

Is British Dermatology better in or out of Europe?

The past twelve months have been challenging for the NHS. There have been junior doctor strikes, an enforced employment contract and now disarray and confusion about the future of the healthcare system following Britain's vote to leave the European Union (EU). The UK is fortunate enough to have a fair and free healthcare system. There are currently around 64.6 million people residing in the UK and the NHS in England is responsible for seeing over 1 million patients in a thirty-six hour period.ⁱ Britain is a centre of excellence for Dermatology. The St John's Institute was opened in 1863 and is one of the best global centres for research of skin disease and the treatment of skin conditions.ⁱⁱ Skin presentations are common and account for an estimate of 15% of GP consults. Following the result of the referendum there has been a lot of debate and many articles have attempted to predict what will happen to the NHS. It is difficult to know how leaving the EU will affect dermatology services and the healthcare system. We do not yet know what the nature of the relationship between the UK and the EU will be. There may only be minimal changes to the NHS if the UK negotiates to remain in the European Economic Area (EEA). However if the UK distances itself from the EU then the changes to our healthcare may be drastic.

There are already differences in the way Dermatologists train and practice in the UK and Europe. Genitourinary medicine is a separate speciality to Dermatology in Britain. In Europe both specialities are combined; dermatovenereology. The training pathway for dermatologists is also different in the UK. In the UK trainees

are first required to undergo general internal medicine training and complete the Membership of the Royal College of Physicians (MRCP) exam. In Europe dermatologists do not have the same level of training in general medicine. Differences in the structure of the speciality and the training pathway in Europe and the UK make separation seem logical. These differences would make it difficult for the European trainees to work in Britain and vice versa. If British Dermatology is to separate from Europe it might ensure that all dermatologists have a good knowledge of general medicine. This would be beneficial as there is an ageing population and a growing number of patients with co-morbidities. Therefore by maintaining general medical knowledge it would enable improved quality of care of these patient in the future. This could be a benefit to British Dermatology leaving Europe.

One of the most contentious issues of the referendum campaign was the claim that leaving the EU would allow an extra £350 million a week to be spent on the NHS.ⁱⁱⁱ It has become evident that this is not the case. In fact a report by the UK Health Foundation found that NHS funding could fall by £2.8 billion.^{iv} If this is the case the NHS may have to cut services and become further privatised. The privatisation of Dermatology services has previously been unsuccessful. In 2013 a contract was made with Circle to privatise a centre of excellence at the Queen's Medical Hospital in Nottingham. Most consultants left after being forced to work for the private sector and paediatric and acute dermatology services almost completely collapsed.^v There is the potential that leaving the EU could impact the NHS causing a loss of funding and lead to privatisation of services. Nottingham is an example of why dermatology services should not be privatised. Hopefully

leaving the EU will minimally impact the funding of the NHS and further privatisation can be avoided.

Staffing is a major issue for the NHS now the UK has voted to leave the EU. In 2014 the King's Fund source report found that there were only seven consultant dermatologists and five speciality nurses for every five-hundred-thousand people in the UK. There were not enough dermatologists in any region according to the recommended number of dermatology consultants provided by the Royal College of Physicians.^{vi} According to the BMJ one in ten doctors in the UK qualified from another country in the EU. If doctors who work in the UK are forced to leave the NHS it would be dangerously understaffed and it would cause a crisis. Hopefully leaving the EU will not deter EU graduates from working in the UK as there are not enough British trained doctors to meet the needs of the population. Jeremy Hunt has proposed an additional 1,500 spaces a year at medical schools in the UK.^{vii} This may well go some way to addressing the shortage of doctors within Britain. Hopefully the additional class sizes will not impact the quality of graduates from British medical schools. Unfortunately Jeremy Hunt's promise to train more doctors is going to be too late to address the shortfall that will be incurred if EU graduates are forbidden to work in the NHS. It takes five years to train a doctor and a minimum of eight years for a graduate to become a consultant dermatologist. Although in the future there will be more British trained doctors, dermatology needs doctors trained overseas to be able to provide care to patients in the UK.

Currently the NHS is regulated by EU legislation. It is unclear whether the UK will replace legislations such as the working time directive, procurement and competition law and regulation of medicines and medical devices with new British alternatives. The working time directive currently protects medical staff and patients in the NHS by ensuring employees work a maximum of 48 hours a week. It also defines the minimum period of time for annual leave. If after leaving the EU the government decides to change this legislation then it will impact the ability to work effectively and wages of staff. If doctors are forced to work longer hours for less pay there is a risk of strike action. In my opinion the working time directive is a valuable piece of legislation and losing it could cause great problems for the staff of the NHS.

Dermatologists in the UK are fortunate enough to work fairly sociable hours and only '15% of consultants say they are routinely on-call at weekends'.^{viii} Recently a "seven day NHS" has been persistently demanded by the health secretary Jeremy Hunt.^{ix} Having been reappointed as health secretary it is likely that Mr Hunt will continue to push for what he considers a "7 day service". Perhaps in the future Dermatologists may be under pressure from the government to provide weekend outpatient clinic services. Currently a shortage of dermatologists would make a demand such as this near impossible. It is certainly likely that if Jeremy Hunt is to remain as Health Secretary dermatologists and other medical staff are going to face challenges to their working hours and current contracts.

At present the EU regulates medicines across all member countries and states. The UK is part of this process with the European Medicines Agency (EMA) based in London. The EMA accepts submissions from pharmaceutical companies and determines whether a medication can be authorised for use within the EU, EEA and European Free Trade Association (EFTA) countries. Switzerland is not a member of the EU but is able to use medicines authorised by the centralised EMA due to EU marketing authorisations.^x Hopefully this will also apply to the UK. The UK already has its own regulating agency the Medicines and Healthcare Products Regulatory Agency (MHRA) so medications could be authorised for use here. If all medications had to be regulated by the MHRA before being used in the UK it would cause an increased workload and cost for the UK. The EFTA and EEA mean that despite leaving the EU the UK may still be able to remain part of the EMA. This would prevent the UK losing out on new medications.

Many people were concerned that leaving the EU would cause the UK to miss out on the trials of some drugs. These concerns should hopefully be addressed by the new EU Clinical Trials Regulation that will be implemented in 2018.^{xi} The regulations should allow drug companies to be able to easily conduct trials of a drug in different countries.^{xii} If the UK is not able to be in this system it would cost companies conducting multi-centre drug trials to include the UK as well as European countries as a site. This could result in the UK not being involved in some trials.

Academics and medical researchers are worried that leaving the EU will impact future research in the UK. There are many European Dermatological Research Grants that have previously been available to doctors and researchers in the UK.

The European Society for Dermatological Research (ESDR) has a number of awards available to European fellows.^{xiii} The prestigious European Academy of Dermatology and Venereology (EADV) also offers grants to European dermatologists.^{xiv} The LEO Pharma Foundation Prize is a substantial award, which has been won by UK researchers; Muzlifah Haniffa in 2013 and Amaya Virós in 2016.^{xv} To apply applicants must be residents of a European Country. When Britain leaves the EU promising young British researchers may not be eligible for such awards and opportunities will be lost. As a result of the loss of funding British Dermatologists may struggle to obtain funding for research and their careers may suffer as a result. In the future British dermatology might be impacted by this and may not be at the forefront of global dermatological research. However it is possible that British dermatology could form links with America, Canada, Australia or New Zealand. This could potentially generate new routes of funding for research within the UK.

Despite much debate it appears that the UK will leave Europe. Amongst the fear and concern for the future of the healthcare system it is important to remain optimistic. There will always be a need for dermatologists. Skin conditions have a high prevalence with the incidence of skin cancers increasing. In the UK malignant melanoma was responsible for 2,459 deaths.^{xvi} Each year approximately 500 people a year in the UK die as a result of squamous cell carcinoma.^{xvii} The skin is the largest organ in the body and disorders are often very visible to others and can cause psychological distress and impact the quality of life of patients. Regardless of the consequences of leaving the EU dermatology will remain a vital speciality. Leaving the EU could be a loss of funding for

dermatological research, an increase in dermatologist working hours, a shortage of staff and challenges regulating medications for use within the UK. However it is impossible to predict the real impact of leaving Europe and it could have a positive impact on the NHS and dermatology as a speciality. Britain will be able to make its own decisions on its healthcare system without having to follow EU laws. I feel it is important to be optimistic about the future of dermatology and the NHS outside Europe. Switzerland has developed and thrived outside the EU.^{xviii} I hope that by leaving the EU there will be new opportunities and independence for the UK. I hope British dermatology continues to be innovative and a global centre of excellence throughout my career.

Word count : 1,980

ⁱ <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx> (accessed December 3rd, 2016)

ⁱⁱ <http://www.guysandstthomas.nhs.uk/our-services/dermatology/service-overview.aspx> (accessed December 3rd, 2016)

ⁱⁱⁱ <http://in-training.org/brexit-implications-u-k-health-care-beyond-12024> (accessed December 3rd, 2016)

^{iv} http://www.health.org.uk/sites/health/files/NHSFinancesOutsideTheEU_0.pdf (accessed December 10th, 2016)

^v <http://www.nationalhealthexecutive.com/Health-Care-News/dermatology-services-nearly-collapsed-after-privatisation> (accessed December 10th, 2016)

^{vi} <http://www.bad.org.uk/shared/get-file.ashx?id=2347&itemtype=document> (accessed December 10th, 2016)

^{vii} <https://www.theguardian.com/politics/2016/oct/03/jeremy-hunt-promises-to-end-nhs-reliance-on-overseas-doctors-after-brexit> (accessed December 10th, 2016)

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xviii <http://www.nortonrosefulbright.com/knowledge/publications/136982/impact-of-brex-it-on-life-sciences-and-healthcare> (accessed December 15th, 2016)