# Request for information on restrictions on who can take up training roles in healthcare systems

Purpose

We would appreciate your help in finding out about any restrictions on who can access doctor training roles in the healthcare jurisdiction for which you have regulatory responsibilities.

Specifically, if such restrictions exist, how do they relate to where doctors graduated and to doctors’ nationality.

UK context

In the UK, after an individual undertakes an initial medical degree in the UK and moves into employment, they enter the foundation programme. The foundation programme is two years of core post-graduate training that constitute a transition from university.

Doctors are required to complete at least a year of the foundation programme before they receive full registration with the GMC. Following completion of the foundation programme, doctors may move into enter ‘specialty training’ – undertaking further postgraduate training in order to become a specialist (e.g. a surgeon) or a General Practitioner.

In the UK, each UK healthcare system funds and allocates a number of foundation programme posts to fit the size of the UK graduate cohort. Non-UK graduates are only considered for foundation programme posts where UK graduates have not filled all of the foundation programme posts.

Respondent details

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| **Country/state/jurisdiction** | Estonia |
| **Name of organisation** | Health Board (Terviseamet) |
| **Name and position of person completing the survey** | Liina Saar, Service Manager – Recognition And Registration of Health Care Professionals |
| **Can we contact you with follow-up questions if necessary?** | Yes, you can |
| **Contact details** | Liina.saar@terviseamet.ee |

Questions

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| 1. **Are any rules or guidelines applied within your country to reserve, protect, or give preference to training places for doctors who graduated in your country/state/ jurisdiction, or to limit training places for doctors who graduated outside of your country/state/jurisdiction, or based on nationality?**   **Select one response only:** | |
|  | **Yes - for all specialty training pathways/routes** |
|  | **Yes - for some/specific training routes** |
|  | **No** |
|  | **Other** |
| **If yes or other, please briefly explain the rules or guidance that is in place and provide a link to any further relevant information that is available.** | |
| In Estonia doctors study only in the University of Tartu.  Of the education has been acquired outside Estonia then we need a diploma issued by a state-accredited university. | |

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| 1. **If you responded yes to question 1, are these based on a quota system?** | |
|  | **Yes** |
|  | **No** |
|  | **Other** |
| **If yes – what are the quotas applied? What is the percentage applied to doctors who graduated in your country/state/jurisdiction vs doctors outside your country/state/ jurisdiction?** | |
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| 1. **If you responded yes to question 2, are quotas applied to all specialty training routes, or specific specialties/training routes?** | |
|  | **Yes, all specialties** |
|  | **Yes, specific training specialties – please state below which specialties, e.g. surgery** |
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| 1. **Why are these rules/guidelines/quotas in place?**   **Select all that apply:** | |
|  | **To meet workforce plans/requirements in place** |
|  | **To ensure that home educated/trained medics are retained** |
|  | **Any additional reasons – please state below** |
| **Please briefly explain the reasons below.** | |
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| 1. **What effects have these rules or guidelines had?**   **Please give examples, such as:**   * **Positive – e.g. retained and grown workforce as planned** * **Negative – e.g. have had to look for wider workforce** |
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