

RCN briefing: House of Commons debate on the EU Withdrawal Agreement

Key summary

- The RCN is calling for a People's Vote on the final Brexit deal to allow citizens to make an informed choice on decisions that will affect generations now and in the future.
- The RCN is calling for an extension of Article 50 to allow for this referendum to take place. In principle we support any mechanisms within relevant amendments to the Prime Minister's motion that allow for People's Vote to be held, irrespective of the final proposed Brexit deal.
- Extending Article 50 would also avoid the immediate possibility of a no deal Brexit. A no deal Brexit, and therefore no transition period, could pose an immediate risk to the provision of safe and effective health care, as well as collective efforts to improve public health. Following the UK's vote to leave the European Union (EU), nurses and midwives from the EEA have been leaving the register at a faster rate than they are joining. 14% more nurses and midwives left our UK workforce in 2018.¹
- The RCN has consistently argued that there needs to be a transition period following our withdrawal from the EU particularly in relation to free movement. In the case of a no-deal Brexit there would be no transition period which would likely cause significant challenges for the health and social care sector.

People's Vote on the final Brexit deal and extension of Article 50

- In May 2018, members of the Royal College of Nursing across the UK debated the implications of Brexit, resulting in a mandate to campaign for a referendum on the final Brexit deal. As the debate across our membership has made clear, the implications of Brexit for the health and care system will be numerous; there are risks that, if not credibly addressed, may damage population health, as well as severely impact on our members' ability to provide safe and effective care for their patients.
- Given that we are fast approaching 29th March 2019, the RCN is also calling for MPs to support an extension of Article 50 to allow time for a People's Vote. The Institute of Government estimated that a minimum of 21 weeks is needed for a referendum, including primary legislation.²

The implications of a no deal Brexit

- **EU nursing workforce:** Since the 2016 Brexit vote, far fewer EU nurses and midwives have joined the Nursing and Midwifery register. A particular concern is that a no-deal Brexit could persuade the 30,000³ plus EU registered nurses currently living and working in the UK to seriously consider leaving the UK in order to avoid ongoing uncertainty about the UK's future, despite the Government commitment to roll out EU settled status. In the case of a no-deal Brexit there is very little time to do this.
- Nurses and midwives trained overseas form a critical part of the UK's registered nursing workforce. The NHS could not cope without the contribution of EU nationals. This is critical given the number of registered

¹ Nursing and Midwifery Register, The big picture, November 2018. Available here: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-big-picture-september-18.pdf>

² <https://www.instituteforgovernment.org.uk/explainers/second-referendum-brexit>

³ Nursing and Midwifery Council, Registration statistics, 2018. Available at: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

nurses, initially registered in the UK, newly joining the register, has reduced across the UK: 15% down in Wales, 1.7% down in Northern Ireland, 15% down in Scotland, and a decline of 7% in England.⁴

- In addition to filling vital gaps in our workforce in health and social care, the EEA nurses and all our international nursing staff, add to the cultural richness of the nursing profession and reaffirm its global reach.
- **UK nursing shortages:** In the NHS in England, there are 41,000 registered nurse vacancies⁵ and the removal of the NHS Bursary for nursing students has further compromised the future supply of the registered nursing workforce. The reforms were introduced with the aim to increase the number of students studying nursing at university. However, in 2018-19, nearly 900 fewer nurses were due to start University when compared with 2016/17.⁶
- A no-deal Brexit (and any associated economic impact) could also negatively impact on the Government's ability (both UK and devolved) to develop a credible health and care workforce strategy in each country of the UK to address systemic workforce shortages in terms of education, recruitment and retention, and for this to be underpinned by legislation.
- **Public health risks from no-deal:** The EU plays a vital role in maintaining public health across all its member states. There are sector wide concerns that Brexit and the withdrawal of EU funding for public health measures could negatively impact the health of the UK population. Were the UK to cash out of the EU without a deal, the UK could lose membership of the European Centre for Disease Control (ECDC). This would mean our exclusion from important reporting mechanisms about emerging public health threats, comparing important surveillance data on communicable diseases and health threats.
- **Loss or disruption of access to medicines and workforce regulations:** Were the UK to move away from these jointly developed standards, the UK may lose important safeguards and lose access to alert mechanisms as well as miss out on crucial exchanges between professional regulators. The UK could find it more difficult to access medicines and medical devices if we choose to create new frameworks which are different from EU regulations. This may cause delays in new drugs being made available for patients, for example, in the case of cancer drugs, we could see delays of 12 to 24 months for UK patients.
- **Changes to clinical trials:** Not being part of the EU regulatory framework for clinical trials would also significantly increase the burden on UK researchers and pharmaceutical companies. They would need to seek separate permissions for trials in both the UK and the EU and would need to provide different datasets to both UK and EU regulators. This could make the UK a less attractive place to conduct clinical trials, with knock-on effects for access to new medicines and offers to participate in trials for patients.
- **Safeguarding employment protections:** A no-deal Brexit and its potential economic impact could have significant implications for EU-derived worker protections (such as the Working Time Regulation which provides a key framework to reduce fatigue within the nursing workforce, putting critical safeguards in place). Were there to be a significant economic impact due to a no-deal Brexit scenario, the UK Government may be tempted to reduce worker protections in order cut costs. This could negatively impact patient care and further undermine nursing as a career of choice if nursing staff find themselves left exhausted and unprotected.

About the Royal College of Nursing: The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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⁴ Nursing and Midwifery Register, The big picture, November 2018. Available here: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

⁵ NHS Improvement, Quarterly performance of the NHS provider sector: quarter 2 2018/19, November 2018. Available here: <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-2-201819/>

⁶ UCAS, End of cycle report: Summary of applicants and acceptances November 2018