BMA

Northern Ireland

The Seanad special select committee on the UK's withdrawal from the European Union

Opening statement by BMA Northern Ireland chair Dr John D. Woods

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Good morning chair, committee.
Can I begin by thanking you for the opportunity to come before the committee today on behalf of the British Medical Association in Northern Ireland to outline the potential impact of Brexit on doctors and patients on both sides of the border.

I appreciate that some of you are perhaps less familiar with the BMA. The BMA is an apolitical organisation which has the dual functions of both a professional association and a trade union. We represent some 160,000 doctors and medical students across the UK, and have over 5,500 members in Northern Ireland.

Northern Ireland's health and social care system, similar to that of the Republic of Ireland, is currently under unprecedented pressure, trying to meet the needs of a growing population who have increasingly complex illnesses against a backdrop of strict financial constraint.

BMA Northern Ireland is very concerned at the UK's decision to leave the European Union and believes that unless appropriate agreements are negotiated and implemented, there will be a substantial negative impact on doctors' working lives. We believe this will detrimentally affect patient care on both sides of the border.

Given your familiarity with this issue I will be try to be concise in outlining the direct challenges that we, the medical profession in Northern Ireland, have identified and how we think these challenges can be met.

Cross border co-operation
The first significant challenge we have identified is the threat to effective cross border co-operation in the provision of healthcare. Both Northern Ireland and the Republic of Ireland are smaller health economies and both have difficulty independently providing some highly specialist services efficiently. By pooling our resources we can provide high quality specialist services across the island. In recent years such services have been developing and are providing significant benefits for patients throughout Ireland.

An example, which I suspect you are familiar with, is the all-island paediatric cardiology service based in Our Lady's Children's Hospital Dublin, which enables children from Northern Ireland and the Republic of Ireland to receive treatment for heart conditions without having to travel outside Ireland. There are others. For example, I am a Consultant kidney doctor and my colleagues on both sides of the border are exploring if it is possible to provide some very specialised kidney transplant services together.

Our health services also co-operate in providing high quality medical care to patients who live close to the border. Good examples are cardiac and cancer care. The new Radiotherapy Unit in Altnagelvin Hospital in Derry will provide access to radiotherapy services for over half a million people living in both Northern Ireland and the Republic of Ireland. The cardiology service operating in the same hospital provides primary angioplasty, the best treatment for heart attacks, for patients in Donegal and saved 27 lives in its first nine months of operation. These services directly benefit Irish citizens living in the North West of Ireland. The existing open border arrangements, facilitate such innovative co-operation.

Funding of cross-border initiatives

You will be aware of the role that 'Cooperation and Working Together' (CAWT) plays in such cross-border health and social care initiatives and of the EU's funding of related projects via PEACE and INTERREG funding programmes. Indeed, between 2003 and 2015, over €40 million was invested in cross-border health and social care initiatives via CAWT, with additional project applications amounting to €53 million submitted in relation to acute hospital services, prevention and early intervention, tackling health inequalities and other services.

The UK's future financial liabilities to the EU and participation in its funding programmes are a matter of some sensitivity and debate. However, given the relatively small sums involved and the return on investment provided, we would ask that the Irish and UK governments give serious consideration to the continued support and funding of such initiatives post Brexit.

Cross border workers

As you will be aware, there are literally thousands of cross-border workers in Ireland: over 13,000 people live in the Republic but work in the North, returning home daily or weekly, and over 3,000 people from Northern Ireland do the reverse. Many work in healthcare and make an important contribution particularly in border areas. Cross-border cooperation, and indeed the delivery of healthcare within Northern Ireland, would be impossible without the free movement of people.

In order to secure the medical profession's ability to continue to provide high quality healthcare across Ireland, agreements must be put in place to permit the ongoing free movement of doctors and other healthcare workers. Maintenance of the Common Travel Area would enable medical professionals based on both sides of the border to travel freely to work, and to co-operate in joint health care initiatives.

Medical Workforce

I am less familiar with workforce issues in the Republic of Ireland but Northern Ireland faces some critical shortages of doctors in primary and secondary care. Doctors who obtained their primary medical qualification from other EU states are an important part of the medical workforce in the United Kingdom.

Unfortunately, concerns about their future residency status and rights mean that many of our members from other EEA states are planning to leave.

The BMA recently carried out a survey with our members right across the UK, to look into the impact of the UK's vote to leave the EU. The study sought to shed further light on the experiences and perspectives of those European doctors who collectively make up almost 7 per cent of doctors working in the NHS.

Of nearly 1200 respondents, four in 10 EU doctors reported that they were considering leaving the UK post Brexit. And on a scale of 1 to 10, European doctors stated that they feel significantly less committed to working in the UK in light of the EU referendum result. On this scale their reported commitment fell from nine out of 10 before the referendum to six out of 10 afterwards.

The resolution of this issue is, for once, relatively simple: permanent residence should be granted to both EEA citizens working as doctors in the UK, and UK citizens working as doctors in other EEA states, even if they have been resident for less than five years.

Indeed, Michel Barnier, who spoke to you last month, shares this view and has specifically referenced the European "nurses and doctors who contribute to the quality of healthcare in the United Kingdom " as a priority within negotiations.

Mutual recognition of professional qualifications

Another challenge we face is the need for the mutual recognition of professional qualifications. Nine percent (550) of the medical workforce in Northern Ireland secured their primary medical qualification in another EEA state, with a large number of these doctors having qualified in the Republic of Ireland but likely to originate from Northern Ireland.

Conversely, of doctors currently registered with the Medical Council of Ireland, 661, or 4% of the total, qualified in the UK, doctors playing a vital role in the delivery of healthcare to your constituents.

We understand that an extension of the EU Directive is unlikely but as the European Commission's recently published draft negotiating directives state that:

> *"the withdrawal agreement should continue to provide the same level of protection for EU citizens in the UK and UK citizens in the EU" and include the "recognition of diplomas, certificates and other qualifications",*

we are hopeful that this provision will be agreed and in particular will include medical qualifications. In our view, it is imperative that such a provision is also extended prospectively to Irish medical students studying in the UK and those UK citizens, many from Northern Ireland, studying in Ireland.

Failure to do so could threaten such Irish students' ability to practise medicine in their home country or elsewhere in the EU and could prevent those Northern Irish students currently studying medicine in the Republic from returning home to practise. This could have a detrimental impact on workforce planning in both jurisdictions and threaten the diversity of our medical schools.

Medical Regulation and Patient Safety

Currently patient safety measures exist which depend on mutual information sharing across Europe. An example is the sharing of information between European regulators when restrictions are placed on a doctor's ability to practice. We believe that it is imperative that such safety measures, and other efforts to ensure minimum standards in medical education and training are maintained and agreed between our respective regulatory and educational authorities.

I appreciate that time does not allow me to go into greater detail, or cover all of the issues impacting the medical profession, but I hope that the written evidence that BMA Northern Ireland has also submitted to members of the Committee has been useful in adding to my oral contribution here today.

Thank you for your time and I am happy to take any questions members may have.