BMA European Office Nordic House, Rue du Luxembourg 3 Brussels 1000 Belgium



Mr David Frost CMG UK Prime Minister's Chief Europe Adviser and Chief Negotiator 10 Downing Street LONDON SW1A 2AA

4 August 2020

Dear David Frost CMG,

Re. Progress of UK-EU negotiations

As Chair of BMA Northern Ireland, I am writing to you on behalf of Northern Irish doctors, following the government's statement that it "will not extend the transition period" and both parties' subsequent recognition that the transition period will therefore end on 31 December 2020, in line with the provisions of the Withdrawal Agreement.

Whilst we welcome the attendant commitment, expressed by both parties at the High-Level Meeting of 15 June, "to work hard to deliver a relationship, which would work in the interests of the citizens of the Union and of the United Kingdom", we are extremely concerned that our members' interests, and by extension those of the patients they serve, will not be dealt with adequately during the negotiations.

Indeed, we fear that the unprecedented nature of these hugely complex trade negotiations, taking place during a global pandemic and working to an incredibly challenging deadline, could result in the transition period ending without a negotiated deal being agreed.

Having consistently warned of the damaging consequences that a "no deal" Brexit would have for patients, the health workforce and health services on both sides of the Irish border, we must once again urge your governments to do whatever they can in order to avoid such a disastrous scenario.

Such an outcome would have been catastrophic for our members and their patients pre-pandemic. Its impact on our health services, struggling to deal with the massive backlog of non-COVID-19 clinical work and threatened by a second peak in infections during the challenging winter period, simply cannot be countenanced.

We therefore commend the European Parliament's recent callⁱ:

for targeted actions to ensure continued and rapid access to safe medicines and medical devices for patients, including a secure and consistent supply of radioisotopes; considers that in order to ensure patient safety, the EU and UK should work towards the mutual recognition of professional qualifications to ensure the mobility of medical professionals.

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These actions, particularly an ambitious agreement on the mutual recognition of professional qualifications, would play a key role in securing the long-term viability of the planned new medical school at the University of Ulster's Magee campus.

Without such a mechanism, EEA (European Economic Area) nationals graduating, with what will be UK medical qualifications, from the programme would be treated as "3rd country nationals" and obliged to undergo extremely onerous separate registration processes in both their "home" country and in every other EEA jurisdiction in which they wish to practise.

Having spoken to many of our members who would fall within this category, it is clear that such obstacles would detract significantly from the attractiveness of studying medicine in Northern Ireland (NI) and ultimately further reduce the provision of healthcare in the, already understaffed, cross-border area.

Likewise, the All-Island Congenital Heart Disease Network's ongoing efforts develop "a world-class patient and family-centric CHD service for the island of Ireland" is dependent upon the ability to run cross-border training programmes with successful graduates' qualifications being automatically recognised across the EEA.

Should, as is unfortunately entirely feasible, the future arrangements governing the recognition of professional qualifications impinge on these highly specialised professionals' mobility, there is a genuine risk that they would choose to pursue their careers elsewhere and endanger the future of the CHD network.

The ongoing lack of detail regarding the application of the Protocol on Ireland and Northern Ireland, particularly what goods entering NI from GB will be deemed to be "at risk", and therefore subject to checks, tariffs and possible delays, is another area of serious concern for our members.

Patients in Northern Ireland, and the many thousands who travel from the south for treatment, need certainty that their medications, like those biological medicines used in haematology/oncology which require refrigerator storage to retain their efficacy, will continue to be delivered in time to meet their diverse healthcare needs.

With less than 6 months until the Protocol takes effect, it is imperative that doctors in Northern Ireland have clarity as to exactly what treatments they will be able to prescribe for their patients.

Accordingly, we urge the government to do whatever is required to help secure an agreement between the UK and EU that permits our members' continued treatment of their patients, on both sides of the border, to the highest possible level beyond the end of the transition period.

Yours sincerely

Dr Tom Black Chair of BMA Northern Ireland

ⁱ Report on the European Parliament recommendation on the negotiations for a new partnership with the United Kingdom of Great Britain and Northern Ireland