January 2019

For further information on any of these news items, please contact Paul Laffin: plaffin@bma.org.uk

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**Brexit Update**

As the UK government belatedly prepares for the impact of “no deal” on the NHS, we continue to work with our European partners to ensure that stakeholders on this side of the channel are fully cognisant of the risks that Brexit poses to their medical professions and patients. Accordingly, and with the support of such partners as well as MEPs Julie Ward and Karine Gloanec Maurin - Co-President to the EP’s (European Parliament) Intergroup on Common Goods & Public Services, we’re hosting an event *Brexit: The impact on the EU27’s Healthcare Services* in the EP on 27 February.

Speakers will include CPME (Standing Committee of European Doctors) President, Prof. Dr Frank Ulrich Montgomery; and Dr Denis McCauley, a General Practitioner and district coroner from County Donegal on the Irish border.

In addition, and given the continued non-resolution of the Irish border issue and the potential for a “no deal” situation to seriously impact upon the delivery of cross-border health services, we continue to meet with MEPs from across the political spectrum to help deliver a solution which doesn’t threaten the continued provision of such services.

Recognising this threat, the Irish government has released the next stage of its “no deal” planning guidance which reflects BMA lobbying and makes legislative provisions for “eligibility for healthcare in Ireland for a range of different cases including people living in Ireland and working across the border or elsewhere in the UK and for UK residents on a temporary visit here or UK students studying here.”

Further details about our extensive work on this key issue are available here.

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**EU Protection for Whistle-blowers**

With the European Council and EP positions confirmed, the Romanian Ambassador to the EU has confirmed that trilogue negotiations between the EU’s institutions will begin and reiterated the importance of EU action in this area:

"Recent scandals such Cambridge analytica or Lux Leaks have demonstrated the importance of whistle-blowers. That is why we need to provide them with a high level of protection across the Union. We should not expect anyone to risk their reputation or job for exposing illegal behaviour."

Ambassador Luminița Odobescu, Permanent representative of Romania to the EU

Ahead of the trilogues beginning, the BMA’s partner, EJD (European Junior Doctors Association) has released the following statement:
The European Junior Doctors Association (EJD) welcomes the proposed directive of the European Parliament and of the Council on the protection of persons reporting on breaches of Union law.

We support this initiative to improve the safety of individuals as the current legislation is insufficient, with most member states without legislative protection for “whistle blowers”.

Whilst the directive reflects the Treaty of the Functioning of the European Union (TFEU), employee protection, unfortunately, remains outside its scope.

It has, however, been proposed to amend the directive to include employees’ rights (article 153 TFEU) and to allow the right to protection when reporting abuses of workers’ rights, and threats to their health and safety.

EJD supports the inclusion of such employee protection and would emphasize its importance to the provision of safety and high-quality healthcare also for employees across Europe. Junior doctors, often responsible for on-call work and with notoriously heavy workloads, are a particularly vulnerable part of the workforce. Due to the nature of specialist training, they are mostly employed on a temporary basis and are often forced to change placement during this training, with a greater risk of abusing workers rights.

In addition, and due to a variety of reasons – i.e. family commitments, research and training commitments - junior doctors increasingly work across borders in multiple jurisdictions. Accordingly, such cross-border workers face particular challenges as they cannot rely on a single minimum EU standard of protection.

To conclude, EJD supports the adoption of this Directive as improved protection for “whistleblowing” doctors will, in our view, lead to significant advancements in junior doctors’ working conditions and a commensurate improvement for employees as well as in patient safety across Europe.

With the Romanian Presidency of the Council of the EU seeking an agreement before the end of the parliamentary term (May 2019), we will continue working with our European partners to ensure that the final text reflects our members’ interests.

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CPME Health Check: 2019 European Elections

Ahead of the upcoming (in May) elections to the EP, the CPME has published its Health Check which calls on European decision makers to ensure “safe and attractive working conditions for doctors...throughout Europe” especially “with Brexit changing the paradigm of medical migration and education and training.”

Being committed to ensuring that the medical profession plays a key role in the development and implementation of European healthcare policy-making, CPME is calling on the EU institutions to:

- Put health high on the EU agenda
- Support skilled doctors and safe conditions
- Enable healthy living
- Invest in health security
- Foster trust in the sharing of health data
- Guarantee access to medicines

As Brexit, under the terms of the current draft withdrawal agreement, means the end of official UK representation in the EU institutions, the BMA will be working ever more closely with its European partners to ensure that related policy and legislation reflects our members’ interests.
Labelling of Alcoholic Beverages

With the EC (European Commission) still considering its official response to the alcohol industry’s proposal for self-regulatory measures, industry is seeking to secure its interests via alternative routes within the EU institutions.

In addition to proposing amendments pertaining to the common organisation of markets in agricultural products to the EP’s AGRI (Agriculture and Rural Development) Committee’s draft report on the revision of CAP (Common Agricultural Policy) 2021–2027, it is seeking to secure an exemption for wine from the full scope of EU labelling requirements via similar amendments to a related opinion from the EP’s ENVI (Environment, Public Health and Food Safety) Committee.

In response to these efforts, the BMA, independently and in conjunction with our European partners like Eurocare, has written to MEPs on the ENVI committee to request that its opinion respect the following key principles:

1. The nutritional declaration including (but not be limited to) energy value, and the ingredient listing should appear on the label. Producers can add additional information online.

2. Energy value should be established on a per 100ml basis. In addition to the 100ml, producers can add reference to portion elements.

3. The rules detailing the nutrition declaration and ingredient listing should be based on, and explicitly reference provisions of Regulation (EU) No 1169/2011 on the provision of food information to consumers.

4. The rules detailing the nutrition declaration and ingredient listing should be established in the regulation, rather than through delegated acts to ensure that such an important matter is fully decided by the EP and Members States.

With MEPs due to vote on the opinion shortly, we will continue to work with European partners to ensure that the industry’s attempt to secure this exemption for wine from the full scope of EU labelling requirements.

Tackling Lyme Disease

Following the adoption of a non-binding resolution (summary below) by the EP calling for the EC to draw up an EU-wide plan to combat the disease, we will be working with European partners to explore how to ensure that the EC and member states take the necessary action to deal with this emerging health threat:

- Calls for additional funding of the methods for diagnosing and treating Lyme disease; encourages, to that end, the promotion of research efforts, in terms both of increased allocation of funds and the exchange of epidemiological data, including data on the distribution and prevalence of pathogenic and non-pathogenic genospecies

- Calls for additional international cooperation on research into Lyme disease

- Encourages the Commission to collect as much information as possible on Lyme disease screening methods or on treatments administered in the Member States

- Calls for mandatory reporting in all Member States affected by Lyme disease
• Calls on the Commission to facilitate cooperation and the exchange of best practices among Member States in terms of the monitoring, diagnosis and treatment of Lyme disease

• Welcomes the inclusion by certain Member States of Lyme disease in their national surveillance systems on the basis of a specific methodology

• Calls on the Commission to put in place uniform surveillance programmes and to work together with the Member States on facilitating the standardisation of diagnostic tests and treatments; calls on the Commission to recognise borreliosis as an occupational disease for agricultural and forestry workers, as well as for field scientists (such as biologists, geologists, surveyors or archaeologists)

• Calls for individual tick prevention and control measures in the Member States in order to contain the spread of the Borrelia bacteria

• Requests that the Commission publish guidelines based on best practices within the EU with regard to the training of general practitioners so as to facilitate the diagnosis and screening of Lyme disease

• Asks Member States to expand the use of clinical examination so that doctors can diagnose Lyme disease even if the serology tests are negative, in order to help patients break the ‘therapeutic deadlock’