



OFFICIAL REPORT
AITHISG OIFIGEIL

Health and Sport Committee

Tuesday 1 December 2020

Session 5



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HEALTH AND SPORT COMMITTEE

32nd Meeting 2020, Session 5

CONVENER

*Lewis Macdonald (North East Scotland) (Lab)

DEPUTY CONVENER

*Emma Harper (South Scotland) (SNP)

COMMITTEE MEMBERS

*George Adam (Paisley) (SNP)

*Donald Cameron (Highlands and Islands) (Con)

Alex Cole-Hamilton (Edinburgh Western) (LD)

*David Stewart (Highlands and Islands) (Lab)

*David Torrance (Kirkcaldy) (SNP)

*Sandra White (Glasgow Kelvin) (SNP)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Callum George (British Medical Association)

Professor Paul Haggarty (University of Aberdeen)

Martin Keeley (Society of Chief officers of Environmental Health in Scotland)

Andrew MacFarlane (Scottish Graduate Entry Medicine Student Cohort)

Professor David Maguire (University of Dundee)

Professor Sally Mapstone (University of St Andrews)

Pete Ritchie (Nourish Scotland)

David Thomson (Food and Drink Federation Scotland)

CLERK TO THE COMMITTEE

David Cullum

LOCATION

Virtual Meeting

Scottish Parliament

Health and Sport Committee

Tuesday 1 December 2020

[The Convener opened the meeting at 10:00]

University of St Andrews (Degrees in Medicine and Dentistry) (Scotland) Bill: Stage 1

The Convener (Lewis Macdonald): Good morning and welcome to the 32nd meeting in 2020 of the Health and Sport Committee. We have received apologies from Alex Cole-Hamilton. I ask all members and witnesses to ensure that their mobile phones are on silent and that all other notifications are turned off during the meeting.

The first item on the agenda is a stage 1 evidence session on the University of St Andrews (Degrees in Medicine and Dentistry) (Scotland) Bill. It is for the Health and Sport Committee to consider the bill at stage 1 and to report to Parliament accordingly. I welcome to the committee Professor Sally Mapstone, principal and vice-chancellor of the University of St Andrews; Professor David Maguire, principal and vice-chancellor of the University of Dundee; Callum George, deputy chair of the British Medical Association's Scottish medical students committee; and Andrew MacFarlane from the Scottish graduate entry medicine student cohort. Welcome to you all and thank you very much for joining us.

We will move directly to questions. I have read the views that have been submitted by the different interested parties, and I noted Professor Mapstone's comment about the re-establishment of the primary medical qualification in "an unfettered manner". I thought that it might be good to start simply by asking what you have in mind when you say, "an unfettered manner". What are the fetters that you are trying to resist?

Professor Sally Mapstone (University of St Andrews): Good morning, everybody. Thank you very much for inviting me to the Health and Sport Committee this morning.

The University of St Andrews (Degrees in Medicine and Dentistry) (Scotland) Bill will enable the University of St Andrews to fully support a fit-for-purpose national health service in the 21st century by enabling us to graduate the kind of adaptable, compassionate and informed workforce that Scotland needs now more than ever.

To respond directly to your question, the bill will remove an anachronistic prohibition, which has unnecessarily been in place for the past 50 years, that prevents the university—even though it has a thriving medical school—from granting degrees in medicine. That prohibition came into force through the Universities (Scotland) Act 1966, which reorganised Scotland's universities and enabled the establishment of the University of Dundee, which is now a great and thriving university.

At the time, the prohibition on the University of St Andrews giving degrees in medicine was clearly intended to be only temporary but, unfortunately, it has remained in place and it now, significantly and uniquely, prohibits the University of St Andrews—unlike any other university in Scotland or, indeed, in the United Kingdom—from offering degrees in medicine. Therefore, the legislation that is now being proposed would remove those fetters and enable the university, which has a thriving medical school, to be able fully to serve the NHS.

The Convener: Thank you very much. Clearly, the immediate prompt for the bill is the ScotGEM cohort and the intention that they should graduate with qualifications from both universities. That would be one of the immediate outcomes of the bill. Is it the long-term intention of the University of St Andrews to award full degrees in medicine independently of the University of Dundee?

Professor Mapstone: As you point out, the immediate trigger is the ScotGEM degree, which is Scotland's only graduate entry medical degree. It was put together and proposed, and is now run, jointly by the University of St Andrews and the University of Dundee. It recruited its first students to start in 2018, and it is now in its third year. It is an unusual and remarkable degree, which is fully supported by the Scottish Government, in that it enables people who have come from previous professional walks of life, who have degrees in other subjects such as pharmacology, to train over four years in a graduate entry medicine course to enable them particularly to serve as generalist general practitioners in remote and rural areas of Scotland. It is a flagship programme. We are proud of it, and it is doing really well. That is our priority at the moment, and that is what the bill will directly enable us to go forward with.

The Convener: Indeed—

Professor Mapstone: I apologise—I would just like to address the second part of your question. Any further plans that we might have in the future to go for other degrees in medicine would, of course, themselves be contingent on agreement through the Scottish Funding Council and the General Medical Council. Although the bill would put us in the position of being able to put in place those proposals, it would not itself immediately

enable that as a possibility. That is not our initial or immediate intention.

The Convener: That is understood. The SFC and the GMC would have to approve any such step. Were you to reach the point where you wish to do that, is there anything else that you would require, besides their support and the change in legislation?

Professor Mapstone: Manifestly, places in medicine are controlled places, so if we were to seek that kind of fulfilment, it would need to be the case that we would have to have full support for an increase in numbers for the running of a degree and for the opportunity for placements to be available for those students. There would obviously need to be a full consultation and work would need to be done with relevant health boards.

The Convener: Thank you very much. I call Brian Whittle.

Brian Whittle (South Scotland) (Con): Good morning. I will ask questions about the impact on other medical schools and potential NHS recruitment, which Aberdeen health and social care partnership has expressed concerns about. It has noted that if St Andrews university were to increase its numbers and to become a medical school in its own right, that would have an impact on the partnership's ability to attract, train and maintain medical students, given the rurality of the area and the location challenges that exist there. Do you share Aberdeen health and social care partnership's concern?

Professor David Maguire (University of Dundee): Good morning, everybody. Thank you for inviting me to the meeting today.

Yes, I do indeed share the concerns expressed by the Aberdeen partnership. Unfortunately, if St Andrews university were to gain a PMQ for undergraduate medical degrees, I am afraid that it would not be a zero-sum game—it is highly likely that that would have an impact on the other four medical schools that currently exist in Scotland.

As far as the University of Dundee is concerned, at present, roughly 20 to 25 per cent of our students have their placements in Fife. If St Andrews university were to expand in that area, we would be concerned that that would impact on our ability to place our students in Scotland.

We do not think that Scotland needs another medical school at undergraduate level. Scotland currently educates more students per 100,000 of the population than the rest of the UK. Indeed, as a consequence of the additional qualified students who have come through following the recent exam season, the existing medical schools have expanded by 100 places across Scotland. Many of

those places have been taken up by students from low-participation areas and by students who have disadvantaged backgrounds. Dundee university excels in that.

Since 1966, nothing has really changed. The medical facilities and the teaching hospital are still in Dundee, the staff remain in Dundee, and we do not see that there is a need to expand in this area, although I am sure that you will have observed that we support the case that St Andrews university has made to gain short degree-awarding powers solely for ScotGEM.

Brian Whittle: We are aware that there is a shortage of medical professionals across the board in Scotland. For GPs, there is a limited number of places for Scottish students, even those with qualifications. Would it not be to the advantage of the NHS generally in Scotland to be able to take on more medical students?

Professor Maguire: Yes, I think it would be. The existing medical schools are perfectly capable of expanding their capacity to take on more medical students, as has been shown in the current application round, in which, collectively, we have taken more than 100 students. It is possible for the existing four medical schools to scale up the existing provision.

The Convener: I will bring in Sally Mapstone.

Professor Mapstone: Thank you for giving me the opportunity to comment.

I remind the committee that the numbers for the ScotGEM course are already in the system, so we are not talking about new numbers there. I also remind the committee that, in last year's programme for government, the Scottish Government put forward proposals for the establishment of a new medical school in Scotland. Those proposals are currently stayed, but they may of course come back on the table. The University of St Andrews has a proposal—a bid—within that round.

It is absolutely understandable that every university will say that, if there are to be more numbers on the table, they will want them for themselves. The nature of our engagement with medicine across the piece—as you can see from the ScotGEM programme—is that we see ourselves as working collaboratively in a hub-and-spoke manner with health boards across the country. It is already evinced by the ScotGEM programme that our approach is a collaborative and very collegial one.

I again remind the committee of what the bill does. It essentially levels the playing field. If it is enacted, it will remove from the University of St Andrews a restriction that no other university in Scotland or the UK currently labours under. We

would say that that is an unfair and unnecessarily prohibitive restriction. In the event that our bid for a medical school were to be successful, if the bill were not to be enacted, we would be back here again. That seems to me not a very good use of parliamentary time.

The Convener: For absolute clarity, in response to my question I think that you said that St Andrews university had no plans to provide a PMQ other than through the ScotGEM process, but you have just said that you are preparing a bid for a new medical school. Which is it? Are those things compatible or are they contradictory?

Professor Mapstone: I am taking absolutely nothing for granted. If we were to be successful in our bid for a medical school, various things might fall from that, but given where the process is at the moment, our current intention is to focus on ScotGEM and then see where we might go beyond that, depending on whether the bill is enacted and depending on whether our bid for the medical school were to be successful.

Brian Whittle: The University of Dundee has indicated a preference for a partial removal of the prohibition. Would the University of St Andrews have any objections to that line of travel and, if so, why?

Professor Mapstone: Yes, we would, for the reason that I have just given. We think that the levelling of the playing field and the establishment for us of an opportunity fully to participate in the provision of a fit-for-purpose NHS in the 21st century is better enabled through passing the bill as it is currently drafted than through doing so in a partial way, which responds only to the immediate situation.

Professor Maguire: I believe that the 1996 act was amended in 2002 to allow St Andrews university to award a postgraduate medical degree. It would seem to me that it would be possible to amend the current act to support the awarding of degrees for ScotGEM alone, which would be a position that the University of Dundee supports.

The Convener: I am looking to see whether our student representatives Callum George and Andrew MacFarlane have any views that they would like to put into the discussion at this stage.

10:15

Callum George (British Medical Association): Good morning and thank you for inviting me.

Something that has not been included in the BMA's written submission on the bill, but which I can mention today, is that it is the unanimous feeling of the elected representatives from the medical student bodies of all Scotland's medical

schools, including Dundee, and from the non-ScotGEM body at St Andrews, that the bill should go ahead, very much for the same reasons that Professor Mapstone has mentioned. Of course, for students such concerns are perhaps a bit above our heads when we are focusing on our studies, but I just wanted to mention that that is the unanimous feeling of the elected student representatives at the BMA from the medical student bodies across Scotland.

Andrew MacFarlane (Scottish Graduate Entry Medicine Student Cohort): Good morning and thank you for having me.

I echo what Callum George said. This is a bit beyond the students. I am here to speak about my colleagues and my peers in my year group and the other year groups. Our focus is on making sure that we graduate with a degree from both universities that reflects the spirit of the course that we are on. Whether the restriction should be partially repealed is not something that we properly asked the students. We asked them a bit more informally, and we did not receive any concerns.

On a more personal note, the only thing that I can think of that would have an impact on the students' thoughts about a partial repeal of the restriction would be if it was a private medical school that was to be developed, but if the decision was based purely on a sense of fairness, as Professor Mapstone said, I think that the students would be in support of the restriction being fully repealed.

As Professor Mapstone also said, student places are controlled by the Government, and awarding them would be based on the merit of the proposal that the university has put forward, not on the 50-year-old laws that are in place.

The Convener: Sandra White and Emma Harper have supplementary questions.

Sandra White (Glasgow Kelvin) (SNP): Professor Mapstone, in answer to the convener, when you talked about the proposed new medical school and ScotGEM and so on, you mentioned various things that might fall from that. I want a wee bit of clarification on that particular point. Does that mean that the remit would expand into other areas?

Professor Mapstone: What I meant was that, given that we are facing the greatest health crisis that any of us has ever known, we need to regroup and think about how we offer healthcare in the 21st century. My firm view on that is that the more creative, engaged, focused and community-aware forms of medicine that we can offer the better. We have shown through the ScotGEM programme that that is the kind of healthcare that we are capable of offering at the University of St Andrews,

with a particular focus on those who might find it difficult to access healthcare, those in poverty and those in remote and rural areas. That is the basis of the ScotGEM degree, and it is the basis of the kind of compassionate, adaptable and flexible healthcare that we believe will be necessary in the post-pandemic world and in the 21st century.

In relation to our bid for the possible medical school, if we were to gain additional numbers—I repeat that any bid that we might make for numbers on the basis of gaining a medical school would need to be approved by the SFC and the GMC—we would look to roll out more of that kind of healthcare and possibly, in the fullness of time, to set up other degree courses that would respond to that. Obviously, that is all in the future. I am giving you a sense of the kind of medicine that we want to offer, which we believe is incredibly important to healthcare in Scotland in the 21st century and in the post-pandemic era.

Sandra White: I have another small supplementary question. Concerns have been raised by other universities, as you have heard and will have read in the written submissions. If, as you said, you might look to go further in the future, do you not agree that those concerns are merited?

Professor Mapstone: I am afraid that I simply think that those concerns are exactly what you would expect some other medical schools to say. I understand that everybody is concerned about their numbers, but I am asking us to look a bit more broadly and to ask what kind of healthcare we think that we will need in this century and how much more broadly based it will be. Will it not involve working with health boards across the country, which we can already demonstrate that we can do with ScotGEM?

Although I understand the concerns, I am concerned that the bill should not be seen as some kind of relatively new power grab. The University of St Andrews has had a medical school for the past 50 years. It has built a great reputation for research and teaching and for serving medicine in Scotland. It is simply seeking the opportunity in the future, if it should avail itself of that, to be able to do so from an even playing field position, which is currently available to all other universities in Scotland and the UK that wish to offer medical degree courses.

I repeat that we are the only university in the country that has a legal prohibition that prevents us from doing that. I ask members of the committee whether, in this day and age, that seems especially fair.

Emma Harper (South Scotland) (SNP): I have a question for Professor Mapstone on widening access. As a South Scotland regional MSP, I am

keen to get more doctors recruited into Dumfries and Galloway, and ScotGEM has been doing great for us in the south-west. A new medical school would not necessarily need to use a model in which everybody had to be onsite at St Andrews. Would a hub-and-spoke model be part of any consideration for a new medical school, through which campuses could be based offsite but work together?

Professor Mapstone: Thank you for that question, which is much appreciated. It might interest the committee to know that, at the moment, ScotGEM has students in placements in about 72 GP surgeries and bases spread across the country. One thing that we have found through our programme is that, because we have two dedicated virtual platforms, we can bring in the expertise of people who are based right across the country to help us and to participate in our teaching.

We would be keen to roll out more broadly the hub-and-spoke method that you mention. As you might know, ScotGEM already works in association with not only the University of Dundee but the University of the Highlands and Islands. On the widening access point, since we have been recruiting for the programme, we have found that a greater number of people from the index of multiple deprivation 40 per cent most deprived areas apply to and are successful in gaining admission to the programme. At the moment, 35 per cent of those who apply and 28 per cent of entrants come from IMD 40 areas, which is about twice the normal rate in other subject areas. We are showing that our programme is not only working for those in disadvantaged areas but is appealing to those who, at the age of 18, reside in areas of multiple disadvantage.

David Torrance (Kirkcaldy) (SNP): Submissions to the committee detail the effect that prohibition has had on St Andrews university's research ratings. What practical difference will the ability to grant primary medical qualifications make to the university's research ratings?

Professor Mapstone: Thank you for broadening the questions to include research. The university is already seeing the value of all the resource that we have put into the medical school. In last year's *Complete University Guide* ratings, it went up from 17th to eighth. However, not being able to award primary medical qualifications impedes us in applying for certain research funding, for example. It also prevents us from recruiting lecturers through SCREDS—the Scottish clinical research excellence development scheme. Those lecturers are employed to undertake research, and a university can employ them only if it awards PMQs.

We have absolutely no doubt that the capacity to award primary medical degrees would increase and improve still further our research capacity and would broaden the base of those whom we can employ. I emphasise that we see the issue very much from an evidence-based perspective. Our particular expertise in St Andrews is in evidence-based medicine and early diagnosis. Over the past year, we have seen that early diagnosis will in future become an increasingly important aspect of medicine in Scotland.

David Torrance: Will the bill make a difference, given that St Andrews will still not be able to grant primary medical qualifications independently of Dundee?

Professor Mapstone: I am not sure that I entirely understand your question. The ScotGEM degree is a joint degree, which we are extremely proud of and which we are keen to award jointly with the University of Dundee, as has been the nature of the proposal all the way through. Any further degree-awarding powers that we might gain for other degrees that we might wish to award in the future would not have to be in association with the University of Dundee. In the event of our wishing to put other courses together, we would apply for those courses separately.

Professor Maguire: As I said in my response to an earlier question, the University of Dundee supports the lifting of the restrictions for the purpose of the ScotGEM degree, but it is clear from the arrangements that, were that restriction not to be lifted, the fallback is that the degrees would be awarded by the University of Dundee under our current PMQ.

If I may, I will comment on the importance of widening access to medical students in Scotland, on which the University of Dundee leads the field by quite some margin. A large proportion of our students—about 80 per cent—are Scotland domiciled, and a significant proportion of our students come from IMD 20 postcodes. We are the leader in that area. If the Scottish Government wishes to expand its medical provision in that area, that is something that our university is particularly adept at doing.

Emma Harper: I have a question for Andrew MacFarlane. If the bill is not passed, ScotGEM students will be awarded their degrees from the University of Dundee, but Andrew MacFarlane's written submission outlines that a survey of ScotGEM students found that 97.5 per cent were in favour of having both university badges on the degree certificate. What benefits will the joint degree bring?

Andrew MacFarlane: As I said, when we were first approached on the issue, we surveyed the students about what they thought. Getting

students—let alone medical students—to agree unanimously on something is pretty difficult, but they were overwhelmingly in favour of the proposal.

As I said, it reflects the spirit of the course. Developing medical students is not easy and developing a new course is even harder. There really is a joint approach. The first two years, which I have already done, are managed by St Andrews. I am in my third year now and I am based in a GP practice in Thurso, which is where I am phoning you from today. I am here for 10 months. This year is managed by Dundee university and my next year will be managed by Dundee, too. Looking after students and medical students, especially in the current times, is no easy task, and a considerable amount of resource goes into it.

10:30

If we had only the University of Dundee badge on our certificate, that would not really match the course that we are on or how we feel as students. I said in my submission that we are often asked if we see ourselves as St Andrews or Dundee students because we are members of both from day 1, and we quite often say that we are ScotGEM students, because the course is a different way of teaching medical students and providing medical education as a whole. The degree should reflect that. If it did not, it would be a bit of a failure in terms of what the students signed up for and how they feel as students.

It is important to remember that, as was said, we are talking about students who have done a degree before—I did pharmacy previously. Some of the students are much older and have children and families, and some were very high up in their previous fields and have sacrificed a lot to do the course. Some have also taken the optional bursary from the Scottish Government, which means that, for each year that they take it, there is a return of service of working in Scotland. There is an awful lot of good will around the course, and it has been great so far. How the issue is handled is important to how the students feel. We are definitely in favour of both universities being on the degree certificate. The students fully expect that.

Callum George: I mirror Andy MacFarlane's comments. Like him, I am a third-year ScotGEM student, but I am speaking to you from Campbeltown. It is the view of BMA members who are also ScotGEM students that there are many attractive and interesting things about ScotGEM that caused them to apply and that make the programme unique. One of those was the fact that the joint award was offered; that was almost expected wholesale by the people who applied to the course. I think that the number of people who

applied to ScotGEM because of the possibility of a joint award could have offset the number of people who might not have applied to a medical programme that was relatively unproven and is still undergoing GMC validation, which is obviously yet to complete.

To reiterate what Andy MacFarlane said, the ScotGEM students largely support the proposal. We have found from our members that the vast majority want the joint award, because it is the University of St Andrews that looks after us for the first two years. We spend a lot of time there; we spend a lot of time with the staff in Fife and working alongside the students from the non-ScotGEM cohort. Even though the University of Dundee primarily manages the course in the subsequent two years, we feel that something would be missing from the final degree if it were to come solely from Dundee, in the same way as the remainder of its undergraduate body receive their degrees.

Emma Harper: Might there be an effect on future intakes if a joint degree could not be awarded?

Andrew MacFarlane: The honest answer is that I am not sure. I think that it would take a lot of momentum out of the course. As I said, the way that the current students feel is important. Students who are on the course will have peers in the professions that they came from before, and they and other students will approach them and ask, "What is your course like? How are things going?" For students who are applying to medical school, those are important metrics about what they are applying to. If the good will of the students on the course is affected by a decision to not let them graduate with both degrees, and if they feel that the course that they signed up for is not what they are undertaking, that could have an effect on the advice that they give to people who are considering applying.

Emma Harper: My experience of ScotGEM in Dumfries and Galloway, including from my recent meeting with Dr Fiona Graham, is that it is excellent: the feedback is good and the students are performing very well. I wonder how many future intakes of ScotGEM are expected. Will the course have an end date?

Professor Maguire: The course will continue. There is an annual intake of around 55 students. We are led to believe that there is an intention to continue with that and we hope that that will be the case.

David Stewart (Highlands and Islands) (Lab): Good morning to our witnesses. I would like to follow up with some questions about ScotGEM. Just to declare an interest, as a Highlands and Islands MSP, I work very closely with the UHI and

I have been to see the ScotGEM course at the centre for health science, so I might have met Callum George and Andrew MacFarlane in the past.

When I meet GPs, particularly in rural and very rural areas, they explain how difficult it is to retain and recruit GPs. A Thurso practice told me that the best way to solve the recruitment problems is to ensure that more Highlands and Islands young people study medicine. Do you agree with that? Is ScotGEM the way forward for our workforce planning—*[Inaudible.]*

The Convener: We got the gist of that, although not the last couple of words. Perhaps I will ask both principals; David Maguire first and then Sally Mapstone.

Professor Maguire: I agree with the central point, in that it is important for Scotland to increase the number of medical practitioners and that the best way to do that is to recruit Scotland-domiciled students. Indeed, 80 per cent of the University of Dundee's regular annual intake is from Scotland and we pride ourselves on the fact that we train people to go into the local workforce.

The numbers in ScotGEM are slightly smaller, but a goal of that programme is to recruit and train medical professionals who will reside in Scotland and support the Scottish population.

Professor Mapstone: Andrew MacFarlane mentioned the bursary scheme associated with ScotGEM, which is a bonding arrangement. For every year that someone takes the bursary, they commit to working in Scotland, and 94 per cent of students on the scheme thus far have opted for the bonding arrangement, thereby guaranteeing that we will see more GPs working in remote and rural areas. That has been one of the many success stories of the scheme, as presented.

The exposure that it gives students to working in GP practices gives them that sense of the value and importance of working in those locations and of the different kinds of general practice that is often necessary in those communities.

So far so good, I would say. When you listen to the students, you hear what a big difference it makes to them.

I do think that we need to work harder with the UHI to ensure that we get the throughput from their undergraduate medical courses to ensure that students who have graduated from UHI can, should they wish, qualify to apply for ScotGEM.

Andrew MacFarlane: I agree. A big part of the ScotGEM course is the rotation through different health boards. I am from the town of Paisley and I had barely been to Inverness, never been to Dumfries, and I think I had been to Thurso once, although I was too wee to remember it. I spent

months in different practices in Dumfries and Inverness last year, and now I am in Thurso for 10 months. In my first year, I was in rural places in Fife. The thinking behind the course is that the more time the students spend in such places, the more comfortable they are with the idea of working there. The idea is that people become more open to the idea of working rurally because they have spent time training there.

Although it is important that we get students from the Highlands and Islands, I think the important part of the ScotGEM is that it exposes students to areas that they would not usually go to. When a student graduates, finishes their training and has the idea of working in the Highlands or Dumfries or somewhere rural, the step of thinking, "Oh, I've never been there before" has been eliminated because they have. That is an important factor to consider when we think about how we train doctors in the future and ScotGEM is a new way of doing that. There are definitely things that we can work on as we go forward, but it is an important aspect for the future.

Callum George: I had an interest in remote and rural medicine that attracted me to apply to the course, but it was never a guarantee; it was never a 100 per cent surety that that is what I wanted to do, so it was the exposure that Andy MacFarlane talked about that cemented it for me. I know that other members of the cohort had working rurally on their list of possibilities and it was certainly an option for them, but having been exposed to that environment as a normal day-to-day experience on ScotGEM also cemented it for them.

David Stewart: Has there been any survey of career intentions among the student cohort?

Professor Mapstone: We engage regularly with the cohort. I think the answer that I gave to your previous question is relevant here. The fact that students who are bonded with their bursaries have taken up that bursary opportunity gives a clear indication that 94 per cent of them are fully committed to working in Scottish GP practices.

We surveyed the cohort for their sense of the course and for their intentions, and the responses were extremely positive, as you have heard from Andrew MacFarlane and Callum George, both in what they have experienced thus far, and in how their eyes have been opened up to the future of general practice work.

Andrew MacFarlane: I reiterate that the course is aimed at producing generalist practitioners, which I think is a bit of a public relations thing that we are working on. However, it is not just for producing GPs; it is any doctor who sees a patient without any clinical diagnosis in front of them, so that could be a GP, a doctor in accident and emergency, a pre-hospital care doctor, a general

medical hospital doctor, or rural practitioners as we have up here. The return of service bursary is purely for those who will work and train in Scotland after graduation, and that can be in any domain—surgical, medical or otherwise—not just in general practice. Part of the course is based in general practice and the thinking behind that is that the more that people are exposed to it, the more chance there is that they fall in love with it and want to be a GP afterwards. The course is not for producing GPs exclusively, although it is an aim of the course.

David Stewart: I understand that there are places for 55 students per year in the current ScotGEM course. Have there been any discussions between Dundee and/or St Andrews with the GMC, the SFC or the Scottish Government about increasing the number of funded places?

Professor Maguire: Yes, there have been some outline discussions about that. I think both universities would welcome the additional places but, as you are probably aware, medical undergraduate student numbers are controlled currently, so we have not been able to increase the intake.

Emma Harper: [*Inaudible.*]—really detailed question, but I am interested in ScotGEM, as I am still a nurse. Just hearing about how medical professionals are now expanding into PMQs is interesting. However, one of the challenges for us in Dumfries and Galloway is that there is a 50-mile limit from their primary site on where trainees can be assigned to do general practice. That prevents trainees from going to Stranraer because it is 75 miles away from the Dumfries and Galloway royal infirmary. Is that being looked at or could it be looked at so that recruiting into somewhere rural such as Stranraer could be achieved, for instance?

10:45

Professor Maguire: I am afraid that I cannot answer the detail of that, but I can certainly say that we would be happy to see whether it is possible to examine placements in practices in Stranraer.

Callum George: It would be interesting to see the detail on that. I am based within the NHS Highland health board area and the primary site or regional general hospital for that health board is Raigmore hospital in Inverness, but my year 3 placement as a student of ScotGEM is in Campbeltown, so that is well over that distance, I should think. It would be interesting to see some clarity on that.

The Convener: Callum George, would you say that the limit that Emma Harper has mentioned

might not apply in practical terms, from your experience?

Callum George: I see Professor Mapstone might have something to say about that, but yes, that is beyond the limit for Highland. I do not know whether it is something that specifically applies to the agreement with Dumfries and Galloway.

Professor Mapstone: For information, I understand that that restriction was partly put in place to protect students' travel time, but it is under review, so the fact that Emma Harper raises it is very timely.

Emma Harper: I am keen to have some further detail on that, because I think the ScotGEM programme seems to be very positive and many folks that I know across my region welcome it.

The Convener: The committee would welcome any update on ScotGEM from either or both of the universities that are involved and have been here with us today.

Thank you to our witnesses. That has been quite an informative session. We will take further evidence next week, when we will hear from the Scottish Government on the bill. We will now move on to the next matter under consideration.

“Nutrition-Related Labelling, Composition, and Standards Common Framework”

10:47

The Convener: The second item on our agenda today is an evidence session on the provisional UK common framework on nutrition-related labelling, composition and standards. This is the first provisional framework that the Scottish Government has drawn to the Parliament's attention. The frameworks have been developed to ensure that rules and regulations in certain policy areas remain consistent across the UK following our exit from the European Union, and the committee's role is to scrutinise those that fall within its remit. We consider that there is also a role for the committee to influence the content and monitor the application of common frameworks and for the committee to be a conduit between stakeholders and the Scottish Government.

The committee has received two letters from Joe FitzPatrick MSP, the Minister for Public Health, Sport and Wellbeing. The first shared the provisional UK framework on nutrition-related labelling, composition and standards, requesting that the committee provide a commentary on its content. Just yesterday, we received a further letter answering some of the questions that we put to the minister. We will take evidence from the minister next week.

In the meantime, I welcome to the committee David Thomson, who is chief executive officer of the Food and Drink Federation Scotland; Pete Ritchie, who is executive director of Nourish Scotland; Professor Paul Haggarty, who is deputy director of the Rowett institute of nutrition and health at the University of Aberdeen, which is one of the six members of the Scottish Environment, Food and Agriculture Research Institutes—SEFARI—consortium; and Martin Keeley, who is environmental health manager with West Dunbartonshire Council and is here to represent the Society of Chief Officers of Environmental Health in Scotland. Thank you all for joining us today.

We have a lot of interest in not only the framework but your involvement as key parties in its development. I will start by asking you about that. What involvement have you had in the development of this or other common frameworks? Have you been invited to comment by the UK Government, the Scottish Government or Food Standards Scotland? I will start with David Thomson.

David Thomson (Food and Drink Federation Scotland): Thank you for the invitation to come and speak at the committee.

The FDF is a trade association for food and drink manufacturers in Scotland and across the UK. This common framework is unusual, in that we have had reasonable sight of it over the past year and a half. It was first mooted a long time ago, but there was a level of engagement on it, and information provided about it, in 2019 by the UK Government, the Food Standards Agency, and Food Standards Scotland. In fact, there has been consultation on nutrition-related labelling using the framework as a basis. Therefore, unlike many of the other common frameworks, this is one we have had sight of. Obviously, it is still quite late in the Brexit process, given that it was published on 9 October, but it is still ahead of many of the others.

Pete Ritchie (Nourish Scotland): Thank you for asking me to give evidence. Nourish Scotland has not sight of any of the frameworks before being invited to give evidence by the committee. It has been frustrating—the frameworks have been invisible and under the radar. The most recent list of frameworks that we were sent said that the agricultural support framework, for example, was almost done and that there had been stakeholder consultation. However, as far as I am aware, we have not seen that framework and I am not sure that Scottish Environment LINK, of which we are a member, has seen it either. There has been a long period during which these things have been invisible to stakeholders, which I think is unhelpful.

The organics framework still has not been finalised—it has been kicked into 2021. For a lot of organic businesses, that is unacceptable. They simply do not know where they are with some of the regulatory frameworks.

I can quite understand all the pressures on the civil servants involved, but, in line with the principle of open government, it would have been helpful if more stakeholders had been brought in earlier in the conversation.

Professor Paul Haggarty (University of Aberdeen): I have not been involved in the development of the document—I had not seen it before. It is well prepared, and it anticipates a lot of the challenges that will arise, although possibly not all, and we are keen to have some input into that.

I read the document in the context of advising the UK, my contributions to the Scientific Advisory Committee on Nutrition and on novel foods, and my role when representing the UK on European forums. Having previously contributed to this type of activity before, I am keen that we are involved in giving a realistic perspective on the true

complexity of the food system and the implications of some of the decisions that are made—and that we anticipate some of those. That is the perspective that we bring.

Martin Keeley (Society of Chief officers of Environmental Health in Scotland): The society has not had significant sight of the framework, but now that it has been provided, and having had discussion with colleagues in Food Standards Scotland—from whom you will no doubt hear next week—we can see that it touches on the local authority enforcement regime and on divergence, in terms of public health needs. It deals with complex issues, with loose definitions of “local” and “approved”. There are tricky issues, such as those that relate to food circulating in one nation and the framework being binding only on products that are approved in one nation or imported to that nation. The dispute resolution issue has been well worked out, but there is a potential kink in there, which may have been worked out already but is possibly worth raising.

I will try to answer the committee’s questions from the perspective of the Society of Chief Officers of Environmental Health in Scotland. The society represents the regulator, which sits within the local authority framework.

The Convener: Thank you very much. In summary, I think that the Food and Drink Federation feels well consulted and engaged from an early stage, but other partners have either not been engaged at all—which I think was Pete Ritchie’s evidence—or are only coming to it relatively late in the day. That is interesting. We are in a context in which things are being done against pretty tight timetables.

I ask the witnesses to indicate with an “R” in the chat box if they would like to comment.

The common framework and the concordat do not appear to be finished documents—they do not appear to be in their final form. Does that raise any concerns for any of the witnesses?

Professor Haggarty: —[Inaudible.] some documentation to the committee that they have maybe had a chance to look at. However, there are a couple of areas that are really quite complicated and have important implications. Dietary reference values and reference intakes affect food labelling and food safety, and there are the levels at which free vitamins are offered, fortification levels and lots of other issues. There has been some ambiguity about how such issues would be dealt with.

The implication in the document is that the European Food Safety Authority values would be taken, but that is currently not the way that that is done in the UK. There is not complete harmonisation of recommendations between the

EU and EFSA. Individual countries make their own recommendations, sometimes using EFSA values. The UK certainly differs in important ways, and it is important to understand that complexity. I will have a bit of a concern if that is not picked up, because it is pretty fundamental.

My next point is about novel foods—this is very important for innovation within the food system. To protect the health of the public and consumer rights, there is a very tight and detailed regulatory and evidence process that people have to go through in looking at novel foods. I could not see anything on novel foods in the document. Maybe they are in there somewhere, but the link is not obvious and I could not see any reference to them.

Those are a couple of things that are certainly worth thinking about.

David Thomson: I want to correct what I said earlier. We do not necessarily feel well consulted on the framework. We feel that we have been better consulted on it than on anything else because we had some introductory material on it last year, but we certainly do not feel that we have been as well consulted on the framework as we should have been .

I agree with the concerns that Professor Haggarty outlined. The legislation around the food industry is incredibly complex, as I am sure we are all about to find out over the next few years in terms of the implications for domestic legislation.

Our concerns are a little bit more political in nature. The framework is incomplete because we do not have the final terms of our trade deal and we do not have a real understanding of the interaction with the Northern Ireland protocol or the impact—or otherwise—of the United Kingdom Internal Market Bill, which is going through Westminster at the moment. All those things could have a fundamental effect, particularly on the making of claims and getting accreditation, and on dispute resolution.

The Convener: Thank you very much. Pete Ritchie wants to come in on that question before we move on.

11:00

Pete Ritchie: Our main concern is that, although we have seen this framework now, we have not seen the food composition and labelling framework—I do not know where that is and whether it is available for comment—nor have we seen the pesticides common framework. The genetic modification framework has been kicked into touch, and we do not know the implications of there being no further action on that. It just feels as if, to some extent, some things might fall between the cracks and are not being addressed.

It is quite hard to look at one of the common frameworks to do with food without seeing the others and understanding where things might fall within one jurisdiction or another.

The Convener: To be clear, your view is that, in order to properly scrutinise or comment on this framework, having more understanding of how the frameworks relate to one another is a missing but essential requirement?

Pete Ritchie: Yes. As everybody has said, this is a hugely complex area and just seeing one bit of the jigsaw does not really give us enough sense of the overall direction. As David Thomson says, the implications of the United Kingdom Internal Market Bill add another layer of complexity. Certainly, we would expect to be able to look at the food composition and standards framework, the pesticides framework and this framework as a whole, because, in a sense, they all impact on how far policy can diverge across the UK in terms of the information that consumers can expect to get.

Martin Keeley: Because they are mentioned in passing, I will touch on enforcement and divergence. It is extremely complex for the enforcement authorities to deal with any kind of divergence. If food is imported in one part of what is currently the UK, it may be intended for circulation only in one nation, or it may be intended for circulation across all four nations. That is a concern. People have already touched on the United Kingdom Internal Market Bill and how that may change the regulatory landscape.

I raise the issue because, particularly in Scotland, with its unitary authorities, the regulator—environmental health—deals with all aspects of labelling, including information about nutrition and so on, and it is extremely challenged at the moment by the impacts of EU exit and providing for export certification and import controls. We could make reference to unfettered access and how that will impact the landscape. There is already a workforce capacity issue. Anything that exacerbates that without bringing a solution to the table just makes the matter worse. However, we note the attempts in relation to dispute resolution and those to limit divergence and to have co-operation and consistency across the four nations. Obviously, those things help the regulator in applying the standards.

The Convener: In addition to the regulatory role of applying the standards in practice, what role should local authorities have in the development of the common framework? Are you looking to have an active, hands-on role for local government in the process?

Martin Keeley: It is maybe worth noting that the environmental health profession is a public health

profession that sits within the local authority framework. Possibly a benefit of having 32 single-tier local authorities delivering environmental health services across those local authority areas in Scotland is that the approach is fairly well integrated with Food Standards Scotland. There is representation on the Scottish food enforcement liaison committee. I sit on the executive of that committee, and we have excellent dialogue with colleagues in Food Standards Scotland. With the existing frameworks, we have close working arrangements. We look for common ways of delivering and ensuring consistency, and we always look to keep the public health angle in what we do and deliver.

Does that answer the question?

The Convener: I think that it does. The committee wants to understand how clear the implications of the framework are to the regulators and the other interested parties.

Martin Keeley: It is difficult to say exactly how clear aspects are or how they will play out in the future. As far as we can see, the thrust is to create consistency. I have read all the submissions. There are ambiguities about things such as daily reference values and intakes, and there is potential for divergence.

At the start of the discussion, I touched on the idea of food circulating in one nation and any divergent policy that affects food that is produced in one nation applying only to that food in circulation in that one nation or imported food. As I said, imports typically happen at very limited points around the UK. The food is then transferred to some or all of the four nations. Any issue with that inevitably involves the regulator in the checks that are done at the point of import or the point of production, how the products are marked, and their distribution. Any regulatory decisions would need to go back to the point of import or the point of production. Divergence is therefore an issue.

I am looking at the flowchart for resolution in joint decision making, dispute avoidance, and the dispute-resolution process. What might the impact be on the regulator if there were significant changes? That is almost an intangible. It very much depends on whether those changes were made across the four nations. If they were, everybody could work to the same standard. If there was divergence, we would need to look at what that meant for an individual nation. That would be very manageable in Scotland with the right resources, because the regulator is already very integrated with the intelligence and information that come from Food Standards Scotland and other sources.

David Thomson: As we are talking about regulatory divergence and convergence, it is really

important to state that, from an industry point of view, the avoidance of any unnecessary technical barriers to trade—unnecessary differences in regulations—is important. Seventy per cent of all the food that we produce in Scotland goes to the rest of the UK, and we want to make sure that any differences in regulations are absolutely justified, because minimising them is critical to the success of food and drink businesses in Scotland. The regulations and the framework, as set out, suggest ways to deal with that from the point of view that, in general, there is a move-across of European legislation into the UK as a whole. At the moment, that is helpful from an industry perspective.

Professor Haggarty: On David Thomson's point about imports and exports and the complexity of the whole situation, important decisions on food and nutrition are made every day across Europe in advisory committees and so on. If there is not active attention to that and an attempt to keep things together, there will be quite serious divergence, even in the area that I mentioned. Guar gum or a modified starch can be added to yoghurts, for example, to give them bulk and fibre characteristics. Those things can be used very widely in products. If that product is authorised in Europe and we have not caught up with an approval in the UK, there could be major implications. There has to be constant looking across at where those things are going between the UK and the EU if there is not to be quite serious divergence.

Pete Ritchie: [*Inaudible.*]

The Convener: I am sorry, Mr Ritchie, but we have not quite got your sound yet. Please start again, if you do not mind.

Pete Ritchie: I completely understand David Thomson's desire for consistency across the nations and minimising divergence, and Martin Keeley's concern about the ability to enforce things. However, we need to keep going back to the point of the frameworks. The point is to agree a common approach while recognising the capacity for policy divergence.

Scotland still has the worst diet and the worst obesity record in western Europe. We have an issue. To the extent that the labelling and control of food substances is relevant to that issue, we have to be able to diverge, if that is seen as valuable and helpful, and there is a scientific basis for it.

I emphasise that the point of the common frameworks is to allow the devolved Administrations to diverge and set their own policies in those areas. If doing so is to prevent chlorinated chicken or GM maize from being sold in Scotland, it is within the rights of the Scottish Parliament to decide that. Similarly, if we want to

take additional measures to protect the health of our populations by changing the way that certain foods are labelled, we should be able to do that. That is a fundamental part of a democracy.

I noticed from reading the papers that, apparently, margarine does not need to be fortified with vitamins A and D in England, but it does in Scotland, Wales, and Northern Ireland. That has not led to a total failure of the margarine market. We have managed. Food manufacturers and food retailers cope with significant divergence across Europe and internationally in the way that they market and label foods.

We should always look for consistency wherever that is possible and sensible, but we should keep recognising the right of the different nations in the UK to diverge.

The Convener: Thank you very much. I have questions from Emma Harper, first on divergence and then on the concordat.

Emma Harper: Good morning, everybody. I have a supplementary question about the conversation around divergence. In Scotland we produce about 70 per cent of the UK's seed potatoes that go abroad. We use fewer pesticides in Scotland because our weather is cooler and our tatties do not get diseases as others' tatties do, so does that potentially mean that we are able to market our crops better? If we have to look at how the policy divergence needs to be tweaked or sorted, would that affect Scottish seed-potato growers?

David Thomson: Thank you for the question. This is, as I hope I said, about unnecessary and unwanted divergence. Professor Haggarty has shown the complexity of the issues and how it is easy to diverge when there is no conscious thought behind it. The seed potatoes example that Emma Harper has given is one in which there is an advantage in divergence. Using that opportunity and devolved powers would be appropriate, as Pete Ritchie rightly said. What I am trying to get at is that this gives us a way to manage things in a way that is coherent, and in which any divergence is conscious.

11:15

Martin Keeley: Those are very good points. Divergence is necessary and is provided for in the framework. It is recognised that divergence for public health reasons might be necessary. It has been pointed out that people who live in places where they are exposed to less sunlight obviously get less vitamin D and might need a supplement in their diet. Certainly, tackling Scotland's significant challenges around diet and obesity and the effect that they have on health needs to be weighed in.

There was a question about who keeps an eye on the lists following risk assessment and introduction in the EU. That needs to be bottomed out; Food Standards Scotland colleagues will no doubt have something to say about that. Who holds the list? Who does the review? What is the mechanism for bringing it inside the regulatory framework of the UK, and how will that impact on the regulatory landscape?

Pete Ritchie: Emma Harper's question is helpful. It is quite a challenging question and probably applies to other frameworks. The general principle that we should be able to make the most of differences in how we label and market food from Scotland is important.

One of the things that will be coming soon—Denmark is looking at this, at the moment—is greenhouse-gas labelling of all food products. That will be brought in in different ways in different countries. Again, there is a big question: do we wait for an EU-wide labelling scheme, do we go ahead with a UK-wide scheme or do individual countries in the UK want to move further and faster? Certainly, as the connections between food and climate change increase, the question about environmental labelling will become quite a hot potato.

Emma Harper: Thanks, everybody. I will move on.

The concordat states that

"The parties shall inform one another of meetings with industry within their territories which potentially affect the policy areas covered by this Concordat, or ... other frameworks"

Is that something that you are aware of, and does it raise any particular issues? Pete Ritchie said that he had not had sight of any of the frameworks. Should only Food Standards Scotland have sight of the frameworks or does the Food and Drink Administration, too, need to feed in because it also has expert knowledge for picking apart what is required in the frameworks?

Pete Ritchie: Part of the context here is that we hugely welcome Parliament's scrutiny of the frameworks; it is an important part of the policy-making process. Parliament looking at detailed intergovernmental decision-making processes is probably setting a precedent. Most frameworks are very technical, and many are obviously about dispute resolution.

It feels to me as though it is important. Leaving the EU is a big moment, so looking at how we will do things going forward, and involving a variety of stakeholders in the conversation, seems to me to be a very important step forward. The framework should not be seen merely as a technical matter for industry; it is a matter of values as well as a

matter of the technicalities of food marketing and labelling.

David Thomson: On whether different Governments should talk to each other when they have had meetings with industry, I think that that is perfectly reasonable. It is one of the key areas in which the Administrations develop trust among themselves and are more likely to find common ground on the specifics. I do not see a particular issue—especially as most of the areas are, as Pete Ritchie said, very technical areas to do with composition and standards. That does not mean there will not be differences between Governments, but there should not be concern about Governments sharing information.

Martin Keeley: I will try not to repeat myself. There is the Scottish food enforcement liaison committee, for which Food Standards Scotland provides the secretariat. It includes all local authorities, environmental health officers, and industry representation by invite. It is an excellent forum for sharing information. While Food Standards Scotland keeps a detailed eye on the frameworks and the technical matters, issues and detail are brought to the SFELC forum. It has already been touched on that Governments across the four nations sharing data, scientific information and intelligence is generally regarded as a good thing. There is a framework for that, as well.

The Convener: Thank you very much. We will hear one more question from Emma Harper before we go to Sandra White.

Emma Harper: Thank you. Everyone is now involved in a massive amount of ongoing work. We have existing EU legislation and we are about to exit the EU—the transition will be complete in 30 days—so it seems that the big jigsaw that Pete Ritchie talked about will need to continue. Do you see it continuing long into the next parliamentary session? Will we need much more time to scrutinise all the frameworks, as we head into the next session of Parliament?

Professor Haggarty: What is coming across here—it comes across partially in the document—is the complexity of the system. It involves multiple advisory groups and multiple systems. The framework is a great aspiration, but underneath it there is immense potential for things to go wrong and for unforeseen consequences.

I recommend not kicking off from any current working arrangements until we absolutely understand how the new arrangements operate, and we can put something else in place. That can be done partially and incrementally, but the first thing to do is understand how the system currently operates and how it interconnects with everything else. Then, if it is thought that we can deal with it,

we should push away by all means, but I think that that understanding is important.

David Thomson: It will be ongoing work. As Professor Haggarty said, it is also complex work, so we expect the work to continue for a long time and for it to be scrutinised significantly along the way—especially when things do not happen in the way that was expected. This, and all the other frameworks, will be a long-term piece of work.

Pete Ritchie: I will be brief. I completely agree that it is vital that Parliament continues scrutiny. As Professor Haggarty said, the matter is complicated, but that is perhaps why it is important that Parliament oversees it and pokes into it to ask what it means for people and for Scotland.

Sandra White: Good morning, gentlemen. As has been said, this is ongoing work and it is important that we scrutinise legislation, even though it is complicated. We need to remind ourselves that we are only 30 days to Brexit day and we still do not really know what is going on.

My questions are primarily about how the countries will work together under the framework, particularly in relation to how the Northern Ireland protocol and the UK Internal Market Bill fit in. Do you have concerns about how the countries will work together and operate in conjunction with each other through the framework? What effect will the Northern Ireland protocol have on such working?

David Thomson: As I said at the start, the short answer is that we do not know. The slightly longer answer is that we already know that the Northern Ireland protocol seems to dictate that there will be joint labelling and a joint approach between European and UK legislation.

We have just done a UK survey: 40 per cent of respondents suggested that they will not supply to Northern Ireland for the first few months of next year because they do not know how the system will work. There is a specific issue in relation to Northern Ireland.

There is still no reference to the common frameworks in the United Kingdom Internal Market Bill as it is currently constructed. We have no idea how the principles that are in the UK Internal Market Bill interact with the decision and dispute avoidance frameworks that are set out. There are lots of unanswered questions.

Do we need those questions to be answered by 31 December? Not really. We need them to be answered, as Professor Haggarty said, when the issues come to the fore. However, we do not know when that will be; it will happen when something comes along to test the framework.

We have huge concerns about how it will all work and how the various legislation and international agreements will interact.

The Convener: Thank you. Do any other witnesses want to comment on that?

Pete Ritchie: The common frameworks documents show just how complicated this is, and how many processes must be worked on together effectively over time. We have seen civil servants in the four nations working together very constructively on the process over the past three years. They have put in a lot of time and a lot of hours to work out common frameworks and dispute-resolution procedures.

The UK Internal Market Bill goes against the whole spirit of the common frameworks, which say that countries should drop no surprises on one another. The bill takes a wrecking ball to the very careful and respectful joint work between the four nations on reaching agreement wherever possible and banning divergence wherever necessary. The crudity of the Internal Market Bill in terms of its procedures for dealing with divergence is in stark contrast to the sophistication of the frameworks. We need the bill to be amended to give primacy to common frameworks, because they are how the Governments of the four nations will work together, going forward. The UK Internal Market Bill mechanisms will not work.

Professor Haggarty: From reading through the document, it looks as though there is very little scope for divergence within the UK, or that not much attention has been paid to it. In reality, divergence will be quite difficult. Pete Ritchie gave examples of things that could be done differently—he mentioned vitamin D and some other things. Divergence is certainly possible at the edges. Emma Harper gave the example of pesticides and seed potatoes. That is a good example because you could probably make a soft claim on that.

Governments are interested in regulation and jumping regulatory hurdles, whereas consumers and individuals in a country are more interested in the soft things that might change uptake of something. The regulatory framework, as it is set out in the document, will make real divergence quite difficult.

11:30

Sandra White: I think that all the witnesses have touched on the internal market and the Northern Ireland protocol. I am interested in the reply from the Food and Drink Federation about a survey in which people said that they would not be sending products to Northern Ireland in the first few months. What do the Food and Drink Federation and other witnesses think about that and whether it would have a knock-on effect on

the economy in Scotland? We talked about seed potatoes earlier—would be sending those to Northern Ireland? What types of food and drink would we not export to Northern Ireland in those months?

Martin Keeley: Thanks for that. I am heavily involved in preparation for Brexit in relation to exports. The Northern Ireland protocol deeply affects that work. Setting aside nutrition and labelling aspects, people might opt not to send to Northern Ireland products of animal origin or other high-risk products that need certification. The certification process is very detailed, because food moving across to Northern Ireland needs then to be able to go to the EU. That is a process that involves cost and administration—direct costs and indirect costs—so businesses might choose not to do it. We have for quite some time been working pretty much flat out to develop a system that creates fewest barriers to trade for Scottish products that go to the EU; now, that means Scottish products that go to Northern Ireland.

That matter is quite apart from the unfettered-access commitment and what that means for products that come from Ireland and Northern Ireland, and through Northern Ireland to Scotland, and end up in domestic products. We import from Ireland and Northern Ireland quite a lot of foods that are incorporated in products that are sold in Scotland.

There is a huge body of work to do on that. At the start, I touched on the impact on the regulators' and environmental health departments' capacity. We do not have enough people coming through to meet existing need, and the additional burdens of Brexit are placing enormous demand on environmental health officers in Scotland and—no doubt—in the other UK nations, as well.

It might also be that people will not export for other entirely legitimate and completely understandable reasons of cost and the time that is involved in getting over the export humps.

David Thomson: Martin Keeley has given a fantastic answer. There will be significant additional costs and complexities in potentially needing a European address in order to be able to export to Northern Ireland.

Also, some businesses are making the commercial decision not to export because—as well as there being legislative barriers—it is not worth having different packaging for the Northern Ireland market, or they do not know whether their product will be legal. That is why businesses are making such decisions at this time. That might change as the situation clarifies for Northern Ireland, but 40 per cent of our members have responded clearly that at the moment they are not

intending to move goods to Northern Ireland in the first few months.

Donald Cameron (Highlands and Islands)

(Con): Good morning to everyone. I would like to carry on the discussion about parliamentary scrutiny. I appreciate that several of you have touched on this already, but would you reflect on what further role it would be helpful to both the wider industry and consumers for the Scottish Parliament to perform in relation to the framework?

Pete Ritchie: That is a big question and a very good one. For me, Parliament's key role here is, as I was trying to say earlier, to pull out of the technical complexity what the implications are for policy making in Scotland—if there are any; for some of the frameworks there will be almost none because the effect will be the status quo. There will be same frameworks that are relatively uncontroversial. We have joint arrangements between the UK and Scottish Administrations on cross-border animal movements, animal health, veterinary services and vet testing. All those things have been operating with different competences between England and Scotland and have been doing absolutely fine with that for many years, so a lot of the frameworks will be uncontroversial.

The key thing is that, where there are policy implications for what we want to do in Scotland and where there is value in divergence, whether that is with our agriculture, fisheries or food labelling, or our consumer messaging, Parliament has an important role in trying to tease out how the common frameworks can be used to everybody's advantage. The point of the common frameworks—and we have to keep coming back to this—is to provide consistency where possible and divergence where necessary. That is where Parliament can do a very useful job in both understanding what the implications are and communicating those implications to the wider public, because they otherwise will remain very much within Government and within technical committees that most members of the public do not know exist.

David Thomson: There are two key areas. One of them is set out in the decision-making framework itself, which is around making the regulations that flow from this. There is obviously a clear role for the Parliament in making the regulations that flow from this, which might be at UK or devolved Parliament level. When they are doing that, our ask would be for the parliamentarians to consider the need for divergence very strictly indeed and to make sure that there is a clear case for it.

The second area is how this all works when it comes to disputes. There is not necessarily a role set out for Parliament in the dispute resolution

process and, when we read across from that to the United Kingdom Internal Market Bill, we see that there is a dispute resolution mechanism for disagreements but it is at a UK level. We have been very clear, throughout all the consultations on the United Kingdom Internal Market Bill—and we want to be clear about this when the common frameworks start—that any dispute resolution process has to have a reference to the four Parliaments, because that is the only way to have credibility in the four Parliaments.

Martin Keeley: Thanks again for indulging me. I want to make a general point on resourcing the regulator, because official controls relating to food are delivered by environmental health in Scotland, and environmental health is underresourced and does not have a sustainable stream of professionals coming through. Whether we have divergence or convergence, and whether we are regulating for the domestic market or for producers and manufacturers who are pitching to Europe or third countries, we need a sustainable and reliable regulatory resource in order to deliver those national controls. Those are the controls that underpin the reputation of Scotland's food industry, which has an immense reputation domestically and worldwide.

Touching on what was said a moment ago, I echo the point that under the framework dispute resolution involves the four nations, but that does not appear to be the case in the United Kingdom Internal Market Bill, which is a serious concern. My main point is that, if you want to have your reputation as a food nation, domestically and for export, you need a sustainable regulator, but that is not currently provided for. We would like to see that change.

Donald Cameron: Thank you for all those answers. I particularly note what was said about regulation and dispute resolution. Are there any other specific events that should trigger parliamentary engagement with the operation of the frameworks? For instance, I think that the House of Lords Common Frameworks Scrutiny Committee has suggested that the annual report on the activities of the nutrition labelling, composition, and standards policy group might be one such event that would trigger scrutiny. Are there any other events that would trigger scrutiny?

The Convener: Are there any thoughts on that or, indeed, on the policy group report being a trigger?

Martin Keeley: A situation that might trigger the operation of the framework is where there is a referral back from Europe for the food that we put either through Northern Ireland or directly to Europe that complies with domestic legislation but that is being challenged by the EU. That would cause us to look at our list and reference values or

some other aspect of a food, or an ingredient, including whether that is manufactured in one nation or all four nations, and that could trigger the use of the framework and a review for that product, ingredient or novel food.

The Convener: In your view, that would be something that Parliament should take an interest in.

Martin Keeley: Given that it would be a national concern, it would be something that Parliament might want to take an interest in.

The Convener: Thank you.

Brian Whittle: Again, good morning to the panel. I want to look at the issues that will not be covered in the framework. We know about nutritional claims and health claims about the additional vitamins and groups of food supplements and so on, but for me the crux of this is how the framework may impact on the health of individuals in Scotland. It has already been mentioned that we do not have a very good report card when it comes to health in Scotland. Do the witnesses think that the arrangements in the framework present issues or opportunities to deliver on the health of individuals in Scotland?

Pete Ritchie: I think that the frameworks are an enabling mechanism. They allow policy proposals to come forward from the Scottish ministers and Scottish civil servants to be discussed and debated across the four nations. My expectation and hope would be that, because our health profiles are not that dissimilar, measures such as changing the labelling or composition of foods that are good for the people of Scotland are also good for the people of the rest of the UK, and those measures could be seen to be relevant across the whole of the UK.

As we have seen in recent years, sometimes Wales has gone first with measures and sometimes Scotland, England and Northern Ireland have gone first. It is a helpful process to have individual nations try something out and move forward on it—with all due respect to the needs of manufacturers and retailers and so on. It is very helpful to have that policy marketplace where people can try things out. If they are allowed to carry on with the dispute resolution mechanisms and the consensus building mechanisms that are in place, the common frameworks can provide a valuable way for Scotland to bring things forward, to try things out, with consent, to monitor those things and, hopefully, to get the best ones adopted across the UK.

11:45

David Thomson: The important thing for us from an industry perspective is to ensure that the evidence base for any changes that are brought under the framework is clear and understood. We already have in Europe a very strict set of rules for nutrition and health claims that are made on foods. There is an opportunity there, I am sure, but on the other hand we need to make sure that the science and the evidence behind any health claims or health opportunities are fully understood and recognised, because we need to make sure that we are protecting people. From our perspective, any changes would need to have that science and evidence base behind it in order for it to pass the very high standards that we want for food and drink in the UK.

Brian Whittle: Mr Thomson has led me into my final question here, which is to ask what the particular issues may be for the food and drink sector in Scotland as a result of the proposed arrangements.

David Thomson: I think that there are opportunities. As things move forward and we begin to diverge more from European legislation, it may be that there are opportunities for a different type of health claim than is currently allowed in Europe. It would still be science and evidence based, but there would be a different way of looking at the health claims. There are potential opportunities in all the different areas—composition, labelling, and nutrition declarations—for businesses to take advantage of a different way of looking at these things but still to be led by the science. I am not making the case that we need to be lax; I am making the case that, looking at it from a UK perspective, there may well be opportunities for Scottish businesses to develop and flourish in ways that are different from those currently allowed under the European legislation.

Professor Haggarty: Can I go back to the earlier question? There is an opportunity here with this document for the Scottish Parliament and Government to focus on nutrition and health more generally. This is a very important issue and it can be done. As for what Scotland can do differently, it is important to realise that the science will not be different across the UK. The dietary reference values are the same and will not differ; your vitamin D requirement will be the same, but the implementation of it might differ.

On David Thomson's point about health claims, I note that a committee is being set up in the UK to look at health claims and it is taking the European route almost exactly, because that is the gold standard in terms of an evidence base. I worry slightly about David Thomson's point about divergence—I do not think that there is a lot of flexibility to move away from the scientific

evaluation that is set out there—but I can reassure you that the UK will have a good system in place for health claims.

Martin Keeley: It is important to have a very tightly regulated system for health claims. However, there is also the issue of what is not on food packaging that might influence consumer choice, particularly in relation to health, diet, and obesity. Having done some work on price promotions and how we nudge population behaviour in a healthier direction, I think that there is something to be said for having different displays and information about food that is not currently included, as well as looking at what the regulated health claims are. We should look at things that are on food as well as things that are not, and how that affects a population's health and whether those items are necessary and need to be different for the different populations in the four nations.

Touching again on Scotland's significant health challenges relating to diet and alcohol, I think that the messaging is important, and it may be that divergence is necessary in order to adjust the population health and get a national benefit.

David Stewart: Good morning. My questions are for Professor Haggarty. You described the text on dietary reference values as ambiguous. Can you expand on that point?

Professor Haggarty: Yes. It seemed to imply that there was a system in place, created by EFSA, that we could take, so there would be a list of nutrients and a reference value associated with each. That was how I read the documentation. However, that is not currently how the thing works in the UK or, in fact, in any other EU country. There is not complete harmonisation between the countries and EFSA. We have a recommendation for n-6 polyunsaturated fatty acids that is different from EFSA's, and we currently use that for recommendations that we make within the UK. We have to have clarity on precisely which values will be used and how that might change going forward.

David Stewart: Thank you for that answer. This is my final question. How important is access to scientific expertise in making measured assessments of the categories of foods and additives that are contained in the framework?

Professor Haggarty: It is absolutely vital. In the future, FSS might think about consulting the current advisory committees. There are UK advisory committees on nutrition, on toxicity, on novel foods and on microbiology. It would be useful to send the framework to those committees, asking for their comments. It is absolutely critical that those committees are all plugged into the current process and that there is a requirement to consult them. As I said earlier, it is important to

understand the complexity of the system so that it can be replicated or so that the UK or its nations can make a decision on what they do not want to replicate. The important thing is not to lose sight of the reality of the situation.

Pete Ritchie: It is absolutely vital to have a very strong science base on this, but we would also point out that the science changes and orthodoxies change over time. We used to be quite focused on cholesterol. That was a huge thing that we all spent a lot of time worrying about, but we spend less time worrying about it now. Over the past few years, interest in the microbiome has exploded. We did not talk about it 10 years ago, but we talk about it a lot now. The impact of different foods on the microbiome is the subject of lots of research, discussion and conversation, and it may well be that, over time, we will look at labelling foods in terms of their impact on the microbiome. The degree of processing is a big issue in Brazil, but not so much here.

All that I am saying is that these things will change over time and that, in our science, we should always be open to looking at new evidence that is coming in and not always be reliant on what we used to think was best for our health.

David Torrance: Good morning. Are you reassured that the role of scientific evaluation is adequately catered for in the proposed process for assessing nutrition and health claims and for requests related to the other categories of vitamins, minerals, food supplements and foods for specific groups?

Professor Haggarty: That goes back to the points that we have been discussing. This is quite a short document to cover a very complicated system, and it is not surprising that it is quite high level. There may be information underneath this that would give reassurance about the quality of the advice that is being taken, but it is not there yet—it is not made explicit. When we are talking about regulation, it is very important to make explicit which committees are involved and what kind of advice they are being asked for. A piece of work needs to be done on that.

David Torrance: This is my last question. Does the proposed process for assessing additives and food groups align with that which is in place under EU membership and the associated transition period?

The Convener: Could I ask David Thomson, first, to answer that question on alignment? I will come to Martin Keeley afterwards.

David Thomson: You could ask me, convener, but I am afraid I that I would not know the answer 100 per cent. It is probably best to go to Martin Keeley.

The Convener: Sorry—Martin Keeley was not asking to be called, so I will come back to Paul Haggarty. It follows on from the previous question.

Professor Haggarty: Convener, could you remind me what the question was?

The Convener: David Torrance is asking whether the proposed process for assessing additives and food groups aligns with what is in place already under EU membership and the transition arrangements.

Professor Haggarty: The way that it is set out in the document implies that the current EFSA agreements and arrangements will be superimposed on the future arrangement. With regard to the dietary reference values and some other things, I tried to point out that that had perhaps not been completely bottomed out. I wonder whether the document postpones the decision on that a little bit. As I said in answer to David Torrance's previous question, it is important to be much clearer about what will happen in this area.

George Adam (Paisley) (SNP): Good morning, everyone. This has all been very interesting. One of the proposals is the creation of an NLCS policy group. We have talked about that quite a bit today with regard to finding common recommendations for ministers for decisions in all four nations and the most suitable approach. Does an NLCS policy group seem like a sensible mechanism, and will the current proposals deliver?

The Convener: Pete Ritchie, would you like to kick off on the proposal for an NLCS policy group?

Pete Ritchie: I will try. My understanding is that it would be a very sensible step forward. Having opportunities for people across the four nations to talk about these policies seems entirely sensible to me, because it will provide a foundation of trust, working together and sharing information on which we can then decide whether we need to diverge or whether we can have a consistent approach. It seems a very sensible starting point, absolutely.

David Thomson: I agree with Pete Ritchie. He is right about the need for dialogue across the four nations. I would be surprised if that dialogue was not happening already anyway—we know that it has been, so this is just a formalisation.

I suppose that, with that formalisation, come two concerns—one at each end. First, as Professor Haggarty asked, what evidence and advice is the policy group getting in order to form policy and develop new proposals? Secondly, at the other end, once it has agreed to agree or disagree, how does that fall into the political decision-making arena, dispute resolution and parliamentary scrutiny?

It will be a useful middle part and hopefully the glue that will hold all this together.

12:00

George Adam: On the back of that, does David Thomson have views on the skills and expertise that any designated lead official should have in being part of that group?

David Thomson: A designated lead official for a particular area would need scientific and technical understanding. We would expect them to be a technical professional within the organisations, with the support, I think, of a senior official in case there were issues, disputes or differences. First and most important is that they would need to be able to understand the advice they were getting and translate it into policy action.

George Adam: I have one final question, and anyone can answer this. Do you believe that the type of expertise that is needed will be available to the policy group?

Professor Haggarty: Yes. The UK punches above its weight in providing that kind of expertise in Europe, and its advisory bodies are very highly regarded within Europe. I see no reason why it could not create the appropriate structures.

Emma Harper: I have found the discussion this morning interesting. The process seems, indeed, very complex.

We will be looking at other frameworks, one of which is the nutrition labelling, composition and standards framework. I am interested in whether we are ready. We have 30 days until 1 January. Do we know how products will be labelled? For example, how is Scottish organic produce to be labelled if it is to be shipped? It seems to me that we are not ready. I know that we have issues with inspectors in Northern Ireland, at Larne and Belfast, and that local authority environmental health personnel are required as well. The bottom line is: are we ready for 1 January?

Martin Keeley: I do enjoy a leading question.

The resource has not been there for some time. No national system has been provided for national delivery of an environmental health resource, and there has been no investment in the local authority provision of those professionals. That needs to be addressed, and, as the chair of the workforce strategy group on behalf of the society, I am engaging with the Convention of Scottish Local Authorities and the Scottish Government on the issue in order to provide, in a strategic way, the resource that is necessary for the public health system in Scotland through environmental health, which sits within local authorities. That is a given—as a nation, we need to work to provide that national resource.

Your question was whether we will be ready on day 1. Although it is a simple question, it is very complex in all its component parts. Theoretically, nothing should change with labelling and content on day 1, because businesses have been working to European standards right up until this point. However, we have this export issue whereby, because the UK will become a third country that sits outside the EU, any food that it would previously have circulated in the common market will be regarded as coming from a third country and will need export certification.

Businesses may choose not to export, for financial or other reasons, but we, as the public health regulator and the provider of export certification for fresh food products, have created a system that, as far as we can tell, has been accepted and that will allow those products to be export certificated to go either through Northern Ireland or directly to Europe. That is as much as we can reasonably do, as we are stretched.

Will it affect businesses? Maybe it will not affect them on day 1, because the labelling is currently compliant with EU regs. Will it comply in the future? We do not know, because there may be changes. Is the regulatory system inside the nation set up to deliver for the future? No, it is underfinanced and it is not provided for in a strategic way in order to meet the national need. That needs to be addressed.

I am not sure that I have covered all the aspects of your question. I am happy to take a further question.

The Convener: Thank you very much. I will go to David Thomson and Pete Ritchie and then come back to Emma Harper for any follow-up on Martin Keeley's evidence.

David Thomson: I would add a couple of points on this particular piece of work and the frameworks in general, the Internal Market Bill and how all that works. Obviously, these things will not be in place by 1 January, but how critical that is, as Martin Keeley said, I am not entirely sure, because the regulation remains, in essence, the same. It is when we get to the point of divergence or some of the day-to-day decision-making issues that others have talked about that there may be an issue.

I agree with Martin Keeley that we need to ensure that Food Standards Scotland and our environmental health system are properly regulated in order to maintain high standards, avoid fraud and so on. There is a huge amount of work there and, in fact, a lot of work in educating the food industry about how to be healthier, more effective and safer. It is important that that advice is in place.

In terms of Brexit, the FDF asked 171 questions of the UK Government in July this year. So far, we have had 87 of them answered, with 75 requiring further information and nine remaining unanswered. It is no surprise that businesses do not appear to be ready, because they do not have the full information. The survey I have talked about that has just been done—again at UK level, and we got the results just last night—shows that around 42 per cent of businesses think that they will not be ready for Brexit.

Pete Ritchie: Specifically on the organic sector, the organics common framework will not even be considered until next year, and I know that there are real glitches with importing organic produce from third countries outside the EU at the moment. How far those will affect manufacturers of organic products here and how far the EU and UK authorities will co-operate to not look too closely at what is going on, I am not sure. Some businesses are certainly not ready and do not know how they will be able to do certain things on 1 January.

Professor Haggarty: Having listened to the discussion, I am reassured by what Martin Keeley, in particular, has said about what has been prepared. Certainly, I would encourage a conservative approach that tries to stick with what we have until we are sure that we can change. Even in doing that, there will be challenges. On day 1, the situation can change. If the EU authorises as lawful an ingredient or process—for example, the matter that we are looking at just now and some other processes—we will have to respond immediately or we will immediately have divergence and issues. Therefore, be conservative at the start, but you cannot be relaxed about the timetable.

Emma Harper: One of my concerns is that our organic producers in Scotland might feel a bit pressured if we are not going to have a common framework for them until next year. I am sure that that will affect their perception of how to take their businesses forward.

The novel foods issue is interesting. I am thinking about phytosterols and phytostanols being used in cholesterol-reducing spread. We would need to consider how those would be brought in and moved around the country. There might be divergence issues and I am envisaging that there will be challenges. Will there be a constant effort to try to address the challenges, whether they relate to products coming from Europe or the UK trying to get products out to Europe?

The Convener: I ask witnesses to hold that question. I will add another one, then ask you to respond to both Emma's question and mine.

My question is on the dispute resolution mechanisms and the joint decision-making

mechanisms. Do witnesses have any thoughts on those and the ways in which they might be improved, as well as on Emma's question on novel foods and so on?

Martin Keeley: I commend the individuals who put the common framework together. I am specifically looking at appendix IV, which is the

"Joint Decision-making, Dispute Avoidance, and Dispute Resolution Processes".

When you run through all of the logic gate sequences and get to gate 1.6, you then get taken to:

"No Decision: Decision put on hold for further evidence to be submitted."

My concern is whether one nation could use that as veto to stop something being done, which would mean that it would not move a UK-wide decision in which it was either accepted or rejected, or divergence was agreed. "No Decision" would be a holding box, in effect—a veto mechanism. I am sure that thought has gone into it and I am reading it just as a first take, but that would be a concern.

David Thomson: It remains unclear how decisions will actually be decided. If there is interaction between decision making and the United Kingdom Internal Market Bill, as soon as ministers are involved, evidence will be one part of the story and political considerations will be another part. Our biggest concern is about what the reality of boxes 1.4 and 1.6 will be.

On Emma Harper's question, yes, the framework will be constantly tested, in two ways. The first will be the ongoing march of European legislation. For labelling, compositional standards and everything else, Europe has a constant programme of risk management and other approaches. Every time that Europe makes a decision, we in the UK will have to consider that decision and then make it or not make it for ourselves. From reading one of the annexes, it seems that there will be a potential delay of four years for decisions on some substances.

The framework will be tested from day 1, because Europe is making legislation that will impact next year and so on. Every time that that happens, the framework will be tested.

The Convener: There are no further questions, so I thank all of our witnesses. It has been an extremely informative session that has covered a wide range of aspects of the common framework. It has been the committee's first opportunity to consider a common framework, so it has been extremely helpful indeed. We will hear from the Government next week.

We now move into private session.

12:14

Meeting continued in private until 12:44.

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