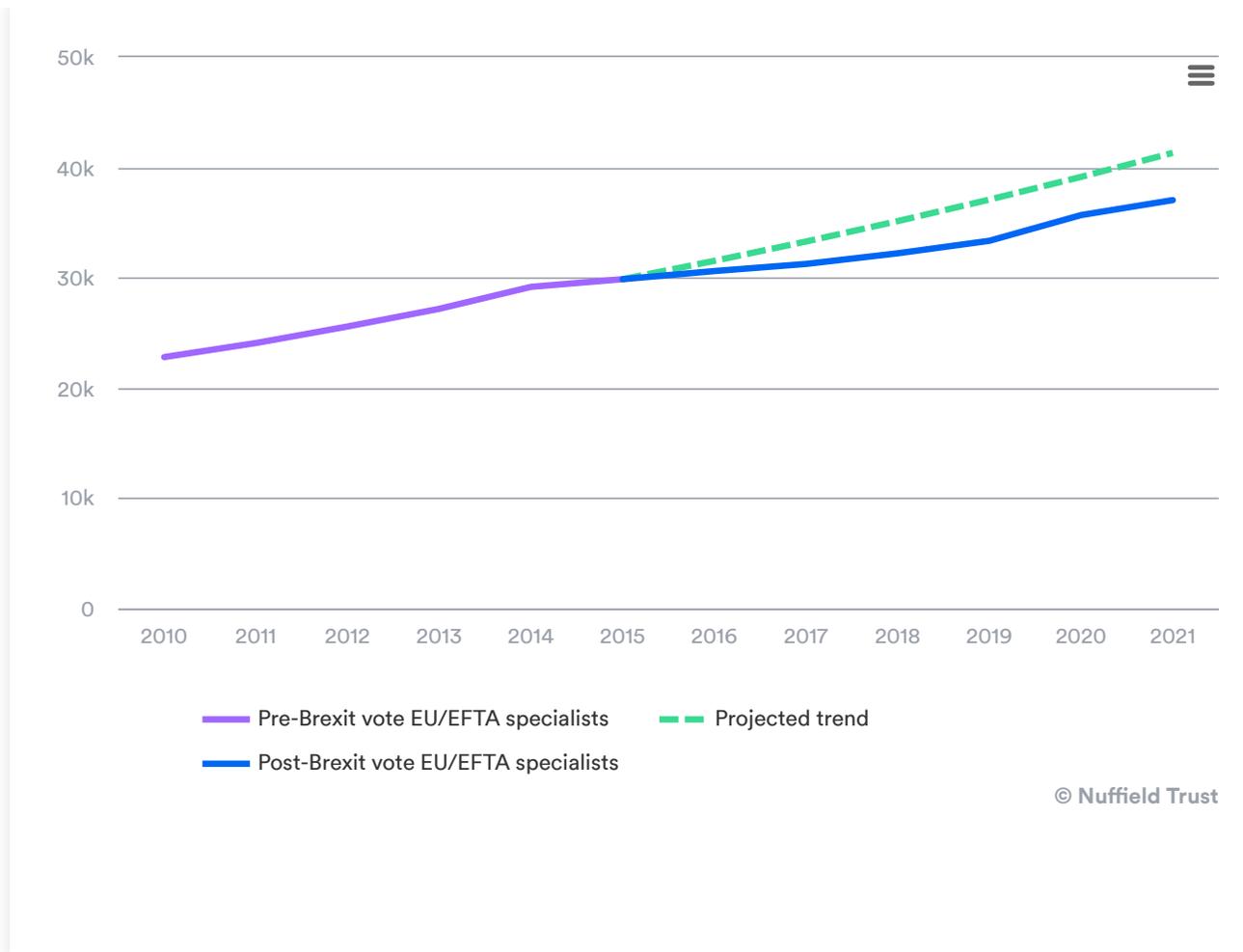
EU/EFTA doctor specialists, 2010-2021

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Is Brexit the reason for the slowdown in EU recruitment?

While the effect is subtle, it is inarguable that registration of doctors from the EU and EFTA was slower in the years after 2016 than the years before. So is this because of the EU referendum itself?

Alternative explanations might include changes in demand: the Covid-19 pandemic, and any workforce planning to shift the balance of training, recruitment and retention towards UK doctors. However, previous research findings suggest that such planning has failed to materialise at a national level. This has been especially

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specialists, there is actually some acceleration in EU and EFTA numbers during the years in which the pandemic peaked.

It is not clear that demand for doctors in the UK rose less after 2016 than before. Trends in spending were similar in both periods. GMC data show that the number of UK-trained doctors continued to increase at a similar rate, while the number of registered doctors from the rest of the world accelerated towards the end of this period.

While not definitive, the campaign and result of the EU referendum is the obvious reason for a change in trend around 2015 and 2016. So why might Brexit make EU and EFTA doctors less likely to register in the UK?

From the perspective of EU and EFTA doctors, UK-wide changes in immigration rules announced in 2020 meant an increase in periodic costs and bureaucracy for visas. During the referendum campaign and after it until 2018, although the free movement of labour still existed, EU and EFTA doctors faced reduced certainty about whether they would have the right to remain in the UK.

As mentioned, each medical specialty relies on facilities and equipment, and crucially on support teams that have varying degrees of specialisation. Shortages in any of these areas, partially affected by Brexit (particularly in the years immediately after 2016), deteriorating work conditions, and poorer overall living standards in the UK will affect the ability of doctors to work.

Our previous report also highlighted a rise in all non-British NHS staff (in England) citing ethnicity or race as a ground for discrimination. This could suggest a more hostile environment both for EU and non-White staff, as has been found in some studies for migrants in the UK in general.

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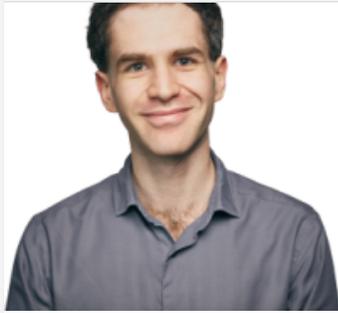
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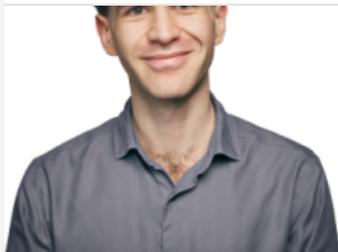
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