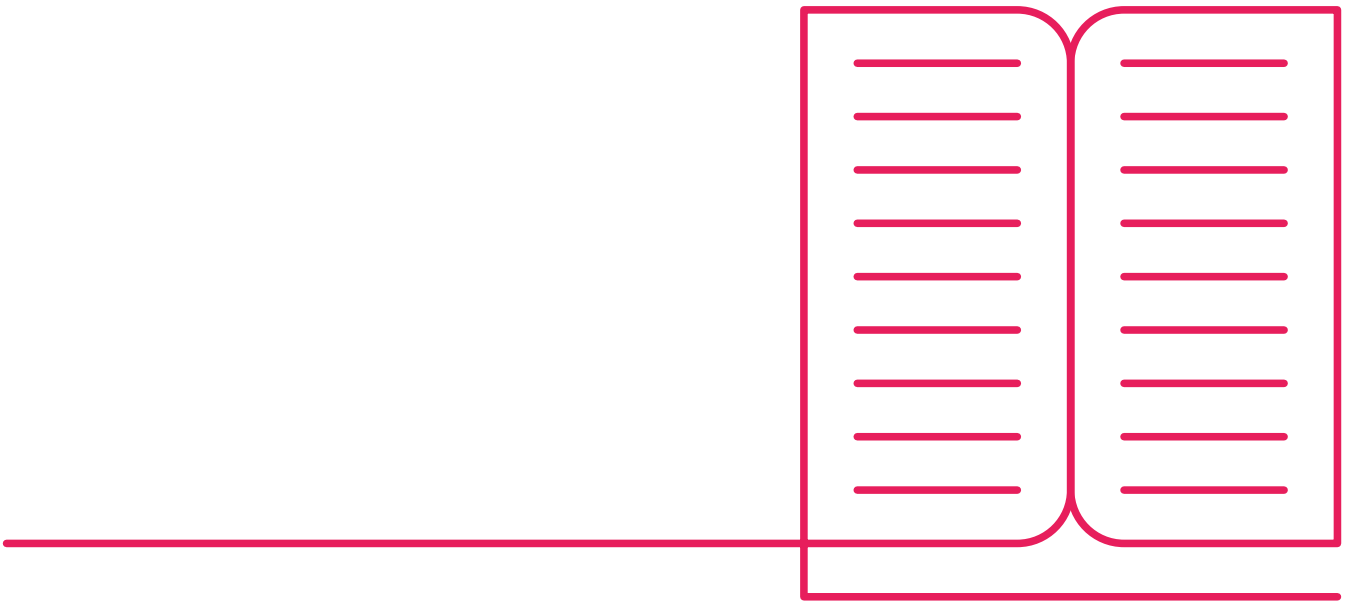
Brexit



Brexit

The reality of the UK's exit from the European Union is accepted by the Academy and it is committed to working with the UK and devolved governments and arm's length bodies to mitigate any negative impact it may have on patients as well as the whole health and social care system.

Set out below are the key issues identified by Colleges, which we believe must be addressed as part of Brexit discussions in respect of healthcare.

Workforce Supply - retention and continued recruitment of EU staff

Colleges are clear that the greatest challenge facing the health and social care system following Brexit is the impact it will likely have on the workforce. All levels of the health and social care systems rely heavily on staff from the EU and could not operate effectively without them.

This concern should be considered in the context of the well-documented shortages in the clinical workforce, which affects all specialities. Such shortages could worsen if there are restrictions on EU citizens working in health and social care. Many Colleges and the General Medical Council are already reporting doctors considering leaving the UK in light of Brexit.

Colleges recognise that while this is an important issue for doctors it is even more pressing in the case of nursing and other staff especially those working in social care. It is likely that doctors will continue to be welcomed following Brexit because of their highly specialised and sought-after skills and wider contribution to the UK economy.

The Academy calls on the government to:

- Urgently give assurances to current EU staff over their residency status in the UK
- Ensure that there are sensible and workable immigration rules, so the NHS can recruit staff from overseas, both from the EU and beyond, as required
- Expand the Medical Training Initiative, which is a national scheme designed to allow doctors to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in the NHS before returning to their home countries.

Medical regulation and definition/recognition of qualifications

Decisions will need to be made on what arrangements should replace the automatic recognition of medical qualifications for EU doctors. A balance must be struck between the need to maintain quality and ease of movement for doctors and other staff, the changes may provide opportunities to address issues that have caused concern - including inconsistent standards of medical undergraduate and postgraduate training in the EU and more widely.

Medical science and research

The UK is a net beneficiary for research grants and one of the most successful countries at securing funding from the European Commission. The EU research and innovation budget for 2014-2020 is around €120bn. A lack of access to EU-wide clinical trial research projects will have a direct impact on our ability to secure good patient outcomes, particularly for rare conditions. Projects funded by the EU have enrolled over 340,000 patients to clinical trials so far, with the UK leading the way in Europe for conducting clinical trials.

Ensuring academic and research links including medical science and funding streams remain open and are maintained as part of a competitive programme is essential for patients' outcomes, healthcare and the wider economy.

Regulatory alignment for health technology (medicines and devices)

It has been agreed that the European Medicines Agency (EMA) will relocate from London to Amsterdam by March 2019. The UK's Medicines and Healthcare Products Regulatory Agency (MHRA) has led on approximately 20% of all of EMA's activities during 2016, the largest contribution of any of the European national medicine agencies. Alternative arrangements will be needed for the UK regulation and registration of medicines and devices.

The Government must ensure that the safety of patients is protected as medicine and medical devices are made available.

The UK market for prescription medicines and devices comprises about 10% of the total market for prescription medicine in Europe. Following Brexit, there is a risk that pharmaceutical companies may have less incentive to prioritise the UK as a key market for early filing and approval. In addition, several international companies have established their European headquarters in the UK because of access to the EMA in London and the single market. It is highly likely that these companies will relocate, most probably based on the new location of the EMA. Companies may also prefer to conduct clinical trials within the EU27 and will subsequently submit their marketing authorisation applications (MAAs) to the EMA. Because of this, UK doctors serving as clinical trial investigators will not have the front-line experience of using new medicines in development, and access to these medicines could be delayed.

The government should ensure patients' outcomes are not compromised by a delay in being able to access new therapies and new medical technologies.

Public Health

Continued co-operation on public health issues and communicable diseases is essential as well as ensuring appropriate environmental legislation and public health protection, as these are issues that clearly span international boundaries.

Reciprocal Health Arrangements/EHIC

Negotiations must clarify arrangements for reciprocal health care for EU citizens working in or visiting the UK and similarly for UK citizens in Europe. The Government has published its proposals for EU citizens in the UK and the outcome of these negotiations will determine reciprocal health arrangements.