

**Speech delivered at the Council of the European Union of Medical Specialists,
Brussels, 21 October 2017**

Mr President, Secretary General, colleagues.

I'm conscious that I am one of the two remaining things keeping you from coffee and the end of the meeting but I hope you will find this intervention to be interesting.

Since I last addressed you the Brexit negotiations have continued with the UK scheduled to leave the European Union, not Europe, in March 2019. This is a crucial difference – it is the European Union the UK is leaving, not the continent of Europe – we'll still be within swimming distance of our neighbours in 2019.

You will all recognise that the UK's vote to leave the EU was by the narrowest of margins – 51.9% versus 48.1%. That rejection was by a referendum of the people eligible to vote in the UK.

That rejection is hardly an emphatic rejection of over 40 years of shared peace and prosperity – the whole of my lifetime – and it is a rejection that was most definitely not supported by the British Medical Association.

Whatever the outcome of the negotiations, some form of regulatory cooperation between the UK and our European partners will continue. If France and Canada can work to coordinate accelerated recognition of professional qualifications across the Atlantic Ocean, then surely the UK and our European friends won't let the 33km of the English Channel stand in our way.

It all will be easier if a withdrawal agreement can be secured and a smooth transition into a future regulatory relationship delivered.

Yet looking at achieving that outcome I cannot help but think that all parties must recognise that a solid base for a principled diplomatic solution – with foundations built of concrete and not quicksand – is never formed by one party's desire to hurt the other.

The role of the European Union of Medical Specialists (UEMS), and our other European partners, in helping to deliver such a principled, diplomatic outcome should not be underestimated.

Since we last met, and following such joint lobbying, the European Parliament's Brexit Steering Group chose to highlight the ongoing uncertainty over doctors' professional qualifications in its critique of the UK government's negotiating position.

If this smooth transition cannot be delivered and the UK leaves without an agreement, then, yes, there will be problems for us to deal with.

The banking industry, the insurance industries, and many other well-resourced lobbies, are also pushing for the prioritisation of their concerns and it remains vital that the

interests of the medical profession – so that we can continue to deliver high quality care to our patients – are not forgotten.

Who will work to ensure that our national governments prioritise the development and management of the new systems required to ensure that the tens of thousands (specific examples [here](#)) of European doctors practising in the UK continue to enjoy the mutual recognition of their professional qualifications?

I'm talking specifically about the:

3196 Irish doctors

2553 Greek doctors

2415 Italian doctors

2193 German doctors

1987 Romanian doctors

1717 Polish doctors

1305 Spanish doctors

1112 Hungarian doctors

1053 Czech doctors

743 Bulgarian doctors

696 Dutch doctors

388 French doctors

380 Maltese doctors

346 Slovakian doctors

308 Lithuanian doctors

270 Portuguese doctors

251 Belgian doctors

219 Austrian doctors

200 Latvian doctors

189 Croatian doctors

128 Swedish doctors

108 Swiss doctors

103 Danish doctors

47 Estonian doctors

46 Finnish doctors

34 Slovenian doctors

28 Norwegian doctors

and the

24 Icelandic doctors

who are all registered and licensed to practise medicine in the UK. Over twenty-two thousand doctors in total.

Who will work to ensure that our regulators can continue to protect our patients through the ongoing sharing of information about doctors' fitness to practice?

Who will work to ensure that those European medical students studying in the UK have certainty about where they'll be able to practice?

You know the answer:

Us;

the UEMS; and

our national members, and the constituent parts of UEMS.

Whatever Brexit leads to, we can only secure our profession's interests and those of the patients we serve by working together within UEMS.

Brexit is changing Europe and will impact upon our profession. UEMS may need to change too if we're to mitigate this impact and over the time between now and the Spring Council meeting we need to start thinking about how the United Kingdom can continue to play a full role in the UEMS in the future, despite the Brexit vote by the general public.

We need to consider and agree how the UK can continue to support the continued and exciting developments within the UEMS, whose strength continues to grow.

Mr President, we, as doctors, are part of a scientific community; we are part of a complex European health and social care system; and, perhaps more importantly, we are all part of communities and the societies in which those communities exist.

We, as doctors, have a duty – for the benefit of humankind – to work collaboratively with our colleagues, and have a moral and ethical duty to do so, to do everything possible to act as advocates for our patients to ensure their health and wellbeing is promoted and protected.

The British Medical Association will continue to do everything reasonably possible that we can to work within the UEMS to ensure we have the highest possible standards of medical training across Europe. This is, of course, nothing short of what our patients across the continent of Europe deserve.

Mr President, Secretary General, Members of Council: thank you very much.

Professor Andrew Rowland

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

References

<http://www.gmc->

[uk.org/static/documents/content/2017.02.21_GMC_data_on_EEA_doctors_in_the_UK.p](http://www.gmc-uk.org/static/documents/content/2017.02.21_GMC_data_on_EEA_doctors_in_the_UK.pdf)

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