

# BREXIT:

Royal College of Nursing priorities overview

POLICY AND POSITION STATEMENTS



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## Background

In March 2018 – one year after the UK triggering article 50 to leave the European Union (EU), and two years after the UK's referendum result to leave – the Royal College of Nursing (RCN) published a set of 'Brexit scorecards' assessing the progress made in the UK and in the EU negotiations to address the significant areas of EU policy, law, joint agencies and funding programmes relating to nursing and health and care issues. The scorecards were reviewed and updated in March 2019.

Many health and care sector organisations' plans are continuing to prepare for a potential no-deal Brexit on 31 October 2019. The new Prime Minister Boris Johnson has promised to take the UK out of the EU by then, saying: *"We are going to fulfil the repeated promises of Parliament to the people and come out of the EU on October 31, no ifs or buts."* This has been followed with the recent launch of the huge UK Government's 'Get Ready for Brexit' campaign.

However at the time of writing these scorecards, some reports suggest yet another delay to Brexit may be on the cards if Johnson is not able to secure the deal by 19 October 2019 according to the Benn Act.<sup>1</sup> Needless to say that the considerable uncertainty around Brexit continues, along with rapid changes in predictions about what will happen.

Whilst a number of contingency plans and legislative measures have been put in place for a no-deal scenario, there still remains valid concern over the health and social care sector's preparedness for the potential (and likely) immediate impacts. It is also necessary to consider what the sector needs to do to prepare for potential longer-term impacts (after the 3-5 year period post withdrawal when most of Whitehall's time will be dominated with putting post-Brexit-related measures in place).

Brexit 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. Many health issues affected by Brexit are best dealt with at EU level, however any EU laws that are currently within devolved powers of the devolved administrations should be transposed into Northern Irish/Scottish/Welsh law.

## What are the issues?

Shortly after the referendum, the RCN highlighted the 5 key priorities to ensure that Brexit worked for nursing and did not impact negatively on health and care services and patients in the UK.

These five key priorities are:

- a coherent domestic health and social care workforce strategy in each country of the UK, 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, funding and between nursing organisations to share and learn.

<sup>1</sup> [www.theguardian.com/politics/2019/oct/06/macron-gives-boris-johnson-end-week-overhaul-brexit-plan](http://www.theguardian.com/politics/2019/oct/06/macron-gives-boris-johnson-end-week-overhaul-brexit-plan)

## What needs to happen?

Now, with less than a month to go before Brexit (again, following the failed attempt in March 2019), the RCN is re-assessing progress against the same five priority areas in our Brexit scorecards.

Our Brexit scorecards are more detailed briefings setting out why these five priorities are so important for nursing staff and health and care across the four countries of the UK 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 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 1

# European nursing staff in UK

### What's the issue?

It has been widely reported and acknowledged that recruitment from the EU has played a vital role in keeping UK nursing staff (including social care workers) numbers steady for many years.

### Nursing and Midwifery Council registration figures UK-wide

In 2013, EU nationals comprised 2.4% of the NMC's register. As of March 2019, they accounted for nearly 5% of the workforce in the UK. However, since the 2016 Brexit vote far fewer EU nurses and midwives are joining the NMC register.

The latest statistics from the NMC shows that in 2018/19, only 968 EU nurses and midwives joined the register which is a 90% fall in new EU registrations to the NMC since 2016.

Added to this, is the numbers of established EU nurses leaving the UK altogether. Since 2016/17, over 10,000 established EU nurses have left the register compared to just over 4,800 who left in the three years preceding this.

In May, the Nursing and Midwifery Council (NMC) revealed that 51% of EU-trained nurses cited worries about Brexit as a key contributing factor to leaving the profession.) There has also been an increase in the number of reports of the international workforce experiencing hostility/harassment/bullying linked to racism or xenophobia since the referendum result.<sup>1</sup>

### Continuing workforce shortages across the UK

Continuing workforce shortages in England, Scotland, Wales and Northern Ireland has meant that our reliance on EU nurses is truly UK-wide. In Northern Ireland for example, we have heard that many nurses travel across the border daily to provide vital services and we need this to continue, because without them, patient care would be at risk.

<sup>1</sup> <https://nhsproviders.org/news-blogs/news/cavendish-coalition-publish-brexit-impact-feedback-from-nhs-employers>

The shortage of care assistants in social care now and in the future is critical. Skills for Care recently reported in their annual report, "The state of the adult social care sector and workforce in England"<sup>2</sup>, estimates that 7.8% of roles in the adult social care sector were vacant in England. This represents an average of approximately 122,000 vacancies at any one time. The majority (77,000) of the vacancies were for care worker jobs. The vacancy rate for care workers (9.0%) was also higher than for other direct care-providing roles, including senior care workers (5.7%) and personal assistants (8.2%). We have heard that the impact of Brexit has been significant on the care assistant workforce with many EU care staff leaving due to falling value of the pound.

The registered nurse vacancy rate in social care was particularly high, at 9.9% in England. This role also had relatively high turnover and starter rates, which is likely a contributory factor to this high vacancy rate.

The Welsh Government research on the impact of Brexit on the social care workforce<sup>3</sup> shows that recruiting and retaining NMC registered nurses became more difficult during 2018/19. Evidence for the nursing shortage in Wales can be seen in the NHS nursing vacancy rate, the dramatically increasing rate of spend on agency nursing and the extreme shortage of registered nurses in the independent sector. The demography of Wales means it is particularly dependant on immigration to support the delivery of health and social care services.<sup>4</sup>

Within Scotland the nursing vacancies within the care home sector is reported as 20%<sup>5</sup>. The Care Home Sector is also heavily reliant on an EU workforce. Their vital contribution as a whole is between 6-8% of the total workforce

<sup>2</sup> [www.skillsforcare.org.uk/adult-social-care-workforce-data/workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx)

<sup>3</sup> Welsh Government, 2019, Research on Implications of Brexit on Social Care and Childcare Workforce in Wales. <https://gov.wales/implications-brexit-social-care-and-childcare-workforce>

<sup>4</sup> External Affairs and Additional Legislation Committee, 2018, Report on the preparedness of the health care and medicines sector in Wales

<sup>5</sup> Independent Sector Nursing Data 2018 [www.ScottishCare.org](http://www.ScottishCare.org)

but this included nearly 12% of all nurses and is geographically significant with some areas with up to 30% of the total workforce coming from Europe.

The latest figures from the Department of Health in Northern Ireland show that there were just under 3,000 unfilled nursing posts in health and social care as at 30 June 2019 (13%) with a similar level estimated in nursing homes.<sup>6</sup>

### EU citizens immigration status following end to Freedom of Movement

EU citizens and their family members who are resident here in the UK before 23:00 hours on the 31 October 2019, are eligible to apply to the EU settlement scheme<sup>7</sup> to obtain their immigration status. This has been open since March 2019 and so far, the Home Office has received over one million applications (with an estimated 2 million more who haven't applied).

We do not know how many of those who have applied for EU settled status or are yet to apply are nursing staff and have no way of predicting how many EU nursing staff including care workers will want to stay after Brexit.

The Government continues to encourage EU workers to apply to the EU Settlement Scheme.<sup>8</sup> Health Minister, Chris Skidmore wrote an op-ed in *Nursing Times*<sup>9</sup> to encourage EU nationals working in the Health Sector to apply to the EU Settlement Scheme. The Home Office have also created an EU Settlement Scheme employer toolkit.

On 04 September the Government published its document: 'No Deal Immigration Arrangements For EU Citizens Arriving After Brexit'<sup>10</sup> which included a new suggestion that EU citizens and

their family members who move to the UK after 31 October will need to have applied for a UK immigration status (whether Euro Temporary Leave to Remain (TLR) or under the new, points-based immigration system) by 31 December 2020. Otherwise, they will be here unlawfully and will be liable to enforcement action, detention and removal as an immigration offender. We are concerned about this hard-line, threatening messaging about what will happen if someone is not registered with a scheme by December 2020.

Whilst some further clarity on the plans in the event of no deal was welcome, further clarification is still needed over the rights and entitlements of individuals coming from the EU to the UK applying for voluntary Exceptional Leave To Remain (ELTR).

### Future immigration system for all non-UK nationals

On 19 December 2018, the Government published its proposals for the UK's future skills-based immigration system<sup>11</sup> and committed to a year-long consultation on the proposals. This immigration white paper ('the white paper') provides the legal framework to introduce new immigration rules to be applied to EU citizens (after freedom of movement is brought to an end post-Brexit) as well as 'third country nationals'.

In the white paper, the Home Office (HO) agreed in principle to retaining the salary threshold for the skilled worker route and committed to '*engaging with businesses and employers as to what salary threshold should be set,*' (following the Migration Advisory Committee (the MAC) recommendation to retain the minimum salary threshold at £30,000 in September 2018).

In June 2019, the HO commissioned the MAC to '*look further into the salary threshold question.*'<sup>12</sup> Further stating their belief that '*...the salary thresholds should help control migration, ensuring that it is reduced to sustainable levels, whilst ensuring we can attract the talented people we need*

6 [www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-june-2019](http://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-june-2019)

7 Apply to the EU Settlement Scheme (settled and pre-settled status) <https://www.gov.uk/settled-status-eu-citizens-families>

8 Those who have lived in the UK for 5 years or longer can apply for 'settled status'. Those who have lived in the UK for under 5 years can apply for 'pre-settled status'.

9 Chris Skidmore: 'It is vital EU nurses in UK apply for settlement scheme' <https://www.nursingtimes.net/opinion/chris-skidmore-vital-eu-nurses-uk-apply-settlement-scheme-22-08-2019/>

10 [www.gov.uk/government/publications/no-deal-immigration-arrangements-for-eu-citizens-moving-to-the-uk-after-brexit](http://www.gov.uk/government/publications/no-deal-immigration-arrangements-for-eu-citizens-moving-to-the-uk-after-brexit)

11 The UK's future skills-based immigration system, <https://www.gov.uk/government/publications/the-uks-future-skills-based-immigration-system>.

12 [www.gov.uk/government/publications/migration-advisory-committee-welcomes-salary-threshold-commission/the-home-secretarys-commissioning-letter-to-the-chair-of-the-migration-advisory-committee-on-salary-thresholds](http://www.gov.uk/government/publications/migration-advisory-committee-welcomes-salary-threshold-commission/the-home-secretarys-commissioning-letter-to-the-chair-of-the-migration-advisory-committee-on-salary-thresholds)



*for the UK to continue to prosper. Salary thresholds should also see skilled migrants continue to make a positive contribution to public finances.'*

An HSJ article, *NHS could lose thousands of staff under Brexit migration shake-up*<sup>13</sup>, highlighted that according to NHS Digital data, examined by HSJ, there were 116,000 staff in total from the EU/EEA and the rest of the world combined who earned less than £36,700. Of this, over 47,000 were nurses and health visitors, with more than 1,600 community services nurses.

We share the significant concerns common across the health and social care sector of the potentially prohibitive impact of the high-salary threshold on the supply of international health and social care workforce if the current exemptions to the threshold for nursing staff do not apply in the future system, (many nurses on national pay scale salaries well below £30,000). Of greatest potential concern is the social care workforce, with average salaries *far* below that threshold who would not meet the qualification requirements for the Tier 2 visas in any event.

We also have significant concerns regarding the suitability of the limited duration of their proposed 'transitional measure' for sectors '*such as social care...that would find it hard to adapt*', namely the temporary visa route which the white paper says will '*...allow people to come for a maximum of 12 months, with a cooling-off period of a further 12 months to prevent people effectively working in the UK permanently.*' This length of time would provide very limited continuity of care and there is a question of how attractive this option will be for care workers, particularly in comparison with career prospects in other high income, English-speaking countries.

## What does this mean?

A collapse of the EU workforce presents a huge challenge for the sustainability of our health and social care sector.

The UK Government's decision to cut investment in domestic nursing workforce has made us increasingly dependent on EU recruitment. The decision to abolish the English student bursary for example and restrictions on nurse education funding between 2010 and 2019 made domestic recruitment

<sup>13</sup> [www.hsj.co.uk/workforce/nhs-could-lose-thousands-of-staff-under-brexit-migration-shake-up/7026065.article](http://www.hsj.co.uk/workforce/nhs-could-lose-thousands-of-staff-under-brexit-migration-shake-up/7026065.article)

more and more difficult, leaving employers increasingly dependent on the EU supply.<sup>14</sup>

The NHS England/NHS Improvement, interim people plan (IPP) for the NHS in England, committed (as anticipated) to a 'significant and rapid' increased reliance on a supply of international workforce, in the short to medium term.<sup>15</sup>

The IPP goes on to commit to NHS England/NHS Improvement regional teams becoming responsible for the coordination of local health systems' recruitment efforts, and for Health Education England to continue to build global partnerships and exchanges. It says they will support this by developing a new national procurement framework for international recruitment agencies and a best practice toolkit.

We understand that work towards this is already underway, however, there is also a continuing need to ensure that we have the right assurances and accountability mechanisms in place to know that this increase in recruitment will be done in a way that does not contravene our obligations under the WHO and UK codes on international recruitment.<sup>16</sup> As we know, the nursing workforce shortages are a global challenge and the UK's shortages are 'dwarfed in comparison with low and middle income countries.'<sup>17</sup>

The Welsh Government have commissioned Health Education and Improvement Wales and Social Care Wales to publish a workforce strategy for health and social care. The final strategy is intended to be published in November 2019. RCN Wales has highlighted that Wales needs more registered nurses to deliver care. This requires an increase in student numbers and measures to safeguard international recruitment and address retention.

<sup>14</sup> RCN, 'Scrap the cap', available at: [www.rcn.org.uk/nursingcounts/scrap-the-cap](http://www.rcn.org.uk/nursingcounts/scrap-the-cap), published 2017

<sup>15</sup> [www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\\_June2019.pdf](http://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

<sup>16</sup> Managing health workforce migration - The Global Code of Practice, [www.who.int/hrh/migration/code/practice/en/](http://www.who.int/hrh/migration/code/practice/en/); Code of practice for the international recruitment of healthcare professionals (2004) [https://web.archive.nationalarchives.gov.uk/20090413024513/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4097730](https://web.archive.nationalarchives.gov.uk/20090413024513/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097730)

<sup>17</sup> From Competition to Collaboration, Tropical Health and Education Trust, [www.thet.org/wp-content/uploads/2019/07/From-Competition-to-Collaboration\\_THETPolicyReport-1.pdf](http://www.thet.org/wp-content/uploads/2019/07/From-Competition-to-Collaboration_THETPolicyReport-1.pdf)

In Northern Ireland, the RCN has, for many years highlighted how an absence of effective workforce planning has contributed to the number of unfilled nursing posts, currently totalling around 3,000 in the health and social care workforce<sup>18</sup>, with an equivalent number estimated in the nursing home sector. The Delivering Care framework<sup>19</sup> for nurse staffing has not been fully implemented and this is a key focus of the RCN's safe and effective care campaign in Northern Ireland. The Department of Health, Northern Ireland has put in place a programme of international nurse recruitment but the targets have not been met. The RCN believes that the recruitment and retention of nurses in Northern Ireland is severely restricted by the pay inequality that exists compared with the rest of the UK.

On 9 October 2019, the RCN in Northern Ireland launched a ballot of members working within the Health and Social Care service in Northern Ireland on industrial action, including strike action, in relation to safe and effective care. The ballot is open for four weeks and so the outcome of this is currently unknown at the time of writing.

In Scotland, the landmark Health and Care (Staffing) (Scotland) Act gained Royal Assent in June 2019. A major campaigning focus for the RCN, this legislation will, when fully enacted, place duties on NHS boards and care providers to ensure safe staffing. It also places duties on the Scottish Government to take all reasonable steps to ensure sufficient numbers of registered nurses available to all health boards, and to report annually on how they will use information from social care providers to determine the future supply of registered nurses for the sector. Whilst we await the implementation of this legislation in the coming years, the pressures on the nursing workforce remain high. Latest official figures published in September 2019, for example, show the highest ever nursing vacancy rate in Scotland, with over 4,000 nursing posts unfilled.

The 2019-20 programme for government includes a commitment to a national recruitment campaign for nursing from late 2019 and, following an RCN campaign, in 2018 the Scottish Government announced increases to the nursing bursary. Alongside Scotland's new safe staffing legislation,

<sup>18</sup>[www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-june-2019](http://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-june-2019)

<sup>19</sup>[www.publichealth.hscni.net/publications/phase-1-delivering-care-%E2%80%9C-framework-nursing-and-midwifery-workforce-planning-support-pe](http://www.publichealth.hscni.net/publications/phase-1-delivering-care-%E2%80%9C-framework-nursing-and-midwifery-workforce-planning-support-pe)

the RCN hopes that these will help to turn around the ongoing undersupply issues in nursing across sectors. However, there is more to be done. Whilst the Scottish Government, in partnership with the Convention of Scottish Local Authorities, have published three high-level workforce plans over the past three years, Audit Scotland reports from 2017 and 2019 both highlight significant inadequacies in national planning of Scotland's workforce supply to meet demand.

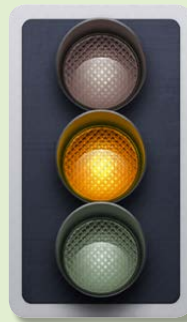
## Brexit scorecard

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 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



### AMBER WARNING

We rated this as amber when we previously published this Brexit scorecard in March 2018. We have done so again in this update, as we still do not have clarity on the outcome of the Brexit: deal or no deal, which will clearly impact on the immigration flow of the EU nursing and care workforce in and out of the UK.

Nursing staff 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. Just as population health isn't restricted by geographical borders, neither should the sharing of nursing expertise be. The free movement of nursing staff and health professionals across the globe contributes to making the UK a world leader in innovations in health treatments and care delivery.

## What needs to happen?

The UK Government should acknowledge the value that our international nursing and care workforce brings to the UK and the importance of diversity in the workforce.

The future immigration system should be one that reflects that importance and makes the UK an attractive place for highly-skilled, highly-needed migrant nursing staff and care assistants to come and work. The previous, purposefully hostile environment and culture must truly be brought to an urgent end before our workforce shortage crisis is made worse.

We need clear, well-funded plans in each UK country to grow our domestic workforce. This needs to happen at the UK and devolved Government level and focus on creating a workforce which is fairly remunerated, safely staffed and highly educated in order to meet existing and future patient need.

## As the RCN we are:

We are lobbying the UK Government and Parliament, the National Assembly for Wales, the Scottish Parliament and stakeholders in Northern Ireland to shape and influence the future immigration system, so that our members working across the devolved countries are heard and future workforce needs are met.

The RCN is also part of a wider health and social care lobbying group – the Cavendish Coalition – made up of 36 health and social care organisations. Our Coalition, alongside its wider commitments in relation to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care, has been particularly vocal on EU settled status.

The Cavendish Coalition has repeatedly highlighted the workforce shortages in these sectors, and the need to widen the skills levels to be covered by the UK's visa system post Brexit, given the current reliance of the social care sector on EU staff.

We continue to showcase the positive contribution which EU nurses and midwives make to our health and care system. Please do take a look and add your story:

[www.rcn.org.uk/employment-and-pay/nursing-staff-from-the-european-union/share-your-story](http://www.rcn.org.uk/employment-and-pay/nursing-staff-from-the-european-union/share-your-story)

## How can you help?

Support EU nursing staff 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 representative on this issue, of retaining our valued EU nursing workforce in the UK and attracting those who may choose to come in future. This is the most effective way of holding the UK Government to account. You can contact us 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](mailto:papa.ukintl.dept@rcn.org.uk)



## BREXIT: RCN PRIORITY 2

# EU regulations for professionals and medical supplies

### What's the issue?

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

EU regulations currently 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;
- Licensing of medical devices which includes contact lenses, x-ray machines, pacemakers and hip replacements;
- Licensing 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 and midwives 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) Directive.<sup>1</sup> 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 placements.<sup>2</sup>

### What does this mean?

#### Recognition of EU professional qualifications post-Brexit

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 safety.<sup>3</sup>

In our previous Brexit scorecard published in March 2018, we called 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.'<sup>4</sup>

Since then, a statutory instrument (SI)<sup>4</sup> introduced on 7 March 2019 means that health and social care workers with professional qualifications from EU and Swiss institutions<sup>5</sup> who are *currently registered*, can continue to practise in the UK as they do now, guaranteeing their ability to work in the UK.<sup>6</sup>

This means that the 31,379 nurses whose initial registration was in the EEA (non-UK) as of March 2019<sup>7</sup> can continue to have their training and experience accepted by the NMC after Brexit.

The UK Government has announced that EU or Swiss qualified professionals entering the UK after exit *may* have their qualifications recognised, whether we leave the EU with or without a deal. The regulations (including the NMC) give UK regulators a new power to stop the automatic recognition of a qualification by seeking designation of that qualification if they have concerns; for example if they don't think a qualification meets the standard of the equivalent UK qualification. It will be the responsibility of the regulators to present the evidence in support of designation, which will be subject to Privy Council consent.

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

4 The European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019, [www.legislation.gov.uk/ukxi/2019/593/contents/made](http://www.legislation.gov.uk/ukxi/2019/593/contents/made).

5 Currently the Mutual Recognition of Professional Qualifications (MRPQ Directive) imposed by the EU on its member states permits the qualifications of EEA and Swiss applicants to be recognised within the UK without any further testing.

6 [www.gov.uk/government/news/eu-workers-qualifications-will-be-recognised-after-eu-exit](http://www.gov.uk/government/news/eu-workers-qualifications-will-be-recognised-after-eu-exit).

7 Registered Nurses (NMC).

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

2 NMC, *Standards for pre-registration nursing education*, available at: [www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf). March 2010.

They have committed to the Secretary of State for Health and Social Care reviewing the arrangements two years after these regulations come into force in the event of no-deal. The Government was asked by the House of Lords whether they will set out in guidance, the criteria to be applied by regulators when 'seeking designation of a qualification'. They reported that they do not intend to and deferred to the professional regulators' expertise as *'they currently set the standards for UK qualifications and therefore are best placed to identify whether there is a case for designating a qualification as not comparable to these standards on the grounds of public safety.'* They also said that UK regulators will *'have the administrative capacity and resources to deal with such decisions.'* There is a question as to whether this could feasibly be done without any increases to registrants annual fees.

This SI also removes 'obligations and administrative arrangements' of professional regulators which are currently required. This includes: the removal of the requirement to share information through the European Commission's internal market information system, (IMI), to which UK regulators would no longer have access; the ending of arrangements that allow professionals to practise in the UK using an EPC, which relies on having access to IMI; and the removal of the requirement on UK regulators to set professional education and training standards that comply with standards set in the directive.<sup>8</sup>

The IMI, (which is a part of the MRPQ Directive), allows the UK's professional regulators and regulatory authorities within the EU to communicate with each other when a registrant has their practice restricted in one of the other 27 EU member states. It will be important to consider how the regulators, including the NMC, will ensure registrants working in the UK are fit to practise in the event of this SI coming into force in the event of no-deal.

In terms of specific issues with retention of our EU workforce, it is also worth highlighting the live issue that Spanish nurses have been told that they will not have their experience in the UK recognised

<sup>8</sup> [https://hansard.parliament.uk/Lords/2019-03-07/debates/A15855A0-DD65-47DD-8058-40C86183C256/EuropeanQualifications\(HealthAndSocialCareProfessions\)\(AmendmentEtc\)\(EUExit\)Regulations2018](https://hansard.parliament.uk/Lords/2019-03-07/debates/A15855A0-DD65-47DD-8058-40C86183C256/EuropeanQualifications(HealthAndSocialCareProfessions)(AmendmentEtc)(EUExit)Regulations2018)

The Parliamentary Under-Secretary of State, Department of Health and Social Care (Baroness Blackwood of North Oxford) (Con)

by the Spanish regulators if they return home to practise after Brexit (when the UK is no longer a member state). There is also nothing to prevent other member states taking a similar stance if they require such recognition.

An additional area of concern that we have heard, is that nurses registered in the Republic of Ireland will have to pay a fee for NMC registration in the UK as an *overseas* applicant post-Brexit, which will cost £55 more than the current registration fee. This is because they will transition to having the same status as other nurses from EU member states, even though they will have continue to have the same right to travel freely without immigration permission from the authorities as they do now under the Common Travel Area.<sup>9</sup>

Additionally, consideration should be had to the EU nursing and midwifery students currently studying in the UK who may not have their qualification recognised back home, post-Brexit.

### Regulation of medicines and medical devices

The Department of Health and Social Care published a: *'Further guidance note on the regulation of medicines, medical devices and clinical trials if there's no Brexit deal'*,<sup>10</sup> which means that the Medicines and Healthcare products Regulatory Agency will take on the work of the European Medicines Agency in the event of no deal.

There is a possibility that in the event of no-deal, there will be delays in new drugs being made available for UK patients, for example in the case of cancer drugs, could see delays of 12 to 24 months for UK patients.<sup>11</sup> This will be as a result of the UK regulating medicines on its own rather than as part of the European regulatory system.

Many pharmaceutical experts have warned that the

<sup>9</sup> [www.gov.uk/government/publications/travelling-in-the-common-travel-area-if-theres-no-brexit-deal/travelling-within-the-common-travel-area-and-the-associated-rights-of-british-and-irish-citizens-if-there-is-no-brexit-deal](http://www.gov.uk/government/publications/travelling-in-the-common-travel-area-if-theres-no-brexit-deal/travelling-within-the-common-travel-area-and-the-associated-rights-of-british-and-irish-citizens-if-there-is-no-brexit-deal)

<sup>10</sup> [www.gov.uk/government/publications/further-guidance-note-on-the-regulation-of-medicines-medical-devices-and-clinical-trials-if-theres-no-brexit-deal/further-guidance-note-on-the-regulation-of-medicines-medical-devices-and-clinical-trials-if-theres-no-brexit-deal](http://www.gov.uk/government/publications/further-guidance-note-on-the-regulation-of-medicines-medical-devices-and-clinical-trials-if-theres-no-brexit-deal/further-guidance-note-on-the-regulation-of-medicines-medical-devices-and-clinical-trials-if-theres-no-brexit-deal)

<sup>11</sup> Ross Hawkins, 'Cancer drugs may be delayed after Brexit, say experts', available at: [www.bbc.co.uk/news/health-38922366](http://www.bbc.co.uk/news/health-38922366) February 2010.

UK will become a far less attractive place to trial new medicines because the drugs (including the clinical trials) would need to be compliant with the European market if they want to sell within the EU (a much bigger market than the UK on its own). This will mean that EU countries will be prioritised, resulting in delays in the medicines being available in the UK.

Making these changes to the EU regulatory framework for clinical trials significantly increases 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.

## 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 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.



### RED WARNING

In our previous publication of this Brexit scorecard we rated this amber because it was unclear how Brexit would affect some of these important areas, as it was dependent on the final agreement on the relationship between the EU and the UK.

While the outcome is still unclear, this is now red, because now there is an increased likelihood of the UK crashing out without a deal on 31 October 2019, with the regulatory changes planned if we do, causing the associated risks highlighted in this scorecard. There is a more likely danger for access to medicines to be affected with negative consequences for staff and patients.

## What needs to happen?

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 basis.<sup>12</sup>

The UK Government should agree mutual recognition of the CE mark between the UK and the EU.<sup>13</sup> 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.<sup>14</sup>

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.

Whilst issues with the recognition of UK qualifications in the EU post-Brexit is at the discretion of EU member states, the UK Government ought to be seeking assurances for EU students, nurses and midwives so that our already depleted supply of EU workforce doesn't continue to worsen and so that these workforce is given the support and recognition of their contribution to our nation that they deserve.

<sup>12</sup> European Medicines Agency press release, *EU and Swiss regulators sign confidentiality agreement*. Available at: [www.ema.europa.eu/ema/index.jsp?curl=pages/news\\_and\\_events/news/2015/07/news\\_detail\\_002374.jsp&mid=WC0b01ac058004d5c1](http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2015/07/news_detail_002374.jsp&mid=WC0b01ac058004d5c1) July 2015.

<sup>13</sup> According to the UK Government Guidance from February 2019, 'the CE marking will only be accepted in the UK for a limited time after Brexit. The government will consult and give businesses notice before this period ends.' [www.gov.uk/guidance/prepare-to-use-the-ukca-mark-after-brexit](http://www.gov.uk/guidance/prepare-to-use-the-ukca-mark-after-brexit)

<sup>14</sup> See European Commission, [https://ec.europa.eu/growth/single-market/goods/international-aspects/mutual-recognition-agreements\\_en](https://ec.europa.eu/growth/single-market/goods/international-aspects/mutual-recognition-agreements_en)

## How can you help?

Lobby your local elected representative on this issue, to ensure continued collaboration on medicines and access to clinical trials. This is the most effective way of holding the UK Government to account. You can contact us 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.

We are working constructively with the UK Government and Parliament, the National Assembly for Wales, the Scottish 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.

## BREXIT: RCN PRIORITY 3

### Addressing public health threats

#### What's the issue?

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, and subsequent changes to our opportunities to collaborate and innovate with EU partners, will negatively impact the health of our population.

As Professor Dame Sally Davies repeatedly outlined in the Chief Medical Officer Annual Report 2019, *'Infectious diseases are never constrained by international borders, and health security can only be achieved through partnership and collaboration.'*<sup>1</sup>

#### Infection and disease control

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).

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.

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,

1 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819333/Chief\\_Medical\\_Officer\\_annual\\_report\\_2019\\_-\\_partnering\\_for\\_progress\\_-\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819333/Chief_Medical_Officer_annual_report_2019_-_partnering_for_progress_-_accessible.pdf)

the EU Withdrawal Act will incorporate existing EU regulations in UK law including air quality provisions. However, we are concerned that in the context of an increasing 'fake news' political climate and a Government with a de-regulatory, 'remove the red tape' agenda, these regulations could be amended after Brexit and lose their importance. It is important that the UK Government does not lose momentum and commitment on tobacco control and air quality standards in particular 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 recommendations.

#### Rare diseases

As the BMA has highlighted<sup>2</sup>, a 'no-deal' Brexit would also lead to UK patients, experts and hospitals being excluded from the European Reference Networks (ERNs)<sup>3</sup>:

'Across the EU, around 30 million people are affected by up to 8,000 rare diseases and a rare disease may affect anything from only a handful of people to as many as 245,000.<sup>4</sup> Due to the low prevalence of a single rare disease, patients are usually scattered across different countries making it harder for them to access the right treatment from a health professional who is a disease expert.

To support these patients with rare diseases, EU legislation encouraged the development of ERNs to enable health professionals and researchers to share expertise, knowledge and resources. ERNs cover the majority of disease groupings such as bone disorders, childhood cancers, and immunodeficiency. Each ERN has a co-ordinator who convenes a 'virtual' advisory board of medical specialists across different disciplines to review patient cases. This ensures that specialists can review a patient's diagnosis and treatment without the patient having to leave their home

2 [file:///C:/Users/rogersc/Downloads/BMA%20submission-%20Health%20and%20Social%20Care%20Committee%20inquiry%20on%20no%20deal%20Brexit%20\(1\).pdf](file:///C:/Users/rogersc/Downloads/BMA%20submission-%20Health%20and%20Social%20Care%20Committee%20inquiry%20on%20no%20deal%20Brexit%20(1).pdf) at page 6

3 European Commission: European Reference Networks

4 [https://www.who.int/medicines/areas/priority\\_medicines/en/](https://www.who.int/medicines/areas/priority_medicines/en/)



environment. There are 24 networks, involving over 900 medical teams in more than 300 hospitals from 25 EU countries, plus Norway. The UK currently co-ordinates a quarter of the 24 networks and participates in nearly all, with around 40 NHS hospitals involved. ERNs receive support from several EU research funding programmes, including Horizon 2020.<sup>5</sup>

There is also a reputational risk for the UK as a result of Brexit in that our health protection systems are currently deemed to be some of the best in the world and we have concerns over how this could be viewed post Brexit.

### Medical supplies

As the Yellowhammer report makes clear, a no deal could cause significant disruption to the supply of medicine (and medical devices/equipment), lasting up to six months.

Many medicines, including life-saving agents for cancer diagnosis and therapy, cannot be stockpiled and for those that can, stockpiles could run out.

These kinds of shortages and delays can be fatal. No responsible government should take that risk.

The Department for Health and Social Care (DHSC) say every effort is being made to ensure there will be enough medicines and clinical equipment available in the event of delays to imports from the EU. However, the Royal Pharmaceutical Society (and many other sector bodies have) warned that pharmacists were already struggling to obtain common medicines - including painkillers and anti-depressants in January. While there are regular fluctuations in medicine supplies, there are concerns a no-deal Brexit could make shortages worse.

About three-quarters of the medicines and most of the clinical products we use come from or via the EU.<sup>6</sup> The main risk to supply is reduced traffic flow between the ports of Calais and Dover or Folkestone.<sup>6</sup> The sector was advised that ‘... Local stockpiling is unnecessary and could cause shortages in other areas, which could put patient care at risk. It is important that patients order their repeat prescriptions as normal and keep taking their medicines as normal.’

5 <https://www.bbc.co.uk/news/uk-politics-47470864>

6 <https://www.gov.uk/government/news/update-on-medicines-and-medical-products-supply-as-we-exit-the-eu>

DHSC has undertaken an analysis of the supply chain for medicines, including radioisotopes and vaccines, which identified those products that are imported from the EU and the European Economic Area (EEA). They have produced guidance asking pharmaceutical companies that supply medicines for NHS patients from, or via, the EU or EEA, to ensure they have a minimum of 6 weeks’ additional supply in the UK, over and above their business as usual operational buffer stocks, by 31 October 2019.<sup>7</sup>

Whilst these contingency measures may provide some assurance, there is continuing concern amongst a number of organisations including pharmaceutical companies about the impact of no-deal Brexit and related patient safety concerns, with some emerging, anecdotal reports of delays to cancer care already.

There is already a considerable level of confusion that comes when there is any shortage to medicines, let alone potential delays to vaccination post-Brexit, meaning that people may fall through the net and we may see an associated risk to increases in vaccine preventable disease.

Medical supplies are also significant issue for nursing and patient safety. For example incontinence products, critical to people’s health and safety, are not manufactured in the UK and sourced from all over Europe, they take up huge amounts of space so stockpiling will be limited particularly in residential settings. There is little advice as to measures in place if this supply chain fails for vulnerable people in their own homes.

In July 2019, an amendment to regulations<sup>8</sup> came into effect which allows Ministers, in the event of a medicine being in short supply, to issue protocols to allow community pharmacists to dispense ‘alternatives’ to the drug prescribed instead of a prescription having to be returned to the prescriber to be amended.

We support the BMA’s concerns<sup>9</sup> about the risk this creates to patient safety, as this allows pharmacists to provide therapeutic equivalents when a prescribed drug is not available. Patients can respond differently to drugs that are therapeutic

7 [www.gov.uk/guidance/medicines-supply-contingency-planning-programme](http://www.gov.uk/guidance/medicines-supply-contingency-planning-programme)

8 [www.legislation.gov.uk/ukxi/2019/62/regulation/18/made](http://www.legislation.gov.uk/ukxi/2019/62/regulation/18/made)

9 A health service on the brink: the dangers of a ‘no deal’ Brexit, [www.bma.org.uk/collective-voice/influence/europe/brexit/health-service-on-the-brink](http://www.bma.org.uk/collective-voice/influence/europe/brexit/health-service-on-the-brink)

equivalents or may even be allergic to some, and the pharmacist will not know what has already been used or have access to this patient data. Prescribers (including nurse prescribers) are best placed to manage this.

## 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.

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 recommendations.<sup>10</sup>

## Brexit scorecard

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

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### RED WARNING

With less than one month to go to until Brexit, (again after March 2019's failed attempt) 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.

## 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 UK.<sup>11</sup>

The EU Withdrawal Act should be amended to prevent the UK Government from diluting public health protections. We believe that the EU Withdrawal Act should be amended to ensure that the UK Government does not have power to amend the legislation post-Brexit, without robust parliamentary and public scrutiny.

## How can you help?

Lobby your local elected representative on this issue, 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 us 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:

Lobbying the UK Government through joint statements with other unions and bodies across the health service, collectively representing the concerns of more than a million health and care staff, warning that a no deal Brexit could devastate the NHS and social care.

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

<sup>10</sup>House of Commons Library, *Brexit and air quality*, available here. March 2018.

<sup>11</sup> Scottish Parliament, *Leaving the EU – Implications for Health and Social Care in Scotland* (January 2018)

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 alone.<sup>12</sup>

Lobbying the UK Parliament to amend the EU Withdrawal Act 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 Act to ensure “a high level of health protection” in future policies and activities, as currently guaranteed in the EU treaties.

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

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<sup>12</sup> UK Health Alliance on Climate Change, *Breath of Fresh Air – Addressing Air Pollution and Climate Change*. September 2016.

## BREXIT: RCN PRIORITY 4

# Protection of workers rights after Brexit

### What's the issue?

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 reduce fatigue within the nursing workforce, putting critical safeguards in place.

Without the WTR there would be almost no legal protection against long hours of work in the UK, and no legal requirements for rest or paid holiday.

The UK Government's EU Withdrawal Act retains all existing laws and regulations that give effect to EU law within UK law. However, 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 rights. Some legal commentators suggest that in the event of Brexit, substantial changes to, or wholesale revocation of, WTR is predictable.<sup>1</sup>

### Loss of EU jurisdiction to protect workers' rights

Many examples could be given of how European Court of Justice (ECJ) decisions on employment rights have reversed the over-narrow interpretations given by domestic courts.

Workers will not be able to enforce EU rights directly (it will no longer be possible for a domestic court to refer a question to the ECJ on the proper interpretation of a Directive under Article 267 TFEU, as is common at the moment);

We are concerned that UK workers will not benefit from future progressive decisions of the ECJ and past decisions may be superseded by post Brexit legislation. For example, thanks to decisions of the ECJ, UK women workers are entitled to equal pay for equal value work and part time women workers are entitled to equal access to occupational pensions.

### Future protections developed at an EU level

What is much less clear are the social rights relevant to employment which may arise in the future at EU level, and from which workers in the UK would not benefit in the event of Brexit (for example, if the current proposals to make changes to health and safety law or to strengthen the rights of parents and those with caring responsibilities lead to new EU legislation).<sup>2</sup>

### 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 safety.

We strongly supported the adoption of the WTR in the 1990s and subsequent updating of the regulation. 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.

### 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 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.

<sup>1</sup> [www.tuc.org.uk/sites/default/files/Brexit%20Legal%20Opinion.pdf](http://www.tuc.org.uk/sites/default/files/Brexit%20Legal%20Opinion.pdf) Michael Ford QC.



## AMBER WARNING

In the last publication of this Brexit scorecard in March 2018, we rated this red because we were concerned that the UK Government was 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.

We have changed this to amber because the EU Withdrawal Act retains all existing laws and regulations that give effect to EU law within UK law, thus protecting these important rights/protections (for now).

However, we remain concerned because there is no guarantee that these laws and rights will be maintained and because we will lose protection afforded by the European Court of Justice's jurisdiction.

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.

## 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 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'.

It is essential that worker's rights remain as currently drafted, and are not amended.

## How can you help?

Support EU nurses in your 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 representative on this issue to protect employment rights and health and safety at work protections. This is the most effective way of holding the UK Government to account. You can contact us 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:

We are holding meetings with UK Government Ministers to inform them of the benefits worker's rights and health and safety regulations bring to society. In particular, their positive impact on keeping health care staff well, and patient's safe.

We are also working constructively with the National Assembly for Wales, the Scottish 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](mailto:papa.ukintl.dept@rcn.org.uk)



## BREXIT: RCN PRIORITY 5

### EU research, learning and funding

#### What's the issue?

##### Important collaboration and exchange to combat global challenges

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 productivity.<sup>1</sup>

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 EU has developed frameworks to ease collaboration and make it more effective, it also funds collaborative activities through its various programmes.<sup>2</sup>

We are 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?

##### EU funded research

Despite numerous assurances from Government officials that Brexit will not impact on the UK's attractiveness to the international workforce and guaranteeing, in the event of a no deal, money for EU programme-funded research and innovation projects agreed before the end of 2020<sup>3</sup>, there have been many warnings that in the event of no-deal:

- Vital research links will be compromised, from new cancer treatments to technologies combating climate change.
- World-leading academics and researchers may quit the UK for countries with access to EU funding programmes – or avoid coming here – without reassurances about replacing cash streams.
- It would be an academic, cultural and scientific setback from which it would take decades to recover.<sup>4</sup>

The UK is currently expected to not 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.

##### Loss of EU structural funds

We also have significant concerns about the future mechanisms for funding that will replace

1 Department for Business, Innovation & Skills, International Comparative Performance of the UK Research Base – 2013. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263729/bis-13-1297-international-comparative-performance-of-the-UKresearch-base-2013.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263729/bis-13-1297-international-comparative-performance-of-the-UKresearch-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 In the event of a no-deal Brexit, the UK government already guaranteed in August 2016 to underwrite successful Horizon 2020 grant applications for the full duration of projects. In July 2018, it was announced that this guarantee would be extended to cover all successful Horizon 2020 projects until the end of the programme, provided that the UK is eligible to participate as a third country

4 [www.universitiesuk.ac.uk/news/Documents/no-deal-brexit-open-letter-jan-19.pdf](http://www.universitiesuk.ac.uk/news/Documents/no-deal-brexit-open-letter-jan-19.pdf) Open letter to MPs, 4 January 2019

the EU Structural Funds. Wales is the region of the UK which benefits the most from EU Structural Funds, receiving £680m a year in EU Funds. Cornwall is the only other area that receives structural funds.

The UK Government has promised to replace EU funding with the UK Shared Prosperity Fund. However, no details have been published as yet on how this funding will be distributed across the UK however statements from the Secretary of State for Wales and the Prime Minister have indicated that this funding may be allocated directly to local authorities across the UK on a competitive basis.

The Welsh Government and the Wales Local Government Association are strongly opposed to proposal<sup>5</sup>. Firstly, it would mean the 22 local authorities of Wales being in direct competition with all local authorities across the UK regardless of need. Secondly the criteria for the competition are most likely to be English local authority and social policy based which in turn would mean that Wales local authorities will face a conflict between the Welsh Government policy and UK Government policy facing huge difficulty and hardship.

Even if the UK Government maintain their commitment to replace this funding Wales could still lose by £2.3 billion over the next six years. The anti-poverty coalition Communities in Charge has published a report showing a default spending pattern sees 7 UK regions lose out to London and the South East, with Wales suffering the greatest loss by far.

## Brexit scorecard

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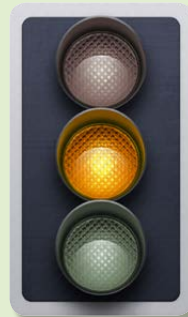
Green indicates a firm commitment from the UK Government and the EU including on practical implementation.

<sup>5</sup> <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8527>



## RED WARNING

UK participation in EU research and exchange programmes has not been fully guaranteed by the Government after Brexit. There is still little information available on how replacement funds will operate post-Brexit and without that detail it is impossible to predict the precise impact.



## AMBER WARNING

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

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 continuing 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 period.<sup>6</sup>

<sup>6</sup> Government response to the House of Commons Science and Technology Committee, available at: <https://publications.parliament.uk/pa/cm201617/cmselect/cmstech/1015/101502.htm>. February 2017.

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"<sup>7</sup>

## 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.

Lobbying the UK Government for full association for the next framework programme, Horizon Europe, which is due to start on 1 January 2021. The proposal for this programme was published by the European Commission in June 2018, and leaves open the possibility of full UK participation as an associated country.

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 National Assembly for Wales, the Scottish 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 locally elected representative on this issue, 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 us 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/>

<sup>7</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685997/FP9_position_paper.pdf). March 2018.

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