

Nursing and Midwifery Council submission to Migration Advisory Committee's Call for evidence - EEA-workers in the UK labour market

About the Nursing and Midwifery Council

- 1 We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.
- 2 We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Our response

- 3 We welcome the opportunity to contribute to the Migration Advisory Committee's call for evidence on EEA-workers in the UK labour market. The two areas where we feel we can contribute are on 'EEA migration trends' and 'recruitment practices, training and skills' (pages 4 to 6 of the call for evidence document).
- 4 Our submission focuses on:
 - 4.1. **Nurses and midwives registered with the NMC.** This includes data we hold on registrants for example how registrant numbers have fluctuated over time, including for EEA trained registrants;
 - 4.2. **Recognition of qualifications and education requirements.** The impact of the Recognition of Professional Qualifications Directive ("the Directive") on how we recognise EEA qualifications and how the Directive establishes EEA wide minimum education requirements which we are required to comply with; and
 - 4.3. **Future considerations as part of Brexit.** As the UK prepares to leave the EU this section look at the areas which would benefit from further clarification of what future regimes would look like.
- 5 As a part of our response we encourage the Committee to review our previous submissions and report which are relevant to this call for evidence. These are:
 - 5.1. Our submission to the Health Committee's evidence session on priorities for the Government's negotiations for withdrawing from the European Union (see annexe 1)¹;
 - 5.2. Our submission to the Health Committee's nursing workforce inquiry²; and
 - 5.3. The report on the NMC register 2012/13-2016/17 which was published in July 2017³. In addition to this we will publish further workforce data in November 2017 which could be helpful to the Committee.

¹ Annexe 1 - [Nursing and Midwifery Council submission to Health Committee evidence session on priorities for the Government's negotiations for withdrawing from the European Union](#) (October 2016)

² The written evidence has not been published as per the date of this submission. We encourage the Committee to review the evidence when it is published

Nurses and midwives registered with the NMC

- 6 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 hospitals, care homes and primary care. We have previously called on the Government to urgently provide reassurance to EEA healthcare workers, and clarify their future status.
- 7 As of March 2017 there were 690,773 nurses and midwives on our register. This consisted of:
- 585,404 (85 percent) UK trained nurses and midwives;
 - 67,345 (10 percent) Overseas (non-EEA) trained nurses and midwives; and
 - 38,024 (5 percent) EEA trained nurses and midwives.
- 8 The table below illustrates that over the last five years the number of EEA trained registrants has more than doubled while the number of UK and overseas trained registrants has declined.
- 9 The increase in overall volumes of overseas and EU trained nurses and midwives in recent years appear to have masked the growing trend of UK registrants leaving the register.

Table 1: Size of the NMC register by year and origin of initial registration 2013-2017⁴

	March 2013	March 2014	March 2015	March 2016	March 2017
UK	590,390	592,960	593,548	590,991	585,404
EU	16,798	20,916	27,012	34,572	38,024
Overseas	68,118	67,023	66,251	66,993	67,345
Total	675,306	680,899	686,811	692,556	690,773

- 10 Our data shows an increase in the numbers of nurses and midwives leaving the NMC's register. At the same time, the numbers joining the register have slowed down, resulting in an overall reduction in the numbers of nurses and midwives registered to work in the UK.
- 11 For the first time in recent history the numbers leaving the register are now larger than the numbers joining. This trend is most pronounced for UK trained nurses and midwives. Since the year 2014/15, there have been more UK registrants leaving the

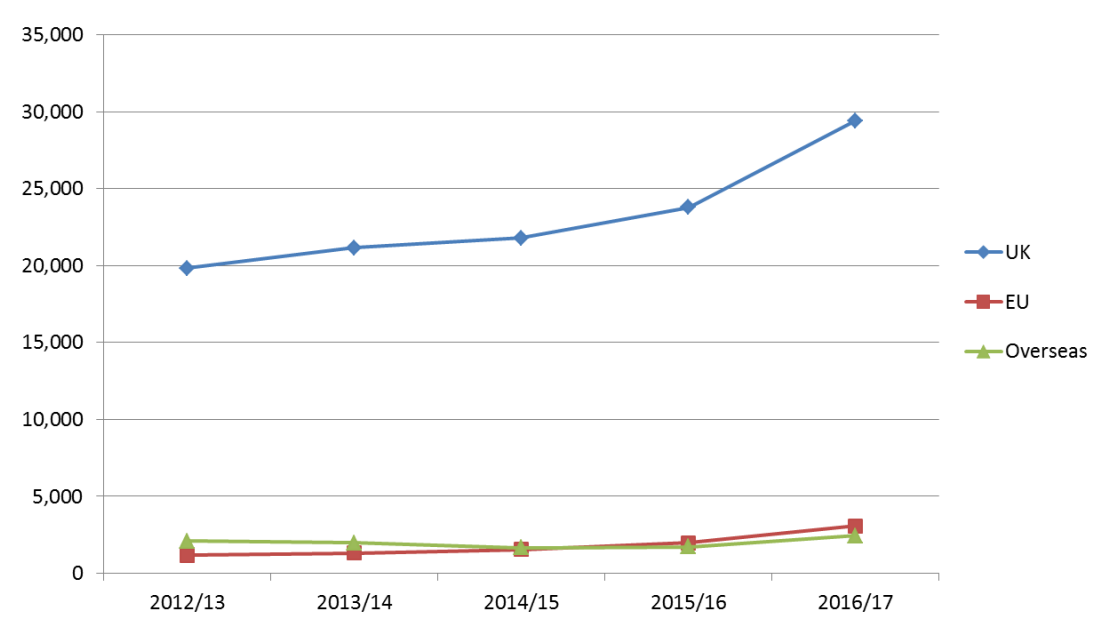
³ [The NMC register 2012/13 - 2016/17](#)

⁴ [The NMC register 2012/13 - 2016/17](#), p.1

register than joining it for the first time. In 2017, 45 percent more UK registrants left the register than joined it for the first time⁵.

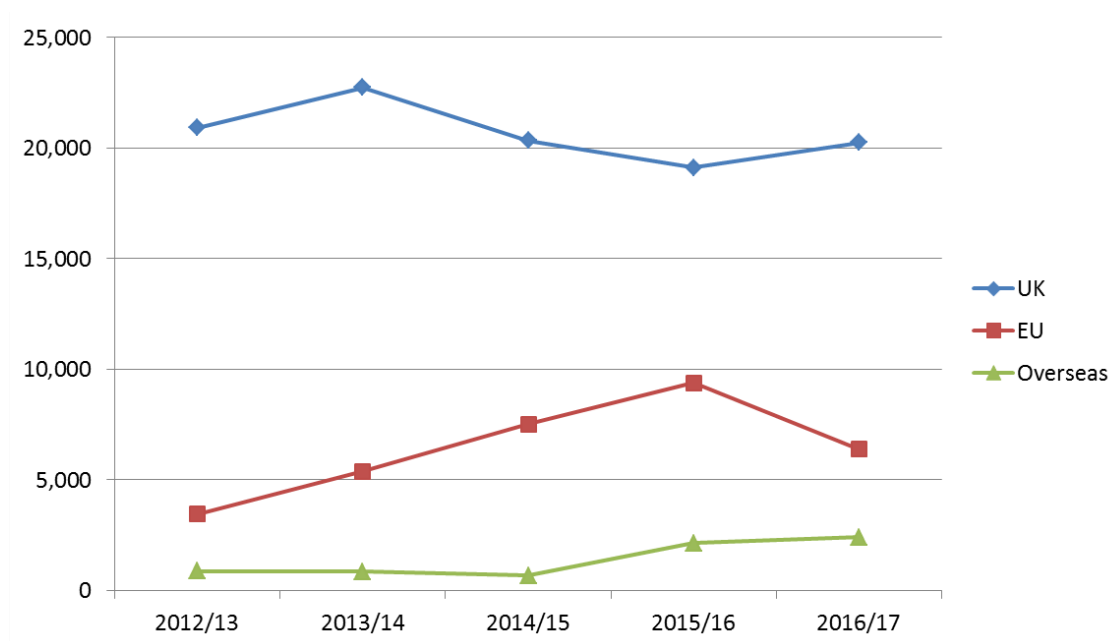
12 The numbers of EEA trained registrants leaving the register has increased from 1,173 in 2012/2013 to 3,081 in 2016/2017.

Chart 1: Numbers leaving the NMC register by origin of initial registration 2012-2017⁶



13 The number of EEA trained nurses and midwives joining the register increased from 3,436 in the year 2012/13 to 9,389 in the year 2015/16; however this declined to 6,382 in 2016/17.

Chart 2: Initial joiners to the NMC register by origin of initial registration 2012-2017⁷



⁵ [The NMC register 2012/13 - 2016/17](#), p.6

⁶ [The NMC register 2012/13 - 2016/17](#), p.5

⁷ [The NMC register 2012/13 - 2016/17](#), p.3-4

- 14 We carried out a survey of individuals who had left the register between June 2016 and May 2017 and we received 247 responses from former registrants trained in the EEA. Their top three reasons for leaving the register were:
- 14.1. That they had left or were planning to leave the UK – 58 percent;
 - 14.2. Brexit had encouraged them to consider working outside the UK – 32 percent and
 - 14.3. Working conditions, for example staffing levels, workload – 32 percent⁸.
- 15 We will publish the next data set on nurses and midwives on our register on 1 November 2017 and encourage the Committee to review this as a part of its call for evidence.

Recognition of qualifications and education requirements

Recognition of qualifications

- 15 The Directive⁹ is designed to facilitate labour market mobility within the European Economic Area.
- 16 The majority of the EEA-trained nurses and midwives on our register were registered in accordance with the principles of automatic recognition of qualifications enshrined in the Directive.
- 17 While we can test the competence of non-EEA trained nurses and midwives before we register them, we are prevented from doing this for EEA migrants. Currently most EEA applicants apply for registration on the basis of automatic recognition of their qualification under the conditions enshrined in the Directive. We are not permitted to test the competence of such applicants prior to registration even if they have been out of practice for a significant length of time. We believe that in some cases this may pose a public protection risk and have previously articulated our view on this. Please see annexe 1¹⁰.

Education requirements

- 18 The Directive sets out the minimum EEA-wide training standards for nurses and midwives that all member states must comply with, including the UK. These minimum standards are incorporated into our own pre-registration nursing and midwifery education standards.
- 19 It is unclear how the UK leaving the EU would impact on the continuation of recognition of qualifications and the harmonisation of training requirements. In due course, if we are not bound by the Directive in future, our Council is likely to wish to consider whether there are still benefits in aligning our standards with European requirements for nurses and midwives.

Future considerations

- 20 As the UK prepares to leave the EU there are several areas which would benefit from further clarification of what future regimes would look like.

⁸ [The NMC register 2012/13 - 2016/17](#), p.9

⁹ Directive 2005/36/EC as amended by Directive 2013/55/EU.

¹⁰ Annexe 1 - [Nursing and Midwifery Council submission to Health Committee evidence session on priorities for the Government's negotiations for withdrawing from the European Union](#) (October 2016)

Future training of UK workforce

- 21 We welcome the Secretary of State for Health's announcement on an increase in nursing training places. As our data highlights, the growing trend of UK registrants leaving the register appears to have been masked by an increase in overall volumes of overseas and EEA joiners. To reduce the risk of the UK being exposed to a systemic shortage of nurses and midwives, we encourage the Government to consider how this could be addressed, including by expanding the domestically trained workforce and considering the impact of changes to student bursaries.

Recognition of qualifications

- 22 It is unclear how the UK leaving the EU would impact on the continuation of the current recognition of qualifications regime and the harmonised training requirements. The Directive sets out how we recognise EEA qualifications, process applications and establishes minimum training requirements. This means that any change to the existing establishment would potentially bring in significant changes.
- 23 We strongly believe that any consideration of the future migration requirements for non-UK trained nurses and midwives should have as its forefront patient and public safety and the maintenance of standards.

Annexe 1 – Nursing and Midwifery Council submission to Health Committee evidence session on priorities for the Government’s negotiations for withdrawing from the European Union

Summary

- 1 Nurses and midwives trained in the European Union (EU) form a significant component of the current health and care workforce in the UK. The numbers of EU-trained nurses and midwives registering with the Nursing and Midwifery Council (NMC) has continually increased in recent years.
- 2 The Recognition of Professional Qualifications Directive (Directive 2005/36/EC as amended by Directive 2013/55/EU) is designed to facilitate labour market mobility within the European Economic Area. This is intended to benefit our health system and our citizens who take advantage of the opportunity to work in other countries. The NMC is supportive of labour market mobility provided that patient and service user safety remains paramount. Some of the current provisions and constraints have caused us concern in this regard, and we have previously shared our concerns with this Committee.
- 3 Following the result of the referendum on the UK’s membership of the EU, the NMC would welcome clarity from the Government on the timetable and process for withdrawal. As a regulator covering all four countries of the UK, many of our stakeholders will have a particular interest in, for example any potential change relating to the UK’s land border arrangements with the Republic of Ireland.
- 4 This submission goes into more detail about our duties under EU law and some of the policy matters that may arise depending on the settlement the UK government reaches.

About the Nursing and Midwifery Council

- 5 The NMC regulates nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.
- 6 We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

EU nurses and midwives registered with the NMC

- 7 There are over 690,000 nurses and midwives on our register, and of this approximately 38,000 were trained in the EU. The number of nurses and midwives registering with us from EU countries has been steadily increasing over the last decade, and in 2015–2016 we registered 9,388 nurses and midwives from the EU. The majority of the EU-trained nurses and midwives on our register were registered in accordance with the principles of automatic recognition of qualifications enshrined in the Recognition of Professional Qualifications Directive. This means that they had been trained to a minimum standard required across the EU.
- 8 We recognise that EU-trained nurses and midwives form a key part of the current configuration of the UK health and care workforce. Following the result of the referendum we issued a statement informing our EU-trained registrants that there would be no immediate impact on their registration status and ability to practise in the UK.

Impact of EU law on the NMC's regulatory functions

Education

- 9 The Directive sets out detailed requirements for the recognition of qualifications and the checks that we are allowed to make as part of our registration process. It also sets out the minimum EU-wide training standards for nurses and midwives that all member states must comply with (set out in article 31 of the Directive for general nurses and in article 40 for midwives). These minimum standards are incorporated into our own pre-registration nursing and midwifery education standards. We are currently engaged in work with other member states to prepare a proposed revised set of minimum standards for nursing education in advance of a European Commission consultation on the subject at some point in 2017.

Recognition of qualifications and registration

- 10 Over the course of the last few years there have been some changes to how we recognise the qualifications and registration of EU professionals.
- 11 For example, the Mutual Recognition of Professional Qualifications (MRPQ) Directive (2005/36/EC) became law in January 2014 with transposition due by January 2016. We worked with Government departments to transpose these changes, including the European Professional Card, and we have previously raised concerns with the Health Committee on the arising issues which have also been outlined below, in particular in our supplementary written evidence to our 2015 accountability hearing.
- 12 While we can assure ourselves of the ability to practise of non-EU trained nurses and midwives through a test of competence before we register them, we are prevented from doing this for EU migrants. **Under the conditions of automatic recognition enshrined in the Directive, we are required to recognise a nurse or midwife's qualification even if they have been out of practice for a significant length of time. We believe that this poses a public protection risk.**

- 13 A further significant concern that we have relates to the requirement for us, in some cases of recognition, to delegate our regulatory checks to the competent authorities in other Member States. This occurs in cases where an EU nurse or midwife seeks recognition via a European Professional Card or wishes to practise on a temporary and occasional basis in the UK. Although safeguards do exist, it is the migrant's home member state which carries out essential checks of documents and not the NMC. **We have on several occasions stated that we believe that we should undertake all of the checks that we deem necessary to ensure that nurses and midwives are safe and competent to practise in the UK.**
- 14 There have also been a number of welcome changes to the EU recognition and registration process in the last year. We have previously raised with the Committee the positive change that Directive 2013/55/EU brought about regarding language testing of EU nationals (in particular in our hearing with the Committee on 13 January 2015). As a result of us working with other EU regulators, the UK government and the European Commission, from January 2016 EU and UK legislation now allows us to impose language controls on nurses and midwives from the EU. We are still not permitted to introduce a systematic language test, instead relying on a list of possible evidence that meets our requirements. It is too soon to assess the impact of the changes on EU registrations, but we are confident that the provisions enhance public protection.
- 15 We are also now able to receive and share fitness to practise sanctions information with other member states, through an alert mechanism hosted by a European Commission platform. **This new way of sending and receiving fitness to practise information is already of great benefit to patient safety.**

NMC priorities for the government's negotiation on withdrawal from the EU

- 16 We call on the government to clarify its desired position on key issues that affect regulators such as free movement of healthcare professionals, and to clarify the timetable for change.
- 17 The strategy for withdrawal from the EU should take into account the position of those healthcare professional regulators, such as the NMC, that have a four country UK remit. It is important to enable continuing movement of health and care professionals across what will be our only land border with an EU member state, between Northern Ireland and the Republic of Ireland.
- 18 **Whatever settlement the UK reaches with the EU, we will continue to engage with international health regulation and education policy.** Indeed, with the UK a clear destination for international healthcare staff, and health professionals increasingly being a mobile workforce, these kinds of contacts are likely to be more important than ever.
- 19 In due course, if we are not bound by the Directive in future, our Council is likely to wish to consider whether there are still benefits in aligning our standards with European requirements for nurses and midwives. We will also maintain our interest in international research relating to healthcare regulation.

- 20 In regard to our own registration and recognition functions we believe that the following are of paramount importance:
- 20.1 **The NMC is able to achieve parity between its processes for registration of EU and non-EU nurses and midwives.** This would mean that the NMC would be able to assure the competence of EU trained nurses and midwives before they entered the register, as well as requiring that applicants had undertaken recent practice as a nurse or midwife.
- 20.2 **That where possible within legislation, the UK (and NMC) is still able to access, and share fitness to practise data with, other EU countries.** This will continue to be important if the UK remains a destination for large numbers of healthcare professionals.

Conclusion

- 21 We welcome the Committee's interest in this issue and are happy to provide any further information or clarification.
- 22 We have registered a large number of EU-trained nurses and midwives in the last ten years and they play an important role in the current UK healthcare work force. At the same time, we have worked hard with government, employers and other stakeholders to mitigate some of the public protection risks arising from freedom of movement legislation. We hope that the forthcoming negotiations will result in a settlement that maintains the benefits of the status quo and addresses the risks to public protection.

20 October 2016