

BREXIT BRIEFING **Northern Ireland**



Brexit briefing: Northern Ireland

This briefing addresses the issues that have been identified as areas of concern specifically for doctors working in Northern Ireland. Other issues that affect doctors right across the UK, including Northern Ireland, are examined within the wider series of BMA Brexit briefings.

Key points

- Northern Ireland is in a unique position given that it is the only region of the UK that shares a land border with another EU country – the Republic of Ireland. The existing open border arrangement between Northern Ireland and the Republic of Ireland enables healthcare professionals based on both sides of the land border to travel freely to provide healthcare to their patients.
- Alongside the open border arrangement, the EU's principle of freedom of movement and the mutual recognition of professional qualifications (MRPQ) has enabled many health and social care professionals from countries within the EU, but especially those from the Republic of Ireland, to practice in Northern Ireland.
- There is a long history of doctors gaining their medical qualification in the Republic of Ireland and later moving to practice medicine in Northern Ireland. Recent General Medical Council (GMC) figures show that among the nations of the UK, Northern Ireland has the highest percentage of doctors who gained their primary medical qualification in another EU country (nearly 9 percent). The majority of these doctors received their qualification in the Republic of Ireland.
- The UK Government and EU negotiators should make every effort to ensure freedom of movement and/or recognition of qualifications for those doctors who qualified or live in the Republic of Ireland, and who now work in Northern Ireland, is secured as part of the Brexit negotiations. A failure to secure ongoing freedom of movement and MRPQ, both for existing and future professional qualifications, risks having a negative impact on the availability and future staffing of the workforce in Northern Ireland.
- There are a number of areas in healthcare where cross-border service arrangements have been established and are currently providing high quality, safe care for patients, for example in primary care, cancer services, and paediatric cardiac surgery. The UK Government must put measures in place to ensure the Northern Ireland Health and Social Care system (HSC) continues to be able to provide high quality and safe care for patients after Brexit. Northern Ireland, with a population of just over 1.8m,¹ has insufficient demand to provide some specialised medical services alone; co-operation between Northern Ireland and the Republic of Ireland, which is in part funded by the EU, has been crucial in facilitating and delivering these services whilst also ensuring that highly skilled clinicians can be attracted and retained in Northern Ireland. It is vital that these health services are not destabilized during, or after, the Brexit process.

1 2011 census

For the UK, negotiating a formal agreement on the issues affecting Northern Ireland would:

- Enable the continuation of all island healthcare benefitting patients in Northern Ireland
- Attract and retain qualified and experienced specialist clinicians working in Northern Ireland, if demand for services were maintained across an all-island basis
- Create confidence in the cross border health workforce, which would encourage them to continue working in the Northern Ireland HSC, and also remove barriers to those from Northern Ireland who have, or intend to study in the Republic of Ireland, from returning to practice medicine in Northern Ireland
- Ensure the principles of the Good Friday Agreement continue to be upheld

For the EU, negotiating a formal agreement on Northern Ireland would:

- Enable the continuation of cross border healthcare, which provides high quality safe care for patients living in the Republic of Ireland and retain clinical expertise in specialised areas on the island of Ireland
- Ensure that there are no barriers to the workforce in border areas who travel from Northern Ireland to work in the Republic of Ireland
- Ensure the principles of the Good Friday Agreement would be upheld in keeping with the Irish Government's commitment as a co-signatory

In the event of a no deal:

- Should there be a failure to agree a deal on the land border by the March 2019 deadline, it would be likely that a hard border would once again be in place. This would deter cross border workers, who the HSC rely heavily on, from making the daily commute and put an already pressurised service under even more strain
- Without cross border cooperation in the delivery of vital health services, Northern Ireland could not sustain specialised services, patients would once again have to travel considerable distances to receive care, and the HSC would find it more difficult to retain experienced, specialised doctors
- A failure to recognise professional qualifications creates a very real risk that medical students from Northern Ireland who opt to study and train in the Republic of Ireland, would be unable to return home to practice medicine in Northern Ireland
- Any developments which could destabilise the Good Friday Agreement risk making Northern Ireland a less attractive place to work and will make attracting and retaining clinicians to work in Northern Ireland even more difficult

1. All-island healthcare

Health services in Northern Ireland and the Republic of Ireland working separately often do not have sufficient demand to provide cost effective, highly specialised medical services. Northern Ireland, with a population of just over 1.8m (2011 census), has insufficient demand to make it economically viable to provide some specialised medical services alone.

However, cross border cooperation on health services with the Republic of Ireland (which has an additional population of almost 4.8m people) over the last two decades has allowed high quality specialised services to be delivered on an all-island basis, with patients in Northern Ireland no longer having to travel to England to receive their care.

Figures show that between 2003 and 2015, over €40 million was invested in cross-border health and social care initiatives via Cooperation and Working Together (CAWT), a partnership between the Health and Social Care Services in Northern Ireland and Republic of Ireland, which facilitates cross border collaborative working in health and social care. Additional project applications amounting to €53 million were submitted in relation to acute hospital services, prevention and early intervention, tackling health inequalities and other services. Examples of cross border services include:

- The paediatric cardiology service based at Our Lady’s Children’s Hospital in Dublin enables children from throughout the island of Ireland to receive treatment without having to travel to England²
- The radiotherapy unit at Altnagelvin hospital provides access to radiotherapy treatment to over 500,000 cancer patients living in both Northern Ireland and the Republic of Ireland. The creation of this radiotherapy unit has had the greatest impact on patients in the North West and Donegal, removing the need for lengthy journeys to Galway, Dublin or Belfast for treatment³.
- The cross-border cardiology service at Altnagelvin Hospital has enabled 27 patients⁴ from County Donegal with a diagnosed heart attack to receive lifesaving primary treatments.
- Shared dermatology clinics at four sites along the border
- Out of hours GP services in Castleblayney County Monaghan and Inishowen in County Donegal
- ENT Services at Monaghan Hospital and Northern Ireland’s Daisy Hill and Craigavon hospitals. Cross border collaboration has enabled ENT waiting lists in the Health Service Executive Dublin North East area to be significantly reduced by facilitating ENT consultants from Northern Ireland’s Southern Trust to practise in Monaghan⁵.

These cross-border health projects, which have largely been dependent on the provision of EU funding, must not be put in jeopardy by Brexit. We are urging authorities on both sides of the border to give assurances that these services will continue be funded in the future after the UK leaves the EU⁶.

2 BBC News: <http://www.bbc.co.uk/news/uk-northern-ireland-36708448>

3 BBC News: <http://www.bbc.co.uk/news/uk-northern-ireland-foyle-west-38011074>

4 Western Health and Social Care Trust: [Twenty-seven heart attack patients from County Donegal benefit from cross border service in Northern Ireland](#)

5 http://www.hse.ie/eng/services/news/media/pressrel/newsarchive/2010archive/dec2010/Unique_cross_border_Hospital_service_established.html

6 [Lords European Union Committee, Brexit: UK-Irish relations](#)

2. Freedom of Movement

Collaborative working has developed through closer cooperation between the Northern Ireland Assembly and the Irish Government, and has been facilitated both through the Common Travel Area⁷ (CTA) and open border arrangements put in place through the Good Friday Agreement. Although both UK and Irish Governments have stated that they wish for the continuation of this frictionless border after the UK leaves the EU, there is still an absence of the innovative and flexible solutions required to deliver this.

There is no doubt that should physical border controls be put in place, even if Northern Irish and Irish citizens retain the right to freedom of movement, this would have a detrimental effect on workers in border areas making the daily journey across the border. It is currently estimated that some 30,000 cross the 500km border every day, many of whom are health workers; the imposition of any kind of border restrictions would have a significant impact on patients, these individuals and health services.

It is worth noting that if, after Brexit, only the CTA rules apply, then only UK and Irish nationals will remain protected by this freedom. This would mean that separate arrangements would need to be put in place for EU nationals.

3. Transferability and recognition of qualifications

GMC data on European Economic Area (EEA) graduates by country of qualification and area of practice shows that the highest numbers of licensed doctors from within the EEA graduate in Ireland, with 3,196 doctors with a UK licence graduating from Ireland⁸. Furthermore, nearly three quarters of the EEA graduates working in Northern Ireland obtained their primary medical qualification in a single EU country – the Republic of Ireland. A high proportion of these doctors are likely to be UK citizens who went to medical school in the Republic of Ireland.

The impact of Brexit on cross border collaboration between Northern Ireland and the Republic of Ireland with regards to medical education must also be considered. Medical students and junior doctors from the Republic of Ireland currently undertake rotational posts within the Western Trust in Northern Ireland. Proposals for a new postgraduate medical school based in the northwest of Northern Ireland, which would share resources between University of Ulster and University College Galway, are also under consideration. We do note however, that these proposals are predicated on medical students formally rotating between clinical placements in both Northern Ireland and the Republic of Ireland. This could potentially be blocked if freedom of movement and MRPQ are not continued after Brexit.

Given the critical role cross-border medical migration has in delivering high quality healthcare on the island of Ireland, it is of the utmost importance that the mutual recognition of medical qualifications between Northern Ireland and the Republic of Ireland continues.

Consequently, while the commitment by the UK government and EU negotiators to recognize existing medical professional qualifications is a welcome development, it is vital that during the next phase of negotiations, priority is given to ensuring that the same certainty is provided to the hundreds of British and Irish medical students, studying outside their country of origin, who have yet to secure their professional qualifications. This is vital to not only remove unnecessary anxiety among medical students, but to help ensure that health workforce planning in both the UK and the Republic of Ireland is undertaken in optimal conditions.

The BMA is also calling for the UK's GMC to retain access to the Internal Market Information System (IMI) alert system, which warns the GMC when a doctor has their practice restricted in one of the other 27 EU member states. Specifically, the IMI, which allows medical regulatory authorities within the EEA to communicate with other authorities, enables the GMC to transmit and respond to queries about a doctor's registration documents as well

⁷ The CTA is a special travel zone between the UK, Isle of Man and Channel Islands and dates back to 1922. Nationals of CTA countries can travel freely within the CTA without being subject to passport controls.

⁸ GMC (February 2017) [Our data about doctors with a European Primary Medical Qualification](#)

as sending and receiving alerts about doctors' fitness to practise across the EU. It will be important to consider how health regulators ensure professionals practising in the UK are fit to practise medicine should the UK withdraw from the MRPQ. To avoid any adverse risks to patient safety, it is vital that the GMC retain access to the IMI system.

It is also vital that the UK government engages, as early as possible, with both professional regulators and medical defence organisations to raise the importance of maintaining existing frameworks and to discuss indemnity for staff working in separately regulated jurisdictions after Brexit takes effect.

4. Key developments

- 8 December 2017: UK government and EU negotiators agree that 'sufficient progress' had been made on three key areas of the Brexit talks: citizens' rights, the UK's financial settlement, and the Irish border. A joint report was published by the UK and EU, outlining an agreement in principle on these three key areas.
- 28 February 2017: The European Commission publishes a draft Article 50 Withdrawal Agreement
- 2 March 2018: Prime Minister Theresa May's delivers a speech at Mansion House on the UK's future economic partnership with the EU

With regards to Northern Ireland and Ireland, the December joint report outlines a number of commitments, including:

- The avoidance of a hard border between Northern Ireland and the Republic of Ireland, including the exclusion of physical infrastructure or related checks and control.
- A commitment to preserve the integrity of its internal market and Northern Ireland's place within it.
- The UK will ensure that no new regulatory barriers develop between Northern Ireland and the rest of the UK, and remains committed to protecting North-South cooperation and future arrangements compatible with those requirements.
- In the absence of agreed solutions, the UK will maintain 'full alignment' with those rules of the single market and customs union that support North-South cooperation.

The commitment at the end of phase 1 of negotiations to include frontier workers in the withdrawal agreement is a positive development. As discussed earlier in this paper, conservative estimates suggest 30,000 people cross the border between Northern Ireland and the Republic of Ireland on a daily basis, many of whom are likely to be healthcare workers. The inclusion of frontier workers will facilitate the movement of these key health professionals and consequently will support the staffing and stability of key health services across the island of Ireland. While we welcome the agreed recognition of the continuance of the Common Travel Area, we do note that the CTA only includes UK and Irish citizens, and not other EEA healthcare workers.

With regards to MRPQ, we welcome commitments within the December agreement that doctors who have current rights to practice will retain this right. We also note recent commitments from both the EC and the UK Government to consider extending MRPQ after the UK leaves the EU in March 2019. However, given the current difficulties of recruiting and retaining the medical workforce in Northern Ireland, the BMA believes that discussions and agreement on the recognition of professional qualifications acquired after the UK leaves the EU should take place as soon as possible during the talks on the transitional period and future relationship.

Recent commitments by the EC that continued funding for PEACE and INTERREG funding will form a central part of the next MFF (Multiannual Financial Framework), which sets out the EU's annual general budget for the next seven years are equally positive. The BMA has sought reassurances that PEACE and INTERREG funding, which supports a range of cross-border healthcare projects currently underway, would continue after Brexit to ensure the stability of these vital health projects. A speech given to the commission on 17 January by the EC president, Jean Claude Juncker, in which he stated that guaranteeing EU financial support was crucial to maintaining the peace process in Ireland and Northern Ireland, is a welcome development.

What has become increasingly clear in the negotiations though, is that the issue of the border between Northern Ireland and the Republic of Ireland is far from being resolved. Both parties appear to want to achieve the same result of avoiding a hard border but while the EU believes a hard border can be avoided by Northern Ireland staying in the customs union and single market, this is a solution that Theresa May said "no Prime Minister could ever agree to".

The UK Government's commitment, most recently in the Prime Minister's Mansion House speech, to protect and support North-South cooperation, and to avoid a 'hard' border was welcome, but the failure to specifically mention the impact of Brexit on the cross-border provision of health services was a worrying omission. Greater clarity is urgently needed on this issue, and in particular, how Brexit will affect the working lives of doctors currently living and working in both Northern Ireland and the Republic of Ireland.

It is vital that talks on phase two of the negotiations and on the future relationship between the EU and UK provide the necessary substance, detail and agreed solutions that were so clearly lacking in the December agreement.

British Medical Association

BMA House, Tavistock Square, London WC1H 9JP
bma.org.uk

© British Medical Association, 2018
BMA 20180113