

Synopsis

Is British Dermatology better in or out of Europe?

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The NHS has faced a challenging 12 months. Junior doctor strikes, enforced employment contracts and now disarray and confusion over the future of the healthcare system following Britain's vote to leave the European Union (EU). There is a lack of clarity on the nature of the relationship the UK intends to have with Europe, which makes it difficult to predict the impact of leaving the EU on dermatology services and the NHS. There may 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. In Europe genitourinary medicine and dermatology specialities are combined; dermatovenereology. Differences in the structure of the speciality and the training pathway in Europe and the UK make separation seem logical.

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.ⁱ A report by the UK Health Foundation found that NHS funding could in fact fall by £2.8 billion.ⁱⁱ If this is the case the NHS may have to cut services and become further 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 not enough dermatologists in any region according to the recommendations provided by the Royal College of Physicians.ⁱⁱⁱ According to the BMJ one in ten doctors in the UK qualified from another country in the EU. If European doctors are forced to leave the NHS would be dangerously understaffed. Hopefully leaving the EU will not deter EU graduates from working 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 derivative, procurement and competition law and regulation of medicines and medical devices with new British alternatives. 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. Switzerland is not a member of the EU but is able to use medicines authorised by the centralised EMA due to EU marketing authorisations.^{iv} Hopefully this will also apply to the UK. The EFTA and EEA mean that despite leaving the EU the UK may still be able to remain part of the EMA.

Conclusion

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.

Word count: 577

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

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

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

^{iv} <http://www.nortonrosefulbright.com/knowledge/publications/136982/impact-of-brexit-on-life-sciences-and-healthcare> (accessed December 10th, 2016)