We call on the UK government and the EU institutions to do whatever is necessary, via the negotiation of pragmatic solutions, to ensure that the European medical profession can continue to treat its patients to the highest possible level beyond the end of the transition period.
An Italian medical graduate, training as a GP in the UK, who states that:

‘I would like to be able to return and share my knowledge and experience gained abroad in my home country... and to be able to practice medicine in the country where I am currently training to give back to the service and the population that has accepted me.

Freedom of movement and mutual recognition of professional qualifications is essential to allow both a wealth of knowledge to be shared across the nations and also to allow professionals to return and share their skills and knowledge, like I would like to do in the future.’
A Polish doctor whose work in the UK provides:

‘Polish patients in the UK (with)... easier transitioning between differences in language, as well as medical approach/methods’...

...while ‘Polish patients in Poland have an opportunity to see approaches from the UK because by practising in the UK I do learn British methods/approaches.’
A Pan-European Medical Workforce

A Romanian consultant general surgeon, who states that:

‘I can use my 30 years of surgical experience to the benefit of the patients, in both countries.’
78% of EU doctors are not reassured by the Prime Minister’s commitment to protect the rights of EU citizens in the UK in the event of a no deal Brexit.

35% of EU doctors are considering leaving the UK and moving to another country

37% of EU doctors are not aware of the Government’s ‘Settled Status’ scheme for EU nationals

The top reasons for considering leaving:
- The UK’s decision to leave the EU
- The current negative attitude toward EU workers in the UK
- Uncertainty over future immigration status
- The way the UK government treats EU workers

The destinations are:
- USA
- Canada
- United Arab Emirates
- Australia
- New Zealand
Over 22,000 EEA-qualified doctors currently work in the UK

Ireland: 3,248
Belgium: 272
France: 330
Portugal: 265
Spain: 1,244
Italy: 2,178

8.9%

Sweden: 107
Latvia: 223
Netherlands: 704
Lithuania: 354
Slovakia: 376
Germany: 1,991
Poland: 1,837
Czech Republic: 1,223
Hungary: 1,085
Romania: 2,327
Bulgaria: 801
Greece: 2,427
Croatia: 196
Malta: 513
Austria: 188
'If it had not been for the alert mechanism, [they] could have returned to Denmark and started to practice with the risk of him endangering Danish patients.'

Number of alerts sent to the Internal Market Information System concerning doctors’ fitness to practise:

- 2,749 Alerts sent from the UK regulator
- 1,423 Combined total of alerts sent from EU27 regulators
We are calling on EU and UK negotiators to guarantee beyond 2020:

– Continued mobility rights for healthcare professionals and their families
– The maintenance of reciprocal arrangements, such as the MRPQ (Mutual Recognition of Professional Qualifications)

If no agreement is reached:

– EU and UK doctors may struggle to maintain the ability to engage in vital cross-border working and training opportunities.
– EU27 nationals currently practising in the UK on a UK medical qualification will no longer be able to automatically work in the EU.
– EU27 nationals currently studying for a UK medical qualification will not automatically be able to work in the EU after they have graduated.
– Additional administration will increase the risk of EEA qualified doctors leaving Europe entirely. Our research indicates that almost 1/5 of those EU doctors thinking of leaving the UK are planning to work in the USA, Canada, Middle-East or Australasia.

45% of EEA doctors say they’re considering leaving the UK
18% have made plans to do so
We are calling on EU and UK negotiators to guarantee beyond 2020:
– Continued UK participation in all current and future EU research programmes like Horizon Europe

If no agreement is reached, the loss of UK expertise would have a devastating impact on wider progress in EU research. For example:

– Withdrawal from European Research Networks would impact upon the nearly one million patients a year who are currently seeking diagnoses and treatment for complex or rare medical conditions. The UK currently co-ordinates 6 of the 24 European Research Networks, with 40 NHS hospitals involved.

– Withdrawal from the clinical trial programmes would impact upon the sharing of expertise across Europe. The UK has the highest number of phase I clinical trials in the EU and the second highest number of phase II and III trials. It has also led many of the trials for rare diseases and paediatric conditions.

– Withdrawal from EU health programme funding would impact upon the progress of such research. The UK contributed almost 20% of the total research work within EU health programmes between 2007 and 2016.

– 500 new biotechnology-based drugs are currently under development and 600 innovative pharmaceutical product candidates are in the pipeline in the UK.
We are calling on EU and UK negotiators to guarantee beyond 2020:

– The retention, or comparable replacement, of reciprocal healthcare arrangements and access to healthcare for both EU and UK citizens living and travelling across borders.

– Access to the IMI (Internal Market Information) alert system, which enables regulators across Europe to send and receive alerts about doctors’ fitness to practise across the EU.

– An agreement to continue to share data and emergency preparedness planning in relation to cross-border threats.

– Continued UK involvement in driving up European public health standards, including measures affecting food, alcohol, air quality, and tobacco regulations.
We are calling on EU and UK negotiators to guarantee beyond 2020:

– Continuation of the existing open border arrangements between Northern Ireland and the Republic of Ireland.

– Ongoing cross-border co-operation in the delivery of healthcare to patients on both sides of the border.

– Implementation of the proposed PEACE PLUS programme to support the delivery of vital cross-border healthcare initiatives.

– Freedom of movement for healthcare workers to live and work on both sides of the border, including guaranteed rights of EEA nationals who are not covered by the Common Travel Agreement.

– Ongoing mutual recognition of professional qualifications to provide doctors with the means to move and work between both jurisdictions.
We are calling on EU and UK negotiators to guarantee beyond 2020:

– Continued UK involvement in the regulatory framework for pan-European clinical trials.

– Mutual recognition of, and ongoing participation in, the CE-mark scheme for medical devices.

– A formal agreement between the UK and European Medicines Agency to continue to support and participate in EU-wide assessments for medicine approvals to:
  – allow the EU to maintain access to the extensive network of expertise in the UK in medicines, medical devices regulation and pharmacovigilance;
  – ensure pharmaceutical companies based in the EU can readily access the UK market;
  – ensure medicines and devices developed in the UK reach EU citizens quickly, well in advance of the rest of the world.