

Commissioner Stella Kyriakides  
European Commission  
Directorate General Health and Food Safety  
B - 1049 Brussels  
Belgium

30<sup>th</sup> October 2019

Dear Commissioner Kyriakides,

### **Brexit and Public Health in Europe**

On behalf of the British medical profession, I would like to congratulate you on your appointment as the new European Health Commissioner.

You will be aware that Brexit – the UK’s (United Kingdom) impending departure from the EU (European Union) – and the related uncertainty will have profound repercussions for the European medical profession and its ongoing ability to provide high quality healthcare to patients across Europe. In particular, I would like to draw your attention to three specific sets of repercussions that Brexit may have on European health systems.

Firstly, and most significantly, Brexit risks threatening Europe’s ability to address the global health threats posed by antimicrobial resistance and vaccine hesitancy – both of which you have already acknowledged as top priorities for your new team.

Infectious diseases do not stop at borders. Nor can successful health security and protection systems be established by a single government. The effectiveness of collaborative work across a region will be limited if there is no agreement on areas of action between countries within the region.

To avoid a reduction in Europe’s capacity to respond to serious health threats, it is essential that, post-Brexit, the UK and EU maintain a coordinated, European-wide approach across the following areas:

- **Emergency preparedness:** ensuring national emergency planning strategies are joined up and take account of cross-border impacts by ensuring that the ECDC (European



Centre for Disease Prevention and Control) and the UK continue to work closely together in a future partnership. Discrepancies in preparedness planning between member states and the UK (e.g. in the flexibility of preparedness plans) may lead to a non-complementary response at a European level to the spread of a respiratory virus, as was the case with pandemic A(H1N1) influenza in 2009<sup>1</sup>.

- Risk assessment, management and communication: ensuring networks of UK, EU and international experts and independent bodies continue working together to provide advice to decision makers. For example, through close working with the ECDC. Inconsistent decisions by Member States and the UK on measures to limit the spread of antimicrobial resistance (such as whether to prohibit prophylactic use of antimicrobials in farming) would severely limit the ability to reduce the spread of resistance across all European countries. The existing relationship for collecting and sharing national surveillance data (hosted by ECDC), and analysing risks posed by substances or technologies, is vital in planning for future emergences and threats across Europe and should be maintained.
- International policy and research cooperation: ensuring governments agree, monitor and embed key policy commitments. Incentivising the development of new antimicrobials and vaccines requires collaboration across international agencies, as well as significant funding. This can only be achieved effectively through collaboration between European countries.

Secondly, in addition to the challenges Brexit poses for health security, the UK's withdrawal from the EU could also impact on the common purpose of driving up public health standards across European countries. The UK has led the way in introducing more stringent public health measures such as standardised ('plain') packaging for tobacco products, a more robust approach to the labelling of food and drink items, and minimum unit pricing for the sale of alcohol. These measures all impact significantly on public health outcomes across Europe because of the way these products are regularly traded between countries.

A move away from coordinated public health policy development between the UK and the EU will also limit the way in which the implementation of stronger measures in one country/region sets a precedent for the implementation of such measures in other countries.

It is therefore essential for the UK and EU to recognise the mutual benefits of collaboration and to maintain a robust and evidence-based focus on prevention. It is equally important that all necessary steps are taken to allow the UK and EU to continue to share evidence, including through specific agreements with agencies such as the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

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<sup>1</sup> See Section 4 – “Lessons Learned” - [https://www.ema.europa.eu/en/documents/report/pandemic-report-lessons-learned-outcome-european-medicines-agencys-activities-during-2009-h1n1-flu\\_en.pdf](https://www.ema.europa.eu/en/documents/report/pandemic-report-lessons-learned-outcome-european-medicines-agencys-activities-during-2009-h1n1-flu_en.pdf)

Finally, as a trained medical professional yourself, you will recognise the important role cross-border working plays in both the professional development of doctors and in securing public health standards across Europe.

At present, the more than 22,000 EEA (European Economic Area) qualified doctors in the UK<sup>2</sup> can practise there and in other member states due to the mutual recognition of professional medical qualifications (MRPQ) and the principle of free movement.

With over 1/3 of such EEA qualified doctors in the UK considering moving abroad as a result of Brexit, and 18% per cent of that number thinking about leaving Europe entirely<sup>3</sup>, we are extremely concerned that the UK's decision to leave the European Union could not only threaten public health in our own country but also in the EU as a whole.

Echoing the points that we have already made to the EU's Chief Negotiator, we would like to reaffirm our view, which is shared 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."*

Accordingly, we would urge you to work both interdepartmentally and inter-institutionally to deliver pragmatic solutions that permit such a system of MRPQ to safeguard the pan-European provision of essential health services to Europe's patients.

Thankfully, your institution, together with the European Parliament and Council, has helped to secure a draft withdrawal agreement that seeks to mitigate Brexit's impact upon the European medical profession. However, being fully aware of the possibility that the UK may depart from the EU without a withdrawal agreement, we would urge you to help ensure that the UK and EU continue to work together to secure Europe's public health regardless of the outcome of Brexit.

I hope that this information is helpful and would be delighted, via our EU Public Affairs Manager – [Paul Laffin](#), to elucidate further with you and/or your team.

Yours sincerely,



**Dr Chaand Nagpaul CBE, Chair of BMA UK Council**

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<sup>2</sup> [https://www.gmc-uk.org/-/media/documents/our-data-about-doctors-with-an-eea-pmq-2019\\_pdf-80536969.pdf](https://www.gmc-uk.org/-/media/documents/our-data-about-doctors-with-an-eea-pmq-2019_pdf-80536969.pdf)

<sup>3</sup> <https://www.bma.org.uk/collective-voice/influence/europe/brexit/eu-survey-2018>