The role of the Royal College of Physicians in Europe

The political changes that are involving the United Kingdom more closely in the European Community (EC) and Europe in its wider sense, bring opportunities for a wider role for the College and perhaps a duty to contribute to the medical and scientific evolution of Europe. In establishing the European Committee the College is readying itself for this opportunity and challenge. The evolution of the College’s specific role will be aided by debate within the European Committee and more generally among its Fellows and Members generally.

Introduction

The recent political changes in the UK and in Europe make it very likely that within the lifetime of most of us the UK will become an integral part of a politically united Europe. Such a result could bring the biggest policy changes since Henry VIII granted the charter to the Royal College of Physicians of London. The College fulfills its functions in areas that are politically determined and such changes must therefore have an effect on the College. Already the amended Treaty of Rome has given the EC a legislative framework that affects the College. Although at the moment health care is specifically excluded from the EC’s legislative power, the Treaty of Rome already charges the institutions of the EC to generate legislation and encourage co-operation in several fields pertinent to the practice of medicine, the health care of the sick, the prevention of disease and the conduct and funding of biological science (Table). Just as in the past, the College has influenced British medicine and British legislation, so it should now prepare itself to influence EC opinion and legislation on standards of medical care and training.

The time has arrived to discuss how the College might develop its role in European affairs. The possibilities are wide, from minor changes in its outlook to the College seeing itself as a European institution able to operate outside present national boundaries. The College must not miss this historic chance to move into the space created in the wider environment of Europe. If it does not meet the challenge, other organizations certainly will.

The nature of the Royal College of Physicians

The College is unique in the EC in that it is an ancient, authoritative, independent, influential, impartial expert body, competent to give opinion on medicine, science, health care, ethics and the relationship between the medical profession and the state. There is no other body within the EC equal to the College in this respect, none that can deliver the quality of opinion across such a broad range of topics, seeing them from many sides. The College therefore has a unique opportunity and perhaps a duty to assume a European role. So far, this role has been assumed only by individual Fellows. Clearly, the College should act together with the Edinburgh and Glasgow Colleges, and act in concord with the Colleges from other disciplines.

The European Community and Medicine

The EC has the power, through the Treaty of Rome, to legislate on the following areas relevant to the interest of the College:
1. Research and development
2. Social policy (including health care)
3. Education
4. Movement of labour

On all these points EC involvement will increase in the future as legislation evolves. For example, Article 57(3) of the original Treaty implies that restrictions on the practice of medicine will be determined by the conditions of a member state. However, a later Council directive (80/987) states that common vocational training policies should be established, and Council directive 63/266 requires action to encourage the mobility of university students. Both these directives might influence how medicine is practised and by what sort of graduate. To argue that there is sufficient national legislation at the moment to govern medicine as the College wishes it, is to risk the possibility of being overtaken by events in the future.

The College should start to take action now so that it may influence the future evolution of legislation.

The definition of Europe

The College’s relationship to Europe need not be exclusively with the EC. Many Fellows have fruitful contacts with institutions from Iceland to Turkey, but if the College is to be efficient it must focus on the European institutions through which it will achieve its aims. The EC has, at present, twelve member states. The COST countries (Co-operation in the Field of Scientific and Technical Research) are a group set up by the EC to generate research interaction in countries outside the EC but within Europe. There are nineteen members: the twelve EC countries plus Austria, Finland, Norway, Sweden, Switzerland, Turkey and Yugoslavia. The European Science Foundation is made

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up of 23 countries and the World Health Organisation European Region has 32 countries. Mr Gorbachov’s concept of a ‘common European home’ extends to the Urals (at least). The recent independence of Hungary, Poland and Czechoslovakia, countries in which many doctors and institutions have close links with British medicine, are candidates for entry into the EC in the near future, as are Sweden and Austria. If the College is to make a European initiative, it would probably be best directed at first to the twelve countries of the EC, both because of the increasing influence of legislation from Brussels on the United Kingdom, and also because the processes of the EC can act as a focus for the limited resources of the College.

The College European Committee

Because of these arguments, in the Spring of 1990, the President set up an ad hoc European Committee. The initial subjects discussed by the Committee were wide ranging: The definition and achievement of the highest standards of clinical practice throughout Europe, including specialist medicine; the definition and achievement of a minimum standard of health care in Europe; the desirability of an agreed system of medical education; the relationship between research and the practice of medicine and the relationship between European medicine and underdeveloped countries. However, after discussion, it was decided to focus on five areas of College interest: research, manpower, standards, education and ethics. In each of these areas it is already clear that the College might have an interest.

Research

As the Government funding of medical research in the UK declines, it increases from the EC. Over the last five years this funding was given to five ‘targets’: cancer, AIDS, age-related health problems, environment and lifestyle related health problems, and health service research. The money has been given primarily for communications and meetings between groups working on a particular research topic within a ‘target’. The number of participating groups varies between 4 and 150 depending on the research topic. It may be that the College, together with the Medical Research Council should seek to influence the research topics financed, the object of the funding and the number and quantity of groups involved in a particular project. One unwritten policy in deciding on funding appears to be the transfer of ideas and technology in medical research from the North to the South of Europe. Although geographical criteria are not normally determinants in deciding on UK research funding, it is probably justified in the EC. Conflict between the funding of science because of its objective excellence and because of political expediency is a problem that has to be addressed in Brussels.

Manpower

Already all in the EC have the right to work in all countries. Such a movement of labour is increasing, especially among the professions. In 1977, of new medical practitioner registrations in the UK, only 1 in 100 was not a UK citizen; in 1989 this had changed to 1 in 6. Data for 1988 show that the UK, the Netherlands, France and Denmark had a net inflow of doctors from other EC countries authorised to practice in those countries. However, the UK is by far the biggest acceptor of EC graduates to practice medicine, with three times as many entrants as either France or the Netherlands, the next most popular destinations for the mobile doctor. It must be in the interest of the College to monitor this flow of European medical graduates into the country and assess its effect, for example, on training, health care, research opportunities and competition between doctors. Anyone in contact with many professional colleagues in Europe realises that the UK is the most popular country for young doctors to aim to practice in, either for clinical and scientific experience or for economic reasons. Although a Danish and a Portuguese doctor would probably be inhibited from working in each other’s country because of language difficulty, they both will speak English. This trend is likely to increase greatly if countries in Eastern Europe enter the EC.

Standards

Harmonisation of standards is a general theme of the EC. In medicine this is wide ranging covering, for example, legislation on all medical devices or the standards of specialist practice. Specialists recognised in one country have the right to work in another. The fact that there are 118 qualified cardiologists per million population in Italy and only 4 per million in the UK could provide pressures that might alter the ecology of specialists.

Education

The College’s interest in education is wide. Although undergraduate education is not a main interest, the College should be at least aware of moves to introduce a minimum number of ‘contract hours’ into European medical education. Of course, the College role par excellence in postgraduate education is the MRCP examination. No other institution in Europe sets an examination which signifies achievement of an excellent standard in postgraduate medical training. In the past, the College has been expert in administering the Part I examination in the old Empire and in the Commonwealth, and even the Part II in Hong Kong. It is predictable that as the Commonwealth countries change political allegiance and grow in confidence in their own medical systems, they will have less need for their doctors to take the MRCP. The College should
therefore consider orientating its overseas examination expertise also towards Europe. Is it possible that the College might provide Europe with an examination which would set a standard of clinical medicine recognised as excellent throughout Europe and which, once established in one or two continental countries, might catch on because of the spirit of competition within Europe? One of the principles of the EC is that those who have high standards should share their work with the rest of the community. Perhaps the MRCP is one product of the high standards of British medicine that could be shared with the EC.

Ethics

Our medical ethics arise from our Graeco-Roman-Christian tradition that we share with the rest of Europe. The College has endeavoured to develop ideas in ethics and to influence society by publications or direct contact with legislators. The EC funds cancer research and at the same time supports tobacco growing in its member states. The College has often spoken out about tobacco consumption and perhaps it should try harder to influence this anomaly.

Ethical thought is developing in many areas of health care in Europe. It is possible that this might generate proposals for changes in legislation in the future as the EC develops. Therefore, the College should be aware of changes in attitudes to fundamental problems; an example is the very liberal attitude to euthanasia in the Netherlands.

Achieving the aims of the College

The establishment of the College’s European Committee now acts as a focus for all activities in the College that might have a European dimension. Although the possible European interactions of the College might extend outside the EC, a focus on the activities of the Commission would allow maximum effect of the College's resources. The first objective is to gather information, particularly in the five areas discussed above. The second is to consider whether there should be a College policy on a particular European matter so that it may take part in the formation of European opinion and action and not simply react to events. A College policy aim could be achieved in one of two ways. First, Fellows and Members have contact with their European professional organisations where influence can be applied over a wide area. Second, the College could have more direct influence on the EC decision making process. At the moment College publications are influential in the UK, and in the future, some of these could be given a greater European flavour. There are, other routes that might influence European legislation directly.

The Directorates General (see Table) initiate and later execute legislative change. They are open to direct approach from bodies such as the College. The Council of Ministers, including the appropriate UK minister, approves legislation and the European Parliament, made up of British and non-British members of the European Parliament (MEPs), some of whom are doctors, has some influence, although minor at the moment. All these are points of influence the College might wish to use to achieve its aims. Advice to the appropriate British Minister attending the Council of Ministers and direct contact with Directorates General might be the most efficient mechanism. However, to do that effectively the College must constantly survey the European panorama of medicine.

Table 1. European Community Commission Directorates-General (DGs) involved in health related matters

| DG | Function | Health involvement |
|----|----------|--------------------|
| I  | External relations | Narcotic abuse |
| III | Internal market | Mutual recognition of medical qualifications, pharmaceuticals |
| V  | Employment, industrial & social affairs | Preventive medicine, health education, handicap |
| VI | Agriculture | Zoonoses |
| VIII | Development | Health in developing countries |
| XI | Environment, nuclear safety & civil defence | Safety of drugs, accidents, consumer policy |
| XII | Science, research & development | Medical and health research, human genome analysis, tropical medicine |
| XIII | Telecommunications, information industries & innovation | Advanced informatics in medicine |

Note: Although health care itself is excluded from the Treaty of Rome, the Commission of the EC is generating legislation in several Directorates-General (DGs) that affect medicine. A DG is roughly equivalent to a ministry in UK administration. There are twenty-three (designated by Roman numerals), although they will grow in number. Eight of them have the health involvement listed above.

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