2019 European Parliament Election Manifesto
The UK was scheduled to leave the EU on 29 March. That did not happen and we now face a situation where, unexpectedly, the UK is scheduled to hold elections to send 73 MEPs (Members of the European Parliament) to the EP (European Parliament).

Many people will consider this election to be a proxy referendum on the UK’s membership of the EU. Whilst the BMA position regarding the public having the final say on any Brexit deal is clear – this election is about much more than sending a message to the government.

The BMA has been unequivocal that Brexit will be damaging for the medical profession, both in the UK and across Europe, and for the health of our patients. The BMA voted to oppose any form of Brexit and believes it is vital the public has the final say on any proposed deal.

The challenges posed to our health services by Brexit are considerable: from workforce recruitment and retention to the cross-border provision of healthcare in Ireland, to the development and provision of cutting-edge technology and pharmaceuticals, there is hardly a part of the European medical profession that will be unaffected by the UK’s decision to leave the EU.

Whilst the UK’s MEPs will not be able to prevent Brexit, they can play a crucial role in ensuring that, whatever the UK’s future relationship with the EU, its legislative framework reflects your interests and prioritises a healthy Europe.

Based in Brussels, in the heart of the EU, these MEPs will be well placed to work with their colleagues and officials from the EU27 to help deliver this goal.

With the support of our European partners in European medical organisations we will be using this manifesto to engage with MEPs from across Europe and the political spectrum.

**Delivering a healthy Europe must be a priority for all MEPs – it is in everybody’s interests.**

Dr Chaand Nagpaul CBE
BMA council chair
A pan-European medical workforce

With over 22,000 EEA (European Economic Area) qualified doctors licenced to practise in the UK and over 2,000 EEA nationals studying at British medical schools, we want to ensure that such cross-pollination continues, and that Europe’s doctors are not driven to seek employment outside the bloc.

Delivering a regulatory system between the EU27 and the UK that replicates the existing mutual recognition of professional qualifications will help to secure the future of Europe’s medical workforce.
EU doctor survey 2018

78% of EU doctors are not reassured by the Prime Minister’s commitment to protect the rights of EU citizens in the UK in the event of a no deal Brexit.

35% of EU doctors are considering leaving the UK and moving to another country.

37% of EU doctors are not aware of the Government’s ‘Settled Status’ scheme for EU nationals.

The top reasons for considering leaving:
- The UK’s decision to leave the EU
- The current negative attitude toward EU workers in the UK
- Uncertainty over future immigration status
- The way the UK government treats EU workers

The destinations are:
- Canada
- USA
- United Arab Emirates
- Australia
- New Zealand
Research and Innovation

The UK is a world leader in medical research with a quarter of the world’s top 100 prescription medicines discovered and developed in the UK, which also has the largest pipeline of biotechnology products under development in Europe.

Of course, this didn’t happen in isolation, but due to the EU’s creation of a world leading network for science and research through close collaboration between member states and associated partners.

Brexit has the potential to severely damage this network and imperil high quality medical research across the entire continent.

It is imperative that the UK maintains the highest possible level of involvement in EU research programmes like Horizon Europe and their associated networks.
Medicines and Medical Devices

Over 40 years of cooperation means that the UK and EU are closely aligned on the regulation of both medicines and medical devices. This helps to ensure that medicines developed in either the UK or in the EU reach the market without delay and adhere to high safety standards.

With the UK having previously handled approximately 40% of the EMA’s (European Medicines Agency) decision making on medicines approval, and the UK’s MHRA (Medicines and Healthcare Products Regulatory Agency) a key player in the regulatory framework for pan-European clinical trials, it is imperative that such expertise is retained post-Brexit.

Agreement on the mutual recognition of the CE-marking scheme for medical devices and ongoing UK involvement in the assessments for medicine approvals at the EMA will be vital for quality control across Europe.

The closest possible co-operation between the UK and Europe must be facilitated to ensure the highest possible standards in the development of medicines/medical devices and subsequent pharmacovigilance.
Patient Care and Public Health

Whilst Brexit will affect the levels and nature of pan-European migration, millions of EU citizens will continue to live in the UK with hundreds of thousands of British citizens residing across Europe.

Existing reciprocal healthcare arrangements provide comprehensive and cost-effective access to healthcare for these people, which we believe should be mirrored as closely as possible in the future.

Securing the UK’s access to the IMI (Internal Market Information) alert system, which enables regulators across Europe to send and receive alerts about doctors’ fitness to practise across the EU will help to improve patient safety across Europe.

The UK coordinates 6 of the 24 European Reference Networks, which enable healthcare providers across Europe to tackle complex or rare medical conditions requiring highly specialised treatment. With Public Health England’s research playing a critical role in the EU’s pandemic response planning, the ongoing sharing of disease surveillance data and emergency preparedness planning simply must continue.
EU Citizens living in the UK

Top 10 non-British EU nationalities living in the UK, July 2017 to June 2018

- **POLAND**: 985,000
- **ROMANIA**: 433,000
- **REPUBLIC OF IRELAND**: 337,000
- **ITALY**: 292,000
- **PORTUGAL**: 217,000
- **LITHUANIA**: 203,000
- **FRANCE**: 194,000
- **SPAIN**: 174,000
- **GERMANY**: 141,000
- **LATVIA**: 113,000

Countries with smaller estimates have relatively large margins for error, so the order of countries in the table isn’t reliable.

**Source:** ONS, Population of the UK by country of birth and nationality, July 2017 to June 2018, table 2.3.
Ireland and Northern Ireland

Current border arrangements allow the delivery of a wide range of cross-border healthcare services and, via the CTA (Common Travel Area), permit citizens from either side of the border to freely access healthcare services in the neighbouring jurisdiction.

As the only part of the UK with a land border with the EU, Northern Ireland will be disproportionately affected by the impact of Brexit on the medical profession, associated industries and patients on both sides of the border.

Taken in isolation, the issues detailed above pose a serious risk to the health of Europe; combined, and on an island where healthcare delivery has become increasingly integrated, they constitute a real threat to the medical profession and the patients it serves.

EU funding programmes have played an important role in the provision of cross-border healthcare services in Ireland and Northern Ireland.

We welcome the EU’s commitment to delivering agreed funding, whatever form Brexit takes, and its proposal to extend such support beyond the end of the existing financial period. MEPs’ assistance in ensuring this proposal is delivered upon in the most robust manner will be key.
International trade and health

With the UK’s future trading status still unclear, we call on MEPs to exclude publicly-funded healthcare services from the scope of all future FTAs (free trade agreements) and ensure that corporate courts cannot be used by foreign investors to deter, delay or block health improvement measures, or prevent national governments from rolling back the privatisation of public services.

FTAs should also include measures to prevent the spread of antimicrobial resistant pathogens in our food supply and promote appropriate use of antimicrobials in agriculture, whilst reinforcing generous TRIPS (Trade-Related Aspects of Intellectual Property Rights) flexibilities to support affordable access to essential medicines in lower-income countries.
bma.org.uk/brexit