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Brexit Update

[Speaking](#) at the conclusion of the 6th round of negotiations, the EU's Chief Negotiator, Michel Barnier, was extremely pessimistic about the chances of an agreement being reached as:

by its current refusal to commit to conditions of open and fair competition and to a balanced agreement on fisheries, the UK makes a trade agreement at this point unlikely.

His UK counterpart, David Frost, was [equally downbeat](#) about the prospects of concluding negotiations successfully when stating that:

When the next round of negotiations begins there will be not much more than four months left until the end of the transition period. Although we will continue energetically to seek an agreement with the EU, we must face the possibility that one will not be reached, and we must therefore continue preparing for all possible scenarios for the end of the transition period at the end of this year

Despite such worrying news, we continue to work with our European partners to try and secure a future relationship that permits the European medical profession to continue treating its patients to the highest possible level. As such, we welcomed a recent joint letter sent by these partners – CPME (Standing Committee of European Doctors), UEMS (European Union of Medical Specialists), UEMO (European Union of GPs) and EJD (European Junior Doctors' Association) – to Michel Barnier advising of their support for the UK's proposal relating to the future recognition of medical qualifications.

Having reaffirmed their view that “the recent COVID-19 pandemic has proven once again that health is global and the medical profession transcends national borders”, the letter outlines the rationale for their position:

- *We strongly favour a provision that is enshrined directly in the free trade agreement, applies to every Member States on equal footing and that can immediately enter into force upon ratification. This will ensure continuity and legal certainty for both students and professionals at the end of the transition period. The solution proposed by the EU, that is the conclusion of mutual recognition agreements by professional organisations, is – for all its flexibility – a largely untested process which is likely to require time to take shape.*
- *While we accept that it is not possible to replicate single market legislation in a free trade agreement, the proposal put forward by the UK government accounts for both the current degree of harmonisation of the applicable regulatory framework and any dynamics which may occur in future. This ensures that recognition decisions can observe quality and patient safety.*
- *The solution proposed by the UK government draws on processes that are familiar to national competent authorities thus allowing swift implementation. This too is beneficial for legal certainty and operational efficiency at Member State level.*

Whilst such joint efforts to secure a favourable future relationship will continue, the unfortunate lack of progress in the negotiations means that [we must once again warn both parties](#) “of the damaging consequences that a “no-deal” Brexit would have for patients, the health workforce and health services across the UK.

Further information about our extensive work in this area is available [here](#).

COVID-19 Response

With efforts now focussed on controlling the virus, we are continuing to work with our European partners to ensure that all relevant intelligence is collated and shared with our members and support staff. A copy of this database is available upon request.

With the goal of avoiding a second wave of infections, [new recommendations](#) have been issued by the ECDC (European Centre for Disease Control and Prevention) on how to best support vulnerable population groups in any future outbreak of cases. Likewise, the European Commission (EC) has published [guidance](#) on bolstering the short-term resilience of EU health care systems. On therapeutics, [after winning conditional approval](#) as the first authorised Covid-19 treatment in the EU, the EC is currently in talks with pharmaceutical giant Gilead [to jointly purchase doses of Remdesivir](#) for the entire EU bloc.

In other joint procurement news, despite promising initial discussions, [the UK has rejected the EC’s offer](#) to be involved in its Covid-19 vaccine joint purchasing scheme. As reported in [last month’s Eurobrief](#), the scheme will involve the EU offering funding for companies to develop vaccines, in exchange for early access to any successful breakthroughs. According to a government statement, the UK’s decision not to participate derives from concerns that the UK would have no say in the negotiations with vaccine producers and would not be able to pursue independent discussions with pharmaceutical companies. Stressing that the decision not to participate would not hamper the UK’s efforts to procure a vaccine, a UK spokesperson advised that “the terms just weren’t right for us. The EU scheme would not allow the UK to do anything more than it currently is.”

Updates on the BMA’s extensive work and guidance on this area can be found [here](#) with updates on the EU’s response [here](#), from the ECDC (European Centre for Disease Prevention and Control) [here](#) and from WHO Europe [here](#).

BMA Joins Wellcome to Advocate for Strong UK-EU Research Agreement

BMA’s Chair of UK Council, Dr Chaand Nagpaul, and Co-Chair of BMA’s Medical Academic Staff Committee, Dr David Strain, have joined more than 100 eminent research bodies and researchers in co-signing [a statement](#) calling on the UK and EU negotiating teams to ensure that association to Horizon Europe is a core part of the future UK-EU relationship.

Coordinated by the Wellcome Trust, the statement stresses the mutual benefit to be gained from continued UK participation in the EU’s key research programme, highlighting:

Knowledge and discovery do not stop at borders, and the shared global challenges we face require joint solutions. Collaboration through the research framework programmes is a springboard to productive partnerships across the world. We owe it to future generations in the UK, the EU and beyond to ensure that the new EU-UK relationship best serves them through research.

Noting that the talks have run into a number of sticking points, the statement proposes several solutions which could form the basis of a compromise.

Relating to the thorniest question of the UK’s future financial contribution to the programme, the statement argues that, whilst the UK should accept it can no longer be a net recipient of funding, the EU should agree to introducing a two-way correction mechanism in order to allow for the possibility to balance substantial disparities between UK contribution and receipt of funding. Relating to the BMA’s priority of ensuring [researcher mobility](#), the statement suggests the integration of reciprocal mobility arrangements within the text of the agreement in order to support the functioning of the programme.

Given the shape of any eventual UK-EU agreement on research will have a profound impact on our members, and medical research more widely, we will continue to work with partners such as the Wellcome Trust to ensure that both sides remain cognisant of the importance of the UK’s participation in EU programmes beyond 2021.

CPME Deplores Backtracking on New Health Programme

The EC's ambition to create a new EU Health Programme (see [last month's Eurobrief](#)) has faced a major setback, as it saw its funding slashed as part of the new compromise budget plan agreed at this month's extraordinary European Council.

The move came during a marathon set of European Council negotiations – lasting more than 90 hours – where EU leaders agreed a new 7-year budget, which not only fills the significant “Brexit gap” left by the UK's departure ([estimated](#) between €10 and €15 billion), but also includes a €750 billion coronavirus recovery fund. As the agreement required consensus, the talks concluded with substantial compromises made to the self-proclaimed “frugal” countries (Netherlands, Austria, Sweden, Denmark and Finland), who were opposed to the initial grant-heavy composition of the fund. The new [EU4Health Programme](#) will now only receive just €1.7 billion; a €7.7 billion shortfall compared to the initial proposal.

The cuts have been lamented by [the EC President herself](#), and come, ironically, at the same time as the European Parliament (EP) overwhelmingly backed a greater EU role in health policy through the creation of a [European Health Union](#). The BMA's European partner, the CPME, issued a scathing press release deploring the proposal and urging MEPs (who have veto power over the budget) to push back on the Council's decision, with CPME President Prof Montgomery arguing:

This decision reflects that priorities other than people's health come first... It is cheap and easy to applaud those who have risked their lives to combat COVID-19. But when it comes to real decisions European leaders prefer industry and commerce to health and patients. European Doctors call on the EP to intervene and to stand up for health.

With this set to be an ongoing debate, the BMA will continue to identify how any new EU role in health policy could impact the future UK-EU relationship, particularly in relation to Northern Ireland's unique, post-transition period, regulatory status.

New Director of European Medicines Agency

The EP has unanimously backed the EMA's (European Medicines Agency) [top pick](#) for its next Executive Director, who will take over the helm of the agency in November.

[Emer Cooke](#) is an Irish pharmacist and current Director of regulation of medicines and other health technologies at the World Health Organization. She will be the first woman to lead the EMA in its 25-year history. According to leaked reports, she was chosen over the UK's [Christian Schneider](#), from the National Institute for Biological Standards and Control.

Cooke will replace the sitting Director, Professor Guido Rasi, who has overseen [the relocation of the Agency](#) from London to Amsterdam following the Brexit vote.

E-Cigarette Debate Flares Up

With a review of the EU's [Tobacco Products Directive](#) scheduled for 2021, the long-running debate over e-cigarettes is once again in the spotlight in Brussels.

A recent [study](#) in the European Heart Journal compared regular cigarettes, water pipes and e-cigarettes and found all three to be harmful, whilst also suggesting that tobacco use could be linked to more severe Covid-19 infections. Likewise, an [article](#) from the European Society of Cardiology cites the lead author of the study, who warned that all three variants of tobacco consumption can lead to the inflammation and clogging of the arteries. Unsurprisingly, the UK Vaping Industry Association [hit back](#) against the claims, calling it “highly questionable” and accusing it of undermining “the clear public health potential of vaping.” The industry group countered with other academic citations who questioned the findings.

The studies come at the same time as the EU watchdog [Corporate Europe Observatory](#) published a scathing [report](#) arguing that the EC is not prepared for a forthcoming lobbying blitz from the tobacco industry. The report listed a raft of transparency-related shortcomings by the Commission, including 36 undisclosed meetings between EU officials and tobacco industry representatives since 2017.

With the question of tobacco-related harm set to be of continued relevance to BMA members regardless of the eventual shape of the UK-EU relationship, we will continue, both independently and in conjunction with our EU partners, to monitor and input into any related developments at EU level.

For further information on any of these news items, please contact:

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