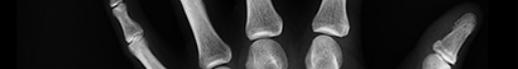


British Medical Association Brexit Briefing

**end
the
chaos!**



Let the people decide



British Medical Association – Brexit Briefing

[Click here](#) for a copy of the British Medical Association's briefing on Brexit.

The British Medical Association (BMA) is the trade union and professional body for doctors in the UK. It represents doctors both individually and collectively and lobbies for improvements to health and health care.

This is our summary of the BMA's briefing:

❖ Doctors from the EU play a key role in staffing vital health services

- in 2017, one in five EU doctors said they were planning to leave
- top three reasons – UK's decision to leave the EU, current negative attitude to EU workers, continued uncertainty over immigration rules
- any reduction in the number of EU doctors would put at risk the quality of patient care and safety

❖ Northern Ireland relies on the Republic of Ireland to assist with care

- without cross-border co-operation and ability for healthcare workers to travel freely, patients will lose access to specialist services – including primary care, cancer services, paediatric cardiac surgery
- co-operation is key to ensuring top-class clinicians want to work in Northern Ireland
- anything that threatens Good Friday Agreement would deter healthcare workers from Northern Ireland

❖ Collaboration with the EU to regulate medicines and medical devices

- without collaboration after Brexit, it would be harder for the UK to ensure medicines are safe
- products unlikely to be developed for the UK market alone - therefore patients may no longer have timely access to medical advances
- the Government is exploring stockpiling medicines and vaccines in the event of a 'no deal' Brexit



❖ **Thousands of UK citizens rely on reciprocal healthcare arrangements with the EU**

- includes S1 and EHIC schemes – if EHIC abolished, travellers would need to buy private insurance for same peace of mind
- 190,000 UK state pensioners signed up to S1 live in the EU
- if they have to return to the UK for care, this would increase demand on the NHS – requiring additional 900 hospital beds, 1,600 nurses

❖ **Recognition of professional qualifications/patient safety**

- if EU medical qualifications are not automatically recognised in the UK after Brexit, the pipeline of healthcare workers would be disrupted
- if the UK loses access to the EU's alert system, it would be harder for us to catch unqualified or disbarred doctors trying to work in the UK

❖ **UK patients depend on Euratom for radioisotopes**

- these are vital for care – including radiotherapy, diagnosis through nuclear medical imaging, palliative pain relief
- they have a short half-life – therefore cannot be stockpiled
- if the UK ceases to be part of Euratom, radioisotope supply would be threatened – potentially leading to delayed diagnoses, cancelled operations

❖ **Collaboration with the EU against disease and pandemics**

- a 'no deal' Brexit would weaken the UK and EU's ability to deal with cross-border health emergencies – eg Ebola, spread of antimicrobial resistance

❖ **Significant problems for medical research**

- the EU provides a unique platform for medical research collaboration
- between 2007-17, the UK received more EU funding for research than any other country
- any loss of funding or collaboration could damage the UK's reputation – and lead to a brain drain

❖ **Risk to the treatment of rare diseases**

- around 30 million people in the UK/EU are affected by rare diseases – including bone disorders, childhood cancers, immunodeficiency
- to treat these patients, health professionals across the EU share expertise through specialist networks
- excluding the UK and its expertise after Brexit would be a loss for both the UK and EU