Brexit Update

With the newly elected President of the EC (European Commission) having reiterated the EU’s view that the draft withdrawal agreement will not be renegotiated, the nature of the UK’s departure from the EU remains dependent upon Westminster. Accordingly, and as the possibility of a “No Deal” Brexit remains, our partner, the CPME (Standing Committee of European Doctors), has written to its constituent members – national medical associations – to propose that they work with their governments to replicate UK legislation which means that:

*in the event of a no deal Brexit, the UK will continue to accept the vast majority of EEA qualifications that are listed in Annex V of the Professional Qualifications Directive on exit day as sufficient evidence of knowledge, skills and experience for entry onto the UK’s medical register.*

Adoption of such legislation, which France has already done, would allow UK qualified doctors – including the thousands of non-British European medical students studying in the UK – to avoid being classified as “third country nationals” and continue the de facto mutual recognition of their medical qualifications. Likewise, and continuing their support for our efforts, CPME and a coalition of European medical organisations – UEMS (European Union of Medical Specialists), UEMO (European Union of GPs), EJD (European Junior Doctors’ Association), EMSA (European Medical Students Association), CEOM (European Council of Medical Orders), AEMH (European Association of Senior Hospital Physicians) and FEMS (European Federation of Salaried Doctors) – wrote to the President-elect of the EC and newly elected President of the EP (European Parliament) to highlight the importance of MRPQ (mutual recognition of professional qualifications) to their members, and to:

*urge you to work inter-institutionally to deliver pragmatic solutions that permit such a system of MRPQ to safeguard our members’ ongoing pan-European provision of essential health services to Europe’s patients.*

In addition, Dr Chaand Nagpaul, Chair of BMA UK Council, has written to the newly elected Chairs of the EP’s ENVI (Environment, Public Health and Food Safety), IMCO (Internal Market and Consumer Protection) and ITRE (Industry, Research and Energy) committees to request their support in mitigating Brexit’s impact upon the European medical profession and the patients it serves across the continent.
Building on this activity, we have also been meeting with both newly elected, and returning, MEPs from across the political spectrum, including the many with medical backgrounds, like Sara Cerdas, a Portuguese junior doctor. Copies of the aforementioned letters are available upon request with further details about our extensive work on this key issue available here.

**European Commission’s President-Elect Sets Out Her Health Priorities**

Ahead of the EP’s approval of her nomination as President of the EC, Dr Ursula von der Leyen, set out her agenda for Europe which included the following statement:

*As a physician, I am passionate about health. 40% of us will face cancer at some point in our lives and almost all of us will know the anxiety and grief of a friend or family member diagnosed with cancer. Survival rates are on the up, especially thanks to early detection and screening programmes. But there is a lot more we can do. I will put forward a European plan to fight cancer, to support Member States in improving cancer control and care.*

As such a commitment will inevitably lead to the development of related EU legislation and policy, we will be working with European partners to ensure that, whatever the outcome of Brexit may be, such legislation and/or policy reflects the interests of the European medical profession.

**Portuguese Opposition Delays Welsh Minimum Unit Pricing Plans**

Following the Welsh government’s submission of proposed legislation - The Public Health (Minimum Price for Alcohol) (Minimum Unit Price) (Wales) Regulations 2019 – to the EC’s Technical Regulation Information System, the Portuguese government has submitted a “detailed opinion” (an official objection) to the EC on the grounds that:

*There are Portuguese operators who export wines to Wales whose consumer price is lower than the minimum price, therefore the application of a minimum unit price means that many of these wines will suffer an increase in price, which will make them less competitive in that market.*

Such opposition, nor the proposal that increased taxation on alcohol could be "less restrictive" than a minimum unit price, is unsurprising given that Portugal was one of 5 countries to the Scottish Government’s plans for minimum pricing in 2013 - along with France, Italy, Spain and Bulgaria. With submission of the “detailed opinion” leading to a "standstill period" of at least three months - meaning nothing can happen in that time – being extended until 21 August, the Welsh government cannot legislate until the autumn; thereby delaying the implementation of MUP (minimum unit pricing) until the beginning of 2020, at the earliest.

Given the alcohol industry’s tenacious objections, subsequently ruled to be unfounded, to the Scottish government’s efforts to introduce similar legislation, further opposition to the Welsh plans cannot be ruled out. Accordingly, and in line with our previous efforts to help secure MUP’s introduction in Scotland, we will be working with European partners to ease its passage into law so that it can help to” “tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers.”

**Civil Society Organisations Leave the EU Platform for Diet, Physical Activity and Health**

The CPME, of which the BMA is a member, and a range of other civil society organisations have decided, regretfully, to leave the European Platform for Diet, Physical Activity and Health.
With “one in two adults in Europe...now overweight or obese” and “poor diets and a lack of physical activity...contributing significantly to this threat to the population’s health and to the growing health burden of non-communicable diseases (NCDs)”, they advised that “it is increasingly clear to our organisations that the Platform, as it is currently constructed, is not fit for purpose and cannot therefore adequately contribute to reverse this tide.” These views were expanded upon in an earlier letter to the EC.

Concluding, the organisations stated that:

We do not at this time consider that the continued participation of our civil society organisations in the Platform is a productive use of our resources. We would however strongly underline the right and importance for continued structured dialogue with organisations representing the voices of consumers, public health NGOs and medical associations in any discussions on future EU actions on the obesity and NCD crisis facing Europe.

As the impact of any such EU actions in this area on the UK will be dependent upon the nature of Brexit, we will continue to work closely with the CPME, and the other civil society organisations, to ensure that related legislation reflects public health not corporate interests.

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Health Priorities of the Finnish Presidency of the Council of the EU

Holding the Presidency of the Council of the EU from 1 July until 31 December 2019, and working closely with Romania and Croatia, the other members of the current Presidency trio, Finland has advised that it will seek “to address a competitive and socially inclusive EU, promote action on climate change and protect the security of its citizens.”

With regard to health, this means that “we also need to promote longer working careers in Europe through improvements in occupational health and safety, public health policies and part-time work schemes.” More specifically, the Finnish Presidency has confirmed its support for the EU Roadmap on Carcinogens, and advised that it plans to host a conference on preventing work-related cancer in November.

In addition, and in the Council conclusions on The Economy of Wellbeing, invited the EC to “ISSUE a Communication regarding the cross-sectoral impacts on mental health of different policy sectors, including a Mental Health Strategy for the EU.”

As the UK is scheduled to leave (on October 31) the EU during the Finnish Presidency, the impact of such activity upon our members is still unknown.

Nevertheless, and echoing Dr Chaand Nagpaul’s letter (June 2019) to the Finnish Minister of Social Affairs and Health, we continue to work with our European partners “for the delivery of pragmatic solutions...which permit the ongoing provision of high-quality healthcare across the continent.”

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Consultation on the Future Priorities for European Research and Innovation Funding

As part of its preparations for the implementation of Horizon Europe, the next EU research and innovation programme (2021-2027) with a proposed budget of €100 billion, the EC has launched an online consultation which will collect input from across Europe and beyond.

The inputs received will inform the work to prepare a ‘Strategic Plan’ for Horizon Europe, which will then guide the work programmes and calls for proposals for Horizon Europe’s first four years (2021-2024).

A key event in this co-design process will be the European Research and Innovation Days in Brussels from 24 to 26 September 2019.

Whilst the exact nature of the UK’s participation in Horizon Europe, and other funding programmes, is dependent upon the outcome of the Brexit process, the BMA will continue to engage with EU decision makers to ensure that members’ views are reflected in its future funding opportunities.

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