



# Activity Report

European Federation of Nurses' Associations  
Working Year 2017



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## Abbreviations

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▪ <b>AMR</b>	Antimicrobial Resistance
▪ <b>ANP(s)</b>	Advanced Nurse Practitioner(s)
▪ <b>Art.</b>	Article
▪ <b>CED</b>	Council of European Dentists
▪ <b>CONT</b>	Budgetary Control Committee of the European Parliament
▪ <b>CPD</b>	Continuous Professional Development
▪ <b>CPME</b>	Standing Committee of European Doctors
▪ <b>DG</b>	Directorate General
▪ <b>DG CONNECT</b>	European Commission Directorate General for Communications Networks, Content and Technology
▪ <b>DG DEVCO</b>	European Commission Directorate-General for International Cooperation and Development
▪ <b>DG GROW</b>	European Commission Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs
▪ <b>DG SANTE</b>	European Commission Directorate General for Health and Food Safety
▪ <b>DIR36/DIR55 DIR36-55</b>	Directive on Mutual Recognition of Professional Qualifications (2005/36/EC & 2013/55/EU)
▪ <b>ECDC</b>	European Centre for Disease Prevention and Control
▪ <b>EMA</b>	European Midwives Association
▪ <b>ENRF</b>	European Nursing Research Foundation
▪ <b>ENS4Care</b>	EFN EU Project "Evidence Based Guidelines for Nurses and Social Care Workers for the deployment of eHealth services"
▪ <b>ENSA</b>	European Nursing Students Association
▪ <b>EP</b>	European Parliament
▪ <b>EPC</b>	European Professional Card
▪ <b>EU</b>	European Union
▪ <b>Eurostat</b>	Statistical office of the European Union
▪ <b>ENVI</b>	European Parliament Committee on Environment, Public Health and Food Safety
▪ <b>EMPL</b>	European Parliament's Employment and Social Affairs Committee
▪ <b>ERRIN</b>	European Regions Research and Innovation Network
▪ <b>FP9</b>	Framework Programme 9
▪ <b>FEMM</b>	European Parliament Committee on Women's Rights and Gender Equality
▪ <b>GDPR</b>	General Data Protection Regulation
▪ <b>H2020</b>	Horizon 2020 programme (EU Framework Programme for Research and Innovation)

▪ <b>HCA(s)</b>	Healthcare Assistant(s)
▪ <b>ICN</b>	International Council of Nurses
▪ <b>ICT</b>	Information and Communication Technology
▪ <b>IMCO</b>	European Parliament's Committee on Internal Market and Consumer Protection
▪ <b>K4I</b>	Knowledge4Innovation
▪ <b>MEP(s)</b>	Member(s) of the European Parliament
▪ <b>mHealth</b>	Mobile health - in reference to using mobile communication devices in healthcare
▪ <b>NNA(s)</b>	National Nurses' Association(s)/Organisation(s)
▪ <b>OECD</b>	Organisation for Economic Co-operation and Development
▪ <b>PaSQ</b>	Joint Action on Patient Safety & Quality of Care
▪ <b>PGEU</b>	Pharmaceutical Group of the European Union
▪ <b>SME(s)</b>	Small and Medium Enterprise(s)
▪ <b>SOLP</b>	EFN Strategic & Operational Lobby Plan
▪ <b>SORP</b>	ENRF Strategic & Operational Research Plan
▪ <b>TAIEX</b>	Technical Assistance and Information Exchange instrument of the European Commission
▪ <b>UN</b>	United Nations
▪ <b>WHO</b>	World Health Organization

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## Executive Summary

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2017 has been a successful year in relation to the Mutual Recognition of Professional Qualifications, Directive 2013/55/EU implementation, as it safeguards a European standard that can never be downgraded in times of savings. The new Proportionality Test Directive has underpinned this safeguarding tool, by making clear that future evidence based policy design has to engage the nursing voice before making political decisions. It is time to say what nurses want, how they want it and when they want it. A European Union (EU) commitment to a greater involvement of the nursing community in the design and implementation of EU health policies is key to make health systems sustainable.

The EFN also worked a lot on primary and community care topics, crucial when it comes to patient safety and quality of care. A significant strengthening of primary and community care, guiding citizens/patients through the health systems, implies investing in nursing as an important player at policy level and the backbone for implementation, a gap to be closed. Recognising the advanced role of nurses is key in making a shift towards integrated and primary care models, in which continuity of care is the norm.

Equally important for the EFN is that the health policies design should shift from a disease-specific approach, to a more generic, continuity, and value-based health and social care system approach to design a more people, citizen, and patient driven person-centred care system with an appropriately designed and resourced frontline nursing workforce at the interface of health and social care services. To this purpose, nurses play an essential role in personalised healthcare, within the multi-professional team and support a clear priority towards promoting healthy lifestyles, prevention and individualised support and self-management in case of chronic disease and polymorbidity. With the right knowledge, skills and opportunities, nurses are in a unique position to act as autonomous practitioners and lead for example as a health coach, including virtual coaching.

Furthermore, the Commission EU Health Country Reports are providing a clear signal that effective policies are needed to train and retain the health workforce and to transform health services delivery. To this aim, the Social Pillar principles need to be translated in proper education and gender-sensitive policies, aiming at guaranteeing work-life balance conditions and a healthy, safe and well-adapted work environment through the engagement of nurses in policy design. Therefore, the EFN has been making it clear at EU level that it is key to engage the nursing profession in the deployment of the European Digital Agenda to make EU policies “fit for practice”. The European Commission should ensure that EU digital innovation projects involve nurses as end-users and managers from the beginning to guarantee that the new tools will be ‘fit for purpose’. The EFN will, in 2018, continue to lobby the European Commission in that sense.

In conclusion, to guarantee that nurses' views are taken into account in the development of the EU policies, the EFN has been lobbying the European Commission who should commit to involving nurses in the design and implementation of EU roadmaps. The implementation and design of health policies should reflect the healthcare professionals, and nurses, pragmatic approach. If not, health policies and tools will stay theoretical, while pragmatic and concrete actions are urgently needed in the EU. In addition, to make change a success, the Commission should ensure that the frontline nursing workforce gets more support through the mechanisms designed in the European Pillar for Social Rights. The EFN agrees that ‘everyone has the right to timely access, affordable, preventive and curative health care of good quality’ (Principle 16 of the European Social Pillar), but to close the implementation gap, and move away from a medical, disease oriented system thinking towards a more holistic system with digitalisation as support, the European Commission should start in 2018 with focussing on strengthening more community and primary care, engage nurses in the digitalisation of health and care, thus boosting continuity of care, with nurses being recognised as ‘end-users’ partners in “Value-based Health Systems”? These innovations are built on the ‘EFN Competency Framework’ and the ‘EFN Workforce Matrix 3+1’ as basic tools for successful policy outcomes.

So, the 2018 EFN lobby work will build on these major achievements for nurses and nursing.

## Foreword

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Dear EFN Members,  
Dear Colleagues,

2017 was politically a very important year for the nursing profession in the EU. With austerity measures across EU Member States, and globally, this had, and continuous to have serious implications with severe cuts in nursing ratios and nursing education. Opportunistic governments used the 'crisis' as a driver to develop a cheaper nursing workforce. The reduction in the nursing workforce is an ongoing tactic to reduce the financial burden of health care delivery, but remains a proven short-sighted policy failure, that in the long run, has implications for poor population health outcomes and patient safety for all citizens across Europe with additional long-term health costs and poor standards of care.

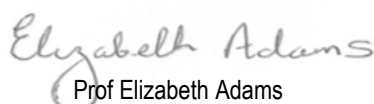
However, ensuring a resilient health workforce in the EU depends on attracting people to work in the health system as well as retaining qualified, experienced and skilled staff in a highly competitive, global labour market. Creating attractive career pathways, including through CPD, is considered a key success factor for retaining and motivating nurses. However, in most Member States, with some notable exceptions, there are no coherent health workforce policies that would help to map out career pathways or sufficient CPD funding to support them.

Given that the health workforce will have to meet the growing and changing care needs over the next two decades, it is important that all the EU policy-makers (Member States, EU institutions and other stakeholders) invest in updating the competences of the existing workforce, so as to keep providing high quality health care and ensuring patient safety. Nurses are already proving their added value, but clear and concrete actions are needed for strengthening the nursing workforce and empowering the frontline in achieving the best healthcare outcomes.

2017 brought with it, several political debates of high importance to nurses and nursing, as the new Proportionality Test Directive, Digitalisation, Artificial Intelligence, and the uneven distribution of workforce, a topic that is being discussed for the last decade. We strategically integrated the EFN position into several political meetings, in addition to lobbying key stakeholders, policy-makers and politicians, and it is with pride we can say that we got tangible outcomes, on which 2018 EFN lobby activities can be built and evolved for the future.

It is evident that EFN is the strongest united voice for nurses in the EU and Europe that is respected as an important political power base that makes a strategic difference to shaping the policy vision, transforming policy into reality to drive quality and excellence in health care delivery and the European Population. We have key EU initiatives coming up and we are well prepared to provide the evidence for developing further a highly qualified, motivated and impactful nursing workforce delivering highly quality and safe services to patients and citizens in the EU.

Hope you will enjoy reading this 2017 Activity Report, and that it will provide you a clear insight in the daily lobby efforts of EFN that would not be possible without your commitment, expertise, collective insights, engagement and positive support, all of which is valued and appreciated

  
Prof Elizabeth Adams  
EFN President

  
Dr Paul De Raeye  
EFN Secretary General

## I. EFN KEY LOBBY PRIORITIES

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In line with the [EFN Strategic and Operational Lobby Plan 2014-2020](#), and building on the achievements of previous years, in 2017 the EFN continued focussing on its three major key policy areas: [Education](#) (Under the lead of EFN Professional Committee), [EU Workforce for Health](#) (Under the lead of EFN Workforce Committee), and [Patient Safety and Quality of Care](#) (Under the lead of EFN Public Policy Committee), including [e-Health](#).

### 1. EDUCATION

#### ➔ Directive 36/55

Being a crucial topic for the nurses in the EU, and beyond, the EFN has been working very hard for many years on the [Directive 2005/36/EC](#) on Mutual Recognition of Professional Qualifications (amended by Directive [2013/55/EU](#)) developments, which has strengthened nursing, women, as a profession throughout the EU.

The two years transposition period of the modernised Directive are now over, with the deadline of 18 January 2016 for the 28 EU Member States to implement it at national level. With the [EFN Competency Framework](#) guiding the nursing schools at national level and the EFN Workforce [Matrix 3+1](#) on the three Categories of Nursing Care and key principles for the development of Healthcare Assistants (HCAs), the EFN Members have created evidence based tools to ensure the Directive gets implemented correctly and continue to drive policy makers to work towards the right workforce composition, providing clarity in relation to the different nurses' roles and responsibilities.

However, in reality, many EU Member States have not yet transposed DIR55 into national legislation, and for the ones who have or are in the process of, some are not correctly translating article 31 of the Directive into their respective Nursing Curricula. Even more concerning, some national governments, as Czech Republic, Hungary, Slovakia, UK, for example, are planning to [downgrade](#) nursing education and are starting to develop 'cheap nurses', driven by economic factors rather than the body of evidence which demonstrates that graduated nurses make a significant positive difference to the quality, safety, morbidity and mortality of the individual citizens. Although the EFN [letters](#) sent to the national governments in support of the EFN National Nurses Associations' requesting the engagement of the nursing profession in the policy design has some impact, often national laws are voted bypassing nurses and nursing. In this context, it is more than ever crucial that the EFN Members help each other, their schools of nursing, universities and their governments meet the requirements of the revised Directive; this will avoid infringement procedures from the Commission and ensure a consistent level of qualified EU nurses in compliance with Directive 55.

Taking into account that with the current challenges of ageing, chronic diseases, etc. we need, more than ever, a highly qualified workforce to ensure that patient safety and quality of care are maintained, the EFN has been following this process very closely, and has been lobbying some EU Member States itself (as Czech Republic or Slovakia) to make sure that the legislative EU requirements are correctly and totally implemented at national level as this is crucial for the quality and safety of the health services delivered by nurses, and will be pro-active in getting civil servants, politicians and nursing schools moving.

However, on the 7<sup>th</sup> December 2017, the Commission refers Belgium, France and Germany to the Court of Justice of the EU over the failure to notify the complete transposition of EU law on the recognition of professional qualifications (Directive 2013/55/EU). The Commission sent reasoned opinions to the Belgian, French and German authorities in September 2016. Since then, Belgium, France and Germany still have not notified the complete transposition of the Directive to the Commission. The Commission will call on the Court to impose a daily penalty of € 22 260,48 for Belgium, € 53 287,52 for France and € 62 203,68 for Germany from the day of the judgement until this Directive is fully enacted and in force in national law. Cyprus is brought to court for not recognising the professional training in the fields of engineering and architecture acquired by Cypriot citizens in other Member States, which does not seem to be in line with Directive 2005/36/EC. Cyprus now has two months to remedy the situation; otherwise, the Commission may decide to send a reasoned opinion to Cyprus.



### → **A new Delegated Act to modernise Annexe V of the Directive 36/55**

Equally important is the development of a Delegated Act to update Annexe V of the Directive. It is essential that all nursing schools interpret the competencies mentioned in Art. 31 in the same way. This will build trust between the competent authorities signing off Mutual Recognition of Professional Qualifications' requests. Especially in the context of the recently launched European Professional Card, trust is of key importance as nurses are one of the most mobile professions in the EU. We need to make sure the education of these nurses is in compliance with Art. 31 and Annexe V of the Directive. EFN members have worked 3 years on the design of the EFN Competency Framework, aiming at providing a guide for the nursing schools to implement the 8 competencies listed in Article 31 of Directive 2013/55/EU. The Delegated Act needs to connect Art. 31 and the EFN Competency Framework.

At end of June 2017, the European Commission DG GROW opened a Call for Tender on "[Mapping and assessment of developments for nurses responsible for general care](#)" (in the context of 2005/36/EC) – aiming to provide analysis to inform the debate on the need for a Delegated Act for Annex V of DIR36-55. The EFN submitted a proposal (Deadline: 18 September 2017), with the EFN as coordinator of the project, as the EFN has decades of work undertaken on this topic, with a significant amount of data and relevant contact points to bring different views together. No decision has been taken yet from the European Commission on who has been granted to do the study. However, whoever has the study, EFN and its members, together with the nursing regulators network, need to make sure a constructive negotiated policy outcome is build on the dedicated work of EFN on the DIR36/55.

### → **Proportionality Test Directive proposal**

The transposition, or non-transposition, of [Directive 2013/55/EU](#) led to the development of a new EU Directive: the [Proportionality Test Directive](#).

When revised in 2013, the objective of the DIR55 was to set rules to make sure that provisions would be fit for purpose and would not go beyond what is necessary for exercising the nursing profession. The procedure introduced by DIR55 includes guidance on assessing proportionality of existing legislation. But in many cases the EU Member States have been having difficulties to follow this guidance, based on the work of the Court of Justice. Therefore, the failure in using this guidance, experienced by some EU Member States, pushed the European Commission to present the Proportionality Directive proposal as a way to put in place a more structural approach. This proposal, based on the Court of Justice jurisprudence, is not imposing any additional rule, but is trying to clarify the objective of Article 59 of DIR55 and of the EU Treaties on the proportionality principle: this must be justified by a public interest objective. As such, the Member States will have to apply the test in the context of their own procedures (The directive is not introducing new procedures), knowing that the proposal allows the Member States to determine the level of protection that they want to take. This will benefit the nursing professions (and all healthcare professions), as the regulators have to make sure the legislation is kept on a proportional dimension.

From an EFN perspective, the different EFN General Assemblies 'Tour de Table', of the last few years, and the several National Nurses Associations (NNAs) requests to EFN to write letters to their governments, Prime Ministers and Ministers of Health, made it clear that the nursing education risks being downgraded, new workforce post/professions being created, putting quality and safety at risk. Even though the EFN Members have used Linda Aiken evidence that *"Every 10% decrease in bachelor's degree nurses was associated with 7% increased mortality, implying that nurse staffing cuts to save money has adverse effects on health and patient outcomes"* ([Aiken, 2014, The Lancet](#)), to try to convince their national governments, some are already in a process of creating new teaching programs and legislation for the development of 'lower level nurses', due to the ongoing [austerity](#) measures in the healthcare sector, of which nurses are some of the first victims (cuts in salary and costs in posts). From 2008 to 2018, for ten years, nurses have been exposed to unprecedented cutbacks with little recognition or respect for their incredible contribution, commitment, value and expertise that is a proven key degerminator for safe, effective and quality health care for all citizens.

With a real concern for the nursing profession, the EFN has been following very closely the ongoing discussions on this Directive proposal in the European Parliament Committees (IMCO, ENVI, EMPL), and have been working with the European Commission (DG Grow) and the European Parliament (IMCO Committee) to explore



how this new Directive can support the EFN Members in stopping national governments to downgrading nurses and nursing, by giving the nursing profession at national level an extra legislative tool to stop this process/debate/movement, often led by physicians in politics.

On 4 December 2017, the IMCO Committee of the European Parliament voted its [Report on the Proportionality Test Directive](#) with 33 votes in favours and 3 against. In its final version, the report includes the healthcare professionals in the scope of the Directive, which is a huge victory for EFN. This is a major step for the nursing community, even if the amendments proposed include some [compromises](#) to take into account the specificities of the health profession/services, as for example: Recitals 12(b) and 20(b), referring to patient safety; Compromised Amendment 5, that acknowledges the right of Member States to determine the level of protection which they wish to afford to public interest objectives, in the absence of harmonisation at EU level and within the limits of the proportionality; or Compromised Amendment 6 that introduces the possibility for Member States to notifying the European Commission when they consider that a particular criterion is not relevant for the assessment. All this still needs to be adopted in plenary and by the Council, through the 2018 triologue meetings.

For the EFN, the proposed Proportionality Directive, is a clear follow-up of the modernised Directive 2013/55/EU, which has strengthened the development of nursing as a profession since its conception, and it will be a positive tool to develop new regulation/laws related to advanced roles for nurses, and as such “putting flesh on the bones” of the EFN Workforce Matrix 3+1 (for which the EFN Spring General Assembly, in Malta, March 2017 approved a [Policy Statement](#) & [Position Paper](#)). We need EU legislative tools to support the NNAs developing nursing throughout the EU and Europe. As such, the EFN will continue [ensuring](#) that the level of protection of public health will not be undermined by the new provisions and that EU citizens will continue enjoying access to appropriately trained and regulated professionals. The proportionality test will play an important part in achieving this across the EU. Therefore, the EFN will continue to follow closely this topic in 2018, and make sure that the nurses' voice is heard in this political debate.

#### ➡ **European Professional Card**

Introduced by the modernised Directive 36/55, the [European Professional Card](#) (EPC), entered into force on 18 January 2016, for five professions (general care nurses, physiotherapists, pharmacists, real estate agents and mountain guides), and should be extended to other professions in the future. To be requested [online](#), the EPC is aiming to ease the free movement and allow, as a first step, those professionals to practice their profession in another EU Member State, by simplifying the [procedure](#) for getting their professional qualifications recognised. Fully engaged in this policy process for many years, the EFN has been following this topic closely, namely by meeting the European Commission (e.g. DG Grow) or participating in key events (e.g.: Single Market Forum 2016/2017 workshop 'First year of operation of the European Professional Card' (EPC) and the 'Alert Mechanism' (May 2017), aiming to reflect on the experiences of this first year of operation of the EPC and the accompanying 'Alert Mechanism').

The main conclusion at this stage is that the professional mobility concerns 22% of the EU population (47 million people), and therefore, safe mobility is key. As such, the EPC is introducing new ways of communication, electronic exchange through IMI (with annual savings of 5 billion €/year), but we need to explore how the frontline can pick it up more, knowing that some of the applicants are happy with this new platform and others not. With regard to the competent authorities, this seems still to be a problem as not all of them are working with IMI, still preferring the paper version for the applications. So, it is crucial to convince them to use the new system. Also, different kinds of interpretations exist between the EPC procedure and the standard procedure. Therefore, cooperation between Member States is key. We need to further improve the EPC, and have more legal guidance.

On the alert mechanism, National competent authorities received in this first year 13.000 alerts (Nurses: 7439; Doctors: 2894; Other healthcare professionals: 2965; Falsified Diplomas: 2). Contributing to the safe mobility of professionals, proactive warning, restrictions and fake diplomas, alert mechanisms are key. Also, here strong data protection guidelines are important. We have uneven take up in Member States, but the nurses alert mechanism is highest (due to UK triggering lots of alerts). The alert is used in very different ways across the EU, depending on the competence of authorities to hand out restrictions on the practice of professionals as stated by

different national rules. More standardisation and more filters in appearing of the alert is needed. As well as systematic cooperation.

The Commission launched a [public survey](#) in March 2017 to gather views on first experiences of both initiatives. The results will be a fundamental part of the evaluation of the initiatives and a base for potential actions that the Commission may wish to take in the future. In 2018, the EFN will follow-up on these concrete results and take lobby action when/where needed.

#### ➔ **Continuous Professional Development**

Being a key political topic for the European Commission, strengthened in the modernised Directive 36-55, Continuous Professional Development (CPD) is an essential topic for the nursing profession. In 2017, the EFN continued to follow closely the debate and developments of CPD, and its lobby process next to the EU Institutions and key stakeholders, providing nurses' views and key concerns on the subject and making sure that EU nurses are able to update their knowledge, skills and competences regularly through CPD. The EFN will continue to follow this topic and keeping it high on the EU political agenda. The EFN will explore with the other sectoral professions, what progress can be made in 2018, especially through the European Health Programme and the European Social Rights Pillar, in which the first principle relates to education, including life-long-learning and CPD.

#### ➔ **EFN EU Accession Strategy**

The EFN has been actively engaged in the [EU Accession process](#) since 2004, with the historic enlargement from 15 to 25 Member States to include: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia, and then with the EU accession of Romania and Bulgaria in 2007, and finally Croatia in 2013. Based on this experience, the EFN developed an [EFN EU Accession Strategy](#) to be used for all upcoming EU accession policy processes in the already negotiating countries (Turkey and Montenegro), the official candidates (Albania, Macedonia and Serbia), the potential candidates (Bosnia, Herzegovina and Kosovo) and countries being part of the EU Neighbourhood Policy (Georgia, Armenia and Ukraine). The EFN Members, approved this strategy at the October 2014 General Assembly, believing it is important to make sure the Directive 2005/36/EC, modernised by Directive 2013/55/EU, is also properly implemented into national legislation in those EU accession countries, to bring the nurses' education up to the minimum EU requirements. Therefore, the role of TAIEX missions is extremely important in all this process of EU Accession and the EFN will continue supporting it.

In 2017, the EFN Secretary General brought its expertise to the [TAIEX](#) mission held in Albania (already members of EFN), organised in co-operation with the [European Commission](#), the [Ministry of Health of Albania](#), and the [Order of Nurses of Albania](#); and to a training programme on DIR36/55 to nurses from FYR Macedonia, aiming to provide an overview on the state of art of FYR Macedonia in complying with the Acquis Communautaire, and the EU Accession process. *For more information, see page 26 ("EFN Members Strength – EFN support to Members")*

Within this context, moving nursing education from a vocational level to a higher and university level education, the EFN values the work of the NNAs in different twinning projects, often paid for by the nurses themselves. The work done by the Norwegian Nurses Organisation in Montenegro attracted our full attention, showing how difficult it is to raise the Bachelor to a higher level. A second example comes from DG Sante, calling for the EFN to support nurses' education and developments in Ukraine. A meeting with the health Minister (a Ukraine-American strong leader) showed how corrupt the medical and pharmaceutical professions are in the country, and with the support of the EU, reform is on the agenda. However, the Minister is more confident and comfortable about Nursing as there is good nursing leaders in the Universities to drive and ensure EU compliance. Finally, with Bosnia and Herzegovina, supported through a Swiss project, linked to the Swiss Nurses Association, an EFN Member, to ensure three different NNAs in Bosnia and Herzegovina can join EFN at some stage. Compliance with EU law, the Acquis Communautaire, mainly Chapter 3 in which DIR36/55 are located, is crucial to support the professionalisation of nursing.

## 2. EU WORKFORCE FOR HEALTH

The European health and social care systems are facing many challenges, one of which is the uneven distribution of workforce, a topic being discussed by the EFN, and key EU Stakeholders, for the last decades. Evidence from the EU Member States shows further deterioration in staffing levels, as short-term workforce planning and financial cuts have contributed to the loss of thousands of nursing positions across Europe over the past few years.

The European Commission DG EMPL, says the healthcare sector is a priority as demand for labour is increasing. However, when the issue is raised about 'EU Workforce for Health' there has been minimum progress made by European and International Institutions. With the situation in Europe today, there is no doubt that the European health professionals are experiencing increasing stress and insecurity, mainly due to some of the major challenges that the EU is facing, as: ageing population, longer life expectancy, chronic diseases, advances in technology, treatments and people expecting higher quality service, greater emphasis on preventative care, and shortages when it comes to nurses. In addition, due to the economic and social situation the new trend for healthcare professionals, and namely nurses, is looking for better job opportunities outside their home country and moving to another country to work.

Over the last few years, the major key concerns for all the EFN members at national level is related to improving nurses working conditions, enough workforce ensure safe staffing levels resources and support, value of nurses' work, better salaries, and appropriate education and qualifications, allowing opportunities to advance the individual nurse's career and the nursing profession, to ensure the sustainability of the health workforce. It is also essential so and make sure that young people feel motivated to choose nursing as their profession, currently being the largest occupational group in the health care sector, providing up to 80% of healthcare services.

We know that creating a sustainable workforce requires strong human resource strategies integrated into workforce planning, with strategies that include greater incorporation of planning skills, skill mix and task shifting. But better planning and mapping the core activities and responsibilities of healthcare professionals should reduce the administrative workload of health professionals, in particular nurses, to allow them to spend more time at the patient's bedside and thus do their job more effectively.

Therefore, the EFN believes that, taking into account these difficult times, still when moving to 2018, it is crucial that at local, national, and EU levels, policy makers and competent authorities make sure that the health facilities have the necessary nursing workforce, 24h/day, 7h/week, and 365/day a year, close to their patients; to provide safe and high quality healthcare services; and that the nurses' salaries take into account the extra hours worked; to ensure appropriate education and qualifications, and allow opportunities to advance the nursing profession, with promotion of advanced roles, continuous professional development and more opportunities in community care. Thus, it is crucial to now move at European level from talk to implementation, from Joint Actions/project on planning and forecasting (often on non-comparable OECD data) to developing a sufficient, motivated and highly qualified nursing workforce, to minimise immediately the gaps between the needs and the supply of health workforce. The EU should focus more on guiding the EU Member States in scaling-up innovative workforce composition models; and develop new strategies leading to a high-qualified and motivated nursing workforce 'fit for purpose'. It is time to move beyond data collection.

To support the idea that we need lesser? data, but unbiased data, the EFN has collected quantitative and qualitative data, and designed as such an [EFN Workforce Matrix 3+1](#) (*the Executive Summary is publicly available*), including the three categories of nursing care (general care nurse, specialist nurse and advanced nurse practitioner), and recognising the important role of Healthcare Assistants (HCAs) and the leading role of nurses in their supervision in the development of HCAs, to be used at EU level. The Matrix, which includes information on education, qualifications and competences for each category shows the commonalities and differences of the three categories and the HCAs among 35 EU countries, is a simple and flexible working document that will be updated according to upcoming available research and developments at EU level. In 2017, the EFN Members decided that next to this key document, the EFN should also have an EFN [Policy Statement](#) & [Position Paper](#) on the "EU Nursing Workforce Matrix 3+1", providing a clear message to the EU and national policy-makers on what the profession wants to achieve. The EFN will use it to influence the EU Institutions, the OECD, the WHO and the UN.

The EFN also continued to participate in key events at EU level where the topic of workforce has been debated, and having close contacts with the European Commission (namely DG Employment), OECD, Eurostat, WHO, and other key EU Stakeholders and policy makers in the EU lobby arena. There is collective recognition that reconfiguration of services around people, their needs, preferences and expectations is the way forward. We need to be realistic when

it comes to workforce, knowing that, in the coming years, the health workforce will become insufficient for the healthcare needs, and that the healthcare professionals will need to take on new and expanded roles (as nurse prescribing and Advanced Nurse Practitioners – see *FNIB event on ANPs*, page 26 - Section “*EFN Members Strength – EFN support to Members*”), and that in many EU countries Health workforce shortage is already a reality and a huge challenge. Therefore, effective policies are needed to train and retain the health workforce and to transform health services delivery, namely by giving greater priority to prevention, strengthening primary care and patient-centred care; improving timely access to good quality care by improving resilience through stable health system funding, realistic and ‘fit for purpose’ workforce policies and increasing efficiency. It is within this political context, that key institutions, like the OECD and the EU Observatory on Health Systems and Policies start speaking a clear message:

Josep Figueras recently articulated that more than half a million deaths can be avoided with more timely and effective health care in the EU, and unmet health care needs taken care of, if the current workforce imbalance between variation of numbers of doctors and nurses are immediately addressed. Matthias Wismar, a senior policymaker in the Observatory highlighted in a European Parliament session that: nurses are an important component of the systems, giving examples of nurses taking up roles in primary care connected to prevention and health promotion. He even concluded: “GP don’t play a role in primary care. Nurses do 2/3 of the work and should stay like that to unburden doctors.” So, in these institution, a mindset change is happening, and a recognition of the contribution nursing make and the vast potential that has yet to be used effectively.

To take this further, the EFN will, in 2018, continue lobbying hard to make sure that more efforts are done, and more concrete actions are devoted to support the nursing workforce and competences, making sure that the nurses we have stay motivated and are kept in the profession.

### 3. **PATIENT SAFETY AND QUALITY OF CARE**

[Patient safety and quality of care](#) are paramount health policy priorities for the EFN and the EU political agenda and should continue to remain such. Given the complex character of the health sector and the need for quality, patient safety and adequate organisation and delivery of health services, including eHealth services, to the people of the EU and Europe, strong leadership in advocacy and governance is needed to address the future challenges within the EU and Europe. The EFN has been always very clear that to provide the best possible care and ensure patient safety, it is crucial that the workforce for health (and in particular nurses – playing a key in this) is organised, highly skilled/educated, and all necessary measures are taken to keep the health care professionals HCPs in the healthcare sector. As such, in 2017, the EFN focussed on the following topic:

#### **a. Antimicrobial Resistance**

Representing one of the most current critical concerns of public health, Antimicrobial Resistance (AMR) is a professional and political challenge that requires the engagement and leadership of frontline nurses. Each year 25.000 people die in the EU, due to antibiotic-resistant bacteria, while the extra healthcare costs and productivity losses associated with AMR represent €1.5 billion. Although significant activities are being held at European and global level, and Action Plans setting out roadmaps to tackle the burden of AMR are being developed, to be effective in this process, health policies need to be ‘fit for purpose’, and national AMR Action Plans need to reflect the frontline voices, which is not always the case. Unfortunately, once again, health professionals’ frontline perspectives are not taken up in a systematic way. Though, the nursing workforce - 3 million nurses throughout the EU – is key in this debate!

Considering the political discussions on AMR, the EFN continued, in 2017, to have AMR high on its political agenda, following this debate very closely through participating in key meetings organised by the EU Commission, ECDC, EU health Stakeholders, and keeping on building alliances to make the healthcare professions’ voice heard by the EU Institutions. At its General Assembly in Madrid, in October 2016, the Public Policy Committee discussed this topic and the EFN Members endorsed the [EFN Position Statement on Nurses Combatting AMR](#), regretting the fact that the European Commission has decided to exclude the HCP from the Joint Action partnerships, which implies all funding goes to governments joining the Joint Action (JA), and not to the NGOs like the pan European HCP groups. Since then, the European Commission has published an updated “[European One Health Action Plan against AMR](#)”, in June 2017, and the HCPs (e.g.: EFN, CPME, PGEU, CED), have been lobbying hard to make the

European Commission (and in particular DG Sante) understand that it is impossible to create policies at EU level without stakeholders' engagement.

Taking this debate at the next stage, from a nursing perspective, the topic was discussed at the EFN General Assembly, in Brussels, in October 2017, and the EFN Members were asked to provide best practice examples in nurses leading frontline quality improvements and innovation - key to influence this policy design (see Page 33 - "EFN Data Collection"). This data collected led to a report entitled "[Nurses are Frontline Combatting Antimicrobial](#)", which explores the good practices collected of nurses addressing AMR and shows that the nurses' input to AMR strategies and roadmaps is crucial for the development of "fit for purpose" policies to combat AMR at all levels. Furthermore, in order to strengthen evidence-based policy-making, and supporting the [European Antibiotic Awareness Day](#) – an EU-level initiative organised by ECDC in coordination with the European Commission to raise awareness about the threat to public health of antimicrobial resistance (AMR) and the importance of using antibiotics prudently - the EFN, with the contribution of its members, provided clear [video messages](#) of European nurses, explaining how nursing care can contribute to combat AMR to ECDC.

The EFN also participated in the [10<sup>th</sup> European Antibiotic Awareness Day](#) event organised in Brussels on 15 November, where it was explained that the [EU Action plan](#) resulted in stronger surveillance on AMR and consumption of antimicrobials; promotion of appropriate prudent use of antimicrobials and strengthen infection prevention and control. The aim of the EU is making the EU a best practice regional area; boosting research development and innovation on AMR (investing under H2020); shaping the global agenda on AMR. Therefore, it is important to adopt new economic models and incentives, better detection and control measures, better prevention and control, stronger global cooperation.

Furthermore, the EFN reiterates the importance for EU health policies to reflect the nurses' pragmatic approach through a systematic engagement of frontline in the design of measures to combat AMR. Nurses engagement in combatting AMR is key, due to their close relation with citizens and patients and their unique role in infection prevention and control, and hygiene. Nurses are, as part of a multi-disciplinary team, one of the most influential actors to combat AMR frontline! Therefore, the EFN called and continues to call on the European Commission and the EU Member States political leaders and policy-makers to substantially engage with frontline nurses through the National Nurses Associations and EFN and make policies more fit for practice.

## **b. Value Based Health Systems**

Although the European Commission and researchers in Europe have a very economic approach towards value-based healthcare (VBHC), it is crucial that the measurement of "outcomes" is designed from a nursing perspective. What do we need to measure and how can the new measurements not be a burden for nurses, leading to an increased workload and more administration? European healthcare systems face serious challenges, from rising costs and constrained budgets, to demographic pressure and growth in chronic diseases. Therefore, it is key to ensure we move away from old-fashioned thinking and approaches based on a purely medical model. We need to understand the meaning and content of Value-Based Healthcare, and how its implementation can foster sustainable health systems that focus on patient outcomes.

It is within this context that the EFN have been following this debate closely, by lobbying the EU key players and participating in key EU events addressing "**Saving Europe's Healthcare Systems: Shifting to Value**", where the future healthcare systems is discussed, focusing on how Value-Based Healthcare can tackle these pressures, shifting to integrated models that improve outcomes for patients and foster sustainability. However, it becomes evident in these political discussions that the Industry starts to, or is already, shaping the value of health systems, which is quite worrying. Although value-based healthcare is based on the patient's view (PROMs and PREMs, see PaRis OECD initiative), with a focus on quality of life rather than only on its length, the promotion of healthy lifestyles should be included in the value-based health systems.

The PaRIS project is based on patient-reported measures to enable better decision at clinical and policy level. The PaRIS initiative focusses on specific conditions and complex needs, addressing critical gaps in the measurement of patient-reported indicators for chronic illness multi-morbidity. Indicators need to be co-designed together with patients, providers and partners with a focus on the quality of the intervention. To optimise value, it is important to: organise into integrated practice units, measure outcomes and costs for every patient, move bundled payments for care cycles, integrated care delivery across separate facilities, expand excellent services geographically. However,



the EFN warns for additional administrative burden on the already nursing workload. Furthermore, the meaning of value is still interpreted in different ways and its understanding is very poor. In this context, it is important to create alignment between different component of VBHC and realise that some elements need to be still implemented and created from evidence. Within this context, value-based public procurement for new solution and services will be key for nurses' frontline. A more holistic approach is needed. Access, quality and efficiency need to find a balance, with no dimension to suffer. Digitalisation represents therefore a great potential to contribute to moving care to the community, but again, digitalisation can in the worst case be a hazard and consume a lot of resources which should be allocated to patient care. Innovation therefore needs to lead to the reduction of the nurses' workload.

The EFN developed an [EFN Policy Statement](#) & [Position Paper](#) on Value-Based Health and Social Care System, approved at the EFN General Assembly in Malta, March 2017, calling for a stronger focus on health outcomes, and more robust health outcomes measurement (including patient experience and nursing sensitive data) to improve the quality of care for patients, strengthen public health interventions, and contribute to the wider economic goals and societal well-being. It becomes crucial to rethink the model of investing in health and to focus further on people, citizens, patients' needs. There is an urgent need to build a health and social ecosystem where people, patients and providers, are at the centre. The EFN will follow-up on this topic in 2018.

### **c. Primary Care**

Although the population is living longer, more people are living with co-morbidities, non-communicable diseases and needing complex care interventions. Building a sustainable health and social care service for future generations, therefore, implies bringing care back to the community and reorient policies towards primary care as it covers the complete life-cycle and includes long-term care services. However, if the EU Member States are to succeed in [developing primary care](#), we need a whole system and mindset change at the policy, practice and education levels. Primary care must become stronger, match people's needs and be coordinated with other services, and prevention of disease, as well as the empowerment of chronically ill persons for self-management, must be at the heart of health systems. As such, it is key to address the organisation of primary care and the human resources needed to support frontline, taking into account the central role played by the health professional workforce in [influencing primary care outcomes](#). The strengthening and developing of the coordination role of the nurse is paramount.

Primary Care is high on the EFN political agenda, knowing that there is an increasing evidence that interventions led by nurses can contribute to an improvement of patient outcomes, particularly linked to the early discharge schemes and to self-management, [allowing patients](#) to stay longer at home. To empower nurses to further strengthen their role and to deliver safe and high-quality cost-effective patient care in the future, a change of both mindset and health systems is required. As such, in 2017, the EFN participated in several EU and health Stakeholders' events, and continued to lobby the EU policy makers for not thinking only in economic terms. Although care in the community requires a shift in budget allocation, [moving from acute to primary care](#) is the only way forward.

The Commission recognises by the end of 2017 in the State of health in the EU report that:

1. countries need to focus more on health promotion and prevention;
2. primary care should be stepped-up to avoid unnecessary hospitalisation;
3. health service providers should work together more effectively through integrated care;
4. health workforce should be improved, to address demographic and technology changes; and,
5. countries should invest in patient-centred data for better knowledge on health outcomes (PaRis initiative).

The [EFN believes](#) that joining and pooling forces together to achieve change for the individual citizen will make an overall difference for realising the core EU values: solidarity, equity and prosperity. Therefore, to turn primary care into a reality, it is key to: ensure the frontline primary care workforce receive more support to empower the health and social sector as an investment for well-being, productivity and growth; and that frontline nursing, as well as the coordination role of nurses is taken into account in designing primary care policies "fit for practice".

### **d. Cross-border healthcare**

Cross-border healthcare and professional mobility are closely connected. In the case of cross-border healthcare the focus is put on the patient moving to a different Members State to receive treatment, while in the other case the

emphasis is on the professional providing services in a host country. The EFN has been following this debate quite closely in the last few years, since the design of the Directive, lobbying hard for the nurses' voice to be heard in the entire policy process, and continued to do so in 2017, by participating in some key meetings in the European Parliament Committees (IMCO, ENVI). But, three years after the deadline for national transposition of the [Cross-Border Healthcare Directive](#) in the EU Member States (October 2013), patient mobility for planned healthcare remains very low. Relatively few patients have used this Directive to receive treatment abroad. Serious concerns regarding a proper and satisfactory implementation of the legislation still exists: low awareness among EU citizens of their rights, complicated systems of prior authorization, little or denied reimbursements, lots of administrative requirements, disparities between National Contact Points in the way they operate and with regards to the information they provide. This clearly demonstrates that there is a need to enhance the quality of information addressed to patients in order to make them aware about their rights to cross-border healthcare. At the same time, it is essential to work together to realize its full potential and make it a true added value for all citizens and patients living in the EU.

As for patients, this Directive means empowerment, with more choice of healthcare, more information, and easier recognition of prescriptions across-borders. In this, nurses have a key role to play, as patients need to be guided by nurses in selecting the proper information regarding their treatments and care. As European citizens, this means having the right to choose where to receive treatment/care across the EU, and to be reimbursed for it. Although the EFN believes that this Directive guarantees the principles of universality, access to quality care, equity and solidarity, insufficient progress on different articles of the Directive 2011/24/EU are made. Although we appreciate that the European Reference Networks have been developed, bringing Professors together, the continuity of care aspect (Art 4 & 5 of 2011/24/EU), the practical initiatives on Quality Standards (Art 10 of 2011/24/EU) and patient empowerment have been insufficiently addressed. If collectively we really want to achieve a health system that works for ordinary people, citizens, the Commission efforts should be reallocated to these 3 priorities. There is enough data, we have enough reports, now we need the transformation and nurses are key to make that happen. Therefore, in 2018, the EFN will continue its lobby and advocacy on this crucial topic for the nursing profession, with the right partnership, so no energy gets wasted.

#### **e. Digitalisation of Health and Care**

Digitalisation is a crucial aspect of modern societies and healthcare systems. Technology has the important role to contribute to enhancing patient safety and patient empowerment as well as facilitating healthcare professionals' work, with electronic tools supporting them in their daily work and allowing an easy and fast collection of relevant data, to free up for direct patient care. Digitalisation in health has the potential to ease patient's access to his/her health records and simplify and improve the communication with the health professionals. Moreover, digitised health information contributes in decreasing costs related to communication with the patient and between healthcare professionals.

In November 2017, the European Commission published a report on '[The State of Health in the EU](#)', which highlights that digital transformation of health and care has great potential for strengthening the effectiveness of health systems. However, the healthcare workforce has to be prepared for technical innovation and patients should be at the centre of better health data for policy and practice. Digitalisation has already deeply changed all the sectors of our life and investments in eHealth revealed to be beneficial in dealing with several societal challenges. Nevertheless, it is becoming obvious that the frontline is pulled away from care and has moved behind computers. In contrast, digitalisation should support frontline, and more attention should be given to not 'replacing healthcare professionals' and not pulling nurses away from the bedside due to tools 'unfit for practice'. The EFN believes that [eHealth and digitalisation](#) have the potential to support continuity of care throughout the patient's journey and make health and social care ecosystems resilient. The application of modern ICT to the health and social care sector and its effects on the patient's care experience will boost the process to shift the focus towards person-centred care, enhance patient empowerment, and ensure continuity of care across primary and secondary health and social care sectors. But there is a need to engage frontline in co-design and procurements!

As such, in 2017, the EFN followed this debate very closely, participating in political networking and lobbying meetings: The **European Development Days**, where digitalisation was discussed as a key solution to become an attractive work market for youth workforce (DG Connect; DG Devco); **ERRIN Project Development Week** meeting discussed 'International cooperation in digital transformation of person centric data led care'; the **Digital**



**Transformation of Europe** meeting aimed at fostering closer dialogue between European business and academia and look at the impact future digital technologies will potentially have on Europe's growth and jobs; **roundtable** on "Engaging patients in the digital revolution: A call to build smarter and safer healthcare systems", organised by Health First Europe in collaboration with the Estonian Presidency of the European Union, in the European Parliament, where the digital approach of future healthcare was discussed. These lobby meetings took into account that the nursing community is key to be engaged as co-designer and end-user. Also, the Commission starts understanding that implementation, upscaling is only possible when frontline gets engaged in design and implementation. For the nursing profession, digitalisation is useful to improve efficiency of care, and for monitoring chronic diseases, but it is important that the health sector and digitalisation work together, including the health professionals into the debate, even though the main challenge to fully exploit the technology is having funding. The EFN believes that the increasing engagement of frontline health professionals in designing digitalisation for health and social care systems will bring benefits and improvements to health and social care system outcomes. Furthermore, digital innovations and big data should enable people to manage their health more independently and should be used for clinical purposes (adjusting the clinical pathways) and improve health system governance and outcomes (less red tap), and thus lower down the workload of frontline running the system. Therefore, integrating digital technology, and robots, in the nursing care process can further support the profession, but before that, greater attention should be devoted to the frontline nursing workforce, whose role is crucial to guarantee an efficient care delivery with the patient's unmet need as key driver for change.

Within this context, several EFN policy developments focussed on being ready for some Brussels based lobby meetings on eHealth, eSkills, public health virtual coaching and importantly, Robotics and Artificial Intelligence, which will take up more lobby time to bring innovation to nursing and nursing to innovation:

#### a. eHealth

The work of nurses is changing as technology makes it possible to re-engineer health and social care ecosystems. New tools allow nurses to deliver care differently, in hospitals and in remote locations. At EU level, the introduction of [eHealth](#) services are facilitating access to healthcare, whatever the geographical location, or innovative tele-health and personal health systems. Given the nurses' role as key provider of care, the EFN input to the governance and management of eHealth services is essential when designing and implementing the structure ensuring continuity of care between sectors and across borders. Furthermore, given the continuous development of electronic applications connected to the healthcare sector, the need to educate and train health professionals to integrate eHealth and mHealth into daily practice by developing their eSkills in the basic nursing education and CPD is needed.

Nevertheless, the dissemination of eHealth services still encounters some barriers related to the low capacity in using new technologies and lack of awareness, especially in the elderly population. Nurses can [play](#) a significant role in the design and use of [eHealth services](#), namely, in creating digital opportunities for patients and provide them with the main directions for health promotion and disease prevention. Furthermore, they are in the unique and privileged position of having direct access to the daily people's care needs and an in-depth knowledge of the patients' situation. Therefore, any solutions in the path to digitalise health should reflect nurses' views, through a real engagement with the frontline. The Commission starts realising nurses are a key end-user in the co-design of digital systems.

This comes not without surprise as the EFN continued, after finishing the ENS4care project in 2015/2016, lobbying key EU policy makers in the European Commission and European Parliament and attended some key policy meetings, as: the [eHealth Stakeholder Group](#), composed of representatives from the most important European organisations active in the eHealth field, covering a wide range of stakeholders: from patients, consumers, healthcare professionals to the industry, and aiming to support the [EU's Digital Agenda](#) and ongoing eHealth initiatives with the European Commission DG Connect; the **high-level conference** "[Health in the Digital Society. Digital Society for Health](#)" organised by the [Estonian Presidency](#) of the EU Council on 16-18 October, in Riga (Estonia), where the EFN representative [explained](#) how nurses can play a significant role in the design and use of eHealth services; the **IEEE Summit** on "Technology for Health: Transforming Healthcare and Wellbeing", where the participants (policymakers, leaders in the healthcare, medical technology and electronics industries, as well as expert patients) discussed how technology can contribute to advance personalised healthcare, and which the opportunities and challenges of connected technology-enabled

healthcare (e.g. smart / bio-sensing wearables, implantable technologies, etc) are; the **roundtable** on “Engaging patients in the digital revolution: A call to build smarter and safer healthcare systems”, organised by Health First Europe in collaboration with the Estonian Presidency of the European Union, in the European Parliament, where the participants discuss the role of eHealth technology in building safer and sustainable health systems and how European and national actors can be engaged to better ensure safe healthcare systems for all EU citizens and reduce the massive burden of preventable incidents in health settings.

The EFN will continue in 2018 to engage with key EU policy-makers and if needed lead some eHealth initiatives and/or contribute to developments, providing nurses’ views as key player for innovative solutions in the caring process, and bring to the forefront best practices on eHealth services in nursing care.

**b. eSkills**

Linked to eHealth, the necessity for the nurses, and all healthcare professions, patients and carers, to be equipped with the right eSkills to accompany the new technology facilitating health and social care services delivery, including e-services, is key. Without the right eSkills these technologies will not be fully integrated into existing health and social care pathways. The EFN [eSkills and Health workforce](#) report indicates the gaps in eSkills while providing for a series of practical steps to be taken to make digitalisation happen. The health professional organisations, together with the patients organisations, and the industry (SMEs) should look into eSkills development for the health workforce to address the increasing unmet needs, which then contributes to the implementation of the EU [eHealth Action Plan 2012-2020](#).

In the last years, the EFN has been very active in lobbying for the inclusion of eSkills in the education and the training of the nurses at both undergraduate and postgraduate level, as well as ensuring their Continuous Professional Development, but this was less the case in 2017 as the Commission allocated the e-Skills project to IT-manager which disappeared with the project into the dark. This is the main challenge for the European Commission: there is signification competition for EU Funds, but once they have it, there is no drive to engage nurses as end-user partners. However, in 2018, the EFN will continue its lobby work at EU level, on this crucial topic for nurses.

**c. Public Health Virtual Coaching**

Nurses active in the area of Public Health play a crucial role in the development of virtual Coaching as they observe major behavioural risk factors having an adverse effect on health outcomes. As coaching is a continuous process, the design of algorithms will need to be based on these observations, as will the impact of these tools on behaviour (serious gaming and avatars to name a few). Nurses active in public health will perceive the virtual coach as a support, as the virtual coach will understand and learn about the individual and provide behavioural coaching in near real-time. There will be completely personalised coaching and prompt reactions to the person with new behaviours that break their negative habits and expand their behavioural flexibility. Virtual coaching is available 24/24 hours and can as such change the way people live their lives, in real time in real life.

In line with the EFN’s views on the importance of investing in public health, primary care, prevention and community care, nurses play a crucial role in the design and deployment of Virtual Coaching. The primary objective of Nurses Virtual Coaching is to support people in their adoption of healthier and better lifestyles. Taking this topic further in the EFN lobby work, the EFN General Assembly, in Malta, March 2017, discussed the topic, collecting some key data from EFN Members (see page 33) and its importance for the nursing profession and approved, as a first step in this debate, an [EFN Policy Statement](#) & [Position Paper](#) on Public Health Virtual Coaching, highlighting the advanced roles in nursing using virtual coaching technologies being crucial to prevent and combat major societal challenges and conditions. The EFN will continue to follow-up this discussion, also linked to the debate on digitalisation and on robotics and artificial intelligence.

**d. Robotics and Artificial Intelligence**

The role of advanced technologies, robots and informatics is increasingly being more discussed at European level and the EFN is engaged in these discussion ([K4I](#), [DG Connect](#) and [H2020](#)). Technological developments are not seen as goals as such any more, but as a contribution to different sectors, as a component of innovation. The nursing and health sector can benefit greatly from the use of modern technologies but engagement in their design is crucial, so that the algorithms designed reflect and integrate the nurses’ views for

the benefit of patients and nurses. The idea of combining nurses and robotics is not completely new. Integrating robots in the nursing care process can help recruit young nurses, especially if it cuts down on mundane and unpleasant tasks. The EFN has already contributed to many European policy initiatives in the area of eHealth and eSkills, but wants to go further by being part of [Open Innovation Robotics](#) policy initiatives, including EU H2020 projects. Nurses should lead these innovations. Therefore, as a starting point in this debate, the EFN General Assembly, in Malta, March 2017, approved an [EFN Policy Statement & Position Paper](#) on Robotics in Nursing, that encompasses the view of nurses on Robotics, and in which the EFN encourages national and European policy-makers to consider initiating legislation on robotics and artificial intelligence; calls for an extensive dialogue between all industries in all fields and the EFN; motivates nursing researchers to bring efforts and findings together to support EU policies with evidence in the field of robotics.

Next to that, the EFN participated in several meetings taking place in Brussels, as in the **High-Level event on “Future of robotics”** organised by [euRobotics](#), in the European Parliament, to discuss different innovation related aspects of robotics technology. The connection of different actors from the European Parliament, the European Commission, industry, research, and end users was addressed, and nursing came upfront; **Artificial intelligence: are regions up to the challenge?** organised by the Assembly of European Regions, bringing together politicians, civil servants, entrepreneurs, academics and stakeholder groups to share experiences, stories, to understand each other's challenges and identify fields for action which can start now.

The main conclusion is that it is crucial to explore ways to incorporate the array of existing technology and emerging innovations into new models of care and the day-to-day provision of services that deliver on health system objectives. Therefore, the EU must become a leader in this, and provide the EU workforce (including the nurses) with necessary skills to succeed in digital environment. Artificial Intelligence and robotics will be future. New developments are underway, focussing more on the health sector. Nurses need to be part of this development. Furthermore, including a gender perspective in the design of robots and Artificial Intelligence is key to make tools fit for purpose. As such we can move on the [political discussions](#): robots support nurses and bring nurses closer to the patient! The EFN will continue to follow this debate and developments, in 2018.

#### **f. General Data Protection Regulation (GDPR)**

When we talk about digitalisation, we think also about data collect/protection, and namely about the new EU General Data Protection Regulation (GDPR). Aiming to strengthen and unify data protection for all individuals within the EU, this new [regulation - \(EU\) 2016/679](#) - adopted in April 2016, and replacing the Data Protection [Directive 95/46/EC](#), should be implemented by 25 May 2018. Imposing a higher standard of protection for the processing of health data, GDPR has been designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens data privacy and to respond to the new privacy issues and possible data breaches related to an increasingly data-driven world. But this target can also result in a higher burden on the healthcare professionals, including nurses, data controllers who will have to comply with it.

Being a key concern, the EFN has been following this debate closely, namely by participating in key meetings, as: The stakeholders' workshop on GDPR implementation and health data, organised by the European Commission where the steps taken towards the application of the GDPR; and the GDPR impact on eHealth were explained; **GDPR Code of Conduct for Health Research** and implications for FP9, organised by the Biobanking and BioMolecular Resources Research Infrastructure - European Research Infrastructure Consortium (BBMRI-ERIC), to assess the impact of the GDPR health research and examine how the Code of Conduct for Health Research being developed by BBMRI-ERIC and collaborators will address future health challenges.

Furthermore, the EFN has been in contact with ENVI & CONT Committees of the European Parliament, to address the EFN concerns linked to the Joint Action exclusion, complexity of participation in H2020 calls, and the funding allocation to consultancies instead of NGOs, regarding the data collection and studies. The EFN believes that it is not enough to collect information for the sake of it, especially as this requires considerable efforts and investment in resources. This investment can only be justified if it leads to improvements. But such improvements need to be carefully assessed in terms of patients and care benefit. If nurses are pulled away from the bedside to take care of data collection, how much time will still be left for the direct patient care? What will be the improvement in the patient's experience? The EFN will continue to follow this debate in 2018.

#### 4. Other key topics to lobby on

##### a. **Gender**

Gender equality is one of the objectives of the European Union. Over the years, legislation, case-law and changes to the Treaties have helped supported this principle and its implementation in the EU. But [a lot still needs to be done](#) to make this objective attained.

From a [nursing perspective](#), consisting of 92% of women, it is crucial that nurses/women have a stronger voice in the design of health and social policies. This will allow to build a resilient health and social ecosystem. And nurses/women are ideally positioned to both lead and support such developments. Many Member States are introducing reforms of the health and social sector designed to improve the relevance, sustainability, efficiency and cost-effectiveness of the current 'silo system', which is not sensitive enough towards gender. Policy-makers and politicians at EU and national levels have here a golden opportunity to ensure that the reform process addresses the problems of the long-standing inequality between women and men, both as providers and as recipients of care.

Considering all policy domains, an increase in women's ability to access and participate in the labour market is needed. In this process of building the accessibility, national and European Parliaments play a crucial role in designing the overall conditions for women's empowerment to both political and economic areas. Moreover, considering that the nursing workforce, the biggest group of the Healthcare professions, is mainly composed by women, then we can say that the Nurses' voice at EU level is key to get gender equality in the health workforce.

Over the years, the EFN has been lobbying hard the EU Institutions to make the voice of 3 million nurses/women heard. And the work of the FEMM Committee is appreciated to forecast this progress in the EU! In 2017, two MEPs, Krisztina Moravi (NI, Romania) and João Pimenta Lopes (GUE/NGL, Portugal) called on reducing the gender pay, earnings and pension gaps, and thus fighting poverty among women, so important for the nurses in the EU. MEP Krisztina Moravi, [addressed](#) more in deep the difficulties encountered by Eastern European nurses: difficulties achieving work life balance, due to long working hours; increase mobility of nurses from Eastern to Western Europe; poverty wages payed to nurses from Eastern countries; migration of qualified nurses towards low qualified jobs, due to the non-recognition of their professional qualifications. The working conditions disparities, and the non-harmonised legislation regarding the recognition of professional qualifications for the healthcare workforce is a core topic of EFN. Reasoning with Krisztina Moravi on those crucial topics for the nursing profession, the EFN gave her the EFN's report on "[Caring in Crisis](#)" and the [EFN Competency Framework](#), providing the MEP the needed argumentation in order to continue to mention nurses/women key difficulties at political high level. The members of FEMM Committee valued this input and support provided by EFN and is looking forward to a fruitful collaboration.

On the occasion of the International Women's Day, 8 March 2017, the Committee on Women's Rights and Gender Equality (FEMM) held an [inter-parliamentary committee](#) meeting dealing with the economic empowerment of women (fully in line with the EU 2030 Agenda), which the EFN followed closely, with debates and workshops focussing on women in science, technology, engineering and mathematics, women in political and economic decision-making, and work-life balance.

Due to their unique position, it is crucial that national and EU Parliaments, address gender inequalities within budgets, laws and policies, involving nurses/women in this process. Nurses/women leadership can lead to more equal participation at the economic, social and political life. The improvement of labour legislation, the increase of salaries, the promotion of collective bargaining, and the protection of maternity, are amongst some of the most needed measures to achieve gender equality. The EFN also believes that it is necessary that science includes more evidence from women than is currently the case. Research outcomes and opportunities can be biased towards women, which can be countered by including the nursing profession's views when reforming the healthcare system. Whilst we continue to build systematic understanding of lifestyle and patient outcomes, we miss gender sensitive and responsive research in healthcare.

On a more global perspective, the issues of freedom from violence as a pre-condition for empowerment and the [2030 UN Sustainable Development Goals](#) were highlighted at the FEMM Committee event in the European Parliament. The workshops provided a global forum to the national gender equality leaders, the EU Stakeholders, and the national and EU policy makers, for exchange of experiences and best practices in advancing the women's economic situation. On this occasion, Antonio Tajani, President of the European Parliament, stated that "As long as

*women are victims of violence, discrimination, mutilation, forced to marriage, while they are excluded from education, the world of labour, economy, and politics, as well as from important posts, we need to struggle 365 days/year to make sure that, in the EU and outside the EU, the women's fundamental rights are respected. We can't meet the main challenges we face – war, poverty, unemployment – without having first genuine equality between men and women.”* Taking these words forward, the EFN supported the [NON.NO.NEIN. Campaign](#) (see #SayNoStopVAW), carried out by the European Commission, through [EFN Website](#) & Social Media.

Violence against women is still a daily reality across the EU, in 2017. This is a brutal form of discrimination and a violation of women's fundamental rights. Since the age of 15: one in three women has experienced sexual and/or physical violence; one in three has experienced psychologically abusive behaviour by an intimate partner; one in two (55%) have experienced sexual harassment. In addition to causing severe damage to women, families and communities, the magnitude of the problem is reflected by its economic costs for the European Union, which are estimated to be around 226 million euro per year. It is a real concern that, in 2017, we still cannot guarantee the enjoyment of human rights for all women, knowing that equality between women and men is one of the objectives of the European Union. The EFN will continue to follow this important topic for nurses and the nursing profession, in 2018.

#### **b. European Social Pillar of Social Rights**

As called by President Juncker in his State of the Union address on 13 September 2017, the European Pillar of Social Rights has been [proclaimed](#) by the heads of state and government, on 17 November 2017, at the [Social Summit in Gothenburg](#). Proclamation, that reflects the support by all the EU Institutions for the principles and rights under the pillar, and that covers policy domains in which nurses play a central role, especially those related to Education, Workforce and Quality and Safety, the EFN three lobby policy priorities towards the Council, the European Commission and the European Parliament.

Aiming to be a driver for social change in Europe and a guide towards efficient employment and social outcomes in the EU, the [European Social Pillar of Social Rights](#) includes [20 principles](#) under three chapters: equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion. For the EFN, being committed to implement the Social Pillar to promote a person-centred approach in the reform of health and social care systems in the EU, mainly to develop [primary and community-based services](#) and work-life balance measures for frontline staff, this is a crucial topic. Healthcare professionals, in particular nurses, engagement in the co-design of “fit for purpose” health and social EU and national policies will be key to gain EU citizens and people trust in a social Europe. As such, the EFN is calling for nurses' input to be part of the adequate and efficient implementation of the [Social Pillar](#) in the EU. As health and social care is vital for all EU citizens and population, the design of health and social EU policies needs to take up the health and social care professions' views so that EU citizens keep on trusting frontline.

In 2018, the EFN will take this positive development further, and work on how the Pillar's principles can be used and implemented to support frontline nurses and empower the role of nurses as a fundamental way to strengthen social rights in the EU.

#### **c. Carcinogens and hazardous drugs**

Every year more than 12.7 million health professionals in Europe, including 7.3 million nurses, are exposed to carcinogenic, mutagenic and reprotoxic hazardous drugs. The European Commission said that in 2012 up to 106,500 cancer deaths were attributed to occupational exposure to carcinogenic substances, making cancer the first cause of work-related deaths in the EU.

The European Parliament and the European Commission has been discussing the [Carcinogens and Mutagens Directive \(Directive 2004/37/EC\)](#) to clarify and address the risks of hazardous drugs in healthcare, which the EFN followed closely in 2017, knowing that this is a key concern for the nurses and the nursing profession, putting their lives at risk every day, with increased genetic damage demonstrated in nurses particularly in day hospital nurses (the group handling the highest amount of drugs during the administration process). As cancer often takes decades to emerge, a case of leukaemia diagnosed in a nurse or in a pharmacist today might be the product of workplace exposures in the 1970s or the 1980s.



The [EFN](#) believes that in all this debate what is lacking in practice is a harmonised European approach to the prevention of exposure of healthcare professionals and workers to hazardous drugs. As such, and to make sure that the nurses' voice is heard in this key debate, the EFN has been working with MEPs and other expert groups to draft amendments to the [Carcinogens and Mutagens Directive](#) that will for the first time specifically address in legislation the risks to health professionals from occupational exposure to hazardous drugs and what needs to be done to protect them from contracting cancer and the reproductive problems that arise from carcinogenic drugs.

On 28 June 2017 the Maltese presidency and the European Parliament reached a [provisional agreement](#) on a new directive intended to help protect workers from exposure to carcinogens or mutagens in the workplace, approved by the Council's Permanent Representatives Committee on 11 July, and by the [European Parliament](#), in October. By setting limits for carcinogens and mutagens this agreement helps tackling the primary cause of work-related deaths in the EU. The aim is to help save up to 100.000 lives over the next 50 years. In the future, employers will be required to assess and ensure for their workers lower levels of 13 substances in workplace air, including hydrazine, vinyl bromide and crystalline silica dust created, for example, during mining and concrete crushing. The new rules also lay down that the national authority responsible for the health surveillance of workers may decide that health surveillance must continue after the end of exposure, for as long as needed to safeguard health.

#### **d. Solidarity corps**

Launched in December 2016, the [European Solidarity Corps](#) is aiming to create opportunities for young people to support communities and people in need, including volunteering and solidarity-related jobs, traineeships and apprenticeships, both in the young people's home countries and abroad. The objective is to have 100,000 young people joining the European Solidarity Corps by the end of 2020. This ambitious initiative can only be achieved with the active support of and in close cooperation with a broad range of key stakeholders (including public bodies and associations at international, European, national, regional and local levels; networks at EU level or other, NGOs and businesses) whose activities are related to solidarity and volunteering or who may have a key role in integrating young people into a European Solidarity Corps placement. In practical terms the European Solidarity Corps provides different options, giving the choice to participants to spend their time within their own country or on cross-border activities, as volunteers, or through a traineeship/work placement. The first participants started in spring 2017. The occupational strand was launched in July 2017.

Following this initiative closely, the EFN participated in several Commission meetings: the **health stakeholder informal meeting**, organised in Brussels, where the development of the European Solidarity Corps was discussed and possible implications for the current health programme, and how organisations could benefit from it, knowing that health and the healthcare professions (nurses in particular) can play an important role in this initiative; the [European Solidarity Corps Stakeholder Forum](#), where the EU Commissioners engaged Civil Society in the further development of the European Solidarity Corps, an ambitious objective in alliance with the active support of and in close cooperation with a broad range of key stakeholders whose activities are related to solidarity and volunteering or who may have a key role in integrating young people into a European Solidarity Corps placement.

In April 2017, the European Parliament asked the Commission to [define the objectives](#) of the European Solidarity Corps clearly to ensure an enriching experience both for the young participants and receiving communities. A public hearing was organised on 10 October 2017 with the presentation of the draft report. The final vote is scheduled on 22-23 January 2018. The EFN will follow this development closely in 2018.

Since the European Commission launched the European Solidarity Corps, one year ago, 42,745 young people from all Member States have [signed up](#) to take part in this initiative, and 2,166 of them have started their placements with 1,434 organisations.

#### **e. Research and Innovation**

Research and innovation are crucial to reduce the increasing burden of major chronic diseases in European societies. Although the last decades have seen important advances in health research and innovation, there are still significant gaps in the understanding, prevention, diagnosis and treatment of these conditions. The European Union plays an important role in supporting health research and innovation, and the next Research Framework Programme (2021-2027) - 9<sup>th</sup> Framework Programme - represents a good opportunity to enhance the need for a further involvement and promotion of health professionals in the future of the EU health research and innovation policies.

2017 has been an important year for the future of innovation in Europe, with the preparations for the next [Multiannual Financial Framework](#) already going on, including the next [Framework Programme](#) for Research and Innovation. So, as this has become an important topic at EU level, and in particular in the European Commission's agenda, capturing billions of EU Funds, it is key that the nurses' voice is heard also in this debate, and show how research and innovation can benefit not only the nursing profession but also the whole healthcare system. It is crucial to make sure that the industry understands the value of engaging nurses to reach value-based outcomes. Nurses play a central role in designing the algorithms that enable technology to support nurses, making sure direct patient time increases substantially.

As such, the EFN has been following closely this subject, through its network, building alliances, and by lobbying the EU Institutions. In 2017, the EFN also participated in key events as: the **Forum High-level Conference - Europe's Future**, [organised](#) in the European Parliament, by [Knowledge4Innovation](#) and the [RISE HLG](#) (Research, Innovation and Science Policy Experts - advisory group to Commissioner Moedas) - in the context of [Europe's future: Open Innovation, Open Science, Open to the World report](#), published by the Research, Innovation and Science Policy Experts (RISE), where Kurt Vandenberghe - Director, DG Research and Innovation, of the European Commission, stressed the need to stimulate innovation based-economy, and create new solutions and new markets for the future. If we want to stimulate growth, education, research and innovation, it is key to have EU policies on innovation, put in place impact assessments, and privilege purpose, value and people (inspired by sustainability); the **future of health research and innovation after Horizon 2020 conference**, organised by [EULAR](#), where the development of the next research framework programme (FP9); the implementation of Public-Private Partnerships in health research and innovation; the transfer of research findings and innovations into clinical practice; and the engagement of patients in research and innovation, were discussed; the [9th European Innovation Summit](#), organised in the European Parliament by [Knowledge4Innovation](#), in the context of the first ever European Innovation Week, to discuss the mission orientation, synergies, impact; and rethinking Funding and Financing of Innovation and Research in Europe; **H2020 Satellite and partnering event on Innovation Procurement in health care**, organised by the EU-funded project Health-NCP-Net 2.0, in the framework of H2020 info day. The aim was to help finding the right project partners for the upcoming 2018 health calls. The EFN is following this up, and looking for possible partnerships in upcoming EU projects.

The ongoing mid-term evaluation of Horizon 2020, and the initial steps in the development of the next Research Framework Programme (2021-2027) represent a good opportunity to reflect on the EU (and Member States) support to research and innovation as well as to discuss potential changes to implement in future EU research policy developments. As such, it is clear that next to [EFN](#) being the political voice of the nurses in the EU, there is an urgent need to bring the nursing scientific evidence base together to build the political case, namely through the [European Nursing Research Foundation](#) (ENRF) (*For more information, see section "A Future for Evidence Base Policy-making" page 30*). As such, both the EFN and the ENRF are building the political and research voice towards the EU institutions, showing that nursing research evidence and nursing political lobbying are key to guide the policy-makers and politicians to make informed decisions.

In 2017, we can look already back on the Horizon 2020, the largest ever European funding programme for research and innovation, with a grant budget of 79 billion euros. Taking into account that the EU provides funding for a broad range of projects and programmes covering areas such as regional & urban development, employment & social inclusion, agriculture & rural development, maritime & fisheries policies, research & innovation and humanitarian aid, it is still difficult to explain why health and social care is not higher valued as a topic, as it touches every EU single citizen. As the care providers represent one of the main drivers of the health and social care systems, investments in their values are part of the innovation principle.

In 2018, the EFN will continue lobbying on this key topic and make sure that special attention is devoted to the continuity of care and to the workforce composition that makes innovation possible, and in particular nurses.



### III. BUILDING ALLIANCES

Building alliances and creating partnerships with key organisations to work on particular issues has been the top priority for the EFN, as this is a means of strengthening civil society in the policy-making process and to get successful outcomes not only at EU level but also at national and local levels. In 2017, the EFN continued this process of building alliances and strengthening the ones already established with the key EU non-state stakeholders built up throughout the years, which is now providing consortia for the Horizon 2020 highly respected and influential to make innovation happen and implemented.

#### ➤ Sectorial Professions' Organisations

For the last 15 years, the EFN has been collaborating very closely with the sectorial professions' organisations based in Brussels, working on common topics, as Education (DIR55), Workforce, and Patient Safety and Quality of Care - the 3 EFN main lobby topics, and participating in the same EU projects, as: PaSQ, Joint Action on Workforce, Smartcare, etc. In 2017, the EFN continued this good collaboration and exchange of views on key concerns, as: Patient safety, skills, Value based health systems, Proportionality test directive, DIR36/55 Delegated Acts, through regular meetings with: The Pharmaceutical Group of the European Union ([PGEU](#)), representing community pharmacists at EU level; The Standing Committee of European Doctors ([CPME](#)), representing the national medical associations across Europe; The Council of European Dentists ([CED](#)), representing the dentists and promoting oral health in Europe; The European Region of the World Confederation for Physical Therapy / Physiotherapy ([ER-WCPT](#)) representing the physiotherapy profession at European Level; The European Midwives Association ([EMA](#)), representing midwifery organisations and associations at EU level; and last but not least, the Architects' Council of Europe ([ACE](#)), representing the architectural profession at European level. The EFN is looking forward to continuing, in 2018, this important collaboration in the EU lobby arena, to build strong alliances to jointly push for quality of care, patient safety, and health system reform. Next to these NGO's, the EFN also was in close collaboration and/or started building alliances with the following organisations:

#### ➤ European Hospital and Healthcare Federation (HOPE)



Representing hospitals, [HOPE](#) aims to promote improvements in the health of citizens throughout Europe, fostering efficiency, effectiveness and humanity in the organisation and operation of hospital and healthcare services. As with the sectorial professions' organisations, HOPE has been collaborating closely with EFN in the EU lobby arena, over the years, in many topics: Education, Patient Safety & Quality of Care, including eHealth, workforce, including professionals' mobility, new skills, Cross-Border healthcare, just to name a few. The EFN is looking forward to continuing this close collaboration with HOPE in 2018.

#### ➤ European Association Working for Carers (EUROCARERS)



[EUROCARERS](#) brings together organisations representing carers and those involved in research and development. It aims to support carers, contribute to policy developments and collaborate with other interest groups at EU level. The role of carers is more crucial than ever due to demographic changes and challenges to formal health and social care services throughout Europe and the introduction of ICT tools go to shape also their daily work. Over the last years, the EFN has been collaborating closely with EUROCARERS in the EU lobby arena, providing nurses' views and support when needed, and participating in their meetings organised in Brussels all over the year. The EFN is looking forward to continuing, in 2018, this important collaboration.

#### ➤ European Centre for Disease Prevention and Control (ECDC)



In 2017, the EFN followed closely the work done by the [ECDC](#), aiming to strengthen Europe's defences against infectious diseases, on Antimicrobial Resistance, and strengthened EFN/ECDC close collaboration on the topic, namely by contributing to the [European Antibiotic Awareness Day](#) through clear [video messages](#) of European nurses, explaining how nursing care can contribute to combat AMR to ECDC, and by participating in several meetings over the year, including the [10<sup>th</sup> European Antibiotic Awareness Day](#) event organised on 15 November, and its technical meetings in Stockholm. The EFN, and the nurses' views, are considered as key in the debate. As such, and knowing that AMR stays high on the EFN policy agenda, the EFN will continue to follow closely the ECDC developments on this topic and develop this important collaboration.

#### ➤ **European Forum for Primary Care (EFPC)**



The [EFPC](#) is aiming to improve the health of the population by promoting strong Primary Care. Being a key topic for the EFN, both organisations were in contact in 2017, to analyse how to join forces in advocating for oriented care and move away from disease and medical oriented approaches, and have a greater influence at EU level. Process to be continued in 2018.

#### ➤ **European Institute of Women's Health (EIWH)**



Gender is important for the EFN, and this close collaboration with the [EIWH](#) is very important as this organisation aims to promote health throughout the lifespan, to ensure quality and equity in health policy and care and to campaign for gender-specific research. Including people and organisation with expertise and interest in women's health, is key for the EFN lobby work knowing that 92% of nurses are women. In 2017, the EFN participated in some of their events (as the event Resetting the Agenda in Women's Health in Europe, to discuss the European Action Plan for Women's Health). The EFN is looking forward to continuing this close collaboration with EIWH in 2018.

#### ➤ **European Public Services Union (EPSU)**



The EFN has always valued a solid partnership with social partners, particularly with regards to creating common positions, evaluating the implications of health policies for health care services, and monitoring the implementation of key legislation at national level. In 2017, the EFN and EPSU continued their dialogue, sharing views and experiences on issues that are of key concern to both parties, namely on: the Blueprint for sectoral cooperation on skills plan – knowing that technological progress and globalization offer huge opportunities for innovation, growth and jobs, but it also requires skilled and adaptable people who are able to drive and support change, and that the New Skills Agenda for Europe launched the [Blueprint for Sectoral Cooperation on Skills](#), a new framework for strategic cooperation between key stakeholders, such as: business, trade unions, research, education and training institutions, public authorities, in a given economic sector, as: Health; and the proportionality test directive proposal being discussed at EU level. As part of a necessary investment on EU health workforce, EPSU and EFN are claiming for major focus on implementation and a fostered collaboration with EU stakeholders and social partners.

#### ➤ **European Union of Private Hospitals (UEHP)**



Representing and defending the independent hospitals in Europe and the independent initiative in the health field, the [UEHP](#), is aiming at ensuring equal access to quality treatments in all countries for all European citizens, as well as to respect sustainability and efficiency of the health systems, taking into account quality standards implementation, and financial incentives, including outcome for positive reforms. In 2017, the EFN and UEHP, looked at how both associations can cooperate to face future challenges in healthcare. The EFN is looking forward to work closely with the UEHP, in 2018, and bring nurses' views into this debate.

#### ➤ **International Council of Nurses (ICN)**



Representing the nurses worldwide, and having an observer status in EFN General Assemblies, the [ICN](#) has been collaborating with EFN on some nurses and nursing key topics for many years. In 2017, the EFN and ICN continued their good collaboration, namely by having regular informal meetings with the ICN President, and the CEO, to exchange views on key concerns, as Education, Workforce, and Patient Safety. The EFN will continue this close collaboration in 2018.

#### ➤ **Knowledge4Innovation (K4I)**



[Knowledge4Innovation](#) (K4I) is an open, independent, non-profit platform with a wide variety of stakeholders including regions, cities and universities, research organisations, regions and cities, trade organisations and think tanks as well as technology platforms small and large companies. Knowledge4Innovation is advocating for favourable framework conditions promoting innovation activities in Europe. The K4I Forum is supported by more than 30 Members of the European Parliament. The EFN is putting Health higher on the innovation agenda. As such, it believes that Knowledge4Innovation is a good platform for EFN to become a key player in innovation, and an ideal platform to keep health and social care high on the innovation and political agenda, making sure integrated care and continuity of care leads to better health outcomes for patients and citizens. In 2017, the EFN continued its very good collaboration, participating in several of their meetings (as the [Forum High-level Conference](#), in June; [9th European Innovation Summit](#), in November) providing nurses' views on innovation and exploring how nurses can

successfully contribute to the debate. The EFN will continue this good collaboration with K4I in 2018, bringing the nurses' views into the innovation debate.

#### ➤ Organisation for Economic Co-operation and Development (OECD)



Aiming to provide a forum for governments to share experiences and seek solutions to common problems, [OECD](#) mission is to promote policies that will improve the economic and social well-being of people around the world. Taking that into account, the EFN kept in contact with the OECD in 2017, namely as regards Workforce, health systems reform, patient safety, and participated in some of their meetings in Paris (as the [Health Policy Forum](#), in January; Health Workforce Skills Assessment event, in February), to make sure that the nurses' views were taken into account in the debate. The EFN will continue to strengthen this close collaboration with OECD in 2018.

#### ➤ MedTech Europe



Bringing together companies from across the medical technology sector to champion what MedTech believes is the future of healthcare - Community Care, [MedTech Europe Community Care Sector Committee](#) was in contact with the EFN, and other European Organizations, to explore if they all share topics of interest within the theme of Community/Home/Social Care and if there would be opportunities for common projects or actions. The EFN is following this debate, by participating in some MedTech meetings. Process to be followed-up in 2018.

#### ➤ PA International Foundation



Aiming to assist Governments and international or national institutions or enterprises in identifying and developing new approaches to trans-boundary, trans-cultural and high-tech introduction problems, [PA International Foundation](#), was in contact with the EFN to see how both organisations could collaborate on the AMR debate. Regretting that the nurses are not included in the AMR Joint Action, they are looking forward to have the nurses point of view in the multi-stakeholder' platform they are planning to launch. Process to be followed-up in 2018.

#### ➤ Becton Dickinson



Being a global medical technology company, that leads in patient and health care worker safety and the technologies that enable medical research and clinical laboratories, BD was in contact with the EFN in 2017, to collaborate on Sepsis, hazardous medication. As the sharp injury developments was outsourced to Deloitte & Touche, it is less obvious that EFN will play a role in the development of a European network. However, EFN supported the EU consultant in organising in Italy and France an event on sharp injuries, as in both countries the statistics are very alarming.

## IV. EFN MEMBERS STRENGTH

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### 1. EFN Members representing EFN

**20th Annual Meeting of EFNNMA and WHO Euro** – Milka Vasileva, from the Bulgarian Association of Health Professionals in Nursing and EFN Treasurer, represented the EFN in this meeting, organised in Berlin (Germany), on 2-3 March 2017. It included an EFNNMA Business meeting, in which the participants were informed on the ongoing activities undertaken to accomplish the WHO-EFNNMA Joint Action Plan, financial report, discussion of the Operational Principles and Election Procedure and elections of the Steering Committee officers, and a Conference on the Future of Nursing and Midwifery Workforce in the WHO European Region, in which the audience had the opportunity to discuss the workforce projections that indicate large and unprecedented global shortages of qualified nurses and midwives in the future, and how are countries in the European region preparing to meet these challenges. Referring to [DIR55](#), [EFN Competency Framework](#) & [EFN Workforce Matrix 3+1](#), Milka made it clear that the more nurses are educated at the level of DIR55, the better! Who Copenhagen representative also approach EFN if it is possible to translate EFN Competency Framework into Russian, which of course is highly welcomed. The Competency Framework, in line with DIR55 is publicly available.

**Teleconference on the Resolution CM/Res(2016)2 on good reconstitution practices in health care establishments for medicinal products for parenteral use** – Elizabeth Adams, EFN Vice-President (not yet elected EFN President at that time), represented the EFN in this meeting, organised by [EDQM](#) on 4 July, aiming to brainstorm on the best ways to promote the implementation of the Resolution [CM/Res\(2016\)2](#) (adopted by the Council of Europe, in June 2016) in the EU Member States. Taking into account that good reconstitution practices in health care establishments cannot happen without nursing, the EFN was invited to provide nurses' input on this. The EFN supports this Resolution and its dissemination.

**High-level conference on Health in the Digital Society** - Gerli Liivet, from the [Estonian Nurses Union](#), represented the EFN at the high-level conference "[Health in the Digital Society. Digital Society for Health](#)" organised by the [Estonian Presidency](#) of the EU Council, on 16-18 October, in Tallinn. The conference brought together EU and Member States high-level representatives, patient organisations, IT and Healthcare companies, Health Professionals, Health Managers and R&D sector, to discuss concrete actions with the Member States representatives and Stakeholders, to overcome the barriers to data-driven innovation in health. The event focussed on how to access and secure the use of health data, together with new technologies, and how processes can positively impact citizen's health, support value-based and sustainable healthcare system, and how to bring forward digital innovation in health. Gerli made clear that digitalisation is a crucial aspect of modern societies and healthcare systems. Nevertheless, the dissemination of eHealth services still encounters some barriers related to the low capacity in using new technologies and lack of awareness, especially in the elderly population. As such, a further digitisation of the system is necessary to enable patients managing their own health data. And, in this context, nurses can play a significant role, namely in the design and use of eHealth services. They are leaders in creating digital opportunities for patients and provide them with the main directions for health promotion and disease prevention. Therefore, any solutions in the path to digitalise health should reflect [nurses' views](#), through a real engagement with the frontline. To this regard, the EFN has produced [EU guidelines](#) on eHealth services in Nursing and Social care, with main focus on prevention, clinical practice, advanced roles, integrated care and nurse-prescribing, building on 120 existing cost-effective practices.

**Global Forum on Human Resources for Health** – Elizabeth Adams, new EFN President since October 2017, represented the EFN at the [Fourth Global Forum](#) on Human Resources for Health, held in Dublin (Ireland), on 13-17 November 2017. Being the largest open conference on human resources for health-related issues, the Forum brought together over 1.000 delegates from across the globe, from Academia and Researchers across a range of sectors (education, health, labour/employment and finance), and policy makers, planners and practitioners from these sectors, including those from public, private and civil society and professional associations, to discuss health workforce issues of global relevance, including: emergency preparedness and response, and [antimicrobial resistance](#). Its aim was to advance the implementation of the Global Strategy on Human Resources for Health and the Commission's

recommendations towards achieving Universal Health Coverage and the Sustainable Development Goals; to promote innovations in policy, practice and research, as well as the engagement of HRH stakeholder groups in learning, knowledge sharing, networking and collaborative actions. This was also a good opportunity for the EFN President (and the [Nursing Now! Campaign](#) Board member to represent the European Region) to meet with [Lord Crisp](#), and discuss about the Nursing Now! [campaign](#) (to be launched in early 2018) focused on raising the status and profile of nursing globally and maximise the contribution that nursing makes to Universal Health Coverage, women's empowerment and economic development. The Campaign will be launched on 27 February 2018, and will position nursing more central to health policy and ensure that nurses can use their skills, education and training to their full capacity.

**Stakeholders' round-table "Patient-Centred Roundtable on Working Together for Accessible Health"** – Ecaterina Gulie, from the Romanian Nurses Association, represented the EFN in this [stakeholders' meeting](#), held in Bucharest (Romania), on 20 November, under the auspices of the Romanian Minister of Health. Organised together with the Coalition of Organisations of Patients with Chronic Diseases in Romania (COPAC) in cooperation with the Health Committee of the Senate (Romanian Parliament), the Health Committee of the Deputy Chamber (Romanian Parliament), the Patient Access Partnership (PACT) and the European Patients' Forum (EPF), the event provided a good opportunity for policy-makers and the healthcare community in Romania to increase cooperation and explore opportunities for effective engagement on existing and future healthcare policies to improve access to quality healthcare for patients. Despite the significant progress in establishing access as a milestone in ensuring economic sustainability in the recent years, further efforts are needed to ensure equitable healthcare services in the EU Member States.

## 2. EFN support to EFN Members

It is crucial for the EFN, as a Pan European Organisation, to continuously support and strengthen its relationship with its members by getting a real sense of what is important to them at national level. Taking part in national events is an ideal way of strengthening ties with the members but it is also crucial for understanding the key issues at stake in Member States and offering, in return, the EU-level perspective. The EFN appreciates these moments with its members and continues investing in national, regional and local events that promotes the EU nurses' voice. But participating in meetings is not enough to get the political message through to national policy makers understanding the importance of the nurses' views and concerns in the policy process and in the daily clinical practice. As such, it is important for the members to get EFN support directly addressed to key political players to help them to push for their key concerns at national level. As such, in 2017, the EFN provided its support through some supporting letters, and by participating in key national events.

### ➔ Support to EFN Members national key concerns

Again, the EFN members have been struggling with their governments wanting to downgrade the nursing education and create cheap nurses. This year, as in previous years, some EFN Members, namely from Czech Republic, Montenegro, and France, asked the EFN to send supporting letters to their national governments stressing that ensuring appropriate education and qualifications of general care nurses, and allowing opportunities to advance the nursing profession are key to guaranteeing the sustainability of the health workforce and ensuring the willingness of young people to choose nursing as a career path. It is crucial that EU national governments make sure that their health systems have the necessary nursing workforce, with the necessary competences, to provide high-quality and safe healthcare services. This also applies to those national governments in the process of accession.

### ➔ Participation in EFN Members' national events

**TAIEX Workshop on EU Requirements for Nurse Education in Albania** – Organised in co-operation with the [European Commission](#), the [Ministry of Health of Albania](#), and the [Order of Nurses of Albania](#) (EFN Member), this [TAIEX](#) workshop, held in Tirana on 9-10 May 2017, brought together experts in the nursing field who provided a comprehensive overview of the [EU Directive 2013/55/EC](#) on the Recognition of Professional Qualifications as it relates to the nursing profession, and examples of compliance practice across the EU Member States (namely Lithuania, Poland and Romania) both in terms of educational requirements, as well as possible pitfalls on the path towards compliance. Invited as expert, the EFN Secretary General, Paul De Raeve, [explained](#) that the modernisation of the Directive 36/55, establishing the minimum requirements for nurses' training, including eight key competences that nurses have to acquire during their studies (art 31), has been an extremely intense lobby process with EFN speaking out loudly for nurses and the nursing profession. The workshop participants also discussed the state of art of Albania in complying with [Acquis](#), the EU Accession process, what are the minimum educational [requirements](#) for nurses at EU



Level (Directive 2013/55/EC & Art.31), what have been done in the field: legislation, regulations and competences for nurses and midwives, how to ensure compliance at national level with the Directive 2013/55/EU, how to build synergies between national and nursing stakeholders, and concrete actions towards EU compliance in Albania.

**Training Programme on Directive 2013/55/EU – Former Yugoslav Republic of Macedonia** - Organised in Skopje on 19-21 July 2017, in the context of an EU funded project in FYR Macedonia to establish the mechanism for training implementing bodies, professional organizations, civil servants and academics on the Professional Qualifications Directive 36/2005/EC, these two days training programme for nurses aimed at provide an overview on the state of art of FYR Macedonia in complying with the Acquis Communautaire, the EU Accession process, what are the minimum educational requirements for nurses at EU Level (Directive 2013/55/EC and article 31), what have been done in the field: legislation, regulations and competences for nurses and midwives, how to ensure compliance at national level with the DIR2013/55/EU, how to build synergies between national and nursing stakeholders, and concrete actions towards EU compliance in FYR Macedonia. Invited as keynote speaker, the EFN Secretary General, gave an overview on EFN and its lobby work, and explained what are the minimum education requirements for nurses at EU level (in the context of the PQD Directive) and EFN Competency Framework, which describes the competences required to nurses responsible for general care, aiming at being used by the National Nurses Associations to encourage and guide the nursing schools at national level to implement the competences listed under Article 31 of the Directive. Next to the Macedonian partner briefing on “What changes have Macedonia planned to implement”, and Tom Keighley overview on “Adult education and the production of accountable and autonomous nurses”, “Where nurses are to be trained and by whom”, and back to ‘Regulating the profession’ but now from the view of “external issues”, Paul De Raeve discussed “How will the Stakeholders be brought on board” Prioritising change and Planning the Developments, based on its PhD findings from Romania and Croatia. The training brought together about 30 nurses.

**4<sup>th</sup> National Nursing Education and Research Conference «Knowledge for Quality»** - Organised by the Norwegian Nurses Organisation, on 19-20 October 2017, in Oslo, the objective of the [event](#), that brought together 220 participants, was to discuss on the ongoing development of nursing education, ensuring qualified nurses, quality of care and patient safety. Invited as keynote speaker, Paul De Raeve, EFN Secretary General, spoke about Nursing education (DIR55, and EFN Competency Framework), including eHealth and advanced roles, and research in the European setting. He explained that when setting the EU political agenda and developing the nursing profession, nursing research and EU policy-making have to go hand in hand, knowing that nurses look at improving the delivery of evidence-based care to strengthen quality and safety from a joined research and clinical practice perspective. He further explained the importance of the new Proportionality Directive, which on one hand can stop governments downgrading nursing education (reference to NNO tremendous work in Montenegro), but on the other hand can help the NNA to collect evidence showing that creating advanced roles in nursing make systems safe and sustainable. It was impressive to meet during several days many researchers, frontline nurses, educators and students. Very empowering event!

**Advanced Nurse Practitioner (ANP) Congress 2017** – Organised by the Fédération Nationale des Infirmières de Belgique (FNIB), in Mons (Belgium), on 16-17 November 2017, the [congress](#) was aiming to discuss the added-value of Advanced Nurse Practitioners (ANPs) in the European health systems. Invited as keynote speaker, the EFN Secretary General, talked about EFN priorities, namely Directive 2013/55/EC, the EFN Competency Framework, and the EFN Workforce Matrix 3+1, and made it clear that *“Advanced roles are the way forward in order to improve access to care and patient outcomes, contain provider related costs and improve recruitment and retention rates through enhanced career prospects. ANPs have a key role to play in keeping peers into the profession. They oversee interdisciplinarity, strengthening team’s goal, and embrace different professional identities to meaningfully support each other. The ANPs ability to practice the person-centred model of care needs to be accompanied by an ability to effectively transfer knowledge and skills to others. The IT skills play within this context a key role, as clearly set out in the EFN EU project - [ENS4Care - guidelines](#). However, the ANPs competencies need to build on the bachelor competencies as set out in article 31 of Directive 2013/55/EU”*. The audience also had the opportunity to listen to good practices on ANPs in primary care in Denmark Municipalities, from Mathilde Thornberg Djervad (Danish Nurses Association); from the Netherlands, France, Switzerland, Canada, ... The European Commission joint the event showing how the Proportionality Directive can help develop ANP in all EU Members States. A very detailed presentation, very clear, convinced the participants to look at the new Directive on Proportionality Test, although still being discussed at EU level, can certainly upgrade the development of the nursing profession in the EU. Overall, the benefits of ANPs’ intervention were demonstrated in numerous domains. The ANPs play a key-role in the interdisciplinary support to patients living

with a chronic disease. So, how to develop the advanced nursing practice to get added value for the patients, the system in terms of health results, to guarantee adequate practice conditions, to allow the ANPs to fully invest in new roles (high-level and oriented training, modalities of collaboration, etc.)? A final declaration was presented, but will need a follow up in EFN as key for the implementation at EU level of the EFN Workforce Matrix 3+1!

**11<sup>th</sup> Congress of the Nurses and Midwives Association of Slovenia** – Celebrating its 90<sup>th</sup> Anniversary, the Nurses and Midwives Association of Slovenia organised its [11<sup>th</sup> Congress](#), on 27-29 November, in Ljubljana. Invited as keynote speaker, the EFN Secretary General, presented to the audience an overview on “Nursing in the EU”, giving special attention to EFN and its objectives and key policies as: free movement, Directive 2013/55/EC, the EFN Competency Framework, and the EFN Workforce Matrix 3+1. He also mentioned that *“The health and social sector is still suffering from cuts and reforms that do not make sense. Safety and quality are compromised, and nurses need to do more with less. This makes the Acquis, the DIR55 and the Proportionality Directive even more relevant, so NNAs can hold governments accountable for the policy mistakes they make. The united voice of 3 million nurses is key to drive policies on education, workforce and health outcomes, especially in the current situation of the EU, coping with many political, economic and social issues, rebuilding trust of the EU citizens in politics and the EU Institutions.”*

### 3. EFN Members visiting Brussels and the EU Institutions

Bringing to Brussels NNAs delegations is a good opportunity for the EFN Members’ NNAs to meet with their country EU representatives and learn more about the EFN political agenda, how this agenda is influencing and influenced by the EU Institutions, the outcomes achieved by EFN, and the role of the EU Institutions in relation to the EU health policy. The main topics presented on these occasions are: the EFN’s key priorities in the EU lobby process, including Directive 36/55 and the challenges for nursing education; the EU projects the EFN had been involved in (Joint Actions on Quality and Safety and on EU Health Workforce, Smartcare, ENS4Care), and the importance of investing in the EU lobby process.

In 2017, the Norwegian Nurses Organisation brought its new board to Brussels, in February 2017, to learn more about the Euro-Bubble and the EU Institutions (European Commission, European Parliament, Council). The EFN Secretary General was invited to give an overview on who is EFN, its key priorities, and its role at EU level, and why the EFN lobby is so important, as well as who is the ENRF, and its priorities.

The EFN welcomes this initiative and pro-active attitude from EFN members. Not only as this increases the visibility and reputation of nurses at EU level but also because it shows that they are serious about their profession and the issues that have an impact on it. Therefore, the EFN members are encouraged to continue these efforts in 2018 in order to give the nursing perspective to the EU on key topics.



## V. A FUTURE FOR EVIDENCE BASE POLICY-MAKING

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### A. EUROPEAN NURSING RESEARCH FOUNDATION



Founded by the EFN in 2013, within the context of the increasing emphasis placed on nursing research at EU level to secure reliable evidence from which to base future workforce decisions, the European Nursing Research Foundation (ENRF) is aiming at making the bridge between evidence and policy-making process and act as a contact point for EU policy-makers and politicians, and analysing and compiling what already exists in terms of nursing research in the EU Member States, in order to convert existing data into evidence-based advocacy for the EU policy-making process. The Foundation intends to be independent and identifiable value in nursing research, next to being an eligible partner to apply for EU projects. Since April 2016, the ENRF is an independent NGO, with its reviewed Constitution published in the 'Moniteur Belge'.

#### ↳ **ENRF Governance body**

In terms of governance, all EFN Members are entitled to be Members of the Foundation, and are managing its strategy, function, and [objectives](#) (different from the [EFN ones](#)). The ENRF [governance body](#) is actually composed by four members, elected by the EFN Members - number that will increase to eight once external partners join this exciting journey, + the ENRF Secretary General, Paul De Raeve.

The ENRF Board of Directors was constituted from December 2015 to December 2017 by: 1 Founding EFN Director - Máximo González (Spain) + 3 EFN Directors - Karen Bjøro (Norway); Dorota Kilanska (Poland); Kate Seers (UK)), for a 2-year mandate (2015-2017). Taking into account that the Board of Directors 2-year mandate was coming to an end, elections took place on 11-12 December 2017, online, through EFN Website, for a new Board of Directors. The new elected Board for a two-years term (2017-2019) are: 1 Founding EFN Director - Karen Bjøro (Norway); and 3 EFN Directors - Dorota Kilanska (Poland), Birgit Vosseler (Switzerland), Kate Seers (UK).

The Board is responsible for defining the policies and priorities of the Foundation in accordance with its mission, vision and constitutional aims, included in the [ENRF strategic plan \(2017-2020\)](#) that includes a set of values, content and theme for the Foundation to work on. The Board will systematically establish a theme to focus on, including suggesting potential professional partners to build alliances with, in order to prepare a response to some calls under Horizon 2020 in the upcoming years.

#### ↳ **ENRF activities**

In 2017, the Board of Directors met three times online: on 27 February, 27 April, and 8 September. Next to two extra meetings together with the EFN Executive Committee, on: 29 March, in Malta, and 5 September, online, to discuss the ongoing ENRF developments, and recommendations to bring to the EFN General Assemblies – March (Malta) and October 2017 (Brussels).

In terms of work, the Foundation started to develop itself as independent organisation and set its priorities for 2017 and 2018, as well as reflecting on its future, and the importance of quality and rigorous research as the driving focus for Nursing in Europe. As such, the following documents have been developed and approved by the EFN Board of Directors and the EFN Members:

1. **ENRF Strategic and Operational Research Plan (SORP) 2017-2020** - Approved by the EFN General Assembly in Malta, March 2017, and being in line with the EFN Strategic and Operational Lobby Plan ([SOLP](#)), and the current health research priorities in the European Union, the [SORP](#) highlights four areas of scientific interest for the nurses and the nursing profession: a) Positive environments for professional nursing practice; b) Self-care: improvement of healthcare outcomes in chronic processes; c) Education and training of nurses in Europe; d) Innovation to improve nursing clinical practice. In order to achieve these actions, it is key to prioritise them in accordance with potential priorities as established by the EFN General Assembly. As first priority to start the ENRF research work, the ENRF Board set, for

2018, the development of the “Blueprint for European Nursing”, with a first draft reflection paper, building on the EFN working group outcomes (Malta EFN General Assembly, March 2017), already proposed to the EFN General Assembly in October 2017. The Board will now take this work forward and bring to the next General Assembly, April 2018, a more final version for approval. For more information, visit the ENRF Website – [Mission & Objectives](#).

2. **ENRF Collaborating Centres Selection Criteria and Application Form** – The mission of the Foundation is to promote and encourage nursing research as a factor for professional excellence to benefit citizens’ health in the EU and in Europe; use nursing research to influence EU policies; and promote evidence-based decision-making. To achieve this mission and its strategic goals, as defined in the ENRF SORP, the Foundation’s research capacity must be developed by creating a network of research collaborating centres in alliance with the EFN members’ associations, in order to develop synergies and increase the ability to lobby for the design of health policies, policy making, and the allocation of EU funds to projects, as well as regarding the EU H2020 research agenda and beyond. As such, the ENRF prioritizes “collaborating with national and international nursing research centres providing education and training opportunities to young researchers” (including research and innovation institutes, Universities, Hospitals Research Units, etc.) across Europe, which will enable the ENRF to have a direct link to experts and academics in the field of nursing and to participate in the technical and scientific cooperation with other institutions. Therefore, and to allow a smooth engagement with these Collaborating Centres, the ENRF Board developed, in 2017, the Collaborating Centres [Selection Criteria](#) & [Application Form](#). For more information, visit the ENRF Website – [Collaborating Centres](#).
3. **ENRF External Directors Selection Criteria and Application Form** - According to ENRF’s Constitution (Art.7), there are four types of Directors that can be appointed in the organisation: 1 Founding Director (EFN only Founding Director), 3 EFN Directors (appointed by the EFN members), Other Directors (Natural or legal persons committed to make the financial contributions established by the Board of Directors, with the agreement of acceptance of such Board) and Honorary Directors (Individuals or entities with recognized scientific or professional prestige known for their work in favour of Nursing). In 2017, the ENRF Directors discussed the next steps to bring in External Directors to the Foundation, and decided that before starting to contact any potential candidate, it was key to have some specific documents as: selection criteria and application form, a good ENRF presentation file (with ENRF Strategic Plan, Website, a presentation letter, etc.), a conflict of interest declaration for them to sign, next to ENRF strategy to recruit new External Directors, and a set of incompatibilities to become an External Director (e.g.: being a company employing children; a tobacco or alcohol industry, etc.). The first documents developed - [selection criteria](#) & [application form](#), were presented to and approved by the March 2017 General Assembly, in Malta. The ENRF Directors will, in 2018, continue developing those key documents. For more information, visit the ENRF Website – [External Directors](#).
4. **Budget 2018-2020** - Extensively discussed over the year, the EFN Members approved the ENRF Budget Plan 2018-2020 at the EFN General Assembly in Brussels, October 2017. Furthermore, to build the financial sustainability of the ENRF, and make sure that the Foundation will be able to participate one day in EU projects, the financial support of EFN Members is crucial. As such, the October 2017 EFN General Assembly, in Brussels, discussed and approved a 3-year financial commitment to the Foundation, in order to ensure its financial viability and have a certain amount of reserves in ENRF bank account to be eligible for EU projects. Investing in the Foundation is essential to support the foundation of the work of EFN in the future, since it has the potential to provide the evidence to drive the EFN political and strategic agenda which will be a powerful tool to progress the nursing agenda across Europe. The financial stability of the ENRF will be re-evaluated in 2 years.
5. **ENRF Communication Strategy** – As requested by the EFN Members, the ENRF Directors developed, in 2017, a clear ENRF communication strategy, aiming to develop and present a robust ENRF brand image associating European nursing with research, innovation, influence, and health to the outside world. The ENRF communication strategy includes action plans and key tools, highlighting what needs to be done to make the ENRF more visible and the material that needs to be prepared before launching any more specific actions for the ENRF, as developing: Press Dossiers, a Website, Social Media (Twitter, LinkedIn, etc.), key messages, Newsletter, participate in events, etc. Approved by the EFN General Assembly in Malta, March 2017, this document is only available to the ENRF Board of Directors and EFN Members.

Building on this, the EFN Brussels’ Office developed, together with its Webmasters, a **Website for the ENRF** (based on the EFN EU Project [ENS4Care one](#)), and taking into account that we urgently needed to make the Foundation more visible and have quickly concrete information that EU policy makers and stakeholders can refer to when we talk about

the ENRF in our numerous meetings. Next to a Homepage with news and events' overview, the ENRF Website, available at [www.enrf.eu](http://www.enrf.eu), provides information on: its history, governing body, Collaborating Centres, External Directors, Constitution and Internal Regulation, mission and objectives, Dissemination (Articles, Newsletter, Press Releases, meetings, and input to the EU), and an overview of EU projects the ENRF is/was involved in. The Website is managed by the EFN Brussels' Office, and will evolve as the Foundation will.

Finally, the EFN and the ENRF Brussel's Office have developed some key **Joint Briefing Notes** with the EFN Members and/or Board of Directors on some key topics, as on: Sense about Science (Evidence Matters) (*June 2017*); Research Strategies FP9 (*June 2017*); DG Research Health Committee (*June 2017*); First Virtual Summit on Horizon 2020 (*October 2017*); H2020 2018 Budget cuts and Draft call areas (*October 2017*); The Future of Health Research and Innovation after Horizon 2020 (*October 2017*); EU General Data Protection Regulation (GDPR) (*November 2017*); FP9 to help poorer Member States catch up in science (*November 2017*). These Briefing Notes are only available to the ENRF Board of Directors and EFN Members, at: [http://www.efnweb.be/?page\\_id=2295](http://www.efnweb.be/?page_id=2295)

## ➡ **Conclusion**

The ENRF has the ambition to become a reference point for the dialogue between researchers and policy-makers, with the purpose of translating knowledge into health and social policy with the ultimate objective to improve our knowledge base when reforming national healthcare systems, and to become the scientific foundation to enhance the EU health and social policy agenda. The ENRF Directors, together with the ENRF Secretary General, will continue to develop the Foundation further, working on the topics as set out in the SORP, and looking at how to make nursing research more visible at EU level.

## VI. EFN DATA COLLECTION

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To gather quantity and quality evidence, the EFN uses data collection (through email, online surveys, or during the EFN General Assemblies with the Tour de Table item) as key component in its daily lobby work. This allows to provide the EU institutions and key EU stakeholders with up-to-date information/data to take informed decisions and consider the next steps on crucial topics. As such, in 2017, the EFN and its members undertook and provided input to some key surveys/consultations:

### A. EFN Members

#### **Cyprus Nurses and Midwives Association (CYNMA) on Nurse Educator**

In the context of the review process of certain provisions of the national Nursing and Midwifery legislation in Cyprus in collaboration with the NMC, the Cyprus Nurses and Midwives Association (CYNMA) asked the EFN Members to inform them if in their countries it is compulsory (by law) for a Nurse Educator to possess a valid Nursing license to practice. The results show that in most of the countries a Nurse Educator needs to have a valid nursing license (nursing degree in general nursing) to practice.

### B. EFN

#### **“Virtual Coaching” and “Robotics Deployment in Nursing**

Taking into account the political discussions on prevention, public health nurses and eSkills, at EU level, it is seen as crucial to collect good practices in public health coaching, face to face and virtual coaching and even Robotics. As such, the EFN Members were invited to provide good practice examples, during the EFN General Assembly in Malta (March 2017) to help the EFN Office to lobby the EU Institutions on this matter. The EFN Members highlighted the work done to promote the role of nurses and value of eHealth; the programmes in place focussing on technology use in nursing, and in healthcare, with examples given for telecare use in COPD and pre-term birth; and developments focussing on embedding technologies in healthcare delivery, including electronic health records. The report is not yet publicly available.

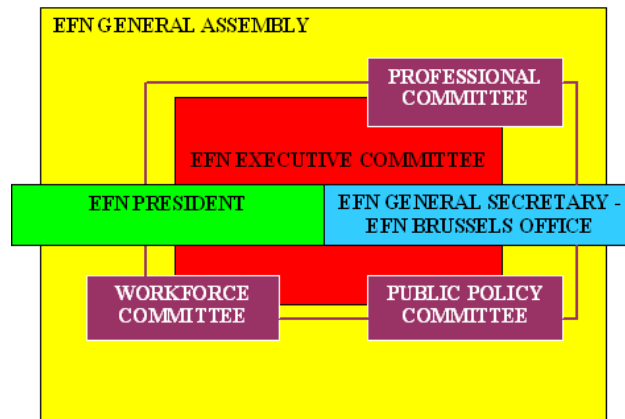
#### **Antimicrobial Resistance**

Considering the political discussions on Antimicrobial Resistance (AMR), the EFN Members were asked during the EFN General Assembly in Brussels (October 2017) to provide the EFN Office with best practice examples to strengthen the EFN Position Statement on Nurses Combatting AMR and to respond to the EU call to make the EU a best practice union, identifying frontline best practices in nurses leading frontline quality improvements and innovation - key to influence policy design. These best practices relate to 1/ interprofessional collaboration; 2/ stewardship; 3/ tools; 4/ campaigns and awareness raising; 5/ adherence, counselling and 6/ vaccination (nurse prescribing). The main conclusion shows that nurses have an important and central role to play in two key areas: informing and motivating the public; and, the preventing and management of infections. As nurses have closer and more frequent contact with patients and carers and undertake the role of care coordinator, they are ideally placed to lead Antimicrobial Resistance (AMR) reduction and antibiotic stewardship programmes. It also shows that investing in infection prevention and control is crucial, emphasising on prevention rather than on a problem-solving approach, with national governments and the European Commission providing the proper investment for more infection prevention and control nurses, as well as frontline link nurses, to reduce the risk and burden of AMR. Policy-makers and politicians have a golden opportunity to engage nurses when redesigning health and social care systems in the EU as nursing is a predominantly female profession, with 92% of women. As the largest healthcare profession, nursing is a powerhouse for change! The report “Nurses are Frontline Combatting Antimicrobial” is available [here](#).

## VII. EFN GOVERNANCE

### A. EFN STRUCTURE

The EFN governance structure consists of the General Assembly, which includes 36 National Nurses' Associations, supported by the Executive Committee, the Professional, Workforce and Public Policy Committees, and the EFN Brussels Office.



### B. EFN GENERAL ASSEMBLY

As the EFN governing body, the General Assembly meets twice a year to discuss the important issues related to the EFN lobby work that can influence the nurses and the nursing profession at EU and national levels, to discuss and endorse key Policy and Position Statements, and to work on several EU projects.

The EFN General Assembly is constituted by:

- ↳ **Members** - drawn from the [National Nurses' Associations](#) from the twenty-eight EU Member States + Iceland, Norway, Switzerland, the Former Yugoslav Republic of Macedonia, Montenegro, Serbia, Albania + AUVB-UGIB from Belgium.
- ↳ **Observers** - International Council of Nurses ([ICN](#)); World Health Organisation ([WHO](#)); and the European Nursing Students Association ([ENSA](#)).

To view the full list of the EFN Members, updated on regular basis, please visit the [EFN Website](#).

In 2017, the EFN Members met in on 30-31 March, in Malta, organised by the Malta Union of Midwives and Nurses (MUMN), for the Spring EFN General Assembly, and on 12-13 October, in Brussels, for the Autumn General Assembly. The minutes of the General Assemblies are not publicly available. The EFN Members can access them via the Members' section of EFN [Website](#).

### C. EFN COMMITTEES

Constituted in 2006, in order to prepare and facilitate the EFN lobby process towards the European Commission, the European Parliament and the Council of Ministers (EU Presidency), the three EFN Committees meet twice a year during the EFN General Assemblies in order to discuss and produce recommendations to the General Assembly on the steps forward to achieve concrete outcomes related to specific issues:

- **Professional Committee:** In 2017, the Professional Committee led by Janet Davies, from the Royal College of Nursing (RCN), discussed and provided recommendations to the EFN General Assembly on: EFN Draft Questionnaire on EU Member States Compliance with DIR55; Nursing Curricula Compliance with Directive 2013/55/EU initiative between EFN and ENSA members; EFN Policy Statement and Position Paper on Nurses Liability and Indemnity; Blueprint for the Nursing Profession; EFN Policy Statement and Position Paper on EU Nursing Workforce Matrix 3+1; Proportionality Directive at National Level, from an education perspective; Antimicrobial Resistance.

- **Workforce Committee:** In 2017, the Workforce Committee led by Sineva Ribeiro, from the Swedish Association of Health Professionals (March 2017) and Veronika Di Cara, from the Czech Nurses Association (October 2017), discussed and provided recommendations to the EFN General Assembly on: Blueprint for sectoral cooperation on skills Plan; EFN Policy Statement and Position Paper on EU Nursing Workforce Matrix 3+1; EFN Policy Statement and Position Paper on Robotics in Nursing; Blueprint for the Nursing Profession; Proportionality Directive at National Level, from a workforce perspective; Antimicrobial Resistance.
- **Public Policy Committee:** In 2017, the Public Policy Committee led by Roswitha Koch, from the Swiss Nurses Association, discussed and provided recommendations to the EFN General Assembly on: EFN Policy Statement and Position Paper on “Value-Based Health and Social Ecosystems”; EFN Policy Statement and Position Paper on Public Health Virtual Coaching; Blueprint for the Nursing Profession; Proportionality Directive at National Level, from a quality and safety perspective; Antimicrobial Resistance.

#### D. EFN EXECUTIVE COMMITTEE

The [EFN Executive Committee](#) is constituted by seven members: President, Vice-president, Treasurer and four delegates elected by the EFN Members National Nurses' Associations. They meet at least twice a year (in between each General Assembly) to discuss key issues for the EFN, to prepare recommendations for the General Assembly, and to follow-up on the General Assembly decisions. An extraordinary Executive Committee meeting usually also takes place the day before each General Assembly to set up the last recommendations for the meeting.

##### a. Meetings

In 2017, the EFN Executive Committee met four times: on 17 February (Brussels) and on 5 September (Online) for their regular meetings, and on 29 March (Malta) for an EFN Executive Committee and ENRF Board of Directors' extraordinary meeting, and on 10 October (Brussels) for EFN Executive Committee extraordinary meeting. In 2017, the Executive Committee will meet for their regular meetings on: 23 February and 5 September, both Online.

##### b. Elections

At the Autumn EFN General Assembly held on 11-12 October 2017, in Brussels, the EFN members elected the following members of the EFN Executive Committee: President – Elizabeth Adams, Irish Nurses and Midwives Organisation (with 53 votes in favour), Treasurer – Milka Vasileva, Bulgarian Association of Health Professionals in Nursing (with 59 votes in favour), two Executive Committee Members - Roswitha Koch, Swiss Nurses Association (with 53 votes in favour) and Jana Slováková, Slovak Chamber of Nurses and Midwives (with 40 votes in favour) for a two-year term 2017-2019.

As a result, the new Executive Committee is constituted as follow:



**President:** Ms Elizabeth Adams, Irish Nurses and Midwives Organisation, *Ireland*



**Treasurer:** Ms Milka Vasileva, Bulgarian Association of Health Professionals in Nursing, *Bulgaria*

#### Four Executive Committee Members:



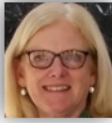
Ms Veronika Di Cara, Czech Nurses Association, *Czech Republic*



Ms Jana Slováková, Slovak Chamber of Nurses and Midwives, *Slovakia*



Ms Roswitha Koch, Swiss Nurses Association, *Switzerland*



Ms Janet Davies, Royal College of Nursing, *UK*

## **E. EFN BRUSSELS OFFICE**

In 2017, the EFN Brussels Office, consisting of the Secretary General, the Secretary, and a Policy Advisor, and supported by consultants in the area of Accounting, Social Security System, Web and IT management, Legal Affairs and on specific policy areas, especially during the GA, continued focussing on implementing the EFN Strategic Lobby Plan 2014-2020.

Having a proactive approach to setting the EU health and social policy agenda by influencing the major policy initiatives from the European Institutions, which in turn impacts on nurses and the nursing profession, is the core business of EFN. Translating this political journey into the 'language' of the EFN members, through the EFN Updates, Press Releases and Briefing Notes, bridges the distance between Brussels and the governmental capital of the Member States where national policies are developed. Informing and keeping the EFN members up to speed is essential in putting them in an advanced position vis-à-vis their national governments. But equally important is the engagement of the EFN members in the Brussels' lobbying process 'to put a human face to policy-making'.

As such, having an EFN Office in Brussels equipped with highly educated and motivated staff, and empowering members to exchange views on specific EU policy areas, thus enabling them to go back home with the capacity to influence national governments is, in fact, the 'raison d'être' of EFN.



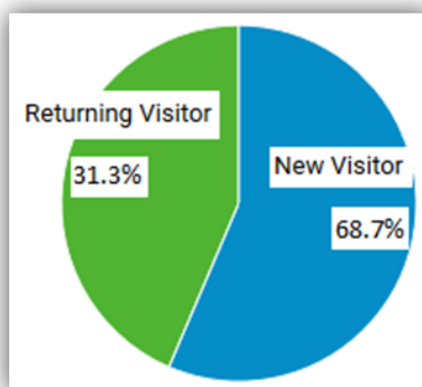
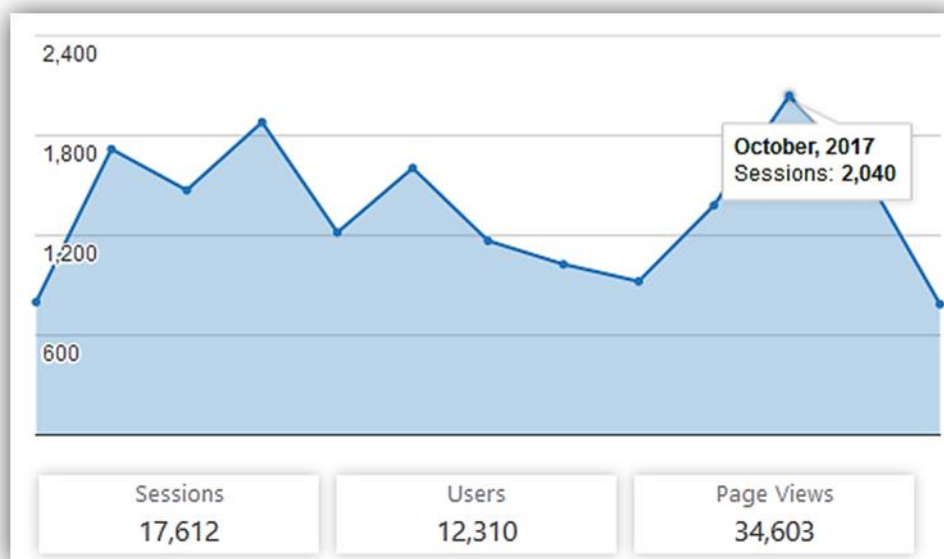
## VIII. COMMUNICATION

For the EFN, it is essential that its members have the necessary information, knowledge and experience to take informed decisions on the key issues related to the nursing profession, not only during the EFN General Assemblies, but also when an item is being discussed and/or needs urgent attention, decision and/or action. In order to be as reactive and proactive as possible, the EFN Brussels Office regularly provides the EFN members with up-to-date information on the most recent items discussed at EU level, through: updates, briefing notes, press releases, position statements, and articles. Most of these documents are made available to the public via the EFN Website: [www.efnweb.eu](http://www.efnweb.eu).

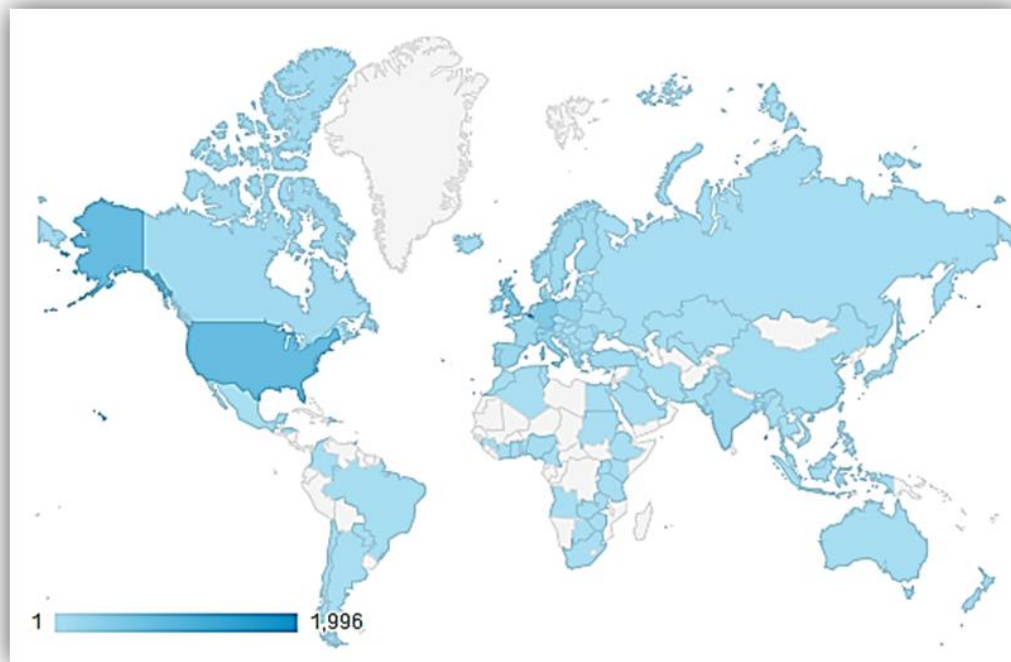
### EFN Website

The [EFN website](http://www.efnweb.eu) is used as a key communication channel to disseminate information to the EFN members, the EU health stakeholders, key decision-makers, and the public in general. Updated on regular basis, the EFN Website reflects the EFN on-going activities and relevant information which shows the dynamics and impact of EFN on EU policy-making. Below you can see how much people use the EFN Website and which pages they read the most, with some statistics on the EFN Website number of visitors and top pages/documents visited in the last year (*data as of 14/12/2017*):

#### > Number of visits to EFN Website (for the full year)



## Visits by country



## Number of visits country by country

### EFN Members

Albania	70	Austria	269	Belgium	1.996	Bulgaria	90
Croatia	119	Cyprus	64	Czech Republic	202	Denmark	211
Estonia	124	Finland	346	France	358	FYR Macedonia	51
Germany	1.022	Greece	251	Hungary	68	Iceland	40
Ireland	288	Italy	651	Latvia	46	Lithuania	87
Luxembourg	25	Malta	139	Montenegro	37	Netherlands	310
Norway	211	Poland	551	Portugal	407	Romania	127
Serbia	84	Slovak Republic	223	Slovenia	255	Spain	366
Sweden	241	Switzerland	262	United-Kingdom	901		

### Other countries

Algeria	7	Andorra	2	Angola	3	Argentina	9
Armenia	10	Australia	70	Azerbaijan	4	Bangladesh	14
Belarus	6	Benin	7	Bosnia & Herzegovina	132	Brazil	114
Canada	176	Chile	5	China	141	Colombia	16
Côte d'Ivoire	4	Curacao	2	Dominican Republic	2	Egypt	23
Ethiopia	7	Faroe Islands	2	Georgia	1	Ghana	13
Grenada	8	Guiana	4	Hong Kong	8	India	264
Indonesia	49	Iran	24	Iraq	12	Israel	43
Japan	26	Kazakhstan	12	Kenya	20	Kosovo	21
Kuwait	3	Lebanon	5	Macau	5	Malaysia	4
Mauritius	19	Mexico	22	Moldova	16	Morocco	9
Myanmar	2	Nepal	3	New Zealand	5	Nigeria	64
Oman	4	Pakistan	36	Palestine	9	Paraguay	1

Peru	1	Philippines	69	Qatar	5	Russia	38
Saudi Arabia	13	Singapore	5	South Africa	14	South Korea	106
Sri Lanka	3	Sudan	8	Syria	1	Taiwan	28
Thailand	21	Togo	7	Turkey	189	Tunisia	8
Uganda	7	Ukraine	30	United Arab Emirates	27	United States	1770
Uzbekistan	6	Venezuela	2	Vietnam	9	Zimbabwe	5

➤ **Top pages viewed (for the full year)**

Pages	Sessions
AGENDA   EFN – European Federation of Nurses Associations	965
EFN – European Federation of Nurses Associations   Members	519
EFN – European Federation of Nurses Associations   EFN Competency Framework for Mutual Recognition of Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU	489
EFN – European Federation of Nurses Associations   EFN Member Section	476
EFN – European Federation of Nurses Associations   History	366
EFN – European Federation of Nurses Associations   Mission & Objectives	132
EFN – European Federation of Nurses Associations   Input to EU Institutions	131
EFN – European Federation of Nurses Associations   EFN Update: March – April 2017	127
On the International Nurses Day, the EFN urges national governments to STOP downgrading nurses and risking citizens' lives to save money!   EFN – European Federation of Nurses Associations	104
EFN – European Federation of Nurses Associations   EFN Workforce Matrix 3+1	87
EFN – European Federation of Nurses Associations   ENS4Care	82
Nurses – key partners for innovation and the future of health   EFN – European Federation of Nurses Associations	81

➤ **Social Media**

Being used by a huge majority of the population in the world, social media is now an important tool to share and exchange information also with the EU lobby arena. In order to be more visible in the social media network and to get EFN messages closer to the European stakeholders, the MEPs and Commission people who also use social media to communicate, and the nurses all over the EU, the EFN decided in October 2014 to get both a [Facebook](#) and a [Twitter](#) accounts.

🔗 **EFN Facebook: /efnbrussels**

The EFN Facebook account has currently 753 'likes/followers' (as of 14/12/2017). Even if the EFN is not so much active on it, the few 'posts' published on Facebook in 2017 reached a lot of people, with an average of 450 people seeing our posts, with a top reached with the one published on the occasion of AMR Awareness Day Campaign, on 15 November 2017, seen by 2301 people (as of 14/12/2017):



European Federation of Nurses Associations - EFN

15 November at 10:00 · 🌐

\*\*\*

Antimicrobial resistance (AMR) is a professional and political challenge that requires the engagement of the frontline nurses.

<http://www.efnweb.be/?p=9080> #EAAD #KeepAntibioticsWorking



And:

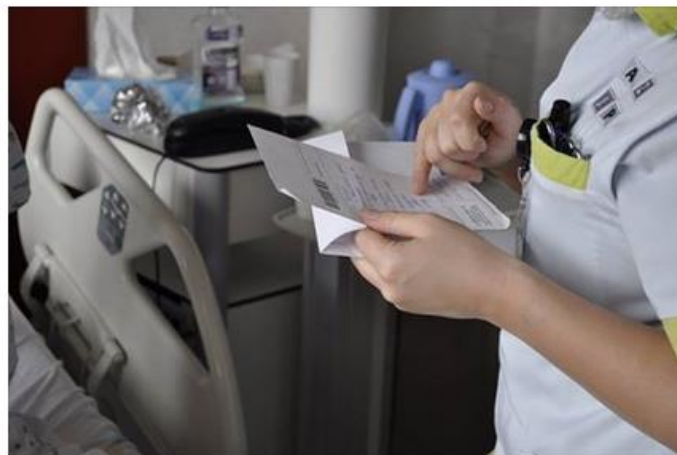


European Federation of Nurses Associations - EFN

15 November at 13:04 · 🌐

\*\*\*

The importance of recognising the role nurses play in combatting antibiotic resistance through advanced roles, nurse prescribing, is crucial to make antibiotics work. <http://www.efnweb.be/?p=9080> #EAAD #KeepAntibioticsWorking



With 864 views (as of 14/12/2017)

The two other posts more viewed were:

1/ ECDC event 'People at the Centre' in January 2017 – "[Nurses - key partners for innovation and the future of health!](#)", seen by 621 people. (as of 14/12/2017)



2/ [EFN Press Release](#) on the International Women's Day – 8 March, seen by 591 people. (as of 14/12/2017)



#### 🔗 EFN Twitter: @EFNBrussels

The EFN Twitter account has currently 270 followers (as of 14/12/2017). Even if the EFN is not so much active on it, the few 'tweets' we do reach a lot of people.

#### ➡ EFN Update

On a regular basis, when significant lobby information available, the EFN publishes its [Update](#), a newsletter that makes reference to the main information for nurses and the nursing profession within the European Union and to the key issues to influence the European Institutions. These 'Updates' keep the EFN Members and other key EU health alliances informed about the EFN policies, actions and relevant European initiatives. In 2016, the EFN published five Updates: [January-February 2017](#); [March-April 2017](#); [November-December 2017](#).

All the EFN Updates are available at: [http://www.efnweb.be/?page\\_id=875](http://www.efnweb.be/?page_id=875)



### EFN Press Releases

Another approach that the EFN is using to communicate with the EU lobby arena is through its press releases. The [EFN Press Releases](#) provide the EFN members and other key EU health actors, with information on key topics that the EFN believes are important to share, at a crucial moment. These are also seen as a good way to reaffirm EFN views/position on a particular topic next to the EU Institutions and the EU stakeholders. In 2017, the EFN published several press releases, namely: [International Women's Day](#) (08/03/2017); [Designing a European Social Pillar – Think out of the box!](#) (24/03/2017); [Celebrating International Nurses Day ! 12 MAY 2017](#) (10/05/2017); [Preventing the exposure of nurses and health professionals to hazardous drugs](#) (20/06/2017, in *The Parliament Magazine*)

All the EFN Press Releases are available at: [http://www.efnweb.be/?page\\_id=882](http://www.efnweb.be/?page_id=882)

### EFN Policy Statements and Position Papers

The [EFN Policy Statements and Position Papers](#), highlighting the EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN's lobby work next to the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work at national and EU level. In 2017, the EFN members adopted the EFN Policy Statements and Position Papers on: [EU Nursing Workforce Matrix 3+1](#); [Robotics in Nursing](#); [Value of health and social care ecosystems](#); [Public Health Virtual Coaching](#)

All the EFN Policy Statements and Position Papers are available at: [http://www.efnweb.be/?page\\_id=833](http://www.efnweb.be/?page_id=833)

### EFN inputs to the European Commission Consultation Processes

In 2017, the EFN inputs to the European Commission Consultation processes related to: [Public stakeholder consultation – Interim evaluation of Horizon 2020](#) (January 2017); [EU survey 'Mid-term evaluation of the Third Health Programme \(2014-2020\)'](#) (January 2017); [Interim evaluation of the Joint Undertakings operating under Horizon 2020](#) (February 2017); [Smart Specialisation: a fresh approach to European growth and jobs through regional innovation strategies](#) (March 2017); [Public Consultation on Transformation Health & Care in the Digital Single Market](#) (August 2017).

All the EFN contributions to the EU Institutions are available at: [http://www.efnweb.be/?page\\_id=873](http://www.efnweb.be/?page_id=873)

### EFN Articles

Publishing [articles](#) is a good way for the EFN to increase the visibility of nurses and the nursing profession at European level, to strengthen the EFN's position on a range of key policy issues, and to increase the impact of the EFN messages and their potential influence on the policy design. In 2017, the EFN published several articles: [Preventing the exposure of nurses and health professionals to hazardous drugs](#) (June 2017); [Think out of box when investing in health!](#) (November 2017).

All the EFN articles are available at: [http://www.efnweb.be/?page\\_id=2258](http://www.efnweb.be/?page_id=2258)

### EFN Briefing Notes

The [EFN Briefing Notes](#), available only to the EFN members via email and/or the members' section of EFN Website, provide specific information on key lobby topics that may influence the EFN members' national policies and daily lobby work. In 2017, the EFN published some Briefing Notes on key items (some together with the ENRF), such as: [First Virtual Summit on Horizon 2020](#) (October 2017); [H2020 2018 Budget cuts and Draft call areas](#) (October 2017); [The Future of Health Research and Innovation after Horizon 2020](#) (October 2017); [H2020 2018 programme - Upcoming Calls](#) (November 2017); [EU General Data Protection Regulation \(GDPR\)](#) (November 2017); [FP9 to help poorer Member States catch up in science](#) (November 2017); [Country Health Profiles](#) (November 2017); [Proportionality Directive - IMCO vote on Compromise Amendments! Political Outcome](#) (December 2017); [H2020 Open Calls - Innovation Procurement](#) (December 2017).

All the EFN Briefing Notes are available, only to EFN Members, at: [http://www.efnweb.be/?page\\_id=2295](http://www.efnweb.be/?page_id=2295)



## IX. CONCLUSION

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Looking at all challenges growing all over the EU, especially with regard to the economy, demography, migration and welfare, all affecting the nursing community, the need for nursing education, for quality of care and patient safety. There has never been a more important time, particularly now when governments are still focussing on savings, often targeting the nursing profession. Additionally, the increasing complexity of the EU system requires that we know where, how and when to take action. With nurses now being fully aware of the policy and politics. As key players in the health and social care services, and part of a large ecosystem reform, which starts uniting health and social care, and promoting continuity of care, nurses can make policy more 'fit for practice', leading to more frontline change.

Looking back at all the work done and at the challenges still to come, we need, more than ever, to strengthen the united voice in the nursing profession and nursing research area, to make sure EU legislation (as Directive 55, and specially Art.31), gets implemented, leading to a highly-qualified and motivated workforce making sure patient safety and quality of care lead to the best health and well-being outcomes, underpinned by the EU values.

2017 was an intense lobby year for the nursing community within the EU. We believe that 2018 will build further on the successes achieved in 2017, and will undertake enthusiastically the upcoming opportunities for the nursing profession.

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The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 36 National Nurses Associations and its work has an effect on the daily work of 3 million nurses throughout the European Union and 6 million in Europe. The EFN is the independent voice of the nursing profession and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU and Europe.

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