

Nursing and Midwifery Council response to the Migration Advisory Committee's call for evidence on the impact of the ending of freedom of movement on the adult social care sector

About Us

- 1 Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 732,000 nursing and midwifery professionals, we have an important role to play in making this a reality.
- 2 Our core role is to regulate. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.
- 3 To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.
- 4 Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Summary

- 5 We welcome the opportunity to contribute to the Migration Advisory Committee's (MAC's) call for evidence on the impact of the ending of freedom of movement on the adult social care sector.
- 6 Our data covers the overall numbers of people on our register, the proportion of our register who trained in the EEA and the trends in EEA-trained people on our register. This allows us to reliably state that the number of EEA-trained people on our register is decreasing, with more people leaving and significantly fewer joining. It also shows that this is likely to be linked to the UK leaving the EU. We also collect data on the reasons why these individuals leave, and many of those leaving who trained in the EEA cite EU Exit or leaving the UK as reasons for doing so.

- 7 We also have data on where people on our register work, giving us insight into the social care workforce. However, we only collect this data every three years as part of the revalidation process, and people are able to declare multiple work settings, and so we can't be as definitive here. Our data does suggest though that EEA-trained nurses have a disproportionately significant role in social care compared to the overall numbers on our register.
- 8 However, while our data can identify trends in social care and EEA-trained individuals separately, it is harder to combine the two and identify specific trends in EEA-trained nurses working in care settings as the data is collected in different ways and at different times. We are also unable to explore the reasons EEA staff leave social care roles due to small sample sizes for this group in our surveys.
- 9 We would also note that the recency of freedom of movement ending in the UK, in addition to the unprecedented disruption that Covid-19 has had on international recruitment patterns, means that it is difficult for us to make any definitive conclusions about what impact ending of freedom of movement has had on EEA recruitment into the adult social care sector.

Our Response

- 10 We recognise that EEA-trained nurses and midwives form a key part of the current configuration of the UK health and care workforce and are providing care in a variety of settings across the UK, including in the adult social care sector. We value the contribution that they and all our overseas trained registrants make to our health and care system.
- 11 When the UK was part of the EU, EEA applicants with a qualification listed under Annex V of EU Directive 2005/36/EC were eligible for automatic recognition onto the register. This, combined with freedom of movement, made it much easier for EEA nationals to move and work in the UK.
- 12 Although freedom of movement has now ended, we are continuing to recognise Annex V qualifications until the end of 2022. This forms part of the Government's 'standstill policy'. This means that the vast majority of EEA applicants will not experience any significant difference in terms of our regulatory process as a result of the UK leaving the EU.
- 13 In addition, since a large portion of nursing and midwifery roles in the care sector are likely to be in the general/adult field of care, we are likely to automatically recognise valid qualifications for these roles during the standstill period.
- 14 [Data from our register](#), [revalidation](#) and [leavers' survey](#) does identify trends in the registration of nurses and midwives who trained in EU/EEA and some clear patterns have emerged since the EU Exit referendum in 2016.
- 15 In general, these trends show a clear decline in the number of established EEA trained registrants on our register and a sharp reduction in the number of new applicants from EU/EEA countries. This is explored in more detail in the following sections. While we cannot directly connect these to the end of freedom of movement, the results of our leavers' survey, and the timing of trends identified means that the referendum result is highly likely to have been a contributing factor.

- 16 While it is possible to identify these trends across our register overall, it is harder to specify how these apply to social care. The data we have on the sectors that people on our register work in is up to three years old, and the sample sizes for our leavers' survey are small for EEA-trained people working in social care. Consequently, it is hard to draw a definitive link between exiting the EU or the ending of freedom of movement and how this is impacting EEA professionals working in social care. What we can observe is that numbers of EEA-trained nurses are dropping, and any continued reduction will naturally have impacts across the health and care system.
- 17 However, given the trend over the last five years, it is unlikely that the formal end of freedom of movement will make a significant difference to the future numbers of nurses and midwives from the EEA. This is because the numbers applying to join our register appear to have already reacted to the referendum result, with a significant reduction beginning in 2017. This is likely in part due to the decisions of individual nurses to either leave the UK or not to consider moving here, as well as international recruiters increasingly focusing their efforts on countries outside the EEA, such as India. Numbers of new applicants from the EEA are therefore likely to remain low, and it is possible that the number of established EEA registrants may continue to decrease.

Registration Statistics

Revalidation Data

- 18 The best information that we have on where people on our register work comes from their declared sector of practice when they revalidate. When someone on our register revalidates – the process of renewing their registration with the NMC – they are asked to self-declare the sector in which they work. The following table shows the numbers that declared that they work in the care home sector over the last three years, and gives us the best background information that we have on the role our registrants play in social care and care homes. The total working in social care is a cumulative figure of those that revalidated across the last three years, suggesting that the social care workforce on our register is in the region of 42,081.

Table 1: People on our register who declared working in care home sector

Declared sector of practice	Distinct Total Due To Revalidate 2018-2019	Distinct Total Standard Revalidated 2018-2019	Distinct Total Due To Revalidate 2019-2020	Distinct Total Standard Revalidated 2019-2020	Distinct Total Due To Revalidate 2020-2021	Distinct Total Standard Revalidated 2020-2021
Care home sector	17542	17222	17087	16872	9015	7987

- 19 Table 1 shows data for those people who were due to revalidate each year, as well as the number of those who actually did. It may be that those who didn't revalidate have left the sector and/or the register. However, there are some challenges with this data – as people on our register are required to revalidate every three years, this information on the sector in which people work is as much as 3 years old, with the additional caveat that this is self-declared data. Due to

this, there is no guarantee that the person is still active in this sector, and there is a possibility that someone can work in more than one sector.

- 20 While the data shows some year-to-year differences, this is based on initial registration dates which drive the revalidation cycle. In addition, it isn't possible to directly compare 2020-21 to the previous two years, as we provided a number of opportunities for registrants to extend their revalidation windows, which will have distorted the numbers revalidating.
- 21 We can break this data down further to show where people on our register, who identified as working on social care when they revalidated, originally trained. Table 2 shows this in detail. Those people who trained in the EU accounted for about 15.1% of the total number revalidating in 2018-19, 16.4% in 2019-20, and 13.1% in 2020-21. This is significantly higher than the percentage of EU trained individuals on our register, suggesting they are more likely to work in the care home sector.

Table 2: Breakdown of registrants in care home sector by place of training

Country/Region of Training	Distinct Total Due To Revalidate 2018-19	Distinct Total Standard Revalidated 2018-19	Distinct Total Due To Revalidate 2019-20	Distinct Total Standard Revalidated 2019-20	Distinct Total Due To Revalidate 2020-21	Distinct Total Standard Revalidated 2020-21
England	8195	7989	8143	8029	4235	3693
EU	2639	2600	2802	2765	1173	1048
Northern Ireland	522	514	556	549	270	242
Overseas	4106	4071	3467	3447	2292	2088
Scotland	1659	1636	1677	1653	814	719
Wales	421	412	442	429	231	197
Grand Total	17542	17222	17087	16872	9015	7987

- 22 In each year, the percentage of EU registrants who were due to revalidate and who actually did has been roughly similar to or slightly above the overall average, suggesting that they haven't been, at the time of revalidation, leaving the sector in greater numbers than any other group over the last three years. This underpins their importance to social care. However, our registration data reveals that many people who trained in Europe are leaving at other points in time.

Trends in EEA registration

- 23 Our [registration statistics](#) show that there has been a gradual but significant decline in the numbers of EU/EEA trained professionals on the register since 2016, with the total number dropping from 38,992 in September 2016, to 30,311 in March 2021. This accounts for between four and five percent of the register, despite the revalidation data in Table 2 showing they represent between 13 and 16 percent of the care home sector.
- 24 However, over the same period we have also seen a corresponding increase in the number of people on our register who were trained outside the UK and EU/EEA, with the number increasing from 67,055 to 92,260 over the same time

period. Tables 3 and 4 below show the numbers of EEA and internationally trained people on our register and how this has changed over the last five years. Given the sustained trends in leavers and joiners over the last five years, explored more later in this section, and the focus of international recruitment efforts, we would reasonably expect both of these patterns to continue for the next few years, but we are unable to predict figures for this with any level of confidence.

Table 3: Trend in overall numbers of EU/EEA trained people on our register

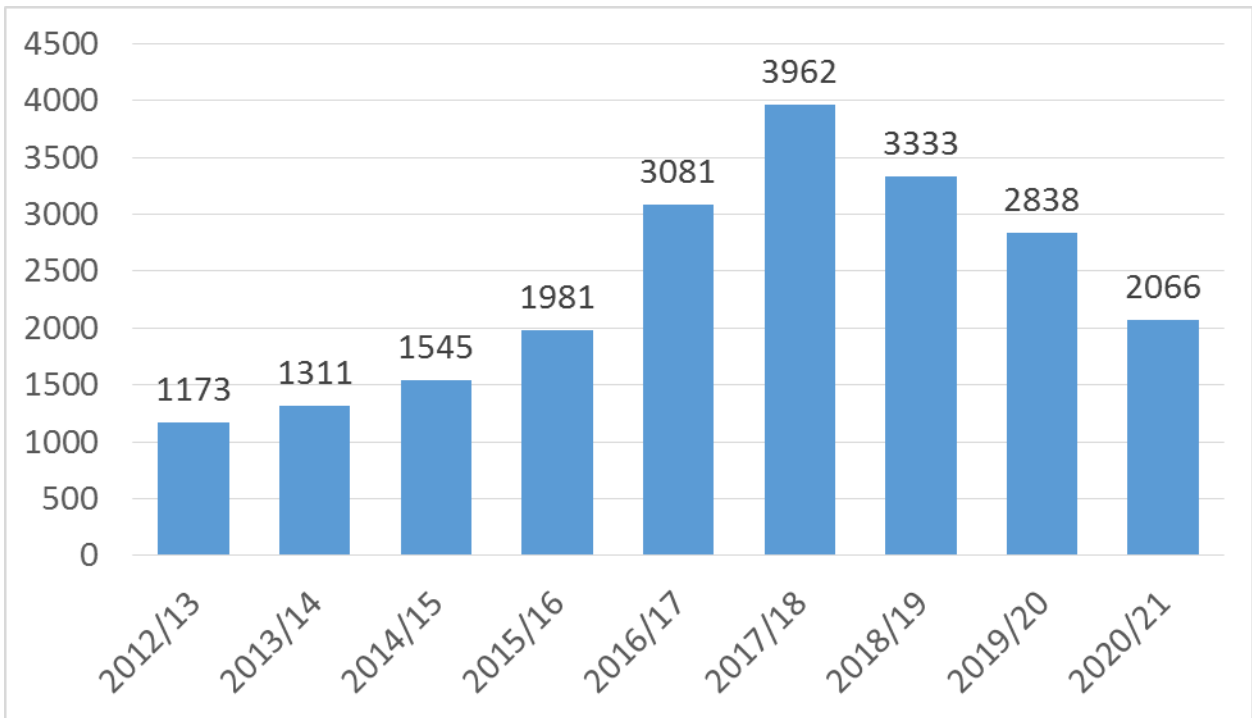
Year	As on 30th September	As on 31st March	% of all people on the Register March	Sept - Mar % Change
2016-17	38,992	38,024	5.5%	-2.48%
2017-18	36,259	35,115	5.1%	-3.16%
2018-19	33,874	33,035	4.7%	-2.48%
2019-20	31,973	31,385	4.4%	-1.84%
2020-21	30,895	30,331	4.1%	-1.83%

Table 4: Trend in overall numbers of overseas, non-EEA, people on our register

Year	As on 30th September	As on 31st March	% of all people on the Register March	Sept - Mar % Change
2016-17	67,055	67,345	9.7%	0.43%
2017-18	67,683	68,438	9.9%	1.12%
2018-19	70,491	73,308	10.5%	4.00%
2019-20	77,373	84,316	11.8%	8.97%
2020-21	85,873	92,260	12.6%	7.44%

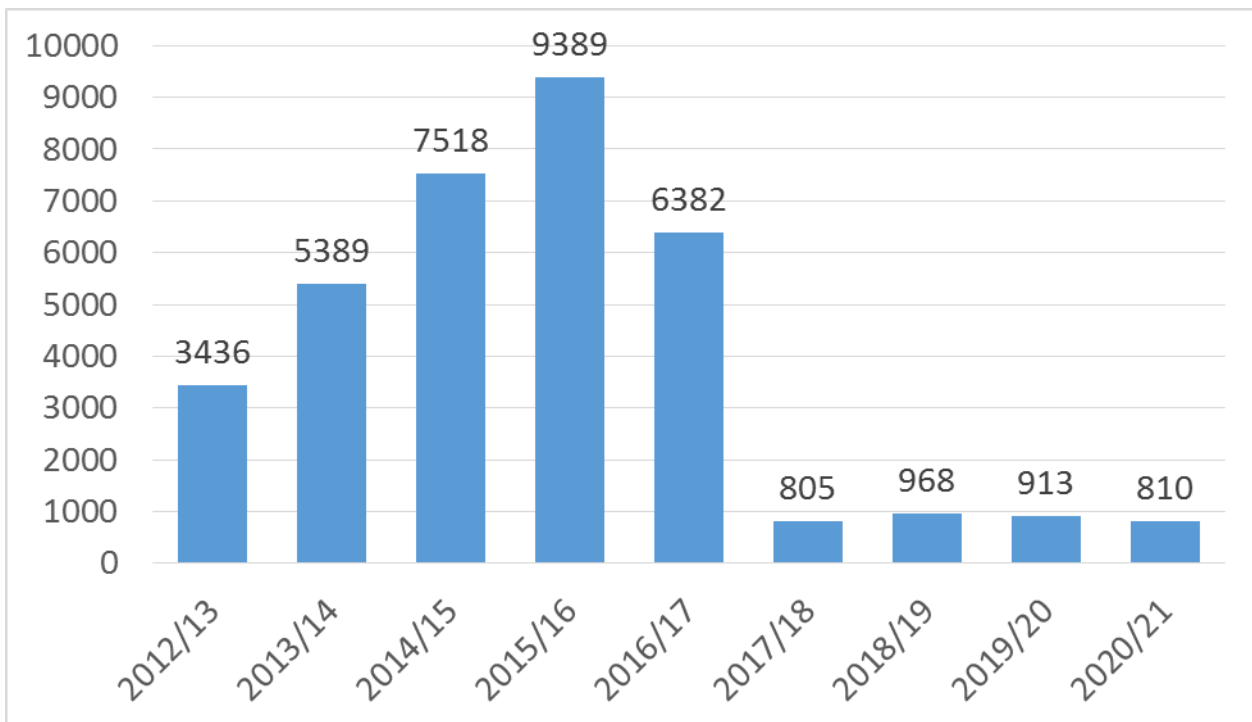
25 This trend in Table 3 reflects a growing number of EU/EEA registrants choosing to leave the register, a number that peaked in the years after the EU Exit referendum and which, while now reducing, remains above its pre-referendum level. Chart 1 shows how this number grew from 1173 in 2012/13 to 3962 in 2017/18, and has now reduced to 2066.

Chart 1: People from the EEA leaving the permanent register:



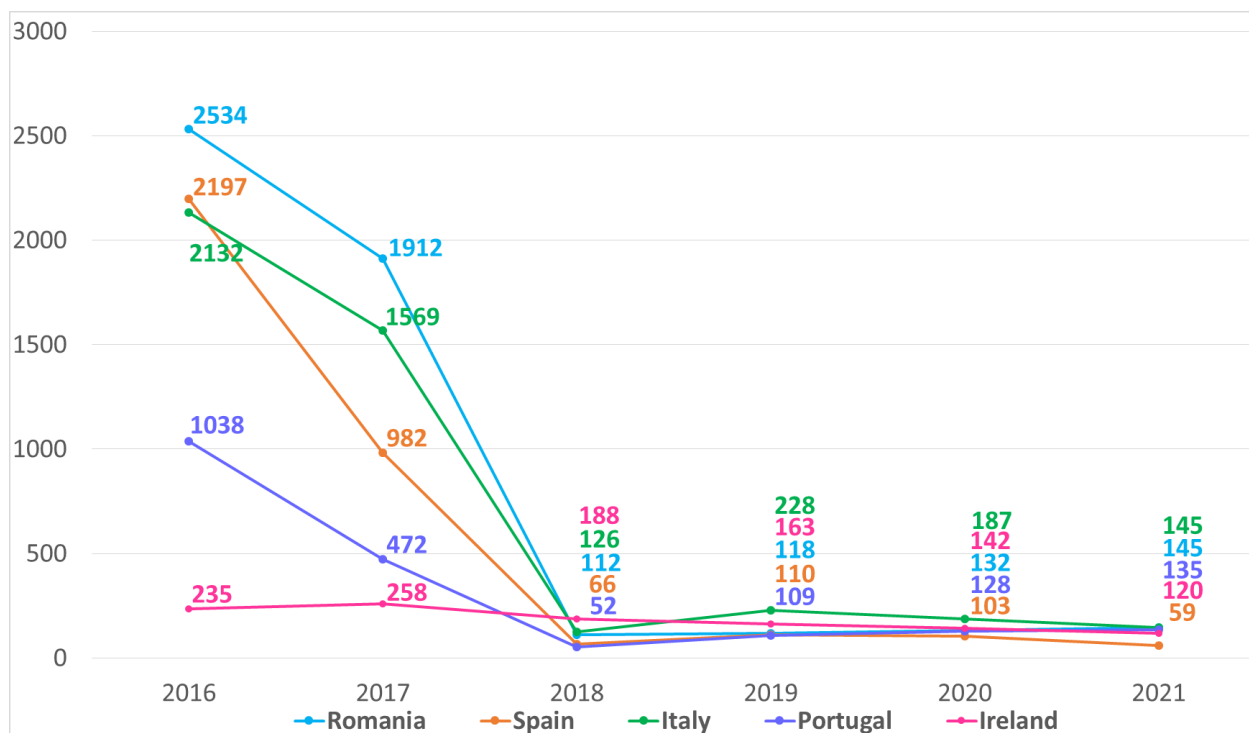
26 This is matched by a rapid and very significant decline in the number of people from the EEA joining the register for the first time, which dropped sharply following the result of the EU Exit referendum. Chart 2 shows how this dropped from 9389 people joining in 2015/16 to just 805 in 2017/18. This means that even with the slowing rate of EEA leavers, the overall number of EEA-trained people on our register continues to drop.

Chart 2: People from the EEA joining the permanent register for the first time:



27 When we break this down further to look at individual countries, we have seen significant falls in the total number of people joining the register who trained in each of our current top five EEA countries – Romania, Spain, Italy, Portugal and Ireland. The decline has been most pronounced with people joining the register from Romania, which was dropped from 2534 in 2015/16, to 1912 in 2016/17 to 145 in 2020/21, but has been significant across each of the top four countries. Chart 3 shows how the numbers from these countries has varied each year since 2016.

Chart 3: Breakdown of new joiners to the permanent register across top 5 countries of training:



28 The decline in applicants from Ireland, from 258 in 2016-17 to 120 in 2020-21 is significant but less dramatic than that seen from the other top countries. This suggests both that the impending end of freedom of movement may have influenced people’s decisions – and that the Common Travel Area with Ireland may therefore have lessened the decrease – but also that regardless of this a wider pattern of declining EEA applications has been taking place since 2016. However, these changes could also reflect the particular focus placed on international recruitment in those years and the prioritisation of countries outside Europe.

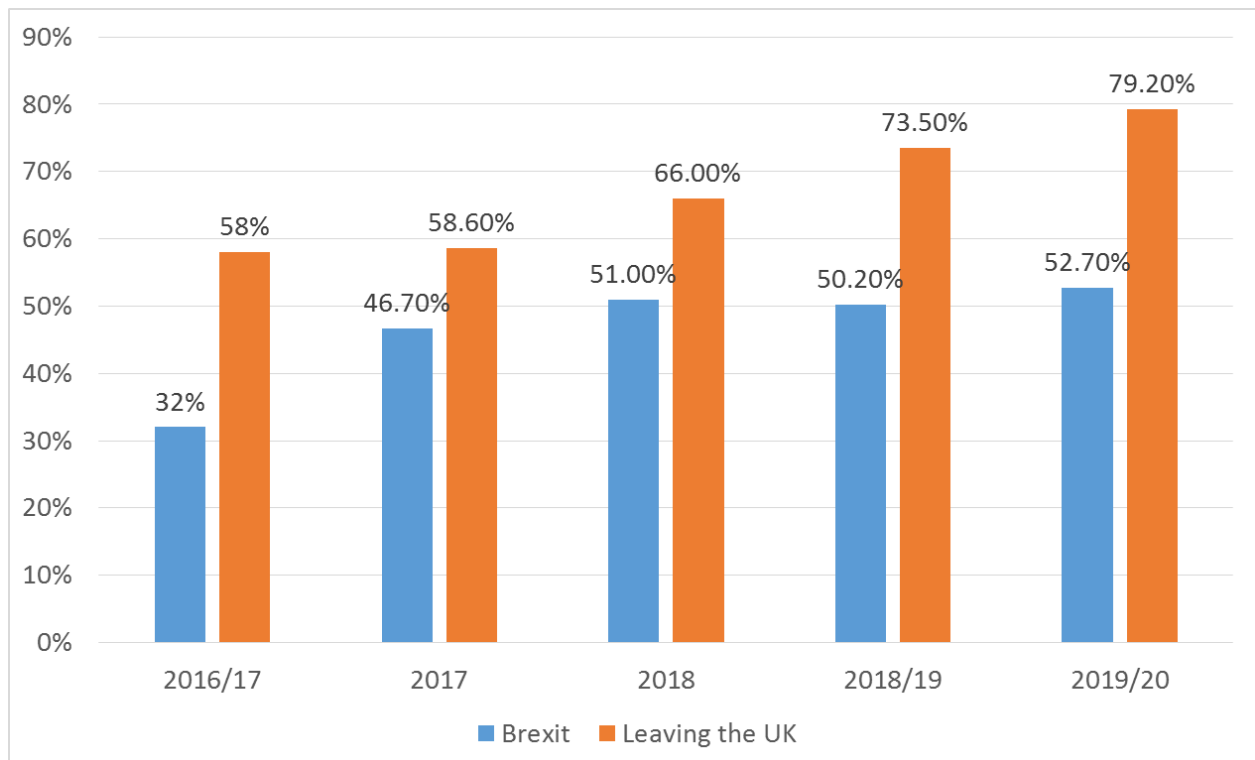
Leavers Survey

General patterns

29 While our registration figures show us the trends in EEA trained individuals leaving the register, it doesn’t allow us to say in any detail why they have chosen to do so. To get more insight into this, every year since 2017 the NMC has conducted a Leavers’ Survey to look into the reasons that professionals leave our permanent register.

- 30 For instance, just under 21,800 nurses, midwives and nursing associates left the NMC’s permanent register between July 2019 and June 2020, and there were 5,639 respondents to our most recent 2020 survey. Of these, 342 respondents had originally trained in the EU.
- 31 While we haven’t collected data specifically relating to the end of freedom of movement, we have asked people if they are leaving our register because they are leaving the UK, or because of the UK leaving the EU. In our most recent leaver’s survey, 52.7 percent of EU trained respondents cited ‘Brexit’ as one of the reasons for leaving, the second most common reason after leaving the UK, at 79.2 per cent.
- 32 As we have conducted the leavers’ survey regularly, we are able to identify trends in the reasons given by EEA-trained nurses and midwives for leaving the permanent register. When we look at the results of the leavers’ survey over the previous few years, the proportion of EU trained leavers citing ‘Brexit’ or ‘leaving the UK’ as reasons for leaving the register has been increasing. Chart 4 shows how we have seen a steady increase across each of the surveys that we have conducted. In particular, the percentage citing ‘Brexit’ as their reason for leaving jumps in 2017, matching the increase in leavers seen in that year, as displayed in Chart 1. Notably, over the last few years these have been higher figures than those given by respondents who trained outside both the UK and EU.

Chart 4: Trend in EEA-trained respondents citing Brexit or Leaving the UK as their reasons for leaving the permanent register



Social Care Specific

- 33 However, it is slightly more challenging to break this down to apply specifically to social care. Looking at our most recent leavers' survey, only 80 respondents in the weighted sample declared that their scope of practice was 'Direct clinical care or management – social care'. The table below shows the ten most frequently chosen reasons for leaving for this group (selected as either their first, second or third choice). Due to the relatively small size of this group, the figures should be interpreted with caution.

Table 5: Top ten reasons for leaving for those who worked in social care:

	Number	% of this group
I have retired	36	45.7%
Concerned about not being able to meet the revalidation requirements	25	31.7%
My personal circumstances changed	21	26.9%
Other - please provide more details in the comments box below	17	21.9%
Too much pressure (stressful, poor mental health)	16	20.7%
The workplace culture was having a negative effect on me	12	14.9%
I was disillusioned by the quality of the care provided to patients	12	15.0%
Staffing levels	10	12.8%
I no longer work in healthcare	10	12.7%
I still work in healthcare but my role no longer requires NMC registration	10	12.6%

- 34 In this sample of people who worked in social care, there were no respondents who selected 'I am leaving or have left the UK' or 'Brexit'. This may be at least in part because only 6 people (7.5%) in the weighted sample of people who worked in social care had been trained outside the UK (3 in the EU/EEA and 3 outside the EU/EEA). This compares to 18% of the weighted sample overall having been trained outside the UK (12.6%, 712 people in the EU/EAA, and 5.4%, 305 people outside the EU/EAA).

People who worked in care homes

- 35 We also looked at the people who said that they worked in a 'care home setting', and a 'community setting, including district nursing and community psychiatric nursing'. These were both larger groups than the group of people who said they worked in social care. There were 559 people in the weighted sample who said that they worked in a care home setting. The table below shows the ten most frequently chosen reasons for leaving for this group (selected as either their first, second or third choice).

Table 6: Top ten reasons for leaving for those who worked in a care home setting:

	Number	% of this group
I have retired	229	40.9%
My personal circumstances changed	169	30.2%
Too much pressure (stressful, poor mental health)	136	24.4%
The workplace culture was having a negative effect on me	111	19.8%
Concerned about not being able to meet the revalidation requirements	87	15.7%
I was disillusioned by the quality of the care provided to patients	87	15.5%
Other - please provide more details in the comments box below	72	12.9%
Staffing levels	63	11.2%
I was concerned about my workload	62	11.1%
I am leaving or have left the UK	54	9.7%

- 36 The top four reasons for leaving were the same as for respondents as a whole. However, 'I am leaving or have left the UK' only ranked as the tenth most frequently selected response, with 9.7% of respondents (54 people) selecting this.
- 37 This compares to 17.8% (1,003 of 5,639) of the whole sample, and a ranking of fifth place. Likewise, 'Brexit' was only selected by 4.4% of this group (25 people), compared to 7.4% of respondents (418 of 5,639) as a whole. In the weighted sample of people who worked in care homes, around one in six people were trained outside the UK (10.1%, 56 people in the EU/EEA and 6.7%, 37 people outside the EU/EEA). This suggests that EU Exit and leaving the UK are slightly less likely to affect the care home workforce than the wider health and care sector.
- 38 However, the sample of survey respondents who work in care homes may not be representative of nurses working in care homes overall; as explored earlier our latest revalidation figures showed that over a third of jobs (37.2%) done in care home by people revalidating in April 2020 – March 2021 were done by people who had trained outside the UK, with EEA registrants a significant part of this.
- 39 In both social care and care home settings, it is therefore difficult for us to come to firm conclusions about the reasons for EEA-trained staff choosing to leave the permanent register.