



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



European Junior Doctors
Permanent Working Group



Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors

Mr Michel Barnier
Chief Negotiator - Task Force for the Preparation and Conduct of
the Negotiations with the United Kingdom under Article 50 TEU
Rue de la Loi 200
1040 Bruxelles
Belgique

5 January 2017

“Brexit” and the European Medical Profession

Dear Mr Barnier

We are writing to you on behalf of the European medical profession and as a result of the UK Prime Minister’s confirmation that she will invoke Article 50 “no later than March next year (2017).” The UK’s impending departure from the EU, especially given its government’s stated objective that “we will decide for ourselves how we control immigration,” will have profound repercussions for the European medical profession and its ongoing ability to provide high quality healthcare across the continent. Whilst “Brexit” will fundamentally alter both the UK and the EU, it must not be permitted to threaten Europe’s health.

Europe’s medical workforces have become increasingly integrated and interdependent – over 30,000 registered doctors in the UK gained their primary qualification in another EEA (European Economic Area) state - with such free movement playing a crucial role in both doctors’ professional development and in meeting varying medical workforce requirements across Europe.

“Brexit” may slow but will not reverse such pan-European professional migration. Nor must it be allowed to threaten the progress of attendant patient safety measures like the alert mechanism – an early warning system which advises all European regulators when a doctor is banned or their ability to practice restricted – or ongoing efforts to ensure that minimum standards in medical education and training are met.

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 EU member states . The importance of pan-European collaboration to this sector is axiomatic and requires no further explanation.

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 EU.

Likewise, and as public health threats such as those arising from AMR (antimicrobial resistance) do not respect borders, the UK’s withdrawal from the EU must not be permitted to impinge on the “international cross-sectoral and inter organisational collaboration and coordination...required to... prevent the cross border spread of AMR .”

The principle of medical neutrality in times of conflict is a guiding principle of our civilisation. Whilst, of course, the “Brexit” negotiations will be carried out between long-standing allies, we believe that 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.

We hope that this letter is helpful when developing your negotiating planning and would be delighted to elucidate further on our views as required.

Yours sincerely



Dr Romuald Krajewski, UEMS President



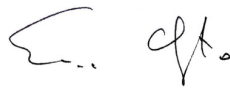
Dr Nicolino D'Autilia, CEOM President



Dr Sascha Reiff, EJD President



Dr Aldo Lupo, UEMO President



Dr Enrico Reginato, FEMS President



Dr Jacques de Haller, CPME President

(Endnotes)

¹ http://www.gmc-uk.org/doctors/register/search_stats.asp

² [Academies publish joint statement on research & innovation after the EU referendum](#), 19 July 2016

³ <http://ecdc.europa.eu/en/publications/Publications/draft-EU-guidelines-prudent-use-antimicrobials-human-medicine.pdf>