

**BRIEFING: House of Commons Committee Stage on the European Union (EU) Withdrawal Bill – Tuesday 12 June, and Wednesday 13 June 2018.**

We are calling for this Bill to directly transfer and retain our existing laws and protections from the EU into UK legislation. The UK's withdrawal from the EU must not be allowed to negatively impact on patient outcomes, or the health and care system's ability to staff services safely.

**We remain concerned that the UK's withdrawal from the EU may:**

- present new and exacerbate existing challenges around workforce sustainability, recruitment and retention of the existing and future nursing community;
- dilute fair employment practices and workers' rights, and;
- prevent the cross-border exchange of knowledge and skills.

**We support amendments 4, 19, 24, 25 to the EU Withdrawal Bill which would:**

- enable health and care services to continue to have access to nursing staff from EU countries without being over-dependent on this supply pool; protect citizens' employment rights; support the mutual recognition of professional qualifications;
- grant Parliament a meaningful vote on the deal reached on the UK's future relationship with the EU;
- secure the rights of child refugees to be reunited with family members living in another EU country by retaining the Dublin III regulations;
- allow for continued cooperation between Ireland and Northern Ireland.

We also support amendments which do not grant sweeping powers to Ministers to be able to amend future legislation using delegated powers without sufficient parliamentary scrutiny.

**1. Protecting workers' rights and of health and safety regulations in the workplace**

A substantial proportion of UK health and safety regulations and workers' rights originate from the EU, and provide important protections for health care workers and their patients. For example, the Working Time Regulations (WTR) provide a framework to ensure that health care staff do not work excessive hours and to reduce fatigue within the nursing workforce, putting critical safeguards in place.

With less than one year left until the UK leaves the EU, we have had no firm commitment from the UK Government that workers' rights will be maintained at current EU standards. We continue to be concerned that the UK Government is ignoring the need to guarantee workers' rights and health and safety regulations, which we all benefit from. These regulations protect the wellbeing of staff, and ensure that our workplaces are not dangerous, because risks are then more likely to be well managed.

Along with the other Royal Colleges, we wrote to the Prime Minister asking for clarity on the WTR in particular, in December 2017.<sup>1</sup> Subsequently, on 26 February 2018 Theresa May confirmed that her Government will "protect and enhance worker's rights".

**ASKS:** The UK Government must keep to their commitment to retaining worker's rights and it is essential that the regulations remain as currently drafted, and are not amended.

<sup>1</sup> The Guardian, *Changes to EU working rules will 'put patients' lives at risk, say medics*, Available at: [https://www.theguardian.com/society/2017/dec/21/changes-to-eu-working-rules-will-put-patients-lives-at-risk-say-medics?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/society/2017/dec/21/changes-to-eu-working-rules-will-put-patients-lives-at-risk-say-medics?CMP=Share_iOSApp_Other). December 2017.

## 2. Nurse staffing levels for the delivery of safe and effective patient care: right to remain and the mutual recognition of professional qualifications

The dilution of employment rights will further add to already extreme pressure on our existing nursing workforce, and their ability to deliver safe and effective patient care. Coupled with this is the uncertainty of immigration status for overseas nurses which also adds a concerning dimension of complexity and risk to patient safety.

The latest statistics from the NMC shows that between 2017 and 2018 there was a 77% fall in new EU registrations to the NMC. This translates to 881 much-needed nurses leaving the health and social care system in just one year. Equally alarming is the growing numbers of established EU nurses leaving the UK altogether. Over the same 2014 – 2018 period, 11,880 established EU nurses left the UK nursing profession.<sup>2</sup> However, in 2017, 86% of nurse leaders said that recruiting nurses from the EU was currently essential for the proper functioning of health services across the UK and 59% stated that they have recruited non-UK international nurses in order to fill staffing gaps.<sup>3</sup> The NHS, and the UK must be regarded as valuing the contribution of all staff.

In Northern Ireland for example, many Irish nurses travel across the border daily to provide vital services and this must remain the case.

We recognise the Government's announcement to offer settled status to EU citizens, but this policy and its implementation remains unclear. The Home Affairs Committee's latest report, on Brexit and Immigration, is right to say that simply extending the current immigration system will not address its shortcomings - prioritising visas based on salary levels fails to recognise the benefits of international nurses to our society and economy.<sup>4</sup> The Government must guarantee the tens of thousands of EU nurses and carers working across the UK on their right to stay.

**ASKS:** We need further clarity on the settled status policy announced by the Government. While the announcement of a 'settled status' route for EU nationals wanting to stay in the UK was welcome, we still have serious concerns about how this system will work and its cost.

To ensure that our health and care settings have enough trained staff to deliver patient care, we are calling for each UK country to have legislation for the accountable provision of safe nurse staffing levels.

The Mutual Recognition of Professional Qualifications Directive has enabled the UK to recruit nurses and doctors from Europe educated to common minimum standards to fill our own workforce shortages. The Directive also includes language checks on EU nurses and a duty on all EU member states to inform one another about suspended or banned professionals, both of which are important and positive developments for patient safety.<sup>5</sup> Any changes to existing arrangements within the MRPQ Directive must be evidence-based and considered carefully. The UK benefits hugely from European recruitment of nurses and our services must continue to be able to recruit from across the continent, at least in the short term.

**ASKS:** We call on the UK Government to align regulatory requirements with the EU and create a level playing field between the remaining member states, the UK and the wider international sphere. This will be especially beneficial for developing a coherent workforce strategy which addresses the needs of the UK.

## 3. Protecting unaccompanied refugee minors

In 2016, an amendment to section 67 of the Immigration Act requiring the Home Office to accept an unspecified number of unaccompanied child refugees from Europe for resettlement in the UK passed. Under existing EU law, a child seeking asylum who has a parent or sibling in another European country can be fast tracked to re-join them. The new scheme under the Dubs Amendment was intended for unaccompanied children already in

<sup>2</sup> Nursing and Midwifery Council, *The NMC Register 2018*, available here.

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> Published 2018

<sup>3</sup> Royal College of Nursing, *Safe & Effective Staffing: nursing against the odds*, September 2017. Available [here](#).

<sup>4</sup> House of Commons Home Affairs Select Committee, *Home Office Delivery of Brexit: Immigration, 2017-19*. Available [here](#).

<sup>5</sup> NHS Employers, *Mobility of health professionals across Europe*, Available at: <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/mobility-of-health-professionals-across-europe>. June 2016.

Europe who have no relatives. At least 95,000 unaccompanied children applied for asylum in Europe in 2015.<sup>6</sup>

Despite widespread willingness by local authorities to accept refugees, UK Government has committed to accepting just 480 child refugees. The Welsh Government has set out its commitment to supporting and enabling refugees and asylum seekers coming to Wales to rebuild their lives, including granting access to health services. In January 2018 the Scottish Government, the Convention of Scottish Local Authorities and the Scottish Refugee Council published the New Scots Refugee Integration Strategy: 2018-2022. This sets out existing support offered in Scotland to refugees, including unaccompanied child refugees, such as the Government-funded Scottish Guardianship Service, as well as future plans. In Northern Ireland, unaccompanied refugee children have been supported by the Health and Social Care Board to recover from their experiences of trauma, exhaustion, language barriers and cultural differences.

**ASKS:** The UK Government must fully commit to supporting all unaccompanied children stranded in the continent who have family in the UK already, being granted asylum.

#### 4. Addressing public health threats

The EU facilitates collaboration on cross-border health threats, such as communicable diseases which can spread easily and anti-microbial resistance through the European Centre for Disease Control (ECDC). The ECDC identifies and assesses risks posed to European citizens' health from infectious diseases.

The lack of a contributory relationship to ECDC activities would exclude the UK from reporting and comparing important surveillance data on communicable diseases and health threats. This could affect the preparedness of the UK's health and social care system if a communicable disease outbreak develops and we need to respond rapidly. As it stands, there are no details on the UK's ambitions for continued involvement with ECDC, nor on aspects of public health in the post-Brexit deal.

**ASKS:** The UK Government should make a formal agreement as part of the Brexit deal to continue to contribute and participate in the ECDC. Public health policy is part of the remit of the devolved nations. Any relevant EU laws that currently fall within the competency of the devolved countries across the UK, should be transposed into law in Northern Ireland, Wales and Scotland.

**For more information**, please contact: Rachael Truswell, Public Affairs Adviser on [Rachael.Truswell@rcn.org.uk](mailto:Rachael.Truswell@rcn.org.uk) or 0207 647 3607.

---

<sup>6</sup> The Bureau of Investigative Journalism, *Migration crisis: tracking the immigration across Europe with a special focus on unaccompanied minor*, 2016. Accessed 08.06.18. Available [here](#).