

## Professor Andrew Rowland

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### **Brexit and the European Medical Profession.**

I'm here to talk to you about the impact of Brexit upon the **European** medical profession.

Brexit means that the UK is leaving the European Union – the EU, a political entity. It clearly does not mean that the UK is leaving Europe.

We're still European and still only 33km over the English Channel from you all.

Before I outline the challenges that Brexit poses to our profession and the patients we serve, I'd like to provide some context about the referendum result and the BMA.

The BMA is an apolitical organisation representing over 160,000 doctors and medical students from across the United Kingdom's 4 nations – 2 of which, Northern Ireland and Scotland, voted to remain within the EU. The votes from Wales and England – with the bulk of the UK population residing there – were decisive and this resulted in the referendum result to leave the EU.

We did not advise our members how they should vote in the referendum as our political neutrality had to be maintained during the referendum campaign.



Instead, we provided our members with an objective analysis of the significant (and hugely positive in my personal view) impact that the EU has upon them and the health of the nation.

The enormous amount of feedback received from members since the referendum validated this analysis as we've heard countless examples of how Brexit will, and indeed already is, threatening our members' ability to provide healthcare to patients.

For comparison, we have genuinely only heard of one potential benefit from Brexit: the UK will be able to implement "traffic light labelling" - on food and drinks in an effort to improve dietary choices.

I'll leave it up to you to decide whether this warrants our departure... but the reality of the position we are in is that the UK public – by a very slim majority – have voted to leave the EU and it is those departure negotiations that have just begun.

So, how does Brexit threaten our profession and our patients?

Most obviously, it threatens the rights of the 3,000 plus UK citizens living in Romania and the 229,000 Romanian citizens in the UK to access healthcare and other social services.

It also threatens in excess of 30,000 EEA qualified doctors registered in the UK who provide invaluable healthcare.

Simply put, our current National Health Service – the NHS – couldn't function without the 1,987 Romanian doctors currently working in the UK.

The issues at play are complex, whether they are residency rights; access to the labour market, pension or social security rights; or access to education.

We know that a significant number of European Economic Area doctors working in the NHS are considering leaving the UK in the light of the "Brexit" referendum, and if

this occurs it would seriously impact patient care across the UK and only increase what are often already unacceptable delays for treatment.

Restrictions on their free movement and ability to practise, via the mutual recognition of professional qualifications, won't just damage the UK but the whole of Europe.

This cross-fertilisation of ideas and skills and professional development opportunities provide related benefits to the European medical profession and, axiomatically, the patients it serves.

Dr P is a Lithuanian anaesthetist/intensive care specialist who works for one week per month at a hospital in South London and the rest of the month back in Lithuania. This ability to move between different EU states has been of enormous benefit both to him, those he works with and his patients. As 70% of the hospital staff in London are from overseas compared to very few in Lithuania, this has given him the chance to learn from many different colleagues with diverse expertise and backgrounds. This is very unlike the situation in Lithuania where doctors typically stay in the same medical school that they trained in, so they have very few chances to exchange knowledge with different colleagues who are from dissimilar backgrounds. This is, of course, just one example but it is useful reminder that the potential adverse effects of Brexit are bidirectional and not simply a matter for the UK or other individual European Countries.

“Brexit” may slow, but will not reverse, such pan-European professional migration.

Accordingly, it cannot be allowed to threaten the progress of patient safety measures like the European alert mechanism – an early warning system which advises all European regulators when a doctor is banned or their ability to practise is restricted – or ongoing efforts to ensure that minimum standards in medical education and training are met.

Comparable levels of pan-European professional migration also exist in the medical research and innovation sector with 15% of all academic staff at UK universities originating from other EU member states.

An end of free movement and related domiciliary rights will not only imperil high quality medical research in our own country but also in the EU as a whole.

Such pan-European collaboration has led to a quarter of the world's top 100 prescription medicines being discovered and developed in the UK as well as the development of the largest pipeline of biotechnology products in Europe.

The importance of such pan-European collaboration to this sector, and to our respective economies, is all too clear.

You will be aware that the EU has played a key role in both the protection and improvement of population health through the development of cross-national strategies, collaborative working and the implementation of legislation.

You will also know that, as a member state, the UK has actively supported this as a priority policy area and played a key, cooperative role in the amelioration of Europe's public health.

The UK's departure from the EU cannot be allowed to threaten such existing pan-European cooperation as it becomes ever more vital in promoting the rights of vulnerable people in society, tackling health inequalities and chronic diseases, driving the development of progressive public health standards and in the protection against serious health threats.

Such challenges will be amplified in Northern Ireland, given its unique situation of sharing a land border – the EU's future external frontier - with the Republic of Ireland.

We are particularly concerned with the challenges that colleagues will face with regards to cross border health services as many doctors, particularly those working in areas bordering the Republic of Ireland, deliver healthcare on an all island basis.

The most striking examples are perhaps the new Radiotherapy Unit in Altnagelvin Hospital in Derry, in Northern Ireland, which will provide access to radiotherapy services to over half a million people living in both Northern Ireland and the Republic of Ireland and the cross-border cardiology services operating in the same hospital which saved 27 lives in its first nine months of operation.

We're doctors so we don't just diagnose problems, we seek to manage symptoms, cure conditions and play an active partnership role, in resolution of problems that are identified.

However, resolving these challenges isn't just about the Divorce settlement between the UK and the EU but about working to ensure that our future relationship, and the transitional period in between, protects the medical profession and, crucially, our patients.

In order to achieve this outcome, we need to ensure that all sides of the negotiating table – that is to say the European Parliament, Commission and EU 27 member state governments as well as the UK government – prioritise resolution of our common objectives.

The good news is that, with the invaluable support of our European colleagues – many of whom are today - we've been able to secure their prioritisation by the EU.

Indeed, the European Commission's working paper "Essential Principles on Citizens' Rights" states that "EU 27 citizens or UK nationals who resided legally respectively in the UK or EU27 at the date of entry into force of the Withdrawal Agreement should be considered legally resident even if they do not hold a residence document evidencing that right" and that it "should ensure, in the UK and in EU27, the protection...of recognised professional qualifications (diplomas, certificates and

other evidence of formal qualification) obtained in any of the EU28 Member States before that date.”

The European Council’s recognition “of the unique circumstances on the island of Ireland” and “that flexible and imaginative solutions will be required” is also to be welcomed.

Most significantly though, and reflective of the unique nature of our profession, was Michel Barnier’s, the EU’s Chief Brexit negotiator, recognition of the European “nurses and doctors who contribute to the quality of healthcare in the United Kingdom” and the need for their status to be resolved as a priority.

The prioritisation of these mutual concerns would not have been possible without your support at both national and European level. For this assistance, you have our sincere thanks.

Whilst this is welcome, it is not the “beginning of the end” but very much the “end of the beginning” as negotiations will take years to complete and powerful, well-funded, sectors are also working to secure their interests.

The European medical profession must continue to work as one to ensure that its interests, and those of the patients it serves, remain at the top of the negotiators’ list of priorities and are dealt with as such during what will be a period of unprecedented peace-time political activity.

Recent discussions between the UK government and the EU have indicated that the “Brexit” negotiations may be carried out in a robust manner, albeit between longstanding allies.

Accordingly, we would ask for your ongoing support in ensuring that the principles of medical neutrality in times of conflict and of protecting fundamental human rights - guiding principles of our civilisation – continue to be applied during negotiations to ensure that “Brexit” does not result in any collateral damage to our patients’ health.

**Professor Andrew Rowland  
Head of the UK Delegation to the European Union of Medical Specialists**