

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Materion Allanol a Deddfwriaeth Ychwanegol | External
Affairs and Additional Legislation Committee
Y goblygiadau i Gymru wrth i Brydain adael yr Undeb Ewropeaidd|
Implications for Wales of Britain exiting the European Union
IOB 12
Ymateb gan Coleg Brenhinol y Llawfeddygon, Caeredin
Evidence from The Royal College of Surgeons of Edinburgh

RCSEd Response

The Royal College of Surgeons of Edinburgh [RCSEd] is the oldest of the UK surgical Royal Colleges, and one of the largest of all the UK medical Royal Colleges. First incorporated as the Barber Surgeons of Edinburgh in 1505, the College has been at the vanguard of surgical innovation and developments for over 500 years.

Today we are a modern, thriving, global network of medical professionals with a membership of well over 23,000 professionals who live and work in more than 100 countries around the world. Over 650 of these live and work in Wales. Our membership includes people at every stage of their career, from medical students through to trainees, consultants and those who have retired from practice.

With our interest in professional standards, the College's primary role – and the main concern of our Fellows and Members - is to ensure the safety of our patients and provide them with the best possible care. We do this by championing the highest standards of surgical and dental practice; through our provision of courses and educational programmes, training, examinations and Continuous Professional Development; our liaison with external medical bodies; and by influencing healthcare policy across the UK.

What should be the top priority for Wales in advance of the UK Government triggering Article 50 (which starts the formal process of exiting the EU)?

Whilst there are a number key areas that will need to be addressed following the decision to exit the European Union, RCSEd believes that securing a sustainable health service that meets high patient safety standards should be the top priority for Wales in the coming months and years.

There have been a number of estimates made as to the percentage of NHS staff who are from EU countries. Whilst we would not seek to claim the validity of one over the rest, even the lowest estimates would suggest that a significant proportion of NHS staff could be affected by immigration and employment law changes following Brexit.

Clearly the system could not be sustained if that workforce was lost and we believe it is essential that commitments are given to them in terms of their future. We believe action is vital to reassure EU staff of their value, to stop significant departure of staff and to maintain services.

In the longer term we believe that the NHS will continue to need EU and other overseas staff in clinical and non-clinical posts at all levels to maintain services. Specifically in terms of medicine, we believe the availability of medical staff from the EU should not be restricted.

Can you provide examples of where the UK's proposed approach to transferring the *acquis communautaire* (the body of European law), through the proposed Great Repeal Bill, into domestic law might have particular implications for Wales?

In addition to the workforce issue discussed above, there are a number of other implications for the Welsh NHS that will need to be considered;

- **Working Time** - European Working Time regulations have been a matter of controversy and the lack of flexibility a cause for concern for some groups. Withdrawal gives the opportunity to develop proposals which explicitly suit the needs of the Welsh health service. But whilst some people would welcome greater liberalisation of the regulations we would argue that any changes should not result in an increase in the maximum number of hours it is legal to work.
- **Recognition of qualifications and education issues** - There are a range of issues relating to the regulation and education of health professionals which will need to be addressed. These include transferability and recognition of European qualifications for doctors, routes of access to the specialty register (CESR/CEGPR and CCT), and requirements for language testing. It is recognised that in some instances Brexit may provide the opportunity for a more flexible approach which suits Welsh requirements which has been called for on a number of issues. There will, however, be issues where Colleges would want to see consistency maintained on a UK-wide basis.
- **Science and Research** – there are four main threats: the loss of a net benefit of €3.4billion from the EU research budget across the UK; potential restriction to the freedom of movement of talent; potential restriction of access to European clinical trial databases, and; the need to replace EU research regulations. The Brexit negotiations must develop clear and coherent plans to safeguard scientific research across the UK, and Wales must develop a specific plan to ensure it is not at a disadvantage.
- **Regulation of Medicines and health procedures** - if not part of the EMA the UK would be unable to participate in the European wide approval system for new medicines and the revisions to already approved products, to participate in the Orphan Drug Designation and the Small to Medium Sized Enterprise schemes that the EMA operate or to participate in the specific centralised approval process for paediatric drugs and the process that supports new medicines development for children. We would also lose access to the EU wide Pharmacovigilance networks and the EU Clinical Trials Database.
- **Organ Donation** - the European Union Organ Donation Directive (EUODD) sets minimum standards that must be met across all Member States in the EU, ensuring the quality and safety of human organs for transplantation. NHS Blood and Transplant implements the EU rules on the procurement, storage, use and monitoring of all human tissue and blood in the UK. Decisions will need to be made about future arrangements and the opt-out system implemented in Wales may mean a divergence from the rest of the UK in this area.
- **Communicable Diseases Network** - disease epidemics, infections and antimicrobial resistance all cross borders. It will be essential for the wellbeing of the Welsh population that the UK can continue to participate in the European Centre for Disease Prevention and Control.
- **Reciprocal Health Arrangements/EHIC** – although it is not clear how many of these are from Wales, there are approximately 2 million UK citizens currently living, working and travelling in the EU. Currently, EU membership entitles our citizens access to the host country's public healthcare system on the same basis as the indigenous population. There has to be

clarification if current EHIC arrangements would continue to operate. Post-Brexit, it remains to be seen what the impact on the NHS would be of large numbers of ex-pats returning to Wales to access healthcare, particularly as many will be older people with more complex needs.

- **Procurement** - At present there are EU wide rules regarding procurement of public projects through open tender through OJEU (Official Journal of the European Union). Whilst this is obviously not an issue exclusive to healthcare the Welsh NHS will need clarity over the rules for public project procurement in the future.
- **Environmental legislation and public health protection** – regulations that have maintained food safety, air, water and environmental quality, maintained health workplaces and employment conditions will need to be replicated in Wales.
- **Other safeguards to worker health that have been established through EU regulations** - requirements for health and safety in the workplace and the promotion of health employment need to be retained. In terms of NHS staff, under the framework directives the requirements to strengthen assessment of and protection from exposure to chemical agents (e.g. Latex, glutaraldehyde, cytotoxic), biological agents (blood borne pathogens, viruses etc.), physical agents (radiation) have been considerably strengthened in the EU.
- **Infrastructure expenditure** - Infrastructure projects affecting communities such as transport links, leisure facilities, community enterprises and support to businesses leading to threats to employment and wellbeing. These are more likely to affect areas of higher deprivation and increase the risk of greater inequalities. This is a particular concern for the most rural and remote populations in Wales.