October 2018

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Brexit Update
With this month’s European Council meeting providing little clarity as to the likely result of the Brexit negotiations, and “No Deal” seemingly remaining as a possible outcome, we’re continuing to work to ensure that both sides of the negotiating table are cognisant of the risks that Brexit poses to the European medical profession and the patients they serve.

To this end, and following a letter – focusing on MRPQ (mutual recognition of professional qualifications) - sent last month by our partner, the CPME (The Standing Committee of European Doctors), along with its pan-European counterparts from the architectural, dental, nursing, midwifery and veterinary professions to Michel Barnier, the EU’s Chief Brexit Negotiator, we have secured another meeting with the EC’s (European Commission) Article 50 Taskforce.

With recently published GMC figures showing that there are currently 21,791 EEA (European Economic Area) qualified doctors licenced to practise in the UK, we will be using this meeting to share the view – also that of both the European Council and the UK government - that “the future partnership should include ambitious provisions on movement of natural persons...in areas such as (the) recognition of professional qualifications.”

Given the precarious state of the negotiations, and their probable impact upon the future of the European medical profession in a swathe of areas beyond MRPQ, we continue to engage with partners, at both national and European level, to help secure an outcome which doesn’t threaten Europe’s health.

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

Regulating Trans-Fats
After extensive BMA lobbying, the EC (European Commission) has published its draft legal proposal to limit industrially produced trans fats to 2% of food’s total fat content.

The proposal supports our assertion that legal limits are needed given the evidence that consumption of IPTFAs (industrially processed trans fatty acids) increases the risks of cardiovascular disease and increases the risk of component features of the metabolic syndrome and diabetes. With the proposal now open for consultation until 2 December, we will be working with partners to secure a nine-month period for implementation as opposed to the 2-year period proposed by the food industry.
EU Protection for Whistle-blowers
The EP’s (European Parliament) JURI (Legal Affairs) Committee voted unanimously to adopt its draft report on a directive on ‘Protection of persons reporting on breaches of Union law’, proposed by the EC back in April.
The proposal seeks to address the fragmented protection for whistle-blowers across the EU and sets out common minimum standards to protect such individuals against retaliation. In addition to extending whistle-blower protection to workers in a labour market characterised by the prevalence of short-term contracts/freelance work, the proposal includes the following measures:

- All companies with more than 50 staff or an annual turnover of more than €10m must set up an internal procedure to handle whistle-blowers’ reports.
- State, local and regional administrations and councils with more than 10,000 people will also have to comply.
- A three-tier reporting system ensuring confidentiality, consisting of internal reporting channels, a way to report to authorities and/or the public or media.
- Authorities and companies are to be obliged to give feedback.
- All forms of retaliation are to be banned. In case of a breach, whistle-blowers should have access to free advice and ‘adequate remedies.’ These could include measures to prevent harassment in general as well as dismissals.
- The burden of proof is to be reversed — the organisation must prove that they are not acting ‘in retaliation against the whistle-blower’.

The BMA will work with our European partners to assess the proposal’s potential applicability to the medical profession, ahead of possible further action.

Health Technology Assessment
The EP’s plenary (full session) has adopted its report on the EC proposal for a regulation on HTA (Health Technology Assessment) which would provide the basis for permanent EU-level cooperation in four areas: joint clinical assessments; joint scientific consultations; identification of emerging health technologies; and voluntary cooperation on other aspects of HTA. The EP’s report lays out the procedure for member states to carry out voluntary joint assessments, covering aspects such as rules for sharing data, co-ordination groups, conflicts of interest and publishing, whilst rejecting an amendment that would give patients and clinical experts seats on the Coordination Group, despite concerns of patients they will not have a say in decision-making. Despite the report’s adoption, it is believed that it will be impossible to conclude this legislative process before the European Parliamentary elections in May 2019.

Health Initiatives in the 2019 European Commission Workplan
The EC has recently published its 2019 workplan which foresees the following activities:

- Stronger digitalisation of the health sector with a recommendation to establish a format for the exchange of European electronic health records, that aims to facilitate the transfer of patient data across borders and promote medical progress.
- A communication on creating a plan to address endocrine-disrupting chemicals which will focus on funding research and data sharing about these chemicals.
• To continue its efforts regarding the proposal on the transparency and sustainability of the EU risk assessment in the food chain and to pursue its work on the proposal on unfair trading practices in business-to-business relationships in the food supply chain.
• A paper on how it plans to implement the United Nation’s Sustainable Development Goals by 2030.

We will be working with our partners to analyse these proposals ahead of potential engagement with the EU institutions.

Assessment of the Cross-Border Healthcare Directive
The EC has published its implementation report on the Directive on Cross-border Healthcare which covers the last three years and shows that cross-border patient mobility within the EU has increased slightly during this period due to better access to information for patients. In addition, the report demonstrates how patient mobility remains relatively low and that the Directive has not resulted in any major budgetary impact on national health systems. With the UK’s post-Brexit participation in the Directive, and its related legal frameworks, still unclear, we will continue to work to ensure that such reciprocal healthcare arrangements, or comparable alternatives can be secured.