



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

Brexit – the position of the Association of Anaesthetists

After the Referendum in June 2016 and the decision to leave the European Union ('Brexit') there remains much uncertainty about what it will mean for healthcare, but there are a number of key policy areas that are likely to impact on the anaesthesia workforce and the quality of care.

Currently there are several hundred anaesthetists of non-UK European nationality providing service to the NHS. Although this is a small proportion of the total number of anaesthetists, they none-the-less provide vital support to the workforce. Uncertainty of how the issue relating to the Irish border will resolve means that healthcare services across the two nations may suffer adverse effects. The situation in Northern Ireland and the Republic of Ireland raises particular concerns for Association members living and working in either: maintaining healthcare seamlessly across borders should be paramount.

Key policy areas that affect the speciality that we are focusing on include:

Workforce

Clinicians who are from, or who have trained in, the European Economic Area and beyond make up an important part of the anaesthetic workforce. We are reassured that the Government recognises the contribution overseas doctors make to the health service and look forward to their position after Brexit being protected formally. Any reduction in the workforce will have an impact on service delivery, with a risk of excessive hours for the remaining staff which in turn may impact patient safety.

It is important the professional qualifications (as outlined in the directive) are still recognised in the UK to allow the NHS to recruit the best candidates from throughout the EU.

Any procedures linked to applying for 'leave to remain' need to be clear and easy to follow, and allow plenty of time for the application to be made and completed.

It is vital that clinicians entering the UK during the transition period are fully aware of their immigration status.

Northern Ireland

As the only national membership society for anaesthetists in both the UK and Republic of Ireland, the issue of the border between Northern Ireland and the Republic of Ireland is crucial for the Association and its members. There is a long history of joint working between the two countries, and we have produced many guidelines that apply in both countries. While we understand that no final decision has been made by the Government about this issue, we believe the solution should allow clinicians and patients living on one side of the border and working on the other to be able to pass across with the minimum of disruption. For patient safety and high-quality care seamless cross border healthcare should be maintained.

We also expect that any solution to this issue allows for drugs and medical equipment to cross the border without delays.

Working time directive

We believe that any weakening of the Working Time regulations would put the anaesthetic workforce at unacceptable risk, with the potential return to dangerous working patterns. We hope the Government is able to confirm that this legislation will be retained. We recognise the risk that fatigue poses to our members (and their patients) and are committed to supporting healthcare leaders and managers with practical solutions to help fight fatigue in the workforce.

Health policy

The Association believes that it is crucial the UK maintains its current high standards of public health policy and uses Brexit as an opportunity to strengthen laws where possible rather than removing vital protections. As part of this position, we support the 'Do no harm' amendment to the European Union (Withdrawal) Bill, co-ordinated by the Faculty of Public Health which called for a guarantee on the face of the Bill that regard must be given to human health in all policies.

Clinical Trials

We are pleased with the Government's commitment to implementing the EU Clinical Trial regulation and remaining aligned with the EU in this area. This is crucial to the delivery of the Association's research strategy across the UK and Ireland, and with colleagues in Europe.

In addition, we hope that there are no delays to patients in the UK benefitting from new medications and medical devices developed in the EU.

The Association has been monitoring the situation around Brexit closely and will be working to make sure the views of its membership are heard.

August 2018