



Royal College
of Nursing

BREXIT:

Royal College of Nursing priorities

POLICY AND POSITION STATEMENTS



BREXIT:

Royal College of Nursing priorities overview

Background

After a majority of voters in the 2016 referendum on membership of the European Union (EU) voted for the UK to leave the EU, the UK Government triggered the formal two year withdrawal process in March 2017. Now, with less than a month to go before Brexit, the Royal College of Nursing is assessing the progress made in the UK and in the EU negotiations to address the significant areas of EU policy, law, collaboration and funding programmes on nursing and health issues.

By March 2019 the UK Government hopes to have agreed both a withdrawal agreement and the broad terms of its future relationship with the EU. Sorting out withdrawal arrangements is complex and touches major parts of the economy and society including health services, given over 45 years of integration and alignment. The UK Government and the EU negotiators have therefore confirmed that they would prefer to have a transition period of at least 21 months after March 2019 to ensure that all sectors can prepare for the arrangements post-Brexit.

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 of workers. 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.

The lack of clarity from the UK Government on what either a deal or no-deal Brexit will look like has already had an unsettling impact on health and social care. Given this lack of clarity, at their 2018 annual congress, the RCN's membership voted that the RCN should show its strength by lobbying the UK Government for a referendum on the final Brexit deal¹.

What are the issues?

Shortly after the referendum the RCN highlighted the five key priorities to ensure that Brexit worked for nursing and did not impact negatively on health services in the UK.

These five key priorities are:

- a coherent domestic **health and social care workforce strategy**, which includes **preserving the rights of EEA nationals** working in the sector and allows for future migration
- continuing with appropriate **EU education and professional regulatory frameworks for nursing** and close alignment with other single market legislation supporting health
- continuing to address **public health threats** collaboratively – particularly those crossing borders
- safeguarding decent **working conditions, health and safety at work and employment rights**, many of which were adopted EU wide
- maintaining important opportunities for **collaboration across Europe on research and between nursing organisations** to share and learn.

Unfortunately on most issues relating to health there is still no clarity on future or interim arrangements despite the tight deadline for Brexit. This risks the UK not being able to effectively deliver the health services it needs due to more significant workforce shortages, lack of swift access to EU wide systems on health alerts to protect the public, new drugs, or clinical trials.

Brexit also has the potential to have significant implications for the devolution settlement in Northern Ireland, Scotland and Wales. The RCN supports the current settlement which allows health policy to be shaped by what is best for each nation and encourages citizen participation.

¹ RCN, 'Congress 2018 – Resolutions', available at: <https://www.rcn.org.uk/congress/agenda/27-emergency-resolution>

What needs to happen?

The RCN has set out in our more detailed briefings why these five areas are so important for nursing and the RCN and what needs to happen on each priority.

Brexit Scorecard

We have rated progress on the RCN's five priorities by RED, AMBER and GREEN.



Red indicates that there has been no firm commitment made by the UK Government on this issue and how to resolve it.



Amber indicates some UK Government commitment or statement but no agreement on practical application with the EU.



Green indicates a firm commitment from the UK Government and the EU including on practical implementation.

BREXIT: RCN PRIORITY

European nurses in the UK

What are the issues?

Nurses and midwives from the European Union (EU) form a critical part of the UK's workforce. Between September 2014 and September 2016 the number of EU registrants on the Nursing & Midwifery Council (NMC) register grew by 65% from 23,673 to over 38,992¹. Nurses must register with the NMC in order to practise in the UK.

By contrast, numbers of UK-trained nurses have declined. In 2014 there were 589,773 UK-trained nurses on the register. By 2018 this had fallen to 589,253².

Since the 2016 Brexit vote far fewer EU nurses and midwives are joining the NMC register. The latest statistics from the NMC shows that since 2016 there was a 91% fall in new EU registrations to the NMC.

Even more alarming is the growing numbers of established EU nurses leaving the UK altogether. In the two years since the referendum, over 7,000 established EU nurses have left the register, compared to just over 4,000 who left in the three years preceding the referendum.

What does this mean?

International recruitment from the EU has played a vital role in keeping UK nursing numbers steady for many years. In 2013 EU nationals comprised 2.4% of the NMC's register. As of September 2018 they account for nearly 5%.

A collapse of the EU workforce presents a huge challenge for the sustainability of the UK's health and social care sector. This is not just about numbers, it is also about

demographics. The age-profile of UK respondents to the latest NMC survey showed that only 8.2% were aged between 21 and 40. By contrast, 77.6% of those from the EU were in this younger age group³. We need this younger group of nurses to stay if the service is to remain stable.

The UK Government's decision to cut investment in domestic nursing workforce in England has made England increasingly dependent on EU recruitment. The decision to abolish the English student bursary for example and restrictions on nurse education funding between 2010 and 2018 have made domestic recruitment more and more difficult, leaving employers increasingly dependent on the EU supply⁴.

In addition, continuing workforce shortages in Scotland, Wales and Northern Ireland has meant that the reliance on EU nurses is UK-wide. In Northern Ireland for example, many Irish nurses travel across the border daily to provide vital services and this needs to continue, because without them, patient care would be at risk.

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¹ NMC, 'The NMC Register 2018', available at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> Published 2018

² Ibid.

³ Ibid.

⁴ RCN, *Scrap the cap*. Available at: <https://www.rcn.org.uk/nursingcounts/scrap-the-cap>, published 2017



AMBER WARNING

The RCN does not have absolute clarity on the critical issue of nurses' right to remain. While the announcement of a 'settled status' route for EU nationals wanting to stay in the UK is welcome,

there remain serious concerns about how this system will work and its cost. We remain concerned that the cost of £65 for an application is high, and we are not convinced that the Home Office is adequately resourced to process a sudden wave of applications.

Nurses from the EU not only care for their patients, they are active members of their local communities, paying taxes and are subject to all of the same regulatory requirements as other nurses. We need them to stay to support our domestic workforce, given the shortage, and they deserve assurance of their rights, and that they are valued.

What needs to happen?

The UK Government must keep its commitment that the settled status scheme will be honoured even in the event of a no-deal Brexit. In June 2018 the Home Office announced its settled status scheme for EU nationals looking to remain in the UK after Brexit. We welcomed this announcement despite its lateness. However, this programme is predicated on there being a deal agreed between the UK and the EU with a transition period beginning in March 2019. This is when settled status will formally begin. We have repeatedly called on the Home Office to guarantee that this scheme will be honoured even in the event of a no-deal Brexit. In November we finally received this assurance but we feel this has also been very late in coming.

The UK needs a clear, well-funded plan to grow its domestic workforce. This needs to happen both at UK and devolved Government level and focus on creating a workforce which is fairly remunerated, safely staffed and highly educated in order to meet future patient need.

As the RCN we are:

Working constructively with the UK Government and Parliament, the Welsh Government and National Assembly for Wales, the Scottish Government and Parliament and stakeholders in Northern Ireland to shape and influence this issue, so that our members working across the devolved countries are heard.

Collaborating with other organisations in the sector to lobby the UK Government to guarantee the rights of EU nurses and midwives in the UK to remain, and to develop a clear domestic workforce strategy⁵.

Showcasing the positive contribution which EU nurses and midwives make to the UK's health and care system. Please do take a look and add your story: <https://www.rcn.org.uk/employment-and-pay/nursing-staff-from-the-european-union/share-your-story>

How can you help?

Support EU nurses in their place of work and encourage them to join the RCN so that they have as much support as they need.

Lobby your locally elected MP to retain the UK's valued EU nursing workforce. This is the most effective way of holding the UK Government to account. You can contact the RCN to receive one of our 'How to lobby' toolkits, and you can speak to your country/regional office for support. You can find details of who your local MP is here: <http://www.parliament.uk/get-involved/contact-your-mp/>

Want to provide feedback on this position? Email us at: papa.ukintl.dept@rcn.org.uk

November 2018

Publication code: 006 982

⁵ NHS Employers, *The Cavendish Coalition*. Published July 2016

BREXIT: RCN PRIORITY

EU regulations on professionals and medicines

What are the issues?

Laws from the European Union (EU) have had a huge impact on the UK health and care services and the patients who use them.

EU regulations contribute to the following in the UK:

- standards of training for nursing staff and mutual recognition of health professional qualifications
- development and approval of medicines
- clinical trials participation and regulation
- licencing of medical devices which includes contact lenses, x-ray machines, pacemakers and hip replacements
- licencing of in-vitro medical devices, for example pregnancy tests and blood sugar monitoring systems for people with diabetes.

The education and training of registered nurses in the UK must currently conform to standards set out by the EU. This is contained in a law called the Mutual Recognition of Professional Qualifications (MRPQ) Directive¹. It is the responsibility of the Nursing and Midwifery Council (NMC) to enforce these standards, which include checking that an applicant has completed the agreed number of training hours in clinical placements².

What does this mean?

As well as raising the standards of nursing education, the MRPQ Directive has enabled the UK to recruit nurses and doctors from Europe 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 safety³.

If the UK decides to move away from these jointly developed standards, the UK may lose important safeguards, lose access to alert mechanisms, and miss out on crucial exchanges between professional regulators. This may add implications to the UK's ability to recruit and retain nursing staff who are EU nationals.

The RCN calls 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 UK workforce strategy.

There is a possibility that the UK will 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 patients⁴.

Making any changes to 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 regulators⁵. 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.

Brexit Scorecard

The RCN has rated progress on the RCN's five priorities by RED, AMBER and GREEN.

Red indicates that there has been no firm commitment made by the UK Government on this issue and how to resolve it.

¹ EU Directive 2005/36/EC Annex V.2 (5.2.1)

² NMC, *Standards for pre-registration nursing education*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>. March 2010.

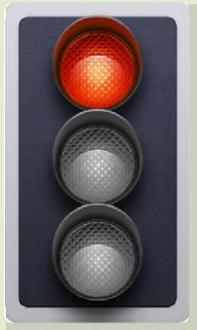
³ NHS Employers, *Mobility of health professionals across Europe*. Available at: <http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/mobility-of-health-professionals-across-europe>. June 2016.

⁴ Ross Hawkins, *Cancer drugs may be delayed after Brexit, say experts*. Available at: <http://www.bbc.co.uk/news/health-38922366> February 2010.

⁵ British Medical Association, *Brexit briefing: Medical research*. Available at: <https://www.bma.org.uk/collective-voice/influence/europe/brexit/bma-brexit-briefings/medical-research> January 2018.

Amber indicates some UK Government commitment or statement but no agreement on practical application with the EU.

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RED WARNING

It is unclear how Brexit will affect any of these important areas. Depending on the final agreement on the relationship between the EU and the UK, there is a danger for regulations and standards of nursing education, and access to medicines to be affected with negative

What needs to happen?

Any changes to existing arrangements within the MRPQ Directive must be evidence-based and considered carefully. A thorough review should be undertaken to find an approach that places a greater emphasis on increasing our workforce in the UK whilst recognising nursing as a global profession. 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.

The UK Government must ensure continued close collaboration between the UK and the EU on medicines regulation. Ensuring timely access to medicine is critical for all patients in the UK. To achieve this, the UK Government is likely to require a formal agreement with the EU to continue to support and participate in relevant assessments, with a commitment that the UK will maintain and enhance these standards in the future. There are non-EU countries like Switzerland, which have made arrangements to work closely with the European Medicines Agency on a bi-lateral basis⁶.

The UK Government should agree mutual recognition of the CE mark between the UK and the EU. The CE mark indicates compliance with EU health and safety standards and allows for free movement of products. This is important for ensuring that patients have timely access to medical devices. A number of non-EU countries, for example Australia, New Zealand and Switzerland, already have bi-lateral arrangements with the EU on this issue.

Similarly, the UK Government should also ensure close collaboration with EU partners on clinical trials. This should be done through replicating the EU Clinical Trials Regulation and agreeing that the UK takes part in pan-European clinical trials.

How can you help?

Lobby your local MP on this issue, to ensure continued collaboration on recognition of qualifications, medicines and access to clinical trials. This is the most effective way of holding the UK Government to account. You can contact the RCN to receive one of our 'How to lobby' toolkits, and you can speak to your country/regional office for support. You can find details of who your local MP is here: <http://www.parliament.uk/get-involved/contact-your-mp/>

As the RCN we are:

Collaborating with organisations across health and care to ensure that the health regulatory dimension of leaving the EU is understood and prioritised by the UK Government.

Working constructively with the UK Government and Parliament, the Welsh Government and National Assembly for Wales, the Scottish Government and Parliament and stakeholders in Northern Ireland to campaign for the MRPQ to be retained, and for UK patients to continue to benefit from clinical trials.

March 2019

Publication code: 006 983

⁶ European Medicines Agency press release, *EU and Swiss regulators sign confidentiality agreement*. Available at: http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2015/07/news_detail_002374.jsp&mid=WC0b01ac058004d5c1 July 2015

BREXIT: RCN PRIORITY

Addressing public health threats

What are the issues?

The European Union (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 will negatively impact the health of our population.

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. Their work monitors potential outbreaks and recommends early warning response systems to protect our health. It is unclear currently what the on-going relationship with ECDC will be both in terms of submission and comparison of UK data on infections/antibiotic resistance and the management of outbreaks in Europe that could impact on the UK.

The EU can legislate that member states take action on specific public health issues, such as tobacco regulation and improving air and water quality. If member states fail to take action – such as the UK's slow progress to heighten our air quality standards – then the EU can impose sanctions against the UK, which has already happened in relation to road traffic emissions for example¹.

What does this mean?

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.

In relation to EU legislation on public health,

the current EU Withdrawal Bill that the UK Government are currently working on will incorporate existing EU regulations in UK law including air quality provisions.

The RCN's concerned that these regulations could be amended after Brexit and lose their importance, without sufficient parliamentary scrutiny. It is important that the UK Government does not lose momentum and commitment on tobacco control and air quality standards after Brexit.

There is also a lack of clarity on future oversight of compliance with environmental standards in the UK as currently EU agencies have undertaken this role and we have adopted their regulations and recommendations².

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RED WARNING

With less than one month to go to until Brexit, 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.

¹ BBC news, *EU Commission launches legal action over UK air quality*, available here. February 2014. <http://www.bbc.co.uk/news/science-environment-26257703>

2 House of Commons Library, *Brexit and air quality*, available <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8195#fullreport> . March 2018.

What needs to happen?

The UK Government should make a formal agreement as part of the Brexit deal to continue to contribute and participate in the ECDC.

Countries in the wider European Economic Area (EEA) such as Norway, have an agreement to participate, with financial contributions, despite not being members of the EU. We expect the UK Government to replicate this commitment so that we continue to benefit from cross-border disease prevention measures. The ECDC also has memoranda of understanding with disease control agencies in other major countries China and the USA, which would be beneficial to the UK³.

The EU Withdrawal Bill should be amended to prevent the UK Government from diluting public health protections. We believe that the UK should not only incorporate existing EU regulations into UK law, but that the EU Withdrawal Bill be amended to ensure that the UK Government does not have power to amend the legislation post-Brexit, without parliamentary and public scrutiny.

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 administrations should be transposed into Northern Irish/Scottish/Welsh law.

How can you help?

Lobby your local MP to highlight the importance of continued collaboration on addressing health threats and improving public health. This is the most effective way of holding the UK Government to account. You can contact the RCN to receive one of our 'How to lobby' toolkits, and you can speak to your regional office for support. You can find details of who your local MP is here: <http://www.parliament.uk/get-involved/contact-your-mp>

As the RCN we are:

Collaborating with other Royal Colleges as part of the UK Health Alliance on Climate Change. Together, we are lobbying to retain current environmental standards and objectives that impact on health. We also want the UK to continue to work with the EU to ensure that there are future improvements in air quality and other public health standards, are adequately addressed across borders between countries, as they cannot be tackled domestically alone⁴.

Lobbying the UK Parliament to amend the EU Withdrawal Bill to ensure that there are sufficient checks and balances on what action future and successive UK Government can take to amend EU regulations on public health measures. This includes supporting an amendment to the Withdrawal Bill to ensure “a high level of health protection” in future policies and activities, as currently guaranteed in the EU treaties.

Working constructively with the UK Government and Parliament, the Welsh Government and National Assembly for Wales, the Scottish Government and Parliament and stakeholders in Northern Ireland to shape and influence the development of domestic public health policies.

March 2019

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³ Scottish Parliament, *Leaving the EU – Implications for Health and Social Care in Scotland* (January 2018)

⁴ UK Health Alliance on Climate Change, *Breath of Fresh Air – Addressing Air Pollution and Climate Change*, available here. September 2016.

BREXIT: RCN PRIORITY

Protecting workers' rights after BREXIT

What are the issues?

A substantial proportion of UK health and safety regulations and workers' rights originate from the European Union (EU), and provide important protections for health care workers and their patients.

For example, the Working Time Regulations (WTR) provide a framework to reduce fatigue within the nursing workforce, putting critical safeguards in place. These include compensatory rest and controls on working time, to address the health and safety effects of shift working patterns.

These regulations are derived from the EU and enshrined in UK law. The UK Government's EU Withdrawal Bill transfers all our existing laws and regulations that we have adopted from the EU, into our domestic legislation. This means that we can continue to benefit from employment protections such as maternity and paternity pay, as well as holiday entitlement and other rights that were brought into force in the UK because of legislation we adopted from the EU.

After Brexit, there is no guarantee that these laws and rights will be maintained. We are concerned that this UK Government, or future UK Governments will attempt to make changes to these important safeguards. Government Ministers, now or in the future, may choose to dilute employment rights and health and safety regulations in the workplace, which could put staff wellbeing and patient care at risk.

What does this mean?

There is a clear link between the employment environment for NHS staff, including nurses and health care assistants, and the quality of patient care and patient safety¹.

We strongly supported the adoption of the WTR in the 1990s and subsequent updating of the regulation². Fatigue, long working hours, lack of rest breaks and poorly managed shift rotas are a risk factor that can impact on the health of nursing staff and patient safety.

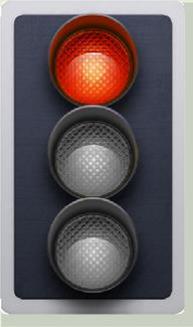
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RED WARNING

With less than one month left until the UK leaves the EU, there is no firm commitment from the UK Government that workers' rights will be maintained at their current EU standards once we leave the EU.

The RCN remains concerned that the UK Government is ignoring the need to guarantee workers' rights and health and safety regulations, which we all benefit from. The regulations protect the wellbeing of staff, and ensure that our workplaces are not dangerous, because risks are well managed.

Following Brexit, the UK must not allow these regulations to stagnate. We call on the UK Government and future Governments to be world leaders in workers' rights and health and safety regulations. They should continue to maintain and enhance this legislation to keep pace with changing working patterns and workplace environments.

¹ Royal College of Nursing, *RCN response to the first-phase consultation of the social partners at European Union level under Article 154 of the TFEU*. Available at: http://www.rcn.org.uk/__data/assets/pdf_file/0010/318493/Working_Time_Directive.pdf

² Patient Safety Network, *Nursing and Patient Safety*, Available at <https://psnet.ahrq.gov/primers/primer/22/nursing-and-patient-safety>. July 2016.

What needs to happen?

Legal protections in the workplace must mirror the regulatory standards adopted by other developed countries. **The UK Government must show its commitment to promoting employment policy and practice** which is attractive to skilled health care workers in the UK, from Europe and around the world. So far, there has been no commitment from the UK Government to protect health and safety regulations and ensure that they are reviewed and updated as new evidence emerges or to meet international standards.

UK Governments must not be granted powers to amend EU derived protections and legislation. For example, the Management of Health and Safety at Work Regulations which introduce health and safety risk assessment and duties towards pregnant employees; the Transfer of Undertakings (TUPE), which protect workers if their employers change; and the WTR, must not be amended without sufficient parliamentary scrutiny.

It is essential that workers' rights remain as currently drafted, and are not amended. Along with the other Royal Colleges, the RCN wrote to the Prime Minister asking for clarity on the WTR in particular, in December 2017³. In response, Prime Minister, Theresa May did not reassure our members that the WTR was a negotiating objective or priority for Government.

Subsequently, on 26 February 2018 during Prime Minister's Questions, Theresa May confirmed that her Government will "protect and enhance workers' rights". We will be ensuring that employment rights and protections are taken seriously during Brexit negotiations and beyond. The UK Government must now keep to this dispatch box commitment.

How can you help?

Support EU nurses in their place of work and encourage them to join the RCN so that they have as much support as they need. Their voice is vitally important for our efforts to lobby the UK Government to treat them with respect and to guarantee their right to remain.

Lobby your local MP to protect employment rights and health and safety at work. This is the most effective way of holding the UK Government to account. You can contact the RCN to receive one of our 'How to lobby' toolkits, and you can speak to your country/regional office for support. You can find details of who your local MP is here: <http://www.parliament.uk/get-involved/contact-your-mp>

As the RCN we are:

Sending briefings to MPs and members of the House of Lords asking them to influence the EU Withdrawal Bill to make sure that workers' rights, and health and safety regulations, continue to be protected in UK law.

Holding meetings with UK Government Ministers to inform them of the benefits workers' rights and health and safety regulations bring to society. In particular, their positive impact on keeping health care staff well, and patients safe.

Working constructively with the National Welsh Government and Assembly for Wales, the Scottish Government and Parliament and stakeholders in Northern Ireland to shape and influence these policy areas, so that members working across the devolved countries retain their rights in the workplace

Want to provide feedback on this position? Email us at: papa.ukintl.dept@rcn.org.uk

March 2019

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³ 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. December 2017.

BREXIT: RCN PRIORITY

Collaboration for research and learning

What are the issues?

The health and social care challenges that society is facing, such as antimicrobial resistance, infectious diseases and ageing populations, are global. They are not unique to the UK and know no borders. International collaboration and exchange increases the speed and likelihood of finding the solutions to these challenges, as well as adopting insight and innovation at faster rates.

For example, through international collaborative research and academic exchange, it is well evidenced that international research collaboration increases research excellence and mobility increases researcher productivity¹.

This type of collaboration can positively impact on attracting staff in higher education but also in the NHS workforce, particularly at higher and specialist levels.

Whilst many of these activities take place internationally beyond Europe, the European Union (EU) has developed frameworks to ease collaboration and make it more effective, it also funds collaborative activities through its various programmes².

The RCN is very active, both bilaterally and through umbrella bodies in influencing, developing and implementing changes in policy and practice, as well as working in partnership with nursing organisations for mutual benefit. For example on care in community settings, addressing staffing levels and an ageing workforce.

What does this mean?

There is a risk of loss of access to the EU's research funding programme (Horizon 2020 and the subsequent 9th EU Research and Development Framework Programme) and student exchange programmes (Erasmus+) for nursing faculties in higher education³. The UK is currently not expected to be able to participate

in the wider policy exchange mechanisms that European Commission initiates and funds, in particular the Health Programme; an initiative which mandates the EU to protect public health. The UK is a global player in the fields of research, education and health – collaborating both within Europe and beyond – and there is now an opportunity to re-focus on this strength.

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RED WARNING

UK participation in EU research and exchange programmes has not been expected by the UK



AMBER WARNING

Whatever the Brexit settlement, the RCN will continue to collaborate with other nursing organisations in Europe to improve nursing and health.

¹ Department for Business, Innovation & Skills, *International Comparative Performance of the UK Research Base – 2013*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263729/bis-13-1297-international-comparative-performance-of-the-UK-research-base-2013.pdf

² 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*. Available at: <https://royalsociety.org/topics-policy/projects/uk-research-and-european-union/>

³ For wider higher education priorities, see <http://www.universitiesuk.ac.uk/policy-and-analysis/brexit/Pages/short-term-priorities.aspx> and the separate Council of Deans of Health submission to this inquiry.

However, UK organisations' influence may be diminished within European alliances once the UK is no longer part of the EU's formal policy making arrangements.

What needs to happen?

The cross-border nature of health and social care challenges must be considered in the forthcoming negotiations and access to funding and networks must be preserved wherever possible. In this context, domestic and international funding arrangements also need to be reviewed to ensure sustainability.

To date the UK Government has said that it will make sure EU funded research projects awarded under Horizon 2020 continue to receive funding, even if they carry on after Brexit. It has also affirmed EU students' access to loans and postgraduate support through Research Council studentships for a limited period⁴.

The Government's recent position paper on the successor research programme to Horizon 2020, does not guarantee that the UK will continue to contribute to this future EU Research & Development framework programme, but that it will discuss "possible options for our future participation"⁵.

As the RCN we are:

Committed to continue working closely with other nursing organisations across Europe after Brexit, particularly through the European Federation of Nurses Associations (EFN) to lobby on health policies across Europe that impact on nursing, and share and learn from each other on education, practice and workforce issues.

Actively supporting the development of the European Nursing Research Foundation linked to EFN, to promote better use of nursing evidence in health policy and utilise European research funds to address major nursing issues.

Highlighting with the wider health community the importance of the UK's future participation in research collaboration and exchange post-Brexit.

Working constructively with the UK Government and Parliament, the Welsh Government and National Assembly for Wales, the Scottish Government and Parliament and stakeholders in Northern Ireland to shape and influence these issues, so that our members working across the devolved countries are heard.

How can you help?

Lobby your local MP, for the UK's continued participation in EU research and higher education exchange programmes post Brexit.

This is the most effective way of holding the UK Government to account. You can contact the RCN to receive one of our 'How to lobby' toolkits, and you can speak to your country/regional office for support. You can find details of who your local MP is here: <http://www.parliament.uk/get-involved/contact-your-mp>

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⁴ Government response to the House of Commons Science and Technology Committee, available at: <https://publications.parliament.uk/pa/cm201617/cmselect/cmsctech/1015/101502.htm>. February 2017.

⁵ Department for Business, Energy and Industrial Strategy: *UK position paper on 9th EU framework programme on research and innovation (FP9)* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685997/FP9_position_paper.pdf. March 2018.

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