

## Nursing priorities for the United Kingdom's withdrawal from the European Union

### Summary

The UK Government must ensure that the health and social care needs of our population are not negatively impacted by the UK's exit from the EU. The UK's relationship with the EU has had a substantial direct and indirect impact on delivery of health and social care within the UK. It is critical that patient safety standards, public health, quality of care, and the workforce supply chain are not adversely affected by the forthcoming process of change or resulting outcomes. Nursing staff, and the wider health and care community, are central to the successful delivery of UK health and social care. Their needs (as well as those of the workforce we need to recruit) should be considered carefully. The UK's exit will have a profound impact on the existing and future nursing community in a wide range of areas, ranging from workforce strategy and planning, regulation, standards, public health, research, employment and social law and cross-border exchange.

To ensure the UK's settlement for Brexit impacts positively on health and social care the Government must:

1. Develop a **coherent workforce strategy** and planning for implementation that maintains and grows the domestic health and social care workforce, as well as preserving the rights of European Economic Area (EEA) nationals currently working in the sector, to resolve existing challenges and set appropriate strategy for the future;
2. Ensure **appropriate education and professional regulatory frameworks**, including for nurses trained outside the UK, to maintain an agile and responsive workforce and patient safety, and to enable improvement and innovation;
3. Address **public health issues collaboratively** where appropriate, including communicable diseases crossing borders;
4. **Safeguard decent working conditions, health and safety at work and employment rights** for those working in the sector; and
5. Maintain **opportunities for collaboration** and shared learning across borders.

### 1. Develop a coherent workforce strategy

- Sustainability of the nursing workforce in health and social care is a major problem: **not enough nurses are being trained, recruited and retained**. This puts an unacceptable pressure on nursing and healthcare staff and threatens the quality and safety for delivery of services, as well as health outcomes.
- EEA nationals make an invaluable contribution to our health and social care sector, but also help fill the persistent shortages in the UK workforce. Nursing is a global profession, and the UK has benefited from freedom of movement across the EU. The number of EU/EEA nurses has been

rising over the last ten years<sup>1</sup> and 5% of nurses currently on the Nursing and Midwifery Council (NMC) register trained within the EU and 10% trained outside the EU. This equates to more than **33,000 EU trained nurses**, which is more than the total number of nurses currently working in Wales.<sup>2</sup>

- In England, in July 2015, there were **58,823 staff with EU nationality** working in NHS Hospital and Community Health Services in July 2015 (10,159 HCCHS doctors, 21,959 nurses and health visitors and 1,369 midwives).<sup>3</sup> EEA/international nurses are not a substitute for a sustainable domestic supply - as evidenced by the continued existence of over **23,000 nursing vacancies in England, Wales and NI and a 3.6% vacancy rate in Scotland**.<sup>4</sup>
- Nursing continues to be included on the Home Office national shortage occupation list and **one in three nurses is due to retire in the next 10 years**.
- **The UK must now develop a properly planned domestic health and social care workforce, through a strategic and balanced approach that recognises the value and importance of our internationally recruited nurses, while growing our domestic supply.**

## 2. Ensure appropriate regulation

- **Common EU standards for training and recognition of qualifications** have enabled mobility, helped raise educational standards and put safeguards in place across Europe, which facilitated the UK to recruit from Europe to make up for its own shortfalls and included **language checks on EU nurses and a duty to inform other health regulators about suspended or banned professionals**.<sup>5</sup>
- A potential **disassociation from these jointly developed standards could lead to a loss of safeguards**, loss of access to alert mechanisms, and other exchange between regulators and potentially much slower recognition mechanisms for both inward and outward mobility.
- **Alignment with the EU and its single market will be crucial for patient safety, and access to cutting-edge treatments**, which includes the regulation of pharmaceuticals, medical devices, research data and clinical trials.<sup>6</sup>

## 3. Address the importance of a continued public health community

- The EU's public health remit includes **cross-border health threats, such as infectious diseases and the threat of antimicrobial resistance**. Regardless of the future settlement, there will continue to be cross-border societal health challenges, relevant to the UK population and its nurses.
- The European Centre for Disease Control (ECDC), in collaboration with the World Health Organisation (WHO), manages disease surveillance and response for detecting emerging health threats, such as pandemic influenza and Middle East Respiratory Syndrome Coronavirus. It is essential that the UK seeks a close working relationship with the ECDC following exit from the EU, to mitigate the risk stemming from being outside these European coordination measures on disease threats. As there are a number of associative models available, this should be a

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<sup>1</sup> UK nursing labour market review 2016, RCN, p.10, <https://www.rcn.org.uk/professionaldevelopment/publications/005779>

<sup>2</sup> NMC freedom of information request, June 2016. See Annex A for further details on EU country of training of nurses and midwives who joined the register in 2015/16

<sup>3</sup> Parliamentary Question 49839. This data is based on self-selection of nationality, not country of training

<sup>4</sup> Royal College of Nursing Evidence to the NHS Pay Review Body 2017-18, <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2016/september/005803.pdf>

<sup>5</sup> See <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/internationalrecruitment/mobility-of-health-professionals-across-europe>

<sup>6</sup> HM Government. *Review of the Balance of Competences between the United Kingdom and the European Union: Health*. July 2013. <https://www.gov.uk/government/consultations/review-of-the-balance-of-competences-health>

relatively easy process.<sup>7</sup> **The UK must retain the ability to contribute to, and compare, surveillance data to ensure UK health systems are prepared as the epidemiology of resistant organisms develops.** It is paramount that Brexit does not negatively affect this.

- **Any new trade deals the UK may negotiate outside the EU must exclude health services to avoid detrimental impact on patient care and health workers' employment conditions.** We have been very clear about this during the negotiation of the Transatlantic Trade and Investment Partnership (TTIP)<sup>8</sup> and would be very concerned, were any new UK trade deals considering this.

#### 4. Safeguard employment and social law provision

- A substantial proportion of UK employment law originates from the EU and provides important protections for nurses and healthcare assistants, in particular, rules on health and safety at work, working time and information and consultation on collective redundancies and safeguarding employment rights in the event of transfers of undertakings (TUPE).
- **The EU's key health and safety related directives have been proven to significantly reduce the risks for nurses and patients.**<sup>9 10</sup> They provide a legal framework for employers to reduce the risks of musculoskeletal disorders (MSDs), biological hazards, stress and violence to health care staff.
- **The Working Time Directive provides important safeguards to reduce fatigue within the nursing workforce,** such as compensatory rest and controls on working time to address the health and safety effects of shift work and long working hours. Fatigue, long working hours, lack of rest breaks and poorly managed shift rotas are a risk to the health of nursing staff, and patients.<sup>11</sup>
- **The EU's TUPE legislation has been a cornerstone in providing legal protection to staff when reconfigurations in the provision of public health and social care take place.** It is important that nurses and other staff, who continue to ensure continuity of care and service provision during these reforms, are not disadvantaged in terms of working conditions and employment benefits if their employer changes.
- **We are encouraged by the commitment for full transposition of all of the above legislation into UK law through the proposed Great Repeal Bill and would be very concerned were any changes undermining the standards of existing legislation<sup>12</sup> sought by this or by an succeeding Governments.**

#### 5. Maintain cross-border exchange

- International collaboration and exchange increases the speed and likelihood of finding the solutions to global societal challenges, as well as adopting insight and innovation at faster rates. For example, through collaborative research and academic exchange, it is well evidenced that

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<sup>7</sup> See <http://ecdc.europa.eu/en/aboutus/Partnerships/Pages/Partnerships.aspx> for more information.

<sup>8</sup> See RCN Position on Transatlantic Trade and Investment Partnership, October 2014, <https://www.rcn.org.uk/about-us/policy-briefings/pol-2114>

<sup>9</sup> Health and Safety Executive (2002) *Second Evaluation of the Manual Handling Regulations (1992) and Guidance*. HSE Books: Sudbury

<sup>10</sup> Health and Safety Executive (2003) *Evaluation of the implementation of the use of work equipment directive and the amending directive to the use of work equipment in the UK*. HSE Books: Sudbury

<sup>11</sup> Patient Safety Network, *Nursing and Patient Safety*, July 2016, <https://psnet.ahrq.gov/primers/primer/22/nursing-and-patient-safety>

<sup>12</sup> Birrell et al., (2016) *The Impact of Brexit on UK Employment Law Rights and health and Safety Legislation*. Thompsons Solicitors: London.

international research collaboration increases research excellence and mobility increases researcher productivity.<sup>13</sup>

- Whilst many of these activities take place internationally beyond Europe, the **EU has developed frameworks to ease collaboration and make it more effective**, it also funds collaborative activities through its various programmes.<sup>14</sup> There is a risk of loss of access to the research funding and student exchange programmes (Horizon 2020 and Erasmus+) for nursing faculties in higher education, and to the wider policy exchange mechanisms that European Commission initiates and funds, in particular the Health Programme.

## Royal College of Nursing, November 2016

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<sup>13</sup> Department for Business, Innovation & Skills, *International Comparative Performance of the UK Research Base – 2013*. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263729/bis-13-1297international-comparative-performance-of-the-UK-research-base-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263729/bis-13-1297international-comparative-performance-of-the-UK-research-base-2013.pdf)

<sup>14</sup> For research, see for example, The Royal Society, *UK research and the European Union. The role of the EU in international research collaboration and researcher mobility*. <https://royalsociety.org/topics-policy/projects/uk-research-and-european-union/>