

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT

Thirteenth Delegated Legislation Committee

DRAFT EUROPEAN QUALIFICATIONS (HEALTH
AND SOCIAL CARE PROFESSIONS) (AMENDMENT
ETC.) (EU EXIT) REGULATIONS 2018

DRAFT EUROPEAN QUALIFICATIONS
(PHARMACISTS) (AMENDMENT ETC.) (EU EXIT)
REGULATIONS (NORTHERN IRELAND) 2018

Tuesday 29 January 2019

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The Committee consisted of the following Members:

Chair: MR GEORGE HOWARTH

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| † Coaker, Vernon (<i>Gedling</i>) (Lab) | † Madders, Justin (<i>Ellesmere Port and Neston</i>) (Lab) |
| † Cunningham, Alex (<i>Stockton North</i>) (Lab) | † Morris, David (<i>Morecambe and Lunesdale</i>) (Con) |
| † Day, Martyn (<i>Linlithgow and East Falkirk</i>) (SNP) | † Morton, Wendy (<i>Aldridge-Brownhills</i>) (Con) |
| Dhesi, Mr Tanmanjeet Singh (<i>Slough</i>) (Lab) | † Norris, Alex (<i>Nottingham North</i>) (Lab/Co-op) |
| † Docherty, Leo (<i>Aldershot</i>) (Con) | † Peacock, Stephanie (<i>Barnsley East</i>) (Lab) |
| † Double, Steve (<i>St Austell and Newquay</i>) (Con) | † Throup, Maggie (<i>Erewash</i>) (Con) |
| † Foster, Kevin (<i>Torbay</i>) (Con) | † Williams, Dr Paul (<i>Stockton South</i>) (Lab) |
| † Hair, Kirstene (<i>Angus</i>) (Con) | Kenneth Fox, <i>Committee Clerk</i> |
| † Hammond, Stephen (<i>Minister for Health</i>) | |
| † Harper, Mr Mark (<i>Forest of Dean</i>) (Con) | † attended the Committee |

Thirteenth Delegated Legislation Committee

Tuesday 29 January 2019

[MR GEORGE HOWARTH *in the Chair*]

Draft European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2018

8.55 am

The Minister for Health (Stephen Hammond): I beg to move,

That the Committee has considered the draft European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2018.

The Chair: With this it will be convenient to consider the draft European Qualifications (Pharmacists) (Amendment etc.) (EU Exit) Regulations (Northern Ireland) 2018.

Stephen Hammond: It is a great pleasure to see you in the Chair, Mr Howarth.

The draft regulations aim to ensure continuity in the recognition of European economic area and Swiss health and care professional qualifications in the United Kingdom in a no-deal European exit scenario. The statutory instrument relating to Northern Ireland, which has been introduced here because the Northern Ireland Assembly is suspended, ensures that the approach to recognising health and care professional qualifications is consistent throughout the United Kingdom.

European health and care professionals make a major contribution to the national health service and the wider health and care system. Since 1997, more than 100,000 EEA and Swiss-qualified health and care professionals have applied to have their qualifications recognised in the United Kingdom, and more than 77,000 of them have been dentists, doctors, midwives, nurses and pharmacists. The Government have been clear that European health and care professionals will continue to be welcome after the UK leaves the EU, and the statutory instruments are part of ensuring that.

Arrangements for the recognition of professional qualifications within the EU is provided for by the directive on the recognition of professional qualifications, which will cease to apply if the UK leaves the EU without a deal. Changes to the domestic legislation that implements the directive are therefore needed to ensure that recognition of those EEA and Swiss qualifications can continue after EU exit, in the case of no deal. The directive provides for mutual recognition of EEA and Swiss professional qualifications within the EU and makes provision for harmonised education and training standards in seven professions, five of which are in health—doctors, dentists, nurses, midwives and pharmacists. The directive allows for recognition of listed qualifications that meet the harmonised education and training standards and provides for recognition under a general system for

qualifications that do not meet those harmonised requirements. The directive also covers Switzerland and EEA nations.

It is worth noting, as I have said, that the UK has been a major beneficiary of the arrangements under the directive. Since 1997, the UK has recognised 77,000 EU qualifications in the automatically recognised professions. In contrast, fewer than 7,000 UK qualifications have been recognised in other EU states. The directive has helped with the recruitment of skilled professionals to the UK's health and care sector and it is important that the arrangements that allow for continued recognition of health and care professional qualifications are in place if the UK leaves the EU in a no-deal scenario.

The two instruments that we are debating have three main effects. First, they put in place arrangements for the recognition of those EEA and Swiss professional qualifications that are currently recognised and provide for the continuation of recognition arrangements for those qualifications that are covered by the general system. Secondly, they ensure that applications for recognition that are ongoing at exit day can be completed under the current legal arrangements and, finally, they remove a number of provisions that would not be appropriate to maintain in the event of a no-deal Brexit.

I will set out the changes in a little more detail. The instruments put in place new arrangements for the recognition of professional qualifications that are currently automatically recognised. Such qualifications will become recognised overseas qualifications, or “relevant European qualifications” in the case of pharmacist qualifications in Northern Ireland. As such, they will continue to be recognised without additional testing, other than the checks for an applicant's language skills and on whether there are concerns about their fitness to practise.

The regulations give UK regulators a new power to designate a qualification that is currently recognised automatically.

Vernon Coaker (Gedling) (Lab): The Minister has just announced a major change, in that a UK regulator would determine whether qualifications were acceptable. Who sets the criteria for the regulator to determine that?

Stephen Hammond: I have said two things: that there will be new arrangements, so that professional qualifications that are currently automatically recognised will continue to be recognised without additional testing, other than checks for language; and that the regulations give powers to designate a qualification that is currently recognised. As yet, I have not said that there will be a new designation system.

Vernon Coaker: My understanding is that the regulator will determine whether a qualification is regarded as comparable. Is that the case? If so, who determines the criteria on which the regulator will make that decision?

Stephen Hammond: I will come to that a little later, if I may. The hon. Gentleman is right that we need to come on to that point, because some qualifications will be comparable and we need to ensure that the right regulatory system is in place.

As I was saying, designating a qualification will allow UK regulators to stop the automatic qualification, which is not possible under the directive. That is an important additional measure, which will enhance public protection. Such designation will be subject to Privy Council consent, or the agreement of the Department of Health in Northern Ireland in relation to pharmacists' qualifications there.

The Secretary of State for Health and Social Care will review the arrangement for the continued recognition of automatic qualifications no later than two years after the regulations come into force. The review clause is important because it means that the arrangements put in place by the regulations will not remain indefinitely. It would be reasonable for hon. Members to ask what the review will cover. In short, it will cover whether it is appropriate for the near-automatic recognition of European qualifications to continue. It would not be right for me to predict what key factors there might be at that point in two years' time, but I guess that hon. Members will make a judgement about which factors ought to be included in the review.

Vernon Coaker: The point I am trying to make is about the difference between automatic acceptance and the regulator determining that certain qualifications are not acceptable. I am trying to tease out from the Minister how that difference will be determined, between automatically accepted qualifications and those that are regarded as non-comparable. Who sets those criteria? That is the question for the Minister.

Stephen Hammond: It is the question. There is a system currently in place, as the hon. Gentleman knows, in which the regulator has powers to automatically accept qualifications. There is also a system in place for professionals from outside the EU and the EEA, which looks at regulatory qualifications and ensures that they comply with UK standards, which, at the moment, is the EU directive. Therefore, there is already a regulatory system for non-EU/EEA/Swiss citizens that sets those standards. If we were considering different standards to the current automatic recognition, it would be appropriate to use that process of regulation to give the regulator his authority to decide whether a qualification was acceptable. I hope that answers the hon. Gentleman's question.

What I can say about the two-year review period is that it is important to have a widespread and encompassing review of the arrangements for recognition of all international healthcare. That will ensure that the process of recognising all the qualifications is effective and proportionate. If and when the arrangements for the recognition of relevant EEA and Swiss qualifications come to an end, a parliamentary review to determine the time when that happens will be appropriate.

The regulations, as I hope I explained in more detail in answer to the hon. Gentleman's question, enable qualifications that are not covered by the automatic system to be considered by the relevant UK regulator and compared with the equivalent UK qualifications standard, as currently happens. They allow applications made before exit date to be concluded under the current arrangements, as far as practically possible. They allow individuals practising under temporary and occasional status, or under the EU professional card, to continue to do so until such registration expires.

The regulations also remove obligations and administrative arrangements that will no longer apply to UK domestic regulators when the UK leaves the EU. Those changes include the removal of provisions relating to cross-border temporary provision of services, which currently allow professionals in a member state to practise in another member state on a temporary and occasional basis without having to register fully; the removal of the requirement to share information through the European Commission's internal market information system, to which UK regulators will no longer have access; and the ending of arrangements that allow professionals to practise in the EU using the European professional card. That card is underpinned by European Commission systems that will no longer be available to UK regulators.

Finally, the regulations remove the requirement on UK regulators to set professional education and training standards that comply with the standards set out in the directive. That will provide UK regulators with greater flexibility to set education and training standards that meet the needs of the UK's health and care professions.

In conclusion, the regulations put in place a system for the recognition of EEA and Swiss health and care professionals if the UK exits the EU without a deal. They also ensure that applications that are in progress at exit day will be concluded under current arrangements as far as practically possible.

As I said at the outset, the UK places enormous value on the contribution of the EEA and Swiss-qualified professionals who work in the UK health and care sector. The regulations will facilitate the continued recognition of EEA and Swiss professional qualifications after the UK leaves the EU. I look forward to hearing the contributions of other hon. Members. The effect of the regulations is to ensure continuity of recognition of qualifications in the event of a non-deal EU exit.

9.8 am

Justin Madders (Ellesmere Port and Neston) (Lab): It is a pleasure to serve under your chairmanship, Mr Howarth.

I thank the Minister for introducing the regulations. As we have heard, current EU law sets out a reciprocal framework of rules for the recognition of health and social care professionals. That enables EEA and Swiss nationals to have their qualifications recognised, and to gain access to the regulated professions in which they are qualified to work in the UK on a temporary or permanent basis. Of course, in the event of a no-deal Brexit those rules will no longer apply.

As we have heard, the draft regulations on health and social care professions would amend the relevant legislation for the nine health and social care professional regulators in the UK. The other set of regulations would similarly amend the relevant legislation for regulation of pharmacists in Northern Ireland. The aim in both cases is to put in place new regulations for EEA and Swiss-qualified professionals to register to work in the UK in the event of a no-deal Brexit after 29 March.

As that date is fast approaching, the regulations are important. It is right to make arrangements, although it is a matter of regret that we are dealing with them at the last minute. Clearly they must be temporary. We accept the need in principle for some arrangements to be put in place, but we have several questions about their potential impact on the delivery of healthcare.

[Justin Madders]

First, on registered professionals, an estimated 3,200 EEA and Swiss-qualified health and social care professionals join the relevant registers to practise in the UK each year. According to the General Medical Council, doctors from the 31 EEA countries and Switzerland currently make up about 9% of the UK's medical workforce, rising to around 20% for some specialities, including surgery, with similar figures in other important areas. According to the Royal College of Nursing, the figure for nurses and midwives is between 5% and 6%.

We are therefore talking about a significant chunk of the workforce, in the context of a record number of vacancies, so there is clear potential for workforce disruption if EEA and Swiss nationals cannot register. We must do all we can to minimise the risk associated with that in a no-deal scenario. The NHS workforce is already in a precarious position, with 100,000-plus vacancies and more nurses and midwives leaving the register than joining. There is no doubt that the workforce challenge has been exacerbated since the referendum result, with 3,692 staff from the EEA leaving the Nursing and Midwifery Council register between 2017 and 2018, for example. At the same time, the number of EU nurses and midwives coming to work in the UK has fallen to its lowest level, with just 805 joining the register in 2017-18.

My first question to the Minister is this. Given the huge contribution of EEA and Swiss-qualified professionals to the NHS, which he was generous enough to acknowledge, what assurances can he give that the NHS will begin to stem the huge losses of these important staff that we currently see? Furthermore, future arrangements for EEA and Swiss applicants will be dependent on discussions with the EU. The costs attached to these future arrangements are unknown, but regulators are expected to continue to operate on a full cost recovery basis. The Government assume that any extra cost of assessing applicants with EEA and Swiss qualifications for registration will be recouped via the regulator's setting and charging fees to recover those costs from the applicants, which has been confirmed by regulators including the General Medical Council.

At the same time, the Government have acknowledged that changes to the procedure for recognising qualifications could make access to health and care professions more difficult, which could affect the availability of professionals. Has the Minister carried out an impact assessment to determine whether additional costs will affect the number of applicants from EEA countries and Switzerland and what affect that will have on the health service?

There is also a potential impact on healthcare, because the draft regulations will remove the right of EEA and Swiss professionals to work in the UK on a temporary or occasional basis. Examples that we have been given include a Dutch-qualified paediatrician working in the UK full time but participating in European-funded international research projects, or a Portuguese-qualified doctor working in Lisbon but undertaking weekend locum work in the UK. In December, when the draft instrument came before the Secondary Legislation Scrutiny Committee in the other place, there were 134 EEA or Swiss professionals providing healthcare services in the

UK on that basis. How will the Government ensure that the removal of this right will not have a detrimental effect on the NHS?

The draft regulations will give UK regulators the discretion to designate EEA and Swiss qualifications as not acceptable in the UK after exit, but they do not set out clearly the process for deciding what is or is not a comparable qualification. Two months from our exit, we do not know how healthcare professional regulators will operate their new powers to remove a qualification from automatic acceptance, should they have patient safety concerns; all we know is that the Privy Council will approve such a measure. It is unclear on what grounds a regulator will be able to make such a request and what information will be needed to satisfy the Privy Council. I am aware that at least one regulatory body, the General Medical Council, has been asking the Government for further clarification on that point. Will the Minister provide us and the regulators with guidance on what information will be requested to obtain Privy Council consent to remove a qualification from automatic acceptance where patient safety is a concern? How will he ensure consistency across the board when dealing with such applications and in the mechanism for reporting these issues to Parliament?

The impact on regulators also needs to be considered. The Department has said that there will be no additional administrative or resource burden on regulators. Given that UK regulators will have the additional function of having to assess whether qualifications are comparable, what assurances can the Minister give that UK administrators will have the administrative capacity and resources to deal with those burdens at no extra cost?

It is clear that these regulations are a stopgap to avoid an immediate cliff edge, should the UK exit without a deal. There is no clarity on plans to introduce more sustainable long-term arrangements for registering and licensing EEA and Swiss nationals beyond a review in two years. The Minister did not go into detail in his opening remarks, but it is legitimate to ask how the Government intend to approach the two-year review of the instrument and whether in the long run they will commit to reform of the legislation on professional regulators to allow for the registering of healthcare professionals regardless of where they qualified.

The Minister touched on this briefly, but what is most concerning is that the regulators will lose access to the internal market information system, or IMI, the online tool for sharing information. That will apply whether we leave with or without a deal. The IMI allows details about applicants and their qualifications to be shared and, crucially, provides an alert mechanism, which makes EEA and Swiss regulators aware of professionals with compromised fitness to practise or of restrictions on their practice. I appreciate that it is not in the Minister's gift to commit to ensure continued access to the IMI, but as the instrument revokes provisions that require UK regulators to access and use the IMI as part of their mutual recognition procedures, it is fair to ask what plans he has to ensure that patient safety is not jeopardised by its removal. This is a very important point. What plans are in place in the short and long term to enable continued sharing of information relating to the fitness to practise of professionals across the EEA and Swiss area?

Finally, as is often the case with Brexit-related debates, we forget that there is movement both ways. The impact on UK professionals wishing to work in the EEA must not be forgotten. After exit day, professional qualifications awarded in the UK will no longer be covered by the directive. The EU has agreed that holders of UK qualifications that have been registered in EEA countries and Switzerland will continue to be registered. However, in the absence of an agreement with the EU, that will be a matter for individual EU member states to determine. Has the Minister had any discussions with his EU counterparts about the impact of no deal on UK professionals wishing to practise in the EU after exit day? Does he know, for example, how many UK professionals would be affected? Has there been any consideration of mutual qualification recognition for emerging roles such as nurse associates?

In conclusion, we do not oppose the regulations or what they seek to achieve. We recognise, as the Minister does, the valuable contribution to the NHS of staff from the EEA and Swiss areas. I hope that these regulations will not result, inadvertently or otherwise, in our deterring or losing more of them than we already have. I would welcome any reassurance from the Minister in response to my concerns.

9.19 am

Martyn Day (Linlithgow and East Falkirk) (SNP): I am grateful to the Minister and the shadow spokesperson for their comments today. I will confine my comments to the lead statutory instrument and will not discuss the Northern Ireland instrument.

This SI is about repealing the EU system of qualification assessments and replacing it with something that in my opinion is nowhere near as robust, but instead worryingly ad hoc. Having read the legislation, I believe the new automatic system sounds like anything but automatic. A lot of this seems to be about offloading the risk of assessing the ongoing relevance of applicants' qualifications for healthcare positions in the UK away from Government. The regulations put enormous amounts of responsibility on the designated UK health regulators to decide which EEA and Swiss qualifications are no longer comparable, with no apparent framework other than that they are allowed to designate non-comparability based on the course, the institution or even just the country itself.

Those regulators have also been given the discretion to decide how to treat the EEA and Swiss qualifications that they assess to be non-comparable. I therefore have some questions. Are the regulators happy with that? Have the Government checked that the regulators are happy to take on that burden of responsibility, and what preparations are taking place? Will new guidance need to be put into place to support that? As this will amount to regulators taking on the burden of making decisions that they have never had to make before, will there be a detrimental impact on the UK health and social care services workforce?

The explanatory memorandum states:

“The amended legislation will no longer include obligations on regulators to abide by the Directive training standards when setting standards for UK qualifications, although regulators may use the Directive as a guide when setting standards in the UK.”

That sounds like the UK could be put at a competitive disadvantage to the EU, through the creation of different standards between the two, again potentially wreaking

havoc with our workforce. The transition provision goes nowhere near far enough to protect those currently going through the process. Saying that the UK will

“allow applications which have been made before exit day to be concluded under current arrangements as far as possible”

is no comfort whatsoever.

The Scottish health sector relies heavily on the EU workforce. This legislation could have a disproportionate and potentially devastating impact on our health sector. I believe it is a terrible piece of legislation that fails to provide a robust framework for transition, any protection for those making applications to our health sector or any assurances that our workforce will not suffer considerably as a result. The fact that the explanatory memorandum says that there is

“no, or no significant, impact on the public sector”

is laughable, and also puzzling, considering that that is directly contradicted on the very next page, in paragraph 12.5, which states that there could be an

“impact on the availability of health and care professionals”.

I have normally taken a pragmatic approach to these Delegation Legislation Committees on emergency exit regulations, saying that we need regulations in place and that I am not opposed, but I find it hard to do that today. Unless I hear suitable reassurances from the Minister, I am minded to try to force a Division on this matter.

9.23 am

Vernon Coaker: It is a pleasure to serve under your chairmanship, Mr Howarth. I wish to reinforce a couple of important points made by my hon. Friend the Member for Ellesmere Port and Neston from the Front Bench in his excellent contribution.

The hon. Member for Linlithgow and East Falkirk, who speaks for the SNP, talked about this, but these SIs are incredibly important. Tucked away in these regulations are all sorts of policy changes that will have huge implications for our constituents and our country. I want to mention a couple. Hon. Members might not have read all these regulations—I have not read all of the pages, but I have read some—but if, in a few weeks' or a few months' time, a no deal happens, we will have people coming to our constituency offices asking what has happened to change their working arrangements in this country. We will have to say, “We're not quite sure; we'll go back and have a look and see where that happened.” And it will have happened in Committees such as this.

I say this as an aside—I know that we have all said it—but one of the problems with SIs is that we cannot amend them. Let me give one example. My hon. Friend the Member for Ellesmere Port and Neston mentioned this, but one really significant change tucked away in these regulations is the removal of the right of EU and Swiss nationals who are working here on a temporary or occasional basis to do so. My hon. Friend set out how many people that covers. What will we say when a Swiss or EEA national turns up at our surgeries and says, “I am working here on an occasional or temporary basis”—or says that they wish to do so—“and my local hospital needs me”? The figures are there: 42 General Medical Council registrants, 88 other professionals, and

[Vernon Coaker]

so on. If one of those people comes to us and says, “I am no longer able to work here,” it will be this Committee that agreed that regulation.

I agree with my hon. Friend that we will not vote this measure, but why on earth is the Minister doing this? Why on earth are we saying to EEA and Swiss nationals who are working here on an occasional or temporary basis that they cannot do so?

Stephen Hammond *rose*—

Vernon Coaker: I will of course give way to the Minister, but the House of Lords Select Committee raised that point, so is he going to tell me that that has been changed?

Stephen Hammond: The hon. Gentleman is raising a number of serious and important points, as did the Opposition Front-Bench spokesperson—he was right to do so, and I will answer those points. However, the hon. Gentleman will be aware that at the moment the number of social and healthcare professionals working under the regime that he is describing is fewer than 160. Does he not agree that if people wish to work, or to continue to work, on a temporary or occasional basis, it might be more sensible, in the interests of public safety, for them to seek full registration? We are talking about a very small number. Surely full registration is the way forward.

Vernon Coaker: The implication of what the Minister has just said is that those people have been working in the NHS at the present time with sub-standard qualifications.

Stephen Hammond *indicated dissent.*

Vernon Coaker: That is exactly the implication of what the Minister has just said.

Stephen Hammond: It is not. The hon. Gentleman was citing the example of someone who wanted to work here on a more permanent basis and to use that regime to achieve that. If someone wishes to work under that regime, would it not be sensible to have full UK regulatory recognition?

Vernon Coaker: The Minister will give his answer, but this question has been raised by NHS professionals and by the cross-party House of Lords Select Committee that looks into these matters. Indeed, that Committee specifically said that the Minister should be questioned about the change, because it has serious concerns about the detriment to the NHS from removing the right of those people to work in this country under the occasional and temporary arrangements. The Minister may say it is only a small number, but if there is a no-deal scenario, let us see whether that small number start appearing at our surgeries and whether we have to explain why the current arrangements no longer apply.

I think the change is unnecessary. The system works very well now and allows people to move backwards and forwards. As my hon. Friend the Member for Ellesmere Port and Neston pointed out, this is a reciprocal arrangement. People from this country benefit from

exactly the same arrangements when they go to other countries across Europe. It will be interesting to hear the Minister’s answer to my hon. Friend’s question about what he expects the reciprocal arrangements to be and how other European countries will respond to our doctors, nurses and other healthcare professionals seeking to broaden and extend their experience by working in other countries in Europe.

The Minister started to answer my earlier questions about qualifications that are not regarded as comparable. In his response to the House of Lords Committee, he said it would be a matter to be determined by the regulator. My hon. Friend has already raised this point, but given that different regulators will determine which qualifications are not comparable, will they all have different criteria? How on earth will there be any consistency? The bureaucracy will be enormous. What are the costs of that? What will the staffing arrangements be? Again, the House of Lords Committee, in response to what the Minister said, raised serious concerns about how that will be done. My hon. Friend is right: the Minister needs to lay out more clearly how he believes the NHS will not be detrimentally affected by the changes introduced by these regulations, should that be necessary in a no-deal scenario, given the numbers he pointed to—3,200 people being automatically registered and 1,500 being registered under the general system. Will the Minister also confirm, as I think he said earlier, that the language tests will remain exactly the same?

My final point refers to Northern Ireland. It is a general point for the Minister to take away and one that he should perhaps ask the Secretary of State to discuss in Cabinet. There is no Assembly in Northern Ireland. The explanatory memorandum says that, under the legislation passed by this House, the Government talk with officials in Northern Ireland to determine whether these or other regulations are acceptable. Without getting into the arguments about why that is occurring or not, the democratic deficit is quite significant. I wonder whether there might be a better, more informative way of proceeding than just to include a few lines saying, “We’ve consulted with Northern Ireland officials about whether these regulations will apply appropriately in Northern Ireland,” given the responsibility on us all, in the absence of a Northern Ireland legislature, to consider the impact of regulations on that part of the United Kingdom in a more appropriate way.

These are significant changes. The Minister says that a small number of people will be affected, but those receiving treatment from someone who will no longer be able to register under the temporary or occasional scheme will be asking how this Parliament passed legislation that is potentially detrimental to their healthcare. That is not the Minister’s intention, but these are appropriate questions for this Committee and the House to ask the Minister as we move into the unknown.

9.32 am

Stephen Hammond: I would like to reassure hon. Members that, while it is essential to the public’s protection that we put in place this legislation, I recognise that a number of important and significant issues have been raised. I also recognise the potential impact on patients and citizens of the whole of the United Kingdom of not getting this right. There have been a lot of questions, which I shall try to address in some sort of order, perhaps lumping together some of the points put to me.

Initially there was a lot of talk about the impact on the numbers. From the overall number of EU, EEA and Swiss health and care professionals practising in the United Kingdom, the number working in NHS trusts in England increased by over 3,500 in the 12 months following the referendum. That includes an extra 600 doctors. As of June 2017, over 21,000 EEA doctors were registered with a licence to practise with the GMC. The number of joiners from the EEA has remained steady since 2016; therefore, these regulations would allow that to continue. The hon. Members for Ellesmere Port and Neston and for Gedling might like to point out that there has clearly been a decline in registered nurses. That is a significant concern to the Department, and we have looked not only at the number of current vacancies resulting from EU nationals not coming forward but, as importantly, at the need to train, recruit and retain UK nurses, which is why there are a number of routes into nursing.

There are language issues. One reason for the nursing staff shortage in respect of EEA applications is down to the language controls introduced by the NMC, which took full effect in July 2016. Although some people might concentrate on the referendum as the contributory factor, the language testing is also judged to have had an impact. Therefore, since November 2017 the NMC has introduced a number of changes to the language requirements for nurses and midwives trained outside the UK, which has increased the options available to such applicants to demonstrate their language ability. The changes appear to be having a positive effect on international recruitment, with 2,500 more overseas joiners to the register between January and December 2018.

The hon. Member for Gedling asked about a slightly different language issue. I will confirm this in writing, but it is my understanding that we do not intend to change the language tests.

The temporary permissions argument is clearly of concern, and I have tried to address the hon. Gentleman's questions about that. The numbers currently working under the regime are relatively small; however, that does not mean that they do not have a positive impact. It is right that under a new regulatory system people should seek full registration. However, over the EU exit day period and the period post that, the regime will continue. As temporary and occasional permissions last for up to 18 months, there will be plenty of time for those working under the regime to decide to apply for full registration.

The hon. Member for Ellesmere Port and Neston asked about the impact on UK professionals wishing to practise in the EU after exit day. I said in my opening remarks that it is the UK that is the main beneficiary of mutual recognitions. After exit day, professional qualifications awarded in the UK will no longer be covered by the directive, and the EU has agreed that holders of UK qualifications who have been registered in EEA countries and Switzerland will continue to be registered. However, in the absence of an agreement with the EU, recognition of UK qualifications after exit day will be determined by the national policy of the individual member state.

The hon. Gentleman and I have discussed reciprocal international healthcare arrangements on several occasions, both on the Floor of the House and in Committee, and he will recognise that the Government hope that a

widespread and encompassing international healthcare reciprocal agreement will be in place with the whole EU after exit day—that is our ambition. In the event of a deal, during the implementation period the current arrangements will pertain and we can look to put in place such a treaty.

Justin Madders: Will the Minister give way?

Stephen Hammond: One moment, and then I will. As the hon. Gentleman rightly knows, in the event of a no-deal EU exit—which is a lot of what we are talking about this morning—it is the Government's ambition first to put memorandums of understanding in place and then hopefully to have a widespread agreement with the whole EU or, if not, individual arrangements with member states.

Justin Madders: We all hope that arrangements will be in place, but my question was: have any discussions been entered into yet with individual member states about the arrangements in a no-deal scenario?

Stephen Hammond: There are ongoing and widespread discussions with the Commission and with member states. A number of member states are of high priority because the numbers of UK nationals currently living there make reciprocal international healthcare arrangements particularly important. A number of issues are being discussed. Given the nature of the discussions, I hope the hon. Gentleman will accept that reassurance.

Dr Paul Williams (Stockton South) (Lab): Is it not the case that the guidance issued yesterday says that in some cases the European health insurance card may not be valid or guarantee access to healthcare after 29 March and that it is the responsibility of individuals to check the healthcare arrangements with the countries they are visiting?

Stephen Hammond: The hon. Gentleman is correct. That is why we discussed in depth the reciprocal healthcare arrangements under the Healthcare (International Arrangements) Bill. Although it is absolutely the Government's intention, in either a deal or no-deal scenario, to ensure continuity of international arrangements, at the moment that cannot be absolutely guaranteed. I hope the hon. Gentleman heard me say to the hon. Member for Ellesmere Port and Neston that it is the Government's intention to ensure that, in the event of a no-deal scenario, memorandums of understanding will be put in place. We have already stated that anyone seeking emergency medical care, from wherever they come, will be treated by the NHS. We hope to ensure the continuity of current arrangements in a deal or a no-deal scenario.

To give Members a bit more flavour and depth, let me say, in response to both the initial inquiry, from the hon. Member for Ellesmere Port and Neston, and the inquiry from the hon. Member for Stockton South, that there is understandably a widespread agreement in this area that the current arrangements are to the mutual benefit of the healthcare systems of both the UK and the whole EU and should continue. In that light, very positive discussions are taking place, particularly with the countries where most UK nationals currently reside.

I do not need to write to the hon. Member for Gedling; I can confirm that the regulators will continue to apply the language tests as currently set out.

[Stephen Hammond]

The hon. Member for Ellesmere Port and Neston talked about the loss of the internal market information system. If the UK exits the EU without a deal, it will no longer have automatic access to the EU systems, including the internal market information system, which regulators across the EU use to exchange information. We hope that the discussion about international healthcare arrangements will continue, but it may well be the case that UK regulators have to seek information from their European counterparts directly, rather than from the Commission. UK regulators are aware of that and are preparing for it, although, as I have said, that may well be part of the discussions about international arrangements and encompassed in a future bilateral or EU-wide international healthcare arrangements agreement. However, the regulations mean that UK regulators will not be required to carry out more assessments of European qualifications than they do now and they will allow bilateral applications for information.

Justin Madders: The Minister has been very generous in giving way. We should be clear that, as things stand, the early warning system will not be in operation. It is important to express our concern about that and our sincere wish to put in place an arrangement to avoid it.

Stephen Hammond: The hon. Gentleman is absolutely right to raise that concern, but as I have sought to reassure him, it will be perfectly possible for UK regulators and EU regulators, either in whole or individually, to exchange information. It will be possible under this arrangement for UK regulators to seek that information from their individual European counterparts, should they need to do so.

The hon. Gentleman asked about the capacity of regulators to check qualifications. Although it is not the Government's intention or desire to have a no-deal outcome, regulators have been preparing for that possible scenario. These regulations will ensure that there will be little additional work for regulators in recognising EEA and Swiss qualifications at exit date. Under the regulations, the regulator can choose to review automatic qualifications that it was previously obliged to accept and to designate those qualifications where there are patient and public safety concerns. An applicant will be obliged to supply the regulator with the relevant documents, and if the regulator is not satisfied, it can reject the application. My point is that there is no extra administrative burden on regulators.

On the potential for an additional financial burden, the UK and the regulators have been preparing for a possible no-deal outcome. As the regulations seek to maintain the current systems as far as possible, for at least two years from their coming into force after the expected exit day until the review, there should be little extra cost or impact. There is, as the hon. Gentleman pointed out, the potential for regulators to recover those costs through additional fees, and that is true of current regulatory systems, in many cases.

The hon. Members for Ellesmere Port and Neston and for Linlithgow and East Falkirk asked whether the regulations reduce the ability to safeguard public and patient safety, making the health service less safe. At the heart of these instruments is the recognition that public protection and patient safety must be the foremost

ambition; therefore, public protection is the key purpose of regulating health and care professionals. The instruments provide the regulators with the necessary powers to protect the public by introducing the power to designate EEA and Swiss professionals, who they are currently obliged to accept automatically. In addition, they will still be able to check applicants' language skills and, as I confirmed to the hon. Member for Gedling a moment ago, the language tests will not change.

I was asked about the review process. It is appropriate that a two-year review of the regulations is put in place, which will potentially be wide-ranging and encompassing. The regulations are intended to be subject to review two years after they come into force. As I said earlier, it would be wrong of me either to limit the scope of the review or to predict the factors that may be in place at the time. I am often asked by the hon. Member for Ellesmere Port and Neston and others to commit to reviews of regulations and other legislation, and, as we are committing to a review after two years, I hope that he will accept my assurance on that.

Several hon. Members, including the hon. Member for Linlithgow and East Falkirk, asked me about the impact assessment. There is no significant impact. The impact for the instrument falls below the £5 million threshold of the annual net direct cost to business, as detailed by the business impact target. There is no significant impact on business, and no significant direct impacts have been identified as a result of the changes. Hon. Members have asked about the potential impact regarding allowing recognition so that EEA and Swiss professionals who are valued in the health service can continue to practise in the UK post-EU exit day in a no-deal scenario. That is the impact, and the regulations seek to minimise it. They put in place sensible measures to ensure that that recognition can happen.

Finally, I was asked about whether the regulations support cross-border co-operation between Northern Ireland and the Republic of Ireland. The regulations ensure the continued recognition of Irish professional qualifications in the UK for at least two years after exit day. They allow professionals practising under an existing and temporary or occasional status to continue until the end of that—

Vernon Coaker: Will the Minister give way? I think he misunderstood what I asked.

Stephen Hammond: I will give way but I think I might be about to predict that as well.

Vernon Coaker: To clarify, I was not talking about the cross-border arrangements. I was making the point about whether, in the absence of the legislative Assembly in Northern Ireland, instead of having two or three lines saying, "We've discussed this with Northern Ireland officials and that's fine," we need to give more detail to our discussions about that.

Stephen Hammond: The hon. Gentleman predicts what I was about to say.

Vernon Coaker: Apologies.

Stephen Hammond: Not at all. The hon. Gentleman is right to ask whether, in the absence of an Assembly in Northern Ireland, the Pharmaceutical Society of Northern Ireland can assess EEA and Swiss pharmacist qualifications that are not covered by automatic recognition—he

recognises, of course, that the automatic recognition system is there. These regulations will ensure there should be little change in those. The PSNI will continue to recognise pharmacist qualifications that are within the scope of the automatic system at exit day. Those who do not hold a qualification currently within that scope will be registered with the General Pharmaceutical Council before registering with the PSNI. That is a continuation of the current practice. I am happy to keep this issue under review and to make it part of the discussion with Northern Ireland officials.

With those remarks, I hope that I have managed to satisfy hon. Members' inquiries, and I commend both sets of regulations to the Committee.

Question put.

The Committee divided: Ayes 9, Noes 1.

Division No. 1]

AYES

Docherty, Leo	Harper, Mr Mark
Double, Steve	Morris, David
Foster, Kevin	Morton, Wendy
Hair, Kirstene	Throup, Maggie
Hammond, Stephen	

NOES

Day, Martyn

Question accordingly agreed to.

Resolved,

That the Committee has considered the draft European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulation 2018.

**DRAFT EUROPEAN QUALIFICATIONS
(PHARMACISTS) (AMENDMENT ETC.)
(EU EXIT) REGULATIONS (NORTHERN
IRELAND) 2018**

Resolved,

That the Committee has considered draft European Qualifications (Pharmacists) (Amendment Etc.) (EU Exit) Regulations (Northern Ireland) 2018.—(*Stephen Hammond.*)

9.54 am

Committee rose.

