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**Brexit Update**

Amidst unprecedented political uncertainty in Westminster and confirmation that the UK’s departure from the EU will be delayed until 12 April at the earliest, both the EU and UK government - e.g. regarding the Irish border and managing the lifecycle of medicinal products - have continued with their “No Deal” contingency planning.

With such a catastrophic outcome still seemingly a genuine possibility, the BMA has written to our European partners in the CPME (Standing Committee of European Doctors) requesting that it work with its national members, replicating the UK government’s efforts regarding EEA qualified doctors, to facilitate the ongoing recognition of UK medical qualifications, including those gained by EEA nationals currently studying in the UK, across Europe.

Dr Chaand Nagpaul, Chair of BMA Council, wrote to advise that:

> As any EU country can unilaterally amend its “third country route” – what the UK will become in the event of a no deal Brexit – to accept UK qualifications, we believe that the CPME’s support could be vital in convincing member states and their medical competent authorities across Europe to...facilitate the timely registration of UK qualified doctors/EU citizens seeking to practise in continental Europe. In addition to helping promote professional mobility across Europe, it is quite simply the humane course of action to take; students, be they EEA or UK nationals, who took up places in British medical schools in good faith pre-Brexit do not deserve to be penalised due to politicians’ capriciousness.

With specific regard to Northern Ireland, and building on the recent event - Brexit: The impact on the EU27’s Healthcare Services – that we co-hosted in the EP (European Parliament) last month, representatives from BMA NI and the European Office spoke to BBC NI about the “devasting effect” that Brexit may have on healthcare in the UK, particularly Northern Ireland, and in the Irish border area.

Further details about our extensive work on this key issue are available [here](#).

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**Labelling of Alcoholic Beverages**

With the EC (European Commission) still considering its official response to the alcohol industry’s proposal for self-regulatory measures, spiritsEUROPE, the trade association representing the producers of spirits in Europe, has unveiled a so-called new one-stop-shop web portal that provides consumers with “easy access” to detailed information on all spirit drinks legally sold in the EU.
Our European partners are sceptical about the efficacy of this initiative with Eurocare advising that “industry once again proved it can’t deliver” as the “website is misleading to the true nature of the spirit drinks and creates more chaos around the issue of labelling.”

These criticisms were shared by the CPME whose President, Prof. Dr Frank Ulrich Montgomery stated that:

*general health information about alcoholic drinks should be given by public health institutions and authorities. Industry’s self-regulation is not an appropriate way to protect the population from alcohol-related harm. We are also facing an epidemic of obesity in Europe. Consumers need to know about the nutritional contents and calorific values of what they are drinking. This information has to be printed onto the product to inform consumers. Self-regulation has not succeeded in improving public health outcomes so far. Consumers rarely access such information online. They clearly deserve information that is accessible at the time of consumption about what is in their drinks.*

As the EC is feared to be softening its stance – it had threatened industry wide legislation mandating the provision of calorie information on labelling – towards the alcohol industry, this development is a worrying indication of what may be considered as an acceptable compromise. Accordingly, we will continue to work with our European partners to ensure that all alcoholic beverages are included within the scope of the EU’s labeling regulations.

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**EU Strategy to Cut Medicines Pollution**

The EC has adopted a Communication outlining a set of actions to address the multifaceted challenges that the release of pharmaceuticals poses to the environment.

The "Strategic Approach to Pharmaceuticals in the Environment" identifies areas concerning all stages of the pharmaceutical life cycle, where improvements can be made, addressing pharmaceuticals for human as well as for veterinary use. The areas cover all stages of the lifecycle of pharmaceuticals, from design and production to disposal and waste management, in line with the principles of the staff working document of the Commission on Sustainable Products in a Circular Economy.

The six areas identified include actions to:

- raise awareness and promote prudent use
- improve training and risk assessment
- gather monitoring data
- incentivise “green design”
- reduce emissions from manufacturing
- reduce waste and improve wastewater treatment.

As the implementation of these actions in the UK will be dependent upon the nature of Brexit, we will be monitoring developments and, as necessary, working with our European partners to ensure that this approach does impact unduly upon our membership.

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**Revision of the EU Carcinogens and Mutagens Directive**

Following significant engagement with the BMA and our European partners, the EP has adopted its report on the EC’s proposal for a Directive on the Protection of workers from the risks related to exposure to carcinogens or mutagens at work.

The report which aims to provide with “a high level of protection of their health and safety at work and to a working environment adapted to their professional needs also includes protection from carcinogens and mutagens at the workplace, irrespective of the duration of the employment or of the exposure.”
Recognising that “formaldehyde fixatives are routinely used in the healthcare sector” and that “it is foreseeable that the healthcare sector will have difficulties in complying, in the short term, with a limit value of 0.37 mg/m^3 or 0.3 ppm” the report states that:

*It is therefore appropriate to introduce for that sector a transitional period of five years, during which the limit value of 0.62 mg/m^3 or 0.5 ppm should apply. The healthcare sector should, however, minimise exposure to formaldehyde and is encouraged to respect the limit value of 0.37 mg/m^3 or 0.3 ppm during the transitional period where possible.*

As the implementation of this Directive in the UK will be dependent upon the nature of Brexit, we will be monitoring developments and, as necessary, working to ensure that this approach does impact unduly upon our membership.

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**EU Protection for Whistle-blowers**

Following the BMA’s partner, EJD (European Junior Doctors Association) lobbying in support of the adoption of the EU’s “Whistle-blowers” Directive on the grounds that it will “lead to significant advancements in junior doctors’ working conditions and a commensurate improvement for employees as well as in patient safety across Europe”, we note the conclusion of trilogue negotiations between the EP and Romanian Presidency of the European Council.

The new rules will require the creation of safe channels for reporting both within an organisation -private or public- and to public authorities. It will also give a high level of protection to whistle-blowers against retaliation and require national authorities to adequately inform citizens and train public officials on how to deal with whistleblowing.

With the applicability of this Directive to the UK uncertain due to the ongoing Brexit impasse, we will be continuing to monitor the matter and react, as required, to ensure that any such application does not impinge upon our members’ interests.