

# Leaving the European Union

## What Needs to Happen to Maintain the Quality and Standards of Healthcare in the UK

A paper from the Academy of Medical Royal Colleges

### 1. Introduction

The decision to leave the EU is likely to have a significant impact on the NHS and health services in the UK.

Following consultation with its member organisations the Academy of Medical Royal Colleges, which represents the medical royal colleges and faculties in the UK, has agreed,

- A set of principles that should be followed to maintain quality and standards in the NHS and healthcare following the decision to leave the EU
- Specific issues that will need to be addressed by Government or other national bodies in negotiations on withdrawal from the EU.

It is the Academy's hope that the best aspirations of the Leave campaign can be delivered and the worst predictions of the Remain campaign are avoided.

### 2. Overarching principles

- Health is international
- Ensuring the continued protection of the public's health in terms of both communicable diseases and environmental standards
- Ensuring that the health inequalities gap is not widened and indeed addressed through economic development targeted at highest need areas
- Support for the continued free movement of clinical and academic medical and health workforce staff (subject to appropriate standards) needed to resource the NHS from medical school to consultant and GP
- Ensuring academic and research links including medical science and funding streams remain open and are maintained as part of a competitive programme
- Ensuring the unencumbered flow of scientific and academic data
- Ensuring that there is a clear route for national and international medical opinion to UK Government and devolved nations
- Ensuring involvement for key UK health agencies with European and linked International bodies e.g. medicine regulation, specialty bodies
- Maintenance of uniform, agreed clinical and educational standards instituted by the medical royal colleges and faculties
- Protecting safeguards for worker health currently enshrined in EU regulatory framework.

### 3. Issues for Government and national agencies to address

The following specific issues will require action by Government or other national bodies. In the main the requirement will be either to seek continued access to current arrangements or to replicate current arrangements or requirements at UK level. Fuller details on all the issues below will be made available as required.

#### Retention and recruitment of EU staff

With an estimated 135,000 EU nationals working in health and social care it is essential that commitments are given to them in terms of their future. Clearly the system could not be sustained if that workforce was lost. We believe early action is vital to reassure EU staff of their value (as has been helpfully stated by the Secretary of State and others), to stop significant departure of staff and to maintain services.

In the longer term we believe that the NHS will continue to need EU and other overseas staff in clinical and non-clinical posts at all levels to maintain services. Specifically in terms of medicine, the Academy believes the availability of medical staff from the EU should not be restricted.

#### Science and research

The UK scientific community is concerned about the impact of leaving the EU on UK science and research and this is particularly applicable in relation to medical science. The Academy of Medical Sciences has identified three threats. First funding – the UK has hugely benefited from EU research funding, receiving €8.8 billion between 2007-2013 despite only contributing €5.4 billion to the EU research budget over the same period and it has also been hugely influential in how funding is allocated. Second, the potential restrictions to the free movement of talent undermining the benefits of collaboration. Third, the value of EU research regulations on issues such as clinical trials, data sharing and animal testing etc. The Brexit negotiations must develop clear and coherent plans to safeguard scientific research in the UK.

#### Regulation of Medicines

The regulation of medicines (including medical devices and in vitro diagnostic testing) both for those under development and as approved products in the UK is heavily reliant on the Regulations and Directives that come from the EC via the European Medicines Agency (EMA). The UK will have to re-write much of our own legislation to cover this following withdrawal.

As things stand we would be unable to participate in the European wide approval system for new medicines and the revisions to already approved products, to participate in the Orphan Drug Designation and the Small to Medium Sized Enterprise schemes that the EMA operate or to participate in the centralised approval process for paediatric drugs and the process that supports new medicines development for children. We would also lose access to the EU wide Pharmacovigilance networks and the EU Clinical Trials Database.

#### Communicable Diseases Network

Our specific concerns are around health scourges that **don't respect** international boundaries. These include disease epidemics and infection as well as antimicrobial resistance. It will be essential to ensure that the UK can continue to participate in the European Centre for Disease Prevention and Control.

## Environmental legislation and public health protection

We are concerned to protect the regulation that has maintained food safety, air, water and environmental quality and maintained health workplaces and employment conditions

## Working Time

The European Working Time regulations have been a matter of controversy and the lack of flexibility a cause for concern for some groups. Withdrawal gives the opportunity to develop proposals which explicitly suit the needs of the UK health service. But whilst some people would welcome greater liberalisation of the regulations there are many who would be very concerned to see the current protections lost.

## Other safeguards to worker health that have been established through EU regulations

Requirements for health and safety in the workplace and the promotion of health employment need to be retained.

In terms of NHS staff, under the framework directives the requirements to strengthen assessment to and protection from exposure to chemical agents (e.g. Latex, glutaraldehyde, cytotoxic), biological agents (blood borne pathogens, viruses etc.), physical agents (radiation) have been considerably strengthened.

## GMC regulation and education issues

There are a range of issues relating to the regulation and education of healthcare professionals which will need to be addressed. These include transferability and recognition of European qualifications for doctors, routes of access to the specialty register (CESR/CEGPR and CCT), and requirements for language testing. It is recognised that in some instances Brexit may provide the opportunity for a more flexible approach which suits UK requirements which has been called for on a number of issues. There will, however, be issues where Colleges would want to see consistency maintained on a UK-wide basis.

## Infrastructure expenditure

Infrastructure projects affecting communities such as transport links, leisure facilities, community enterprises and support to businesses leading to threats to employment and wellbeing. These are more likely to affect areas of higher deprivation and increase the risk of greater inequalities.

## Reciprocal Health Arrangements/EHIC

There are approximately 2 million UK citizens currently living, working and travelling in the EU, with 380,000 living in Spain alone. Currently, EU membership entitles our citizens to access to the host country's public healthcare system on the same basis as the indigenous population. There has to be clarification if current EHIC arrangements would continue to operate. Post-Brexit, it remains to be seen what the impact on the NHS would be of large numbers of ex-pats returning to the UK to access healthcare, particularly as many will be older people with more complex needs.

## Emphasising the requirement for continued full involvement in EU activity until departure

It is important for so long as the UK remains a member of the EU it continues to be included in current decision making processes. There has been anecdotal evidence of people being excluded from participation in meetings or events as a result of the referendum decision.

## 4. Conclusion

The Academy and Colleges do not claim to have solutions to all the issues raised and there may, indeed, be additional issues that come to light. Most are highly complex with no simple or single solution although it would appear that remaining part of the single market would address a number of issues. However, all will need to be addressed and solutions found if the quality of the UK's health system is to be maintained and the health of the public protected.

It is essential that the health community is actively involved and listened to before and during the negotiation process.

Medical royal colleges, faculties and the Academy would wish to engage directly with Government and other appropriate agencies to discuss what would provide the best solutions for UK health care, patients and citizens.

Academy of Medical Royal Colleges  
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