

Speech to UEMS Council, Tel Aviv, 28 April 2017

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Colleagues,

At the last Council meeting I had the opportunity to talk about the exit of the United Kingdom from the European Union – a decision taken by a majority of those people who voted in the referendum.

That speech I gave was one that I did not ever think I would have to give and we live now in difficult times; unprecedented times; extra-ordinary times with many traps, dangers and hurdles ahead.

No one at UEMS Council knows exactly what will happen over the course of the next two years of negotiations as the UK prepares to leave the European



Union; no one at UEMS Council knows exactly what difficulties or indeed opportunities may lie ahead; and absolutely no one at UEMS Council knows exactly what the future will look like without the UK in the EU.

But what we cannot do at UEMS Council is to allow “Brexit” to damage the relationships between members of the UEMS family.

Whilst, of course, the “Brexit” negotiations will be carried out between our respective governments, not people in this room, and between long-standing allies, the same principle should be applied here to the medical profession in order to ensure that the UK’s withdrawal from the EU does not result in any collateral damage to our patients’ health.

Thanks to the support of UEMS and numerous other European Medical Organisations, the EU’s Chief Negotiator, Michel Barnier, has prioritised securing the rights of the European “nurses and doctors who contribute to the quality of healthcare in the United Kingdom” and British citizens resident in other EU member states and who benefit from healthcare under the same conditions as their hosts.

The EU also recognises that “flexible and imaginative solutions” are required to secure the existing provision of cross-border healthcare in Ireland. Whilst this is welcome, it is not the “beginning of the end” but very much the “end of the

beginning” as powerful, well-funded, sectors are also working to secure their interests.

The European medical profession must continue to work as *one* to ensure that its interests, and those of the patients it serves, remain at the top of the negotiators’ list of priorities.

For example, whilst macro-level health issues are very much on Michel Barnier’s radar, ensuring that the specifics of UEMS’ concerns are equally well understood continues to require additional engagement.

Removing the uncertainty created by the UK’s decision to leave the European Union must receive the focus of the negotiators. For example, this uncertainty includes:

- The Polish students who have access to British universities under the same conditions as British students;
- The British pensioners who are resident in Spain and who benefit from healthcare under the same conditions as Spanish pensioners;
- The doctors and nurses from, for example, Romania, Spain and The Netherlands who contribute to the quality of healthcare in the United

Kingdom;

- The doctors from multiple countries including, for example, Greece who come across to the United Kingdom to contribute to World-Class medical research and training;
- Or the engineers from Italy, Germany or elsewhere who choose to work in the United Kingdom, just like the thousands of British people who have made the same choice to work or live in Berlin, Barcelona, Rome or Vienna.

Michel Barnier has said that guaranteeing European citizens rights will be an absolute priority.

The issues at play are complex, whether they are residency rights; access to the labour market, pension or social security rights; or access to education. We know that a significant number of European Economic Area doctors working in the NHS are considering leaving the UK in the light of the “Brexit” referendum, and if this occurs it would seriously impact patient care across the UK and only increase what are often already unacceptable delays for treatment.

Over 30000 registered doctors in the UK gained their primary medical qualification in another European Economic Area state and over 150000 EU citizens work in the UK’s health and social care sphere – with free movement playing a crucial role in both professional development and in meeting varying

health and social care, including medical, workforce requirements across Europe.

Comparable levels of pan-European professional migration also exist in the medical research and innovation sector with 15% of all academic staff at UK universities originating from other European Union member States. With medical research becoming increasingly international in focus and integral to tackling the main current and future societal challenges, it is imperative that solutions are found to secure researcher mobility and the provision of clear long-term frameworks in a “post-Brexit” European Union.

Very recently within UK cross-party MPs have said that it is imperative that health and social care providers can continue to retain and recruit the brightest and best from all parts of the globe and that it is important to prioritise and resolve reciprocal health care agreements at the earliest opportunity to end the uncertainty for both EU citizens in the UK and UK citizens living in the EU.

Mr President; members of Council; by continuing to work together as a family of European Medical Organisations and within the UEMS family itself, then I am confident that both the UK’s exit deal as well as the arrangements concerning our future relationship with the European Union 27 will recognise, and reflect, the fact that the medical profession is unique and must be elevated above simple politics.

Colleagues, whatever happens politically; whatever happens in the media; and whatever happens to public opinions regarding “Brexit” I’m am pleased to reaffirm the UK delegation’s commitment to working with our European Partners to safeguard the future of the European Medical Profession and, crucially, the patients we serve.

Professor Andrew Rowland BMedSci(Hons) BMBS(Hons) MFMLM MAcadMEd FRCEM FRCPC FRSA

Head of the UK Delegation to the European Union of Medical Specialists