

NMC Response to the Call for Input on trade with the Gulf Cooperation Council

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 745,000 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.

Introduction

- 5 We welcome this call for input on the UK's trade with the Gulf Cooperation Council (GCC). It is vitally important that the direction of the UK's emerging trade policy is transparent and open to views. Our response builds on our previous submissions on other ongoing trade negotiations, including with [India](#), [Canada](#) and [Mexico](#).
- 6 Compared to countries like India, we receive very few applications from people who trained in the GCC, although this has been increasing in the last few years. In total, there are 665 people on our register who trained in GCC countries. This represents 0.5 percent of the total number of people on our register who trained overseas. The majority of these come from Saudi Arabia (309 individuals) and the United Arab Emirates (249 individuals). A significant number of these joined the register recently, with 348 people who trained in GCC countries joining our register in the last two years, representing a slightly higher 1.2 percent of the total overseas new joiners over this period.

- 7 We have responded to those questions of greatest relevance to our regulatory role, which for the purposes of this call for evidence principally concern the facilitation of the movement of people and the mutual recognition of professional qualifications.

What would you want the UK Government to achieve through a free trade agreement (or related trade talks) with the GCC, and why?

- 8 As the professional regulator of nurses and midwives in the UK, and nursing associates in England, our mandate is to protect the public. We uphold this mandate by requiring that all applicants evidence that they have the knowledge and skills needed to deliver consistent and quality care.
- 9 Consequently, our primary priority for the UK's trade policy is that regulatory autonomy should not be undermined through the negotiation of mutual recognition agreements based on a person's qualification, and that our ability to assess international applicants through our [Test of Competence](#) (ToC) should not be restricted.
- 10 As a result, our position is that any trade deal between the UK and the GCC must not undermine our ability to apply the ToC as our method for assessing applicants from other countries party to that agreement. This not only supports public safety, it also helps ensure a reliable flow of qualified professionals onto the register.
- 11 This is because the ToC is structured around our [pre-registration proficiency standards](#) and allows us to ensure that everyone joining the register meets the same standards. It is formed of two parts: a multiple-choice computer based theoretical test, known as the Computer Based Test (CBT), and a practical test known as the Objective Structured Clinical Examination (OSCE).
- 12 We are confident in the robustness of this assessment approach because it is designed to test the knowledge, skills and attributes needed for nursing and midwifery in the UK specifically. As these skills evolve and change, we can review and adapt the ToC to keep it aligned to reflect our new standards. This was done most recently in August 2021 in order to reflect our new [Future Nurse](#) and [Future Midwife](#) standards. This ensures that all those delivering care in the UK meet the same high standards, regardless of where they are trained.
- 13 In addition, the ToC is applied consistently, transparently, and equally to all applicants. This aligns with the Government's ambition to see an efficient and fair process for the recruitment of internationally trained health professionals. It also underscores our commitment to fairness and non-discrimination in our processes.
- 14 Finally, the ToC offers a far more cost-effective and time-efficient method of assessment when compared to qualification assessment. Internal work undertaken in 2018 which looked at this in detail found that putting a qualification assessment process in place for overseas applicants would be very resource intensive and likely lead to an outcome where very few, if any, qualifications would meet our new standards.

What are your concerns about a free trade agreement (or related trade talks) with the GCC be?

- 15 Our main concerns relate to maintaining public safety, ensuring that all nursing and midwifery professionals in the UK meet the right standards to achieve this, and being sufficiently engaged in trade negotiations to be able to make sure this remains the case.
- 16 As a result, any trade deal with the GCC should not provide automatic recognition of nursing and midwifery qualifications gained in GCC member states. However, given the complexity of trade deals, other issues could arise through the course of negotiations that we are not able to predict at this time.
- 17 It is therefore important that we are involved at the earliest opportunity possible in any negotiation process to ensure that we are able to provide input and feedback on relevant areas in the deal, so we can highlight unintended consequences and help shape outcomes in mutually beneficial ways. We would welcome continued in-depth engagement from DIT through the Regulated Professions Advisory Group throughout the process.

Is there anything else that you would want to say about the UK's future trade relationship with the GCC?

- 18 Trade can provide an important opportunity to promote good regulatory practice. We see benefits for both the UK's and GCC members' health and care system if our respective professional regulation and education systems are better able to learn from one another, so that we are continuously pushing forward innovation and best practice. We think that a trade deal could be an important enabler for this by providing a high-level framework which allows for closer regulatory engagement and knowledge exchange.
- 19 The UK has historically relied on recruiting nurses and midwives trained overseas. We know that internationally-trained professionals bring a wealth of skills and insights to the UK. However international nursing and midwifery professionals, and trade deals facilitating their movement and registration, should not be seen as a panacea to workforce shortages in the UK.

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