Dr. David Abelson,
Specialist Respiratory and Sleep Physician, Australia,
David.abelson@nhs.net

Mr. Wes Streeting,
Honourable, Secretary of State for Health and Social Care,
Westminster, United Kingdom.

January 4th, 2026

Open Letter: *Allow the NHS to recruit Specialist Doctors Trained in Australia and New Zealand*

Dear Mr Wes Streeting,

The NHS faces a severe shortage of specialist doctors, with over 50% of advertised posts unfilled and 74% of these attracting no applicants. Yet doctors from Australia and New Zealand (ANZ) –including British citizens and those medically trained in the UK – are unable to be recruited as specialists by the NHS because the GMC does not recognise ANZ specialist qualifications despite world class medical training, shared history, culture and free trade agreements.

In a bizarre regulatory double standard, British legislation *requires* the GMC recognise EU qualifications. Previous letters requesting reform submitted to your office and the Department of Health have typically met replies such as "the GMC are the independent regulator of specialist qualifications". This wilfully ignores the legal reality: Parliament make the rules under which the GMC operates and has repeatedly issued statutory orders requiring that the GMC cross-recognise EU specialist qualifications from ALL EU countries.

While the UK government remains inert, legislators in ANZ have recognised that their own accreditation agencies were impeding recruitment of some of the worlds most talented medical specialists from Britain and have passed legislation to require their regulatory bodies immediately recognise British qualifications. This contributes significantly to draining the NHS of experienced specialists, while highly talented ANZ specialists with world class training and experience remain barred from NHS recruitment. As a consequence, it is easier to trained as a specialist in Bulgaria and gain employment by the NHS than be a British doctor and return from specialist training in ANZ. This exacerbates the shortage of training options available to UK doctors, many of whom would love to be trained in ANZ and return to work in Britain, adding to repeated strike action in the NHS.

Our letter has been signed by over one hundred experienced and distinguished specialists across Britain and Australasia, many of whom are leaders in their fields and examiners for the GMC specialist register. Their testimonies (below) reveal how these bureaucratic double standards derail careers and compromise the lives of doctors who could be serving UK patients. A letter detailing the issues is included after these testimonies.

We urge you to direct the GMC to immediately recognise ANZ specialist qualifications using the same legal pathways already established for European doctors. This single reform would unlock hundreds of ready-to-work consultants from ANZ for the NHS; expand specialist training pathways for UK doctors; help end the junior doctor strikes; and improve patient care. Decisive legislative action is urgently needed to recruit and retain top medical talent. Responsibility for this rests with you – because this is the sort of good governance that Britain, the NHS, and its patients deserve.

Dr David Abelson BSc (hons), MBBS, FRACP
Specialist Respiratory and Sleep Physician, Australia, Fellow of the Royal Australasian College of Physicians
Locum Consultant and Research Fellow, Royal Papworth Hospital, Cambridge, UK
"I am a Locum consultant here, doing a world class PhD at University of Cambridge. I am British, with a British wife and children. I am unable to enter on the specialist register in Britain without ~ 4- 6 years of extra work, to do a job I am already do. Like many other signatories to this letter am very likely to leave Britain if this does not change"

Correspondence to Dr David Abelson: David.abelson@nhs.net

Co-signatories

Australian, New Zealand and Other International Physicians

Dr Ramey Bajwa, MBChB & BMedSc (University of Birmingham, UK, Hons), MRCP (UK), FRACP
Respiratory and Sleep Physician, Australia
ILD Fellowship at Royal Brompton and Wythenshawe Hospitals
Lung Transplant Fellow, Prince Charles Hospital, Brisbane Australia
"Medical training in England with my wife [Dr Kaur], went to Australia after completing the academic foundation programme for experience and completed speciality training there. Came back to the UK with my wife for fellowship and looked at staying. Started preparing to sit the respiratory SCE. Then looked into CESR / portfolio pathway in more detail. The more I looked into it, the more difficult it seemed to be. The GIM components now being mandatory was the nail in the coffin for me and we are heading back to Australia."

Dr Paven Preet Kaur, MBChB (University of Birmingham, UK), MRCP (UK), FRACP (Australia)
Consultant Geriatrician, Australia,
Currently on Maternity Leave
"Medical training in England with my husband [Dr Bajwa] went to Australia after completing the foundation programme for experience and completed speciality training there. To apply here General internal medicine components being mandatory for CESR/portfolio pathway application means I would never consider applying. It is easier for our family to move back to Australia, so that is what we will do. It is quite incredible that the UK is making it this difficult for skilled doctors, who speak English and have trained in healthcare systems so similar to the UK (including those with University in Britain!), to get on the specialist register."

Dr Rachel Woodford BMed BA FRACP (Australia)
Oncology Specialist (Australia)
Senior Clinical Research Fellow, The Christie NHS Foundation Trust, Manchester
Advanced Immunotherapy and Cellular Therapy Team (AICT)
"I'm an Australian-trained medical oncologist working in a fellow position at the Christie in Manchester. I was made a fellow of the Royal Australasian College of Physicians in 2022, moved to the UK in 2023 and began the CESR process in 2024. It is still ongoing.
I cannot count the hours spent collecting and collating the evidence required by the GMC to prove that I am qualified for my position and certainly feel immense frustration with the process. This is particularly acute every time I see one of my European-trained colleagues walk into specialist registration with the GMC at minimal cost, despite a chasm of difference in the training systems. In contrast, qualifications conferred by the 'Royal' Australasian College of Physicians go unrecognised, despite the alignment of training, the historical roots of the college being located with its British equivalent and even recognition by HMRC that this is a valid body from whom a tax concession may be claimed! It's utterly ludicrous and deeply insulting to a country that has long aligned itself with Britain and whose people still retain a strong bond with the smaller island they once called home."

Dr Francesca Harington, MRCPCH FRCPA
Genetic Pathologist, Prince of Wales Hospital, NSW, Australia
"My husband and I [Dr Matt Hart, below] feel strongly that the Cesr process and restrictions to get back into the UK are too high. We are both born in the UK, went to medical school there, F1-ST2 there. We went overseas around the time of Brexit and junior doctor strikes with the change to junior doctor pay (2016). We stayed and have completed training and now would consider returning to the UK if the restrictions/paperwork situation was actually feasible. But from what I've heard about Cesr, it sounds like a nightmare and is a significant factor that prevents us from looking further at coming back"

Dr Matt Hart FANZCA MRCA
Consultant Paediatric Anaesthetist
The Children's Hospital at Westmead, Sydney, Australia
"I went to medical school in the UK and did F1-ST2 there before moving to Australia where I completed training as a specialist paediatric anaesthetist. I fully support this petition. I have previously emailed the president of the RCOA (Royal College Anaesthetics) asking to consider lobbying for this change, in relation to a report highlighting the need for more anaesthetists in the UK. I'm sure there's a pool of potential candidates who would come over if they lifted the bureaucracy!"

Dr Akanksha Senapati, MBBS, FRACP
Locum Paediatric Oncologist (Neuro-Oncology)
Royal Manchester Children's Hospital
"I am a dual British citizen so don't rely on my employment for a visa but will still need to go through CESR to convert to a substantive post, which may take years as I've only just started the process and may lead to me returning to Australia if the trust are unable to keep me on outside of a substantive post."

Dr Paul Bamford, MBBS, FRACP, Masters (Oxford), MCRP (London)
Consultant Cardiologist
Staff Specialist, John Hunter Hospital, Newcastle Australia
Staff Specialist Lingard and Lake Macquarie Private Hospitals, Newcastle
Conjoint lecturer at University of Newcastle and sits on several cardiology editorial boards

Dr Hayley Hernstadt, Paediatrician and Neonatologist
Consultant neonatologist
Royal Children's Hospital in Melbourne and Monash University
Formerly in Paediatric Infectious Diseases at Imperial College Healthcare NHS Trust in London
"I worked in the UK for two years 2018-2020. Elected to return to Australia as couldn't be bothered with CESR even though I have a British partner! I might have considered staying in the UK if it seemed less difficult to convert my qualifications"

Dr Nick Coupe, B Med Sci, MBBS FRACP (Australia), MRCP, DPhil (UK)
Consultant Medical Oncologist
Churchill Hospital, Oxford University Hospitals, NHS Foundation Trust
"I obtained my FRACP in 2012 and moved to the UK in 2013. I'm now a consultant oncologist, but I had to go through the CESR route, which took almost two and a half years to complete. It was an incredibly frustrating and costly process.
In over ten years of practising in the UK, I've never encountered any instance suggesting my training was inferior to that of my UK-trained colleagues, and the same is true for the many Australian counterparts I've met. I believe the CESR process is highly inefficient, both for applicants and for those who have to assess them. I'd be very happy to add my signature."

Dr Henry Beem, BSc MBBS MS (Surg) FRACS (Plast)
Consultant Plastic Surgeon - Head & Neck
Guy's & St Thomas' NHS Foundation Trust
"I am an Australian trained Plastic & Reconstructive Surgeon currently employed as a Locum Consultant at Guy's & St Thomas' in London specialising in Head & Neck Reconstruction (>12 months) - one of four Consultants in this role although I am currently the only full-time dedicated Plastic Surgeon servicing the Head & Neck Department at GSTT. I moved to the UK in 2023 for a Fellowship opportunity at Oxford University Hospitals and have chosen to commit to a life in the UK despite several (substantially more lucrative) offers for consultant posts in Australia.
I sought a UK fellowship at the recommendation of my mentors and colleagues Mr Milap Rughani and Mr Darryl Dunn - both who are British Citizens who completed Specialist Plastic Surgery training in the UK and then went on to do Fellowships in Australia and now work at the Royal Brisbane Hospital in Australia. Mr Rughani was determined to acquire Australian FRACS credentials through the now outdated pathway, while Mr Dunn has subsequently had his British qualifications recognised by AHPRA as a Specialist Plastic Surgeon in Australia. I am currently preparing my CESR application and am finding the experience to be stressful, expensive, mundane, confusing, repetitive and altogether frustrating. I am confident my British trained Plastic Surgery colleagues in London and Oxford would be more than happy to endorse this petition." [see signatures in British section from Guy's & St Thomas']

Dr Lachlan Stranks, MBBS, FRACP (Australia)
Respiratory and Sleep Physician, Australia
Locum Consultant at Guy's Hospital Sleep Disorders Centre
Applying through portfolio / CESR over last 2 years

Dr Jack Callum, MD, BSc, DTMH, FRACP (Australia)
Respiratory and Sleep Physician, Australia
Locum Consultant at Homerton University Hospital NHS Foundation Trust throughout period

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"Living in UK with British wife. Still in process of applying through portfolio / CESR > 3 years without accreditation, although I have been working as a locum consultant throughout"

Dr Manreet Randhawa, MBBS, FRACP, MRCP (via CESR)
Consultant Medical Oncologist
Beatson West of Scotland Cancer Centre, Glasgow UK
CESR accredited

Dr Reece Caldwell, FRACP
Consultant Medical Oncologist, Australian college of physicians
Charing Cross Hospital
"CESR caused me years of pain.... please add me!"

Dr Karolina Kerkemeyer, MBBS, MPH, FACD
Consultant Dermatologist, Australian College of Dermatology
Locum consultant dermatologist at NHS Borders and NHS Forth Valley
"Just recently relocated to the UK, possibly permanently due to my partner being British. Despite being employed as a locum I am needing to do the portfolio pathway if I want to be recognised on the specialist register and employed permanently here"

Mr Foti Sofiadellis
Consultant Plastic Surgeon
Peter MacCallum Cancer Centre, Melbourne, Australia
"Previously Consultant Guy's & St Thomas, London after years of CESR Application"

Dr Brent O' Carrigan, FRACP (Australia) and MRCP (UK), Trained in Australia
Medical Oncology Consultant,
Deputy Chair, NCRI Skin Group,
Clinical Cancer Lead, NHS East Genomics Laboratory Hub, Addenbrooke's, UK
"CESR took ~ 2.5 years including 1.5 years preparation, additional examination and 1 year for changes. Petitioned British Health Secretary, Australian Consulate and GMC / AHPRA for cross recognition to be included in the free trade agreement. Authored letter to British Medical Journal on topic"

Dr Aditi Vedi, FRACP (Australia), FRCPCH, PhD, MRCP, Trained in Australia
Consultant Paediatric Oncologist
NIHR lead for paediatric oncology for East of England
Paediatric lead of Cambridge Experimental Cancer Medicines Centre (ECMC)
Lead for Innovative Therapies for Children with Cancer (ITCC) consortium, Cambridge
CESR took ~ 2.5 years

Dr Khobe Chandran, *MBBS, FRACP (Australia), MDRes (UK)*
Medical Oncologist in Australia
Senior Medical Oncology Fellow formerly at Royal Marsden Hospital, London
Currently at Sarah Canon Research Institute, London
Applying for CESR

Dr Madeleine Kannegiesser-Bailey, MBBS, DCH, PGCert (MSc) MedEd
General Paediatric Advanced trainee and Paediatric Fellow for Medical Education
Sydney Children's Hospital, Australia
"I did a fellowship in the UK in medical education in a non-clinical capacity due to the GMC not recognising my qualifications. The GMC accepts the RACP Adult examinations as equivalent but not the paediatric ones despite it being the same college. This [when I asked them] they commented was due to RCPCH not having the ability/ capacity to maintain records of what is considered equivalent. I went through a lot of time, stress, English language and competency tests and applications to try and find a way through this and to no avail. In the end they basically said go sit the PLAB. This was not reasonable for several reasons; time, cost, experience as well as the fact that as an Australian Medical Graduate and specialist trainee our systems are transferable…"

Dr Jessica Raja, MBBS (Hons), FRACP
ILD Fellowship, Royal Brompton Hospital

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Locum Respiratory Consultant, Croydon University Hospital
"Following our fellowships, we [Sreecanth and I] would have liked to stay in the UK, but the CESR/portfolio pathway is too time consuming and with no guarantee of success"

Dr Sreecanth Sibhi Raja, MBBS BSc FRACP
IBD Fellowship, St Mark's Hospital
Locum Gastroenterology Consultant, Whittington Hospital
"Following our fellowships, we [Jess and I] would have liked to stay in the UK, but the CESR/portfolio pathway is too time consuming and with no guarantee of success"

Dr Juliette Hamilton, FRACP
Locum Consultant Medical Oncologist
Royal Devon University Healthcare
"I'm about a week away from submitting mine [CESR/portfolio]. It's taken about 190 hours so far, not including flying to Ireland to go through hospital records myself to get the evidence. I can't imagine the good I could have done in that time for the NHS, but instead I'm finding bits of paper to prove I can do a job I'm already doing."

Dr Lynsey Drewett MbChB (UK) FRACP (New Zealand)
Consultant Medical Oncologist, Royal Devon University Hospitals NHS Trust
"CESR completed 2025 after 3 years of working on the application and then another 18 months plus for the GMC and then the college to assess it (4.5 years, total)."

Ms Jessica Savage, MBChB (University of Leicester, UK), FRACS (Royal Australasian college of surgeons)
Plastic and Reconstructive Surgeon, Salisbury Hospital, UK.
Clinical lead for Breast Reconstruction Salisbury Hospital.
"I did FY1and FY2 here, after university in Leicester. I'm a Brit. I then went to NZ. I was recruited and it was made very easy to move out there. I Trained as a plastic surgeon in NZ over seven years. I returned for two very good fellowships in the UK…I had a baby …. Then had to fight for over three years for the right to remain in the U.K. with my kid able to grow up near his grandparents!!
What's mad is the people I got help from to get through CESR were mostly ANZ folk, including RACs. It wasn't in their interest to help me but they did!! (Plus some wonderful supervisors in the UK!) After 7 years training in Plastic Surgery in New Zealand, on returning to the U.K. as a consultant it took me 4 years and many hours of work to successfully gain CESR."

Dr James Barr, BMBCh oxon MA oxon FANZCA
Consultant Anaesthetist Salisbury
"Please add my name, I did medical school in Oxford, went to NZ and completed speciality training there and then spent years on CESR to be able to return. I've felt strongly about this for quite a while since going through the CESR process about 8 years ago now"

Dr. Crescens Diane Tiu, MBBS, FRACP (Australia), PhD (UK)
Medical Oncologist in Australia,
Clinical Scientist (Post Doc) at The Institute of Cancer Research with Honorary Contract at the Royal Marsden
"In process of collecting evidence for CESR/Portfolio application. Thank you for taking this on. I couldn't agree more with the points of the petition letter."

Dr Horia Vulpe, Radiation Oncologist, trained in Canada
Consultant Radiation Oncologist at Kaiser Permanente, Dublin, California, United States
Certified Radiation Oncologist in Canada and USA
Assistant Professor of Radiation Oncology Columbia University, New York City
"I came across your open letter while researching a policy paper on the UK's inability to fill its workforce gap in radiotherapy (or attract international experts) due to its clinical oncology model vs radiation oncologists almost everywhere else. I'm board certified in Canada and the USA myself and tried to get specialist registration to start a position in London but was ultimately unable to even apply due to this difference. I'm part of the institute of cancer policy at King's and preparing a paper on these and other barriers to recruitment. the UK continues to employ 'Clinical Oncologists', specialists trained in both radiotherapy and systemic therapy, although most focus only on radiotherapy upon graduation. This training requires 9-10 years after medical school, compared to 5-6 years for Radiation Oncologists in North America. By design this difference also prevents any international experts in Radiation Oncology from taking permanent consultant positions in the

UK. Not a single North American trained radiation oncologist currently practices in the UK according to the Royal College of Radiologists, a telling statistic in the midst of a workforce crisis"

Dr Ashray Gunjur, MBBS (hons) BMedSci MPHTM FRACP PhD (Cantab)
Locum consultant medical oncologist, Addenbrookes Hospital.
Applying for CESR

Dr Tami Grunewald, MBBS FRACP MD(Res)
Locum Consultant Medical Oncologist
Obtained CESR in Feb 2024

Dr Marianne Turner, BA, MBBS, MPH, FRACP
Respiratory and Sleep Physician Canberra Health Services, ACT, Australia
Honorary Clinical Senior Lecturer, ANU College of Science and Medicine
Clinical Fellow in Interstitial Lung Disease, Oxford University Hospitals NHS Foundation Trust

Dr Harriet Caterson, BSc, MBBS, MPH, DTMH, FRACP
Respiratory and Sleep Physician
Clinical Fellow Oxford University Hospitals NHS Foundation Trust
"I haven't considered staying or the accreditation process mainly because of how arduous it is. Likely I'll head home (to Australia) when fellowship wraps up."

Krystina Common, MbChb, MRCP(uk),FRACP
Physician for older persons (Geriatrician)
Health New Zealand, Te Whatu Ora Canterbury

Dr Hannah North, MBBS, FRACS (Otolaryngology)
Specialist Ear Nose and Throat Surgeon
Westmead Hospital and Macquarie Hospital, NSW, Australia
Former Fellow at Manchester Hospital, left in part due to CESR as could not continue as a specialist in UK despite marrying a UK surgeon.

Dr Rhydian North, MBChB (UK), FRACS (Otolaryngology)
Specialist Ear Nose and Throat Surgeon
Westmead Hospital and Macquarie Hospital, NSW, Australia
I completed medical school and basic training in the UK and was a senior trainee in Otolaryngology at Manchester Hospital when I met Hanah. Having moved to Australia and completed training there, we are unable to return to the due to CESR.

Dr Vineeth George, BMed, FRACP
Specialist Respiratory and Sleep Physician
John Hunter Hospital, Newcastle, NSW, Australia
Formerly at Oxford University Hospitals NHS Trust, Clinical Fellow, Oxford Pleural Service

Dr Claire Pickering, BMed, FCICM
Specialist in Intensive Care Medicine
Staff Specialist, John Hunter Hospital, Newcastle, NSW, Australia
Formerly at Oxford University Hospitals NHS Trust, Intensive Care Clinical Fellow

Dr Milton Micallef, MBBS, FRACP
Dual trained Respiratory and Infectious Diseases Physician, Training in Australia
Completed fellowship at Cambridge Centre for Lung Infection, Royal Papworth Hospital, UK
Currently at Royal Free as fellow in Infectious Diseases
"Despite completing two years of training for qualifications in England which are recognised by my Australian colleges, I'll be unable to work here without CESR as the training is not recognised by British colleges"

Dr Raya Cohen, MD, Israel Pulmonary Physician Association
Specialist in Pulmonary Diseases, certified by the Scientific Council of the Israel Medical Association
Member of the European Respiratory Society

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Lady Davis Hospital, Carmel Medical Centre, Technion Israel Institute of Technology

Dr Mario Fernando, FRACP pending 2025
Respiratory registrar in last year of specialist training in Australia
Royal North Shore Hospital, Sydney, Australia
"I'd like to work in the UK after training, please add me!"

Dr Michael Cheng FRACP, Respiratory and Sleep, Australia
Ex-Locum Respiratory and Ventilation Consultant, Guys and St Thomas', London
Now working as a Respiratory Consultant in private practice in Australia
Dear David,
"Happy to add my name to the list. I did reach the penultimate end of CESR but failed to tackle the last hurdle of sitting the SCE that they decided was required. I had decided by that point I wasn't going to stay - partly because I had been unable to apply for multiple substantive posts in both UK and Australia due to the long drawn out CESR process that took me 3 years without actually completing. I ended up wanting some certainly in life and moved on to make other plans."

Dr Liz Silverston, Radiologist
Director of Radiology, St Vincent's Hospital, Sydney, Australia
Radiology Network Training Director, Local Area Network 3

Dr Paul Hamor MBBS BSc FRACP
Respiratory & Sleep Physician, Prince of Wales Hospital, Randwick NSW
Former Network Director of Physician Training
Clinical Lecturer, University of New South Wales

Dr Timothy Dinihan, FRACP
Respiratory and Sleep Physician
Blacktown Hospital, Sydney NSW Australia

Dr Linda Lin, MBBS, FRACP (Australia)
Consultant Cardiologist
Northern Beaches Hospital, NSW, Australia

Dr Mary Qian MBBS, BmedSci, FRACP
Consultant Respiratory and Sleep Physician
Royal Melbourne Hospital, VIC, Australia
Dr Qian worked for 2 years in the UK at the Sleep Service in Papworth and in Oxford

Dr Rachel Edmond, BMBCh, FANZCA
Consultant Anaesthetist
Te Whatu Ora Wiataha, New Zealand

A/Prof Tim Coulson, BM BSc PhD FANZCA
Staff Specialist Anaesthetist | Research Lead | Department of Anaesthesiology and Perioperative Medicine, Alfred Health, Adjunct Clinical Associate Professor | Department of Anaesthesiology and Perioperative Medicine, Monash University, Senior Fellow (Honorary) | Centre for Integrated Critical Care, U. of Melbourne
"I'm happy to sign your petition to allow easier recognition of Australian and other similar qualifications, I trained in the UK and left after F2. After speciality training in Australia, I worked as a fellow / locum consultant at Royal Papworth for a couple of years, but CESR was a very unattractive prospect when we were considering our options"

Dr Emily Devoy, MBChB , BMedSci (University of Sheffield, UK)
Trainee Specialist, Paediatrics
Sydney Children Hospital Network, NSW
I am doctor, working within the Sydney Children's Hospital network. I completed my medical degree in the UK and completed two years of foundation training in the UK. I would like the opportunity to return to my family in the UK in future and have the experience and training I have completed in Australia be recognised, without the additional time/stress/paperwork of the CESR pathway.

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Dr Peter Corte, FRACP
Senior Staff Specialist, Respiratory and Sleep
Royal Prince Alfred Hospital, Australia

Dr Imre Hunyor, DPhil (Oxon), BSc (Adv), MBBS (Hons), FRACP, FSCMR, FCSANZ
Senior Staff Specialist Cardiologist, Director of Cross-Sectional Imaging,
Department of Cardiology, Royal Prince Alfred Hospital.
Clinical Associate Professor, University of Sydney Medical School
"Trained in the UK for two years and unable to continue here due to CESR"

Dr Euna Sahng, MB ChB, DCH, FRACP (New Zealand)
General and Infectious Diseases Physician
Te Whatu Ora Health New Zealand - Hauora a Toi Bay of Plenty

Dr Agnes Hunter, MBChB (UCT), FCP (SA), Cert Pulm (SA Phys), MPH (UCD)
Locum Respiratory Consultant & Tuberculosis Service Lead
North-West Anglia NHS Foundation Trust, Bretton Gate, Peterborough
Honorary Consultant, Cambridge Chronic Lung Infections Unit
Royal Papworth Hospital NHS Trust
"I am a specialist who has certified and worked in South Africa (GIM, pulmonology, intensive care), Canada (CPSA), Republic of Ireland (GIM, respiratory and public health) and New Zealand via the equivalent healthcare pathway. I would support a shorter and appropriately rigorous application route for specialist registration in the UK for International Medical Graduates who have equivalent, or indeed superior, training and experience in Specialist fields. Processes in Canada and New Zealand offer rigour, reciprocity and timeous evaluation without the element of protracted service provision in a strained system without due recognition."

Dr Claire Michelle d'Arch Smith, MBBS FRNZCGP CEGPR
General practitioner, GP partner. Park Lane surgery, Macclesfield, Peak District
"*Having completed the fellowship of GP in New Zealand I had to send proof I had completed every section of the curriculum for GP training in the UK. I had to get a supervisor in NZ to sign off every piece of paper. It took hours of my time and my colleague's time. The NZ GP training was clearly equivalent and therefore it was yet another tick-box exercise which reduces the chances of the UK recruiting from NZ."*

Dr Kate Beatie MB BCH BAO (Queen's university Belfast), FACEM (Australia)
Emergency Medicine Specialist
SAS Doctor at Belfast University Hospital
"I'm from the UK, went to medical school and completed my foundation training in the uk. I went to Australia for a year for a change of scenery but stayed because of the good training opportunities offered and my husband's work. We are now back in the UK for my children to be able to get to know their grandparents. I'm only working as an SAS doctor in emergency medicine in Belfast, as with two young kids, one with a disability, I don't have time or capacity to pursue the CESR pathway which would take more years of my life. I'm also working part time in a remote role as an Emergency Medicine consultant for the Australian health service to be able to maintain my specialist skills."

Dr Kate Donaghy
Contacted on FB and Linked-in group, details pending

Dr Shavita Kuckreja, MBBS, BMedSc, FRACP (resp sleep)
Locum Respiratory Physician (for over 10 years, as a locum)
Princess Alexandria Hospital, Harlow
"I have been working as a locum consultant in the UK for close to 10 years now and lead on ILD and Pleural diseases, am actively involved in education, training and service development in my hospital. They would like me to lead the department which I can't do due to not being substantive.
I have tried to perform CESR and currently awaiting to sit my European HERMES examinations on Saturday because apparently this is needed as part of even the Portfolio pathway.
I've been everywhere with CESR - local MP to Wes Streeting included (reply from Mr Streeting at end of petition) along with GMC president and RACP presidents. The response I get is that the PP [Portfolio Pathway] has made it easier, but apart from it being electronic, it has made no difference."

Dr Elaine Tennant BMedSci, BMBS (Nottingham, UK), MRCP-UK, DTMH, MPHTM, FRACP, FAFPHM

Infectious Diseases and Public Health Physician (both in Australia)

"I took my medical degree and initial general medical training in the UK. I took up a job in Australia initially for a short period but ended up staying to complete specialist training in two fields. My reasons for remaining in Australia were twofold; firstly, the mix of specialities that I wanted to pursue was possible. Secondly, I could see that the standard of care and training were excellent. The hours spent during training and the examinations were extremely rigorous (for instance, having taken both MRCP and FRACP examinations, I can say that the Australian version was more demanding). Having now returned to the UK (for family reasons), I am still of the opinion that the knowledge and skills I obtained in Australia were extremely valuable. I secured locum work and was quickly offered a substantive position. The NHS seem very happy to allow me to work as a consultant but for significantly less pay and a job title of 'Associate Specialist'. Spending my valuable time to undertake CESR detracts from my ability to perform the quality improvement, teaching, CPD and research activities that I wish to be doing, all of which will improve the care I give patients. Were it not for my family situation, I would not be wasting the time and money I have invested in specialist training by working in the UK. What I have observed since I returned to the NHS is a huge skills deficit within the workforce which is threatening patient safety. Why would the government choose not to mitigate this by abolishing CESR for Australasian trained experts?"

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UK Training Programme Directors in Respiratory Medicine and Oncology:

Dr Nicky Simler - MBChB MD FRCP
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director Respiratory Medicine, Postgraduate Medicine Heath Education, **East of England**
Consultant Respiratory Physician, Clinical Lead, Cambridge Interstitial Lung Diseases, Royal Papworth Hospital

Dr Katharine Hurt, MBBS, FRCP
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director for Respiratory Medicine in **Kent, Surry and Sussex**
Consultant in Respiratory Medicine, University Hospital Sussex NHS Foundation Trust

Dr Angshu Bhowmik – MBBS (India), MD, MRCP (PLAB and Specialist Training in UK)
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director Respiratory Medicine, **Northeast London**
Consultant Respiratory and General Physician, Homerton Healthcare NHS Foundation Trust, London

Dr Charlotte Campbell - BA MBBS FRCP
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director for Respiratory Medicine, Heath Education **Thames Valley**
Consultant Respiratory Medicine, Buckinghamshire NHS Healthcare Trust

Dr David Waine - MA BChir MA (hons) MRCP MD
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director for Respiratory Medicine, Heath Education **Southwest England**
Consultant Respiratory Physician

Dr Michelle MacDougall – MBChB FRCP
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director for Respiratory Medicine, **England Northwest**
Consultant Respiratory Physician, Salford, Heath Education England Northwest,

Dr Claire Butler, MB Bch BAO PhD MRCP
Member UK Respiratory Specialist Advisory Committee (SAC)
Training Programme Director Respiratory Medicine, **Northern Ireland** Deanery
Consultant Respiratory Physician, Belfast Trust

Dr Charlotte Addy BMBS BMedSci(Hons) PhD MRCP(ResP) DipPallMed PGCertClinEd
Consultant in Respiratory Medicine and Cystic Fibrosis
Training Programme Director Respiratory Medicine, **Wales** Deanery
Clinical Senior Lecturer, Deputy Director year 5, Cardiff University

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Senior British Consultant Physicians:

Mr Howard Peach MB ChB BSc FRCS(PLAST)
Consultant Plastic Reconstructive Surgeon
Spire Hospital, Leeds
"I have worked in both New Zealand and Australia and have helped a consultant obtain their CESR recognition in the UK. There is a marked contrast in the processes to be completed, welcoming in ANZ and complex, over-exacting and frankly insulting in the UK."

Dr Matthew Pavitt, MBBS (Uk), PhD, MRCP
Consultant Respiratory Physician,
Clinical Lead in COPD and respiratory physiology,
University Hospitals Sussex NHS Foundation Trust
"I would be delighted to support your petition to the Uk Health Secretary. The processes are antiquated and in urgent need to be updated. I had not recognised that the Uk failed to reciprocate with Australia. I was aware that European Respiratory Examinations (e.g. HERMES) was not recognised when it clearly should be.
We cannot and should not allow individuals like yourself to leave the Uk due to processes that, as I see it, are not fit for purpose. I assess CESR applicants for respiratory medicine for the RCP and all those who apply have worked so hard an deserve the have it granted."

Prof. Graham H. Bothamley, BM BCH (Oxford, UK), FRCP
Honorary Professor and Consultant Physician,
Homerton University Hospital
Wolfson Institute of Population Health,
Queen Mary University of London and London School of Hygiene and Tropical Medicine

Dr John Lourie, BM, PhD, FRCS
Consultant Orthopaedic Surgeon (ret.), Milton Keynes
Former Associate Postgraduate Dean, Oxford Deanery (responsible for International Medical Graduates)
Former Royal College of Surgeons Regional Adviser in Orthopaedics
"While now retired, I was previously registered as senior specialist registered with AHPRA [Australian Health Prudential Regulatory Authority], I also worked in many locations internationally including Papua New Guinea. Australia made it easy for me to work there."

Dr Dorothy Grogono – MBChB PhD MRCP
Consultant Respiratory Physician,
Clinical Lead at the Cambridge Centre for Lung Infection,
Royal Papworth Hospital

Dr Charles Haworth – MBChB MD FRCP
Consultant Respiratory Physician,
Clinical Research Lead at the Cambridge Centre for Lung Infection,
Royal Papworth Hospital

Dr Helen Barker – MA MB BChir FRCP
Foundation School Director, East of England
Consultant Respiratory Physician,
Cambridge Centre for Lung Infection,
Royal Papworth Hospital

Dr Odiri Enerje - MBChB PhD MRCP
Consultant Respiratory Physician, Cambridge Centre for Lung Infection,
Royal Papworth Hospital

Dr Uta Hill - MBChB PhD MRCP
Consultant Respiratory Physician,
Cambridge Centre for Lung Infection,
Royal Papworth Hospital NHS Foundation Trust

Dr Clare Bolton MBBS BSc PhD
Neurology consultant,

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Respiratory Support and Sleep Service,
Royal Papworth Hospital

Dr Sumita Pai MBChB, MSc, DTMH, FRCPath
Consultant Infectious Diseases and Microbiology Specialist,
Royal Papworth Hospital

Dr Georgina Russell, MBBS, MRCP
Consultant Respiratory and General Physician,
Addenbrooke's Hospital and Cambridge University Hospitals

Dr Wayomi Perera, MBBS (Switzerland), MRCP (UK)
Consultant in Respiratory Medicine
University Hospital Sussex NHS Foundation Trust

Dr Harpreet Ranu, MBBS (Uk), MRCP
Consultant Respiratory Physician,
Clinical Lead Severe Adult Asthma,
University Hospitals Sussex NHS Foundation Trust

Dr Simon J. Twite, MBChB (Edin) FRCP (UK)
Consultant Respiratory Physician
Whiston Hospital, Prescot, Mersey and West Lancashire NHS Trust

Dr Puneet Malhotra, MD, FRCP (UK)
Consultant Respiratory Physician
Mersey & West Lancashire Teaching hospitals NHS Trust

Dr Claire Gorman, MBChB, FRCP, PhD
Consultant in Rheumatology
Honorary Senior Lecturer
Homerton University Hospital and Homerton Healthcare NHS Foundation Trust

Dr Vavara Choida, MBBS (Greece equivalent, Ptychion Iatrikes), MRCP
Consultant in Rheumatology
Homerton University Hospital and Homerton Healthcare NHS Foundation Trust

Dr Piero Reynolds, MBBS, MSc, FRCP
Consultant in Rheumatology / G(I)M
Clinical Lead for Rheumatology,
Homerton Healthcare NHS trust

Dr Rachel Buxton-Thomas, MBBS MRCP,
Consultant Respiratory Physician
Royal Sussex County Hospital, Eastern Road, Brighton

Professor Athol Wells MD PhD
Consultant Respiratory Physician
Interstitial lung disease unit
Royal Brompton Hospital

Professor Elisabetta Renzoni MD PhD
Consultant Respiratory Physician
Interstitial lung disease unit
Royal Brompton Hospital

Dr Maria Kokosi MD
Consultant Respiratory Physician
Interstitial lung disease unit
Royal Brompton Hospital

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Professor Sujal Desai MD FRCP FRCR
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Interstitial lung disease unit
Royal Brompton Hospital

Dr Vasileios Kouranos MD PhD
Consultant Respiratory Physician
Interstitial lung disease unit
Royal Brompton Hospital

Dr Felix Chua MBBS PhD FRCP
Consultant Respiratory Physician
Interstitial lung disease unit
Royal Brompton Hospital

Professor Colm Leonard MBChB FRCP
Consultant respiratory physician
Interstitial lung disease unit
Wythenshawe Hospital

Dr Cristina Avram MD
Consultant respiratory physician
Interstitial lung disease unit
Wythenshawe Hospital

Dr Conal Hayton MBChB PhD FRCP
Consultant respiratory physician
Interstitial lung disease unit
Wythenshawe Hospital

Dr Simon Bax MBBS
Consultant Respiratory Physician
Interstitial lung disease unit
Royal Brompton Hospital

Dr Huw Ellis MBChB PhD
Consultant respiratory physician
North-West Lung Centre
Wythenshawe Hospital

Dr Bavithra Vijayakumar MBBS PhD FRCP
Consultant respiratory physician
Interstitial lung disease unit
Wythenshawe Hospital

Dr Alex Ball MBChB PhD FRCP
Consultant respiratory physician
Interstitial lung disease and lung transplant unit
Wythenshawe Hospital

Dr Ugochukwu Ekeowa MBBS, BSc, MRCP
Consultant Respiratory Physician
Departmental Clinical Lead and Divisional Director of Medicine
Princess Alexandra Hospital

Dr Iftikhar Nadeem MBBS, MRCP
Consultant Respiratory Physician
Co-lead for Interstitial Lung Diseases and Audit Lead
Princess Alexandra Hospital

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Dr Muhammad Saleem Anwar, MBBS, MRCP
Consultant Respiratory Physician
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Princess Alexandra Hospital

Dr Peter Stephens BM BCh MA PhD MRCP
Consultant Medical Oncologist,
Clinical Lead for Oncology,
Royal Devon University Healthcare NHS Trust

Dr Jenny Forrest, MBBS MRCP FRCR
Consultant Clinical Oncologist
Radiotherapy Lead for Gynaecology and Upper GI Oncology
Royal Devon University Hospitals NHS Foundation Trust

Mr. Naveen Cavale, BSc(Hons), MBBS, MSc, FRCSEd(Plast)
Consultant Plastic, Reconstructive & Aesthetic Surgeon
Consultant Plastic Surgeon, King's College Hospital, Guy's & St. Thomas' Hospital, London
Director, Real Plastic Surgery, London
CEO, The REAL Clinic, London
Chair, British Foundation for International Reconstructive Surgery & Training.
Board Member & UK National Secretary, ISAPS
Patron, KCL Plastic Surgery Student Association

Alastair MacKenzie Ross, MA MD (Cantab) FRCS (Plast)
Consultant Plastic Surgeon, Guys and St Thomas' NS Foundation Trust
Clinical Lead & Staff Wellbeing Champion
"I support this"

Ms Nola Lloyd, FRCS (plast) MSc, DTMH
Consultant Plastic Surgeon
Salisbury District Hospital.
"The GMC are narrow minded and foolish not to let Dr's qualified in Oz and NZ come here"

Mr Roy L H Ng, MA(Cantab), BMBCh(Oxon), DM(Oxon), FRCS(Eng), FRCS(Plast)
Consultant Plastic Surgeon
Guy's and St Thomas' NHS Foundation Trust
Rhodes Scholar, Hunterian Professorship, awarded by the Royal College of Surgeons of England
Past Chairman of the Specialty Training Committee for Plastic Surgery in London
"I couldn't agree more. Please feel free to add my voice to the petition."

Dr Sarah Welsh, BMCHB, BSc (Hons), PhD, MRCP
Consultant in Medical Oncology
Clinical Lead Renal and Melanoma Oncology, Translational Clinical trials
Royal Devon University Hospitals NHS Foundation Trust
"I would be very keen to support this - please add my name. I thoroughly enjoyed the opportunity to work in Sydney learning with the world leading melanoma team at Melanoma Institute Australia and have seen first-hand how incredible Australian trained doctors are. We should be making it as easy as possible for A/NZ doctors to work in UK."

Ms Jessica Steele, FRCS MB BChir MA(Cantab) FRCS (plastics)
Specialist Plastic Surgeon,
Salisbury District Hospital/University Hospital Southampton
"My lovely colleague [who completed speciality training in Australasia] went through the CESR pathway. From seeing her go through the process I have some understanding of how difficult it is. I would like to add my signature to your letter of petition."

Miss Lauren Uppal MBChB FRCS(Plast) Dip Hand Surg

Correspondence to Dr David Abelson: David.abelson@nhs.net

Consultant Plastic Surgeon
Guy's and St Thomas' NHS Foundation Trust
"I'm very happy to support you with this. It's not right that the FRACS is not recognised in the UK, despite it being an equivalent qualification to the FRCS which is recognised over there. And, given that EEA doctors can get on the specialist register here with training and qualifications that are widely variable and sometimes don't meet UK/Oz/NZ standards.

Correspondence to Dr David Abelson: David.abelson@nhs.net

Dear Mr Streeting,

The NHS faces a severe shortage of specialist doctors, with over 50% of advertised posts unfilled and 74% of these attracting no applicants <19>. Yet, doctors from Australia and New Zealand (ANZ) – including British citizens and those medically trained in the UK – are unable to be recruited as specialists unless by the NHS they complete a lengthy and costly bureaucratic process that typically take 2–4 years, or more.

The NHS is vitally dependent on foreign trained doctors. In 2022, 52% of doctors joining the medical workforce were international graduates. While the GMC accepts many basic medical qualifications, it is still exceedingly difficult for any specialist who qualified outside the EU to have their qualifications recognised in Britain. While this may not dissuade specialists from low-income countries from emigrating, it is a substantial barrier to specialists from countries such as Australia and New Zealand where medical training is commensurate with that in the UK [1, 2].

While the GMC recognises many basic medical qualifications, it remains exceptionally difficult for any specialist trained outside the EU to have their credentials recognised in Britain. This high bar—designed for global applicants—acts as a substantial barrier to highly trained specialists from countries such as ANZ, where medical education is directly comparable to UK standards.

Each year, hundreds of UK-trained specialists are actively recruited to ANZ after these nations legislated cross-recognition of British qualifications. By contrast, Britain maintains significant bureaucratic hurdles that prevent specialists from ANZ taking up NHS roles, creating a damaging one-way drain of expertise and weakening our healthcare system

I am writing to urge you to address this critical workforce crisis by instructing the General Medical Council (GMC) to immediately recognize Australian specialist medical qualifications with whom you have a Free Trade Agreement, and to urgently consider qualifications from other countries with similar levels of training.

For example, although I am British, trained in respiratory and sleep medicine in Australia, and have practiced as a consultant for seven years, I am unable to apply for substantive consultant posts in the NHS because my specialist training is not recognised. Like many colleagues, I am allowed to work as a locum consultant—often for years—despite being officially classified as unqualified for permanent roles.

The pathway for specialists trained outside the UK and EU to have their qualifications recognized here is long, complex, and costly, requiring a portfolio of evidence to be submitted to the General Medical Council (GMC) for Certification of Eligibility for Specialist Registration (CESR). CESR usually needs over 100 certified documents and 1,000 pages of evidence which must detail cross-certification of every aspect of the current UK specialty curriculum. Evidence for this must all be drawn from work in the last five years [#,].

In November 2023, the GMC introduced the Portfolio Pathway, replacing the previous CESR system with what was promised to be a more flexible approach. The reform shifted assessment standards from requiring applicants to demonstrate their training was "equivalent to a CCT in the specialty in question" to proving they possess the Knowledge, Skills and Experience (KSE) required for UK specialist practice. This change was implemented through existing GMC regulatory powers under the Medical Act 1983 and the Postgraduate Medical Education and Training Order 2010, avoiding the need for new primary legislation.

However, the practical reality has fallen far short of these promises. Despite official assurances of "reduced bureaucratic burden and faster assessment processes", feedback from both applicants and assessors reveals that the Portfolio Pathway process remains fundamentally unchanged. The Scotland Deanery's 2024 survey found that 12.8% of doctors have abandoned their Portfolio Pathway applications entirely, citing *"challenges with support, clarity of the evidence required"* and describing the process as *"excessively bureaucratic, appears set up to dissuade people rather than support them"* [14].

Applicants continue to face the same onerous requirements: hundreds of certified documents, over 1,000 pages of evidence, and the restrictive five-year rule that invalidates older training experience. One geriatrician,

[#] The GMC has announced a new approach will be based on demonstrating 'Knowledge, Skills, and Experience' (KSE) [5]. However, in practice, this still involves producing hundreds of documents of evidence and for physicians, the CESR process remains unchanged (private email correspondence with GMC, 2023).

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thirteen months after submission, remains in limbo with their application "sitting untouched, awaiting allocation of a CESR assessor"[14]. The Royal Colleges acknowledge that while the assessment framework has nominally changed, "the types of evidence required are still the same under Portfolio Pathway as they were under CESR"[14].

Our own signatories report that, far from being an isolated case, waiting periods of two years are commonplace and the time taken to organise reports, complete any additional training and exams and submit is usually between two and four years and can easily be much longer. One surgeon, accredited by CESR and working in the UK, put together a slide to demonstrate to interested colleagues what they should expect if they want to apply for equivalence; a timescale many other applicants confirm they also experienced:

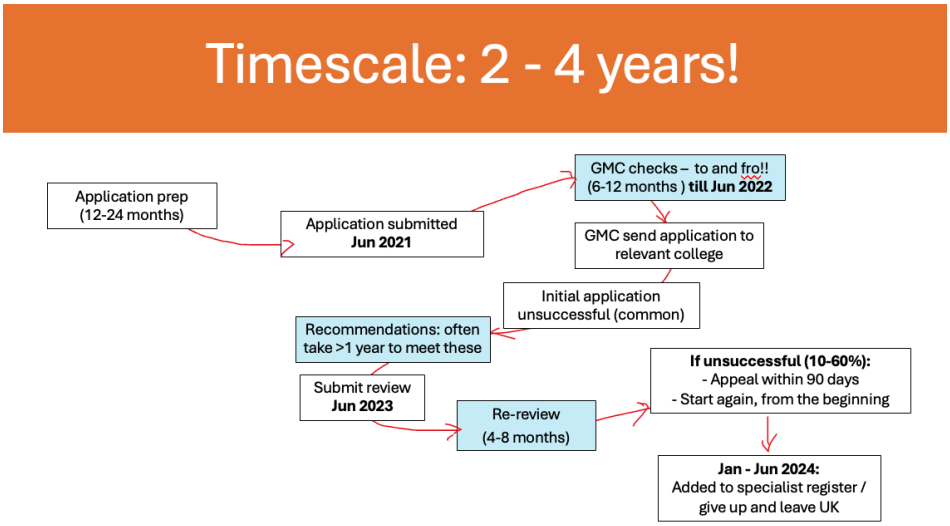

Figure 1. A typical timetable for CESR accreditation experienced by one of our signatories (exact dates changed for privacy), and confirmed by many other signatories

For most ANZ specialists like me, this means the barriers remain insurmountable. Despite having completed eight years of university education, eight years of specialist training comparable to the UK system, and seven years of consultant practice, I would still likely need to repeat years of training and examinations, followed by documenting hundreds of pieces of evidence - all at significant financial cost and career disruption.

This is not because I lack experience or skills but because curricula change over time and CESR mandates that all evidence be drawn from the last five years.

The majority of current UK specialists would also have to complete extra training and repeat examinations if they also had to apply to CESR now. They would be ineligible to work as specialists in their own country as none of their training from more than 5 years past would be submissible. Many UK trained specialists have attested to this and are cosignatories on this letter (see below).

The prospect of repeating years of training while having to work in the UK as a 'junior doctor' and earning approximately 60% less than as a consultant specialist in ANZ, is not attractive. Consequently, like many ANZ specialists wishing to work in the UK (including many co-signatories to this letter), I will likely be forced to abandon this pursuit and return to ANZ.

The total time taken for ANZ specialists to get approved for CESR is 2- 4 years, necessitates hundreds of documents of proof, often requires further examinations and sacrifice of consultant wages to work at a lower pay grade to attain the proof with direct and indirect costs (in lost earnings) to applicants easily over £100,000. For examiners it means many hours of unpaid voluntary administration trolling through hundreds of documents to assess specialists most think should be automatically accredited. To attest to this, *seven Respiratory UK Training Programme Directors in Respiratory Medicine have signed this letter.*

Many doctors have tried to raise these issues with their local members or the GMC and have received unhelpful replies to state that the rules of the GMC (see examples of multiple letters and replies in the appendix). Other specialists have reported that the GMC is powerless to change the rules as they are simply acting on legislation guided by parliament.

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The UK-Australia Free Trade Agreement (FTA) encourages regulatory bodies in both countries to facilitate the recognition of healthcare professional qualifications. Although the Australian Health Practitioner Regulation Agency (AHPRA) recognises the GMC as a Competent Authority, the GMC still does not reciprocate. Consequently, while many specialists leave for Australia annually (where UK qualifications are largely recognised) and 1,200 migrated between 2016-21 *alone*, draining the UK of 1.8% of all specialists and adding 3% to the Australian specialist pool [9, 11] while very few Australian specialists come to work in the UK as consultants. The significant barriers to registration here which prevent Australians such as me working here as specialists are one important reason for this net exodus.

Britain is not the only country to face barriers from professional organisations that make recruitment of good doctors difficult. Australia has faced similar difficulties but recognising the importance of recruiting British doctors to Australia, **the Hon. Mark Butler MP, Australia's Minister for Health and Ageing,** has now announced his active intervention in accreditation systems following the 2023 Kruk Review. Health ministers specifically directed AHPRA to implement expedited registration pathways for specialists from the UK and Ireland, which commenced in October 2024 <13>. As a result, British physicians now make up nearly 8% of Australian specialists and are actively being recruited, while Britain and the GMC currently make it extremely difficult for many physicians who would love to move in the other direction to be able to do so.

New Zealand has a long history of similar recruitment with large numbers of British doctors actively encouraged to emigrate and doing so in increasing numbers <16>. The Medical Council of NZ recognises UK medical graduates through a specific 'competent authority' pathway and in a significant development, from 1st November 2024, NZ introduced a fast-track registration pathway that reduces assessment time from 6 months to 20 days and covers most specialists (vis a vis the 2-4 years we have demonstrated for portfolio / CESR). Similar to Mark Butler and Australia, the NZ government has taken deliberate action to recruit NZ specialists. New Zealand has the highest dependency on overseas-trained doctors globally, with 42% of the workforce being international medical graduates. **The Health Minister, the Hon. Dr Shane Reti** welcomed the fast track pathway as it aligned with the government's push to improve health outcomes and the government explicitly acknowledges that "speeding up a process that would usually take up to six months will help to fill critical gaps in New Zealand's health workforce" while the medical council expects "an increase in doctors with UK and Irish postgraduate qualifications who may choose to apply for registration" due to this initiative <15>.

CESR and the 'Portfolio' Pathway

Many of our signatories have already attempted to take this issue up individually with parliamentary representatives and have received letters back that claim no action is required as recent Portfolio pathway reforms give the GMC greater flexibility to accredit international specialists, shifting from requiring training "equivalent to a CCT" to demonstrating "knowledge, skills and experience" for UK specialist practice. Yet, as the official guidance from the Joint Committee on Surgical Training confirms, this standard is still set by current CCT curriculum: "you need to demonstrate equivalence to the curriculum current at the time of application" <17>. In practice, nothing substantive has changed—CESR has simply been rebranded as the Portfolio pathway, and all the same bureaucratic demands remain.

Recent feedback from applicants, assessors, and the 2024 NHS Education Scotland survey show that Portfolio requirements are just as onerous as before, with no real reduction in paperwork or process for Australian and New Zealand specialists. Procedural renaming alone has not addressed the underlying administrative barriers; CESR remains the principal route for recognition and still requires extensive documentation and demonstration of equivalence to UK training <14>.

These replies from local members appear to reflect repeated lack of will to look at the issues critically and face the face that the NHS loses hundreds of specialists annually to countries that have done so.

Ultimately, recognition of Australian and New Zealand qualifications—countries whose training is closely aligned with the UK and often more so than many directly accredited European nations—is a governmental, not administrative, decision. Administrative bodies will not act without clear legislative direction, and this inaction results in Britain losing hundreds of specialists each year to ANZ even as many British-trained consultants abroad are prevented from returning home by excessive bureaucracy.

By contrast, both Australia and New Zealand have explicitly responded to their recruitment crises with decisive ministerial interventions. Their governments have legislated to expedite the recognition of British specialists, bypassing professional inertia. While the UK introduced similar measures for Europeans over 20

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years ago, it has yet to reciprocate for equally aligned countries such as ANZ after leaving the EU—contributing further to the loss of critical NHS talent.

Only direct political action, not further administrative tinkering, will deliver meaningful change for the NHS and those wishing to serve it.

Existing Cross Accreditation for European Specialists

Paradoxically, the GMC does not impose such onerous restrictions on specialists qualified in all countries and, despite Brexit, specialists from any country in the **European Economic Area (EEA)** remain able to have their speciality qualification cross recognised in Britain.

The recognition of European specialty qualifications in Britain since 1995 has resulted in a substantial influx of medical specialists who play a critical role in supporting the NHS and now make up 15% (11,000 of 71,000 specialists) of the UK specialist workforce. This stream is slowing since Brexit, with incoming physicians since 2020 numbering less than half of those who arrived between 2013-15.

The recognition of European specialists by the GMC only occurred substantively after a Statutory Instrument and order was made on the GMC in 1995 called the European Specialist Medical Qualifications Order, 1995. Specifically, this instrument legislated that the GMC and the royal colleges are not permitted to allow specialists onto the registry from outside the EEA unless they met criteria for eligible specialists that 'he satisfies the STA that those qualifications are equivalent to a CCST in the specialty in question'.

The GMC and the Royal Colleges are still bound by this instrument. No significant changes have happened to it since. It encourages immigration of specialists from throughout non-English speaking Europe, including Eastern European countries that have substantively different medical training and standards, but it requires that specialists from everywhere else globally, including the whole English-speaking world which has close ties economically, culturally, linguistically and academically with Britain, to be excluded.

So important are these healthcare professionals to Britain that when leaving the EU:

- The British Government urgently instructed the GMC to maintain recognition of EEA and Swiss specialist qualifications, and,
- The GMC then swiftly implemented a new Relevant European Qualification (REQ) pathway to continue recognizing these qualifications,
- The GMC publishes documents and numbers analysing the inflow of European Doctors from each European country while we could find no published records for any individual countries (including ANZ) outside the EU

This is despite the fact that some countries in the EEA may not have medical practices and training equivalent to that in the UK (and ANZ). For example, of 11,006 specialists in the UK from the EEA, 43% came from Greece, Romania, Hungary, Czech Republic, Poland, and Bulgaria, countries who may not have comparable training to that in the UK and ANZ. Yet these physicians undoubtedly contribute enormously professionally and economically to the NHS and the UK and the UK continues to allow their speciality training to be cross recognised here after multiple reviews and more than five years after leaving the EU.

Table 1. Comparison of Barriers to Entry for EEA and Australian Specialists

EEA and Swiss Specialists	CESR - Australian Specialists (and elsewhere worldwide)
• Speciality qualification is recognised without further exams or training	• Speciality qualification and Australian certification is not recognised, and individuals must complete CESR
	• CESR requires proof that an individual's training is equivalent to every item on the current UK curricula (with evidence restricted to the last 5 years)
	• Requires hundreds of certified documents as evidence
• No vetting by specialists required	• Time consuming vetting by volunteer UK specialist doctors
• Process usually takes a few months	• Usually takes 18-24 months and costs thousands of pounds

It is clearly inconsistent and to the loss of the UK that the GMC rapidly enacted changes to ensure it continued to accredit speciality qualifications from across Europe (whilst no longer having an FTA with these countries), while Australia, with whom Britain has had an FTA since 2021, whose training institutions were founded by

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Britain, and who shares language, healthcare, training and examinations standards with Britain, produces specialists who are not recognized.

Adding to the urgency of this problem, since Brexit, the stream of specialist talent from the EEA has been declining. While an average of 1,600-1,700 European trained specialists relocated to the NHS each year in 2013-15, the numbers have steadily fallen to 773 in 2021.

The solution to this doesn't require new acts of parliament or significant changes to GMC processes. It simply requires that you instruct the GMC with an urgent Statutory Instrument to recognize Australian qualifications following the same established pathways that the GMC continues to use to recognise specialists trained in the EEA and Switzerland.

After legislating recognition for ANZ specialist training, the government should consider extending this cross-accreditation to other English-speaking countries with medical systems and training aligned to British standards, such as Canada, USA, South Africa, Israel, and Singapore. Some doctors from these nations are cosignatories on this open letter. Additionally, the government could consider similar barriers to entry for other urgently needed healthcare professionals, including nurses and allied health practitioners.

While it is the responsibility of the GMC to administer the register of specialists and the rules provided to it by the government, the GMC is reportedly currently focused on legislation for physician associate training, introduced by the previous government. While untested worldwide, this ambitious project will not produce new specialists for at least 15 years. As Health Secretary, you have responsibility for the NHS and deficits in the workforce, and it is thus up to you to direct the GMC to act in the best interest of the NHS.

We present practical solutions that can be readily implemented with direction from a Statutory Instrument from yourself and rapidly lead to direct benefits for the NHS. These simple changes have been grossly overlooked by the previous government despite leaving the EU.

The amendments we propose have the opportunity to substantially improve the number of specialists in the UK in a comparatively short time frame with substantial flow on benefits to the NHS, patients of the NHS and the UK economy.

Health and Economic Benefit to the UK:
A conservative estimate of the numbers of specialist doctors who would likely migrate to the UK, if provided opportunity to work through recognition of qualifications, is an inflow of 10,000 specialists over 10 years (Table 2). We have used 1.4% as this is the proportion of specialists from Western European countries who work in the UK currently (see calculations in Appendix Table 3.) and do not have barriers to entry. However, 1.4% is likely a conservative estimate of migration from countries such as ANZ as language forms a significant barrier to migration from many areas of the EU. For example, only 0.3% of French specialists work in the UK, a country where English is often not emphasized in curricula, while 28% of Irish trained specialists do so.

Table 2. Estimated specialist migration to the UK over ten years, modelled on inflow to the UK from Europe

Country	Population	Medical practitioners	Specialist Doctors	Specialist migration over ten years, 1.4% of each workforce
UK	68,000,000	390,000	71,000	
Prominent English-Speaking Countries with Excellent Levels of Medical Care				
Australia	27,000,000	137,000	40,000	560
New Zealand	5,000,000	19,000	7,000	100
South Africa	64,000,000	46,000	16,000	224
Canada	41,000,000	98,000	52,500	735
United States	346,000,000	1,000,000	582,000	8,148
Israel	9,000,000	38,000	19,000	266
Singapore	6,000,000	16,000	6,000	84
Total				**10,017 = 14% increase**

Table 2. Estimates of specialist migration to the UK from ANZ and other select countries over ten years, assuming 1.4% of specialist doctors from countries emigrate (the median emigration from EEA high income countries, see appendix) shows that the specialist pool in the UK would increase by more than 10,000 doctors, adding 14% to the UK's specialist workforce.

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Failing to address this issue urgently will exacerbate the critical skills shortages in the medical specialist workforce, negatively impacting NHS institutions, staff, and patients. Many highly qualified international physicians, including signatories of this letter, may choose not to work in the UK due to these barriers.

Brexit presents a unique opportunity to reshape policies for the benefit of the NHS. We estimate these reforms **could increase the UK's specialist medical doctor pool by 10,000 practitioners (14%) over 10 years**. Extending similar reforms to other higher medical qualifications, nursing and allied health could have a profound impact on the overall 6.7% deficit in the UK healthcare workforce.

With political will, the changes we are suggesting could be implemented swiftly, addressing the 100,000 skilled professional shortage in the NHS. This reform not only makes healthcare sense but also economic sense. Incoming specialists would bring substantial economic benefits, including reduced training costs and increased tax revenues.

Proposed Solution:

- Instruct the GMC to immediately recognize Australian qualifications using established pathways that the GMC continues to use to recognise specialists trained in the EEA and Switzerland.
- Urgently assess extending this recognition to other countries with high levels of medical training such as New Zealand, South Africa, Canada, United States, Israel and Singapore.

Timeline:

Following overwhelming public response and support to an article in The Times highlighting the ludicrous nature of this problem <18> we have launched a public petition allowing lay public to become aware of this issue and express their support. We will formally submit this letter to you at 7,500 lay signatures to allow your office time to formulate a response at 10,000.

We will take this further to see a Parliamentary debate on the topic (with associated further press coverage) at 100,000 signatures that we are quite confident of achieving if the government does not agree that this is a an important issue in need of urgent rectification.

Yours Sincerely,

Doctor David Abelson
Specialist Respiratory and Sleep Physician, Australia
Fellow Royal Australasian College of Physicians
B. Sc (hons)., MBBS, FRACP
Locum Consultant and Research Fellow, Royal Papworth Hospital, Cambridge, UK

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References:

<1> NHS staffing: explained
https://fullfact.org/health/nhs-staffing-crisis-explained/
Accessed 30 September 2024

<2> The state of medical education and practice in the UK, Workforce report, 2023. GMC,
https://www.gmc-uk.org/-/media/documents/workforce-report-2023-exec-summary_pdf-103574477.pdf
Accessed 30 September 2024

<3>. Record number of consultant physician jobs are unfilled, census shows
https://www.bmj.com/content/378/bmj.o1782
Accessed 30 September 2024

<4> GMC guidance about specialist recognition
https://www.gmc-uk.org/registration-and-licensing/join-the-register/applying-for-specialist-or-gp-registration/changes-to-how-doctors-demonstrate-the-standard-required-for-specialist-and-gp-registration

<5> Portfolio pathway applications,
https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/specialty-specific-guidance

<6> "Our data about doctors with a European primary medical qualification in 2021", GMC, Nov 2021,
https://www.gmc-uk.org/-/media/documents/eea-pmq-report-2021-final_pdf-88482214.pdf
Accessed 30 September 2024

<7> UK-Australia Free Trade Agreement, UK Government
https://www.gov.uk/government/collections/uk-australia-free-trade-agreement
Accessed 30 September 2024

<8> UK-Australia Free Trade Agreement: Benefits for the UK
https://assets.publishing.service.gov.uk/media/63c82a5c8fa8f5079c191f32/uk-australia-free-trade-agreement-fta-benefits-for-the-uk.pdf
Accessed 30 September 2024

<9> Competent Authority Pathway, Medical Board of Australia
https://www.medicalboard.gov.au/registration/international-medical-graduates/competent-authority-pathway.aspx
Accessed 30 September 2024

<10> BMJ 2022;378:o1782, letter from Dr Brent O'Carrigan
https://www.bmj.com/content/378/bmj.o1782/rr-1
Accessed 30 September 2024

<11> https://advancemed.com.au/uk-doctor-work-in-australia/
Accessed 1 October 2024

<12> The European Specialist Medical Qualifications Order 1995
https:/www.legislation.gov.uk/uksi/1995/3208/made
Accessed 11 October 2024

<13> "Government cuts red tape for overseas trained doctors"
ABC News Australia, Minister for Health Mark Butler, Press Release
https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/government-cuts-red-tape-for-overseas-trained-doctors
Accessed 21 August 2025

Correspondence to Dr David Abelson: David.abelson@nhs.net

<14> SAS CESR PORTFOLIO Survey, 2024, NHS Education for Scotland.
Dr Lynne Meekison, Associate Postgraduate Dean for SAS, NHS Education for Scotlant
https://www.scotlanddeanery.nhs.scot/media/722617/sas-cesr-portfolio-pathway-2024-update-survey-summary-report.pdf (accessed August 25, 2025)

<15> Move to fast-track overseas doctors welcomed, Hon Dr Shane Reti,
https://www.beehive.govt.nz/release/move-fast-track-overseas-doctors-welcomed (accessed August 26, 2025)

<16> Medical Council of New Zealand to introduce new fast-track specialist registration pathway. Head Medical. https://www.headmedical.com/blog-events/news/42/medical-council-of-new-zealand-to-introduce-new-fast-track-specialist-registration-pathway.aspx (accessed August 26, 2025)

<17> Joint Committee on Surgical Training. https://www.jcst.org/cesr/. Accessed 16 September, 2025

<18> The Times, "We moved to Australia as junior doctors. The NHS won't let us back". By Eleanor Hayward. September 26, 2025,
https://www.thetimes.com/uk/healthcare/article/nhs-doctors-australia-new-zealand-fvjc9d0xl

<19> RCP census finds record number of physician jobs unfilled. Royal College of Physicians.
https://www.rcp.ac.uk/news-and-media/news-and-opinion/rcp-census-finds-record-number-of-physician-jobs-unfilled/ (accessed 5 Oct, 2025)

Correspondence to Dr David Abelson: David.abelson@nhs.net

Appendix Table 3. European Specialists registered in Britain by the GMC.
The table shows there are 1,884,558 doctors and 588,306 specialists in the EEA. Emigration from these countries to the UK has occurred and the numbers of specialists from these countries displayed, totalling 23,964 doctors and 111,006 specialists.

This equates to 1.6% of all specialists trained in EEA being registered in the UK.

Western European countries are displayed in Red. 1.4% of specialists from these countries (5,485 of 404,275 specialists) have registered to work in the UK.

EEA Country	Population	Medical doctors	Licensed doctors in UK	Specialist doctors	Specialists in UK	% of all Specialists who work in UK
Ireland	5,000,000	20,256	3,400	3,562	1,361	27.6%
Romania	20,000,000	67,096	2,605	28,512	871	3.0%
Greece	10,000,000	66,504	2,490	28,005	1,650	5.6%
Italy	59,000,000	242,721	2,283	92,755	1,528	1.6%
Poland	40,000,000	129,893	2,008	48,406	773	1.6%
Germany	83,000,000	376,850	1,902	124,393	1,024	0.8%
Czech Republic	10,700,000	44,700	1,408	16,420	343	2.0%
Spain	48,000,000	212,735	1,292	56,249	702	1.2%
Bulgaria	7,000,000	29,500	1,169	12,721	373	2.8%
Hungary	9,500,000	32,026	1,159	12,513	596	4.5%
Netherlands	17,400,000	68,363	695	16,649	302	1.8%
Malta	448,000	2,252	572	493	192	28.0%
Slovakia	5,400,000	20,047	416	6,682	154	2.3%
Lithuania	2,500,000	12,533	402	3,155	182	5.5%
France	65,000,000	215,722	332	53,666	163	0.3%
Belgium	12,000,000	37,630	328	10,596	150	1.4%
Portugal	10,000,000	58,031	285	13,609	119	0.9%
Latvia	1,800,000	6,328	259	1,986	84	4.1%
Croatia	4,000,000	14,656	223	5,721	111	1.9%
Austria	9,000,000	48,443	180	11,398	74	0.6%
Switzerland	9,000,000	38,613	116	10,281	62	0.6%
Sweden	10,500,000	44,719	98	10,281	58	0.6%
Denmark	6,000,000	25,500	79	4,700	33	0.7%
Slovenia	2,000,000	7,049	53	2,362	26	1.1%
Estonia	1,300,000	4,500	51	1,598	35	2.1%
Finland	5,700,000	23,916	35	4,784	18	0.4%
Norway	5,490,000	27,925	23	4,961	10	0.2%
Iceland	351,000	1,631	23	391	12	3.0%
Cyprus	1,200,000	4,419	18	1,451	0	0.0%
Total	**461,289,000**	**1,884,558**	**23,904**	**588,300**	**11,006**	**1.6%**
				404,275	**5,485**	**1.4%**

Sources:

Total EU specialist numbers are from EU data (accessed 1 October, 2024):
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Physicians,_by_speciality,_2021_Health2023.png

From each European country, the numbers of licenced doctors and specialists who have migrated to the UK have been extracted from published GMC data:
https://www.gmc-uk.org/-/media/documents/eea-pmq-report-2021-final_pdf-88482214.pdf

The % of specialists who work in the UK is a ratio of specialists in the UK versus active specialists in their European country of origin.

Correspondence to Dr David Abelson: David.abelson@nhs.net

Appendix 2: Examples of Some Replies from Cosignatories:

Dear Dr Abelson,

I would be delighted to support your petition to the Uk Health Secretary. The processes are antiquated and in urgent need to be updated. I had not recognised that the Uk failed to reciprocate with Australia. I was aware that European Respiratory Examinations (e.g. HERMES) was not recognised when it clearly should be.

We cannot and should not allow individuals like yourself to leave the Uk due to processes that, as I see it, are not fit for purpose. I assess CESR applicants for respiratory medicine for the RCP and all those who apply have worked so hard an deserve the have it granted.

Please add me to the signatory list.

Dr Matthew Pavitt, Consultant Respiratory Physician, PhD, MBBS (Uk), University Hospitals Sussex NHS Foundation Trust - Royal Sussex County Hospital, Uk.

Kind regards.

Matt
Dr Matt Pavitt (My Pronouns are: he/him)
Consultant in Respiratory Medicine
Clinical Lead for COPD & Respiratory Physiology

Hi David

Very happy to give you my support for what it's worth!
The CESR system is a total dogs dinner and i think grossly inequitable and probably a bit racist.

Georgina Russell
MBBS
Respiratory and general medicine
consultant physician CUH

Department of Health & Social Care

From Karin Smyth MP
Minister of State for Health

39 Victoria Street
London
SW1H 0EU

Your Ref: ZA161911

PO-1578565

Daniel Zeichner MP
By email to: daniel@danielzeichner.co.uk

17 March 2025

Dear Daniel,

Thank you for your correspondence of 14 February on behalf of your constituent Dr Ashray Gunjur about the General Medical Council's (GMC's) recognition of Australian medical specialist qualifications. I apologise for the delay in replying.

I appreciate Dr Gunjur's concerns.

Internationally educated healthcare professionals make an incredibly important contribution to our health and social care system, and we highly value the skills, expertise and care that they bring to work every day.

As you will be aware, the GMC is the independent regulator of all medical doctors practising in the UK. It sets the standards that must be met by domestic and international applicants wishing to be added to their registers. This ensures registrants are safe to practise and that patients receive a high standard of care.

As an independent body, the GMC is responsible for operational matters concerning the discharge of its statutory duties, and the Government cannot direct its actions or intervene in individual cases. However, there have been recent improvements to the GMC's processes to register international specialist medical qualifications that you may wish to share with Dr Gunjur.

As Dr Gunjur may be aware, the GMC Specialist Register is a list of doctors who have demonstrated that they have the training, qualifications, knowledge, skills and experience to practise as a specialist in the UK. Doctors can demonstrate their eligibility for specialist registration through a number of application pathways, which are outlined at www.gmc-uk.org/registration-and-licensing/our-registers/a-guide-to-our-registers/specialist-and-gp-application-types. This guidance contains information about how long each stage of the process takes, and what is required in order to move to the next stage.

The GMC acknowledged that the evidence required for many of those who do not hold a Certificate of Completion of Training (CCT) to demonstrate eligibility for specialist registration was overly complex and burdensome and that legislative amendment was needed. In 2023, the Department worked with the GMC to amend the legislation, which included an updated standard for specialist registration. This change means that doctors

---------- Forwarded message ---------
From: **Foti Sofiadellis** <fsofia@gmail.com>
Date: Sun, 19 Jun 2022 at 06:27
Subject: Re: From the Office of Rt Hon Greg Hands MP (Case Ref: GH34107)
To: Greg Hands MP <handsg@parliament.uk>

Dear Emily,

Thank you for your email and the effort from your office.
I understand the GMC needs to maintain a standard of credentialing.
The reason for seeking advice from my MP was following a discussion with Miss Victoria Rose (Chair for Specialist Register in Plastic Surgery)
She advised me that even if all proformas and evidence is verified the Australian FRACS exam is unlikely to be accepted.
Although we both independently operate on patients as consultant surgeons (>12months) in the same plastic surgery unit (Guy's & St Thomas' Hospital) my pathway to CESR specialist registration has thus far been a 3 year process with no end in sight.
This is not an issue I have with her and I value her advice. I feel that I have a valuable skill set to bring to the NHS but the bureaucracy will leave me no choice but to soon relocate to Australia.
I believe that an alternative pathway should be available if a consultant surgeon is deemed competent by the employer, colleagues and above all their patients in a major central London hospital.
I understand the proforma requirements and I plan to pursue the CESR. I have received correspondence from the GMC with thanks.

Kind Regards,
Foti

On Thu, Jun 16, 2022 at 1:22 PM Greg Hands MP <handsg@parliament.uk> wrote:
Dear Dr Sofiadellis,

I am writing on behalf of Rt Hon Greg Hands MP following our previous correspondence. Mr Hands has now received the below reply from the General Medical Council (GMC).

The GMC outlines that the requirement for documentary evidence to be verified at source, by the hospitals or institutions where the doctor has worked, is important for assuring the integrity and robustness of the process.

The GMC also details that they will contact you directly to discuss your application further.

I hope you find this information helpful. Thank you once again for taking the time to contact Mr Hands, and please do not hesitate to let us know if we can be of any further assistance.

Kind regards,
Emily

Caseworker
Office of Rt Hon Greg Hands MP
Member of Parliament for Chelsea and Fulham I Minister for Energy, Clean Growth and Climate

Change
House of Commons, London, SW1A 0AA I 0207 219 0648I www.greghands.com

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Dear Mr Hands

Thank you for your email of 31 May on behalf of your constituent Dr Sofiadellis.

I am sorry to hear of Dr Sofiadellis's frustrations. I'm pleased we've received an application to join the Specialist Register and we're doing all we can to support him in that. Having specialist registration will considerably broaden his opportunities for working in the NHS, given that it's a requirement for appointment to a substantive consultant post in most Trusts and Boards around the UK.

The application processes arise from the highly prescriptive nature of the statutory regulations that currently govern entry to the Specialist Register, namely the Postgraduate Medical Education and Training Order 2010. Under this legislation, applicants who haven't completed a full programme of prospectively-approved specialist training in the UK must demonstrate, on the basis of robust, verifiable evidence, that their knowledge, skills and experience in the specialty can be fully mapped to the relevant UK training curriculum. Inevitably, this makes for a complex and time-consuming process, involving the submission and evaluation of what will always be an extensive body of detailed evidence.

It's important to be frank with Dr Sofiadellis that we don't have any standing to waive the current legislative requirements, or to offer an alternative, more straightforward route onto the Specialist Register at this point. Our approach must be to offer all the support we reasonably can with the process as it stands. But I wouldn't want Dr Sofiadellis to be discouraged. We've supported many thousands of doctors in this and we're very much aware of the challenges they face.

Verification

The specific issue that has been holding up the progress of Dr Sofiadellis's application is the submission of signed proformas for evidence verification purposes. The requirement for documentary evidence to be verified at source, by the hospitals or institutions where the doctor has worked, is important for assuring the integrity and robustness of the process. We have in fact considerably streamlined this requirement in recent years, but it can still present challenges and we understand that.

Dr Sofiadellis has provided 24 proformas in support of his application. These proformas have not been signed or dated, which means we can't use them. Dr Sofiadellis has told us he will struggle to get all of these proformas duly signed, given that they relate to his practice overseas. However, 24 proformas is considerably more than we ask for or need. In fact, we only need one signed proforma from each of the hospitals or institutions where Dr Sofiadellis is providing evidence from – we'd expect this evidence to be drawn from the last six years for his specialty. And as he has told us that in the last six years he's worked in eight hospitals, we would expect to see no more than eight signed proformas. On the face of it, this should be much more manageable for him.

We will contact Dr Sofiadellis direct to discuss this further and hopefully get the process moving along again.

We want to change the application process

Finally, can I assure you and Dr Sofiadellis that we're far from wanting to make the process so complicated. In fact, we've long taken the view that the legislation governing specialist registration is outdated and not flexible enough to meet current service needs. For a number of years we've lobbied the Government for a change in our legislation to enable us to take a more agile approach to registration in general, and specialist registration in particular.

I'm pleased to say that things are now moving on this front, and we're working closely with the Department for Health and Social Care on an extensive package of regulatory reforms, including accessing specialist registration. However, in the nature of things, the hoped-for changes arising from this work are unlikely to fully come into effect for some time yet.

For the moment, it's the current requirements that Dr Sofiadellis will need to meet if he wants to be entered in the Specialist Register. As I've said, we will support him as best we can.

Correspondence to Dr David Abelson: David.abelson@nhs.net

From: Daniel Zeichner <daniel@danielzeichner.co.uk>
Date: Friday 14 February 2025 at 15:04
To: "GUNJUR, Ashray (CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST)" <ashray.gunjur@nhs.net>
Subject: Re: Retaining Aus/NZ medical specialists in the UK (Case Ref: ZA161911)

Dear Ashray,

Thank you very much for taking the time to get in touch with me over this important issue. I acknowledge the points you raise about how different qualifications are considered by the GMC and the retention of Aus/NZ medical specialists. I am grateful for you taking the time to bring these issues to my attention and for sharing your perspective.

In order to obtain the specialist knowledge required to respond to your query, I have passed your message onto my ministerial colleagues in the Department for Health and Social Care. I will be back in touch as soon as I receive a response with their thoughts.

In the meantime, your patience is greatly appreciated. Thanks again for writing to me.

Yours sincerely,

Daniel Zeichner
Member of Parliament for Cambridge

Email: daniel@danielzeichner.co.uk
Twitter: @DanielZeichner
Web: www.danielzeichner.co.uk
Phone: 01223 423252

From: "GUNJUR, Ashray (CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST)"
Sent: 7 February 2025 21:09
To: "daniel@danielzeichner.co.uk"
Subject: Retaining Aus/NZ medical specialists in the UK

Dear Mr Daniel Zeichner,

My name is Dr Ashray Gunjur, and I am a locum consultant medical oncologist at Addenbrooke's Hospital (Cambridge University Hospitals NHS Foundation Trust), as well as a post-doctoral researcher at the Wellcome Sanger Institute (Cambridgeshire, UK). I am an immigrant from Australia, and am in the UK on a skilled worker visa, having arrived in September 2021. My wife and young son are both dual UK/Australian citizens, and my wife is also a medical doctor working in the NHS. Since

arriving we have found a home in the UK, and have contributed to the NHS, medical training, UK research, as well as UK taxpayers.

I am writing to bring to your attention the large double standard that exists between non-GP medical specialists trained in highly contemporaneous countries, such as Australia and New Zealand, gaining General Medical Council (GMC) specialist recognition, as opposed to those trained anywhere in the EEA. In my case, after internship (foundation training), I undertook 6 years of speciality training- 3 years of core medical training and 3 years of advanced training in medical oncology, under the auspices of the Royal Australasian College of Physicians (RACP) in my home city of Melbourne. As our Royal Colleges were initially branches of the UK colleges, it is no surprise our speciality training is very similar in terms of format, duration, and rigour. Furthermore, Australia and the UK share a common language, customs, and system of law, including those guiding medical care and decision making (e.g. very similar Mental Health Acts). I contrast this with training in EEA countries, where medical oncology training and practice is often formatted significantly differently.

While the GMC still allows near automatic recognition of all medical specialist training from the EEA via the 'Relevant European Qualification' scheme, the reciprocal privilege was removed for UK-trained specialists almost immediately after Brexit came into force (Jan 1, 2021). Meanwhile, the Australia's GMC equivalent, AHPRA, now have an 'expedited specialist pathway' for UK/Irish trained specialists in Anaesthesia, General practice (GP), Psychiatry, with plans to extend to Obstetrics and Gynaecology, Radiology, General medicine and General paediatrics. In return, the GMC recently added a separate 'recognised specialist qualification' list, however this is currently limited only to GP training. Therefore, while a broad variety of UK non-GP medical specialists have the ability of gaining rapid specialist registration in Australia, Australian specialists such as myself must undertake the onerous 'portfolio pathway' to gain the same in the UK. This involves substantiating thousands of pages of evidence of the equivalence of our medical training, representing both a huge cost of time and expense for both the candidate as well as the college and GMC reviewer (often specialists themselves).

Like many Australian medical specialists living and working in the UK, my wife and I are very happy to be contributing to this fantastic country, however the double standard of specialist medical registration standards compared to our EU colleagues make us feel relatively undervalued and unwanted. This is compounded by the privileged position that many UK-trained specialists have when taking the reverse path and migrating to Australia.

I appreciate that nothing will change quickly, however I truly feel that parliamentary pressure to expand the GMC 'recognised specialists qualifications' list to include other (non-GP) specialists from Australian and New Zealand represents a tremendous opportunity to make the most of post-Brexit freedoms, expand the nascent UK-Australian free trade agreement, and retain a highly skilled specialist workforce in the UK, trained to exceptional standards, and with a common language, history, and culture.

Yours sincerely,

Dr Ashray Gunjur MBBS (hons, Uni. Melbourne), BMedSci, MPHTM, FRACP

Correspondence to Dr David Abelson: David.abelson@nhs.net

Department of Health & Social Care

From the Ministerial Correspondence and Public Enquiries Unit

39 Victoria Street
London
SW1H 0EU

Our ref: DE-1591268

Dear Dr Kuckreja,

Thank you for your correspondence of 16 March to the Secretary of State for Health and Social Care about mutual recognition of medical specialist qualifications. I have been asked to reply.

I was sorry to read of the difficulties you and your colleagues have faced, and I appreciate your concerns.

As you are aware, the General Medical Council (GMC) is the independent regulator of all medical doctors practising in the UK. It sets the standards that must be met by domestic and international applicants wishing to be added to its registers, ensuring that registrants are safe to practise and that patients receive a high standard of care.

The GMC acknowledged that the evidence requirements for many of those who did not hold a Certificate of Completion of Training (CCT) was overly complex and burdensome and that legislative amendment was needed.

In 2023, the Department worked with the GMC to amend its legislation, including an updated standard for specialist registration. As a result of this change, doctors no longer have to provide evidence that their training is 'equivalent' to a CCT. Instead, they must show that they have the relevant specialist training or qualifications to demonstrate the knowledge, skills and experience required to practise as a specialist in the UK.

These amendments enabled the GMC to make changes to the Certificate of Eligibility for Specialist Registration (now called the Portfolio Pathway) to make it more accessible and flexible for a wider cohort of doctors. The amendments also allowed the GMC to develop new pathways for specialist registration, and the first of these (the Recognised Specialist Qualification Pathway) was launched on 15 May 2024. Further information can be found at www.gmc-uk.org/registration-and-licensing/join-our-registers/applying-for-specialist-or-gp-registration/changes-to-how-doctors-demonstrate-the-standard-required-for-specialist-and-gp-registration; the section on frequently asked questions includes guidance for those who submitted an application before 30 November 2023, which may be applicable to your particular circumstances.

Doctors can demonstrate their eligibility for specialist registration through a number of application pathways, which are outlined on the GMC website at www.gmc-uk.org/registration-and-licensing/our-registers/a-guide-to-our-registers/specialist-and-gp-application-types. There is guidance on how long each stage of the process takes and on what is required in order to move to the next stage.

I hope this reply is helpful.

Yours sincerely,

Correspondence Officer
Ministerial Correspondence and Public Enquiries
Department of Health and Social Care