



# Activity Report

European Federation of Nurses' Associations  
Working Year 2010



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## Foreword

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The changes and continuous pressure on healthcare systems in the recent years shows how important the pro-active lobby work of EFN and its members is to design EU health policies is, especially when taking a closer look at the contemporary role of EU legislation and its direct effect on national law in many areas, especially those covered by the Single Market. When it comes to re-launching the Single Market Act and safeguarding Health within this liberalization process, it becomes clear to politicians, policy-makers and non-state stakeholders that the strong voice of EFN, speaking on behalf of all nurses in the EU and Europe, cannot be ignored when designing policies that impact on citizens, patients and health professionals.

Looking into the future, several policy challenges will continue staying with us, as well as needing to deal with new ones. EFN lobbied, together with EFN alliances, for the best conditions for patients in a more transparent and informed healthcare system, to maintain a good public healthcare sector with good working conditions for nurses. As such, cross border care for patients and free movement of nurses, while recognising the importance of recruitment and retention strategies for nurses are core professional issues, along with the quality and safety of care.

In the context of the ongoing economic crisis affecting most European Countries and the austerity budgets impacting negatively on national health budgets, posts for nurses, salaries, recruitment and retention strategies, and innovative developments in the delivery of care at local, regional and national level. We are moving towards two types of worlds, the EU policy world looking at "innovative partnerships" and 'flagships', while the reality in the field, there where nurses work day to day, shows more poverty in the EU, less access to care and more inequalities: 116 million European citizens, nearly one quarter of the EU's population, are threatened by poverty or social exclusion. Nurses are very close to this reality and express their concerns that under the current conditions of austerity, quality of care and patient safety is jeopardized, which in turn makes it harder to stay in the nursing profession. EFN recognizes these concerns, translate them into policy statements based on qualitative and quantitative evidence to move forward the three political topics of EFN: Nursing Education (DIR 2005/36/EC), the EU Workforce for Health and Quality and Safety, including e-health.

Therefore, it is now time to look back at EFN's work throughout the year as presented in the Activity Report, highlighting the areas of EFN achievements, influence, involvement and visibility in the European policy-making arena, in 2010.

We are looking forward to your comments and feedback on this Activity Report and to a strong and effective collaboration in 2011.



Ms Unni Hembre  
*EFN President*



Mr. Paul De Raeve  
*EFN General Secretary*



## I. STRENGTHENING EFN

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### A. EFN LOBBY PRIORITIES

Building up on the EFN Strategic and Operational lobby Plan 2009-2013, and the achievements of previous years, the EFN focussed on three main policy areas: Education, EU Workforce for Health, and Patient Safety & Quality of Care.

#### 1. EDUCATION (DIR 36)

Five years after the adoption of the [Directive 2005/36/EC](#) aiming to consolidate and modernise the rules regulating the recognition of professional qualifications in the EU Member States, a number of countries have not yet implemented the Directive, which lead to the European Commission bringing [infringement proceedings](#), including action by the European Court of Justice, while some others still face some difficulties at national level related to the decisions being taken for the future of the nursing discipline that will impact on the general nursing education and, subsequently, on health care quality and patient safety. The EFN is extremely concerned about the negative developments in those Member States not implementing the Directive. Therefore, in 2010, the EFN focused its attention towards the 2012 Progress Report of the Directive, in which the EU Member States efforts to implement the specified criteria and articles will be evaluated.

Next to the several meetings that EFN had with DG Internal Market Director, Jurgen Tiedje, and as a follow-up of the European Commission request towards the EFN Executive Committee to assist the Commission in assessing the implementation of the Directive into national legislation, EFN decided to gather through the EFN General Assembly Tour de Table (April 2010, Romania) the qualitative and quantitative data needed to draft an evidence based EFN Experience Report on DIR36, expressing EFN members' political views on the revision of the Directive and its implementation status in 32 Member States. This report forms the basis for the EFN lobby work towards the European institutions and sectoral professions/stakeholders.

Furthermore, in order to raise the political/EU awareness on this important topic for nurses and the nursing profession, the EFN participated and led the debate in several key lobby events, such as:

- **EU Health Sectoral professions meetings** - where five sectoral professions (Doctors ([CPME](#)), Pharmacists ([PGEU](#)), Nurses ([EFN](#)), Midwives ([EMA](#)), and Dentists ([CDE](#))) exchanged views and explore/discuss areas of common positions for action to the EU on DIR36.
- **DG Internal Market Conference** organised on 17 March 2010 with all stakeholders to discuss the evaluation of the Directive and the three upcoming EU Presidencies (Belgium, Hungary and Poland) that will take the political discussion on DIR36 further.
- **DG Internal Market Conference** held on 29 October 2010, to discuss the evaluation of DIR36. Taking into account the EU stakeholders views' on issues such as: temporary mobility, automatic recognition (on the basis of minimum training requirements or professional experience), compensation measures, common platforms and the potential use of a professional card, the European Commission asked the stakeholders to compare and share the information achieved from the experience reports from relevant national authorities, published in October 2010. The EFN took this opportunity to express nurses' views on the transposition of the Directive in the EU Member States.
- **Conference on "Nursing Career and Nursing Education"**, held on 19 March 2010, in Slovenia, in collaboration with the Slovenian Nursing Chamber, the Ministry of health, and WHO Office in Slovenia, which focussed on DIR 36 & Workforce for health as, in this country too many non qualified nurses (70%) form the health workforce, in contrast to the registered Nurses (30%). Invited as keynote speaker, the EFN General Secretary took this opportunity to stress the importance of focusing on patient outcomes and to measure

quality and safety, and that the upcoming Implementation Report on DIR 2005/36/EC, is therefore seen as a unique opportunity to ascertain that "Fitness to Practice" continues to be a priority within the DIR36.

- **European University Association (EUA) meeting** on Bologna & DIR36 - held on 14 October 2010, in Brussels, to discuss the way the reforms interact (or not) with the recognition of professional qualifications regulated by DIR36, and in particular whether and how they can further promote automatic recognition of professional qualifications and thus facilitate the mobility of professionals within Europe.

Based on these lobby outcomes, the EFN is well equipped to influence the 2011 political debates on the revision of Directive 36, planned for 2012, including via the European Commission's public consultation launched in January 2011.

## 2. EU WORKFORCE FOR HEALTH

Taking into account that all over Europe the Member States are facing common challenges in terms of ensuring and maintaining an adequate health workforce to meet the changing and growing health needs of the EU citizens, it is essential to have an adequate and sustainable EU Workforce for Health. Therefore, and as the umbrella organisation representing nurses, the biggest occupational group in the healthcare sector in Europe, the EU Workforce for Health has been one of the main topics in the EFN political agenda, in 2010. The lobby work of the past 10 years in the Council of Europe, in the WHO Regional Committee and the European Commission has finally ended up in a political document, Council Conclusions on the EU Workforce.

Therefore, the EFN:

- <sup>1</sup> **Was present in the June, July & September European Parliament Plenary sessions in Strasbourg to promote the EP [Written Declaration on the EU Workforce for Health](#)**, together with the [European Public Health Alliance \(EPHA\)](#). The majority of the MEPs contacted welcomed the Declaration and expressed their interest in nurses and nursing. Being in line with the [EFN Position on the EU Workforce for Health](#), the Declaration coded N° 40/2010 tabled by five MEPs - Oana Elena Antonescu MEP (Romania, EPP), Jean Lambert MEP (UK, Greens/EFA), Antonia Parvanova MEP (Bulgaria, ALDE), Marc Tarabella MEP (Belgium, S&D) and Thomas Ulmer MEP (Germany, EPP), was signed by 182 MEPs. The EFN members were very engaged in promoting this declaration and pushing their MEPs to sign it up. Even if this Declaration has not been adopted, with the great amount of signatures collected it had the power to input the Council Conclusions adopted in December/
- <sup>1</sup> **Organised**, together with the [European Public Health Alliance \(EPHA\)](#), a successful **event on the EU Workforce for Health "Putting a Human Face to EU Policy-making"**, on 27 October 2010, in the European Parliament (Brussels), as a follow-up of the EP Declaration campaign. The debate, supported by five key MEPs - Oana Elena Antonescu (Romania, EPP), Jean Lambert (UK, Greens/EFA), Antonia Parvanova (Bulgaria, ALDE), Marc Tarabella (Belgium, S&D) and Marisa Matias (Portugal, GUE/NGL), analysed the extent of the EU Members states common challenges and showed how the current practice of health professionals recruitment, mainly for nurses and doctors, from some European countries and the developing world to fill gaps in other areas of Europe is unsustainable. The personal testimonies of a doctor, two nurses, and a patient, made it clear that issues like recruitment and migration policies, working and education conditions, attractiveness of health professionals, and improvements in the recognition of qualifications, are essential for the health profession. The MEPS also agreed that it is time for a European approach, and that a better coordination and a legal frame are needed, as well as data collection to map the health workforce, analysing how many and what kind of health professionals will be needed in the future. The event, along with the exercise in gathering signatures of the written declaration on the EU Workforce for Health was successful in and raising the profile of EFN and many of its members at EU and national level.
- <sup>1</sup> **Provide input to the development of the [Council Conclusions on "investing in Europe's health workforce of tomorrow: Scope for innovation and collaboration"](#)** adopted by the Council on 7 December 2010, which invites the EU Member States and the European Commission to develop an action plan to support the development of Member States' policies in the EU Workforce for Health, especially in order to tackle the shortage of health professionals, to encourage mobility and the exchange of best practice. The Council Conclusions are in line with the [EFN position on the EU Workforce for Health](#).

→<sup>1</sup> Presented the nurses' views, in several key EU lobby meetings, such as:

- The EU [Ministerial Conference on the EU Workforce for Health “Investing in Europe's health workforce of tomorrow”](#) organised by the Belgian EU Presidency in La Hulpe-Belgium, on 9-10 September 2010. The EFN members from Norway, Italy, Portugal and Iceland joined the EFN Secretary General in putting the [EFN main proposals](#) for solutions at EU level into the political discussions. Taking into account the common challenges the EU Member States are facing in ensuring and maintaining an adequate workforce to meet the changing and in growing health needs, the Belgian [EU Presidency decided to draw political priority](#), in the field of health, to the need to invest in sufficient, motivated and well-skilled health professionals, to raise the awareness for the problem, and to support the European Commission's efforts in developing a joint action to support national and regional policies in this area. Finally, being a crucial item for the nurses and nursing, the EFN has set the agenda for EU Workforce for Health pro-actively and stressed the importance that the political commitment stays in upcoming EU Presidencies, Hungary, Poland, Denmark and Cyprus. By then, the end of 2012 we should be clear on how to tackle the main challenges for the EU Workforce for Health.
- **The EU Policy Dialogues** – Organised on 26-30 April 2010, in Leuven, Belgium, by the [European Commission's Directorate General of Health and Consumers](#) and [WHO European Observatory](#) - on behalf of the Belgian Ministry of Health - as a follow up of the consultation on the [Green Paper on the European Workforce for Health](#). The objective was to gather evidence around specific aspects and raise policy options on EU workforce and to initiate reflections for the conference on 9-10 September 2010.
- The [High Level Working Group on EU Workforce for Health](#) - aiming to encompass the workforce capacity issues and human resource strategies. The meeting held on 3 February 2010, in Brussels focussed on the Green paper on EU Workforce for Health; the Belgian EU Presidency; the EU Projects (PROMETHEUS, MOHPROF and RN4CAST); and [WHO code for ethical recruitment of health personnel](#) – issues that the EFN followed closely in 2010. Finally, DG Internal Market informed the members on the work starting as regards the evaluation report of DIR36. The EFN invited DG Internal Market to discuss this issue in the High Level Group as governments, surprisingly, react to shortage by cutting down nurses' education, even with facing an infringement procedure.
- Participating in the OECD Expert Group Meeting on the [Advanced Roles of Nurses](#), held in Paris-France, on 11-12 February 2010, where the preliminary findings of a study undertaken by the [OECD Health Division](#), and co-funded by DG Sanco, to review and evaluate recent developments in the implementation of advanced practice roles for nurses in 13 OECD developed countries (Australia, Belgium, Canada, Cyprus, Czech Republic, France, Finland, Greece, Ireland, Japan, Poland, United Kingdom, and United States) were discussed. A discussion on Health Workforce Planning also came upfront as a pre-condition if we want to develop new skills for new jobs. This study report is very important for the EFN members providing input on the national developments on 'prescribing drugs' and nurse led discharge.
- [EPHA Working Group on Healthcare Professionals meetings](#) – The EFN expertise contributed positively to the discussions/decisions on the Workforce issue, and on the development of strategies on the [EU health workforce](#), building on past work on the mobility of healthcare professionals in the European Union. These meetings provided the healthcare professionals an opportunity to discuss the objectives for a European Parliament Declaration on the EU Workforce in relation to the Belgian EU Presidency. The healthcare professions present agreed to work closely with each other when drafting policy documents and exchanging best practices, leading to empowered and successful EU Presidency policy outcomes.

→<sup>1</sup> And became involved in two EU **projects**, with an advisory capacity:

- **HEALTHPROMeTHEUS** - [HEALTH PROfessional Mobility in the European Union Study](#) - EHMA project, funded under the 7<sup>th</sup> Framework Programme of the European Commission (FP7) and running until December 2011. This study focuses on the mobility of health professionals moving to, from and within Europe for work and other reasons. *(For further information see projects pages)*

- **RN4CAST - “Nurse Forecasting: Human Resources Planning in Nursing”** – also funded under the European Commission’s Seventh Framework Programme (FP7). This three years’ project aims to gather data to explore the impact of the nursing work environment and deployment of nursing staff on nurse recruitment, retention, productivity and patient outcomes (patient safety), in order to support workforce planning in nursing, and the value of nurses in providing efficient, quality, and safe care. *(For further information see projects pages)*

→ Finally, follows up closely the debate on **New Skill for New Jobs**:

To provide job opportunities for all and create a more competitive and sustainable economy, Europe needs a highly skilled workforce able to meet current and future challenges. Therefore, a joint policy initiative “[New Skills for New jobs](#)” carried out in cooperation between the European Commission and the EU Member States has been put in place to address some of these issues by supporting EU countries and regions in developing, through the use of European Social Funds, more effective ways to analyse and predict which skills will be required in tomorrow’s labour markets and, with this knowledge, developing and adapting education and training so that the workers gain the skills required.

In terms of healthcare, the initiative includes action points on health professionals and workforce planning, offering support to the EU Member States in developing action plans to address the shortage of health professionals. Taking into account the [EFN Position and Policy Statements on Skill Mix and Skill Needs](#), the discussions the EFN is already having for few years on this issue, and the meetings the EFN participated in, in 2010, such as the OECD meeting on Advanced Roles for Nurses, held in February 2010, this topic will be one of the main priorities in 2011.

Since 2004, the EFN put the EU Workforce for Health on the political agenda, and kept it on the agenda. The EU Belgium Presidency provided EFN a political safeguard through the Council Conclusions which will lead to further political initiatives in 2011 by the Hungarian and Polish EU Presidency, leading to a Joint Action in 2012, at the time the WHO Regional Committee need to report on the progress made.

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

Education and Workforce go hand in hand with quality and safety. Patient safety is an issue of increasing concern all over the world, and is amongst the highest priorities of the EU and the EFN policy agendas. It is estimated that in the EU Member States between 8% and 12% of the patients admitted to hospitals suffer from adverse events whilst receiving healthcare. Therefore, we need to keep in mind that safety and quality of care are the basic parameters for an effective healthcare sector, in which nurses are key to initiating change and improvement, at local and national levels. Subsequently, the EFN has been lobbying for Patient safety to be included as a core part of all health education and for concrete support for research and exchange of results between EU member states.

Aiming to make sure that the nurses’ views were being taken into account and that the EU legislation was in line with the EFN policy, the EFN have been working on several key points essential to a good quality and safe healthcare.

Therefore, in 2010 the EFN focussed on:

#### a. **Patient Safety**

→ By participating and presenting nurses’ views in several key lobby events, such as:

- Meeting of the [Patient Safety & Quality Care Working Group](#) of the European Commission, engaging the 27 EU Member States and the EU Health Stakeholders, such as: CPME, PGEU, EPF, HOPE, EHMA and EFN. In 2010 the EFN participated in the several meetings organised by the working group, which continues to work towards facilitating a platform of information exchange on current work in the field of healthcare quality at Member State and European levels, on existing and emerging issues, priorities and on innovative solutions.

Moreover, the working Group has been negotiating throughout the year with the EU Member States and the EU stakeholders the content of an upcoming Joint Action in 2011 (**Joint Action on Patient Safety and Quality of Care**), which is currently seen as a larger scale implementation of the tools and recommendations proposed by the EU project on Patient Safety - EUNetPaS. Within this context the EFN has been playing an important role as stakeholder in bringing upfront the EFN

members experiences related to guaranteeing high quality and safe health services and the system needed to deliver a consistent standard of health care to individuals in all EU Member States.

- **Patient Safety Conference** – Organised in Lisbon-Portugal, in June 2010, by the '[Ordem dos Enfermeiros](#)' (Nurses regulatory body), a member of EFN, with the objective was to identify the potential/constraints of the healthcare systems centred on the patient and to deepen the relationship between health sustainability and regulation. Invited as keynote speaker, the EFN General Secretary explained that "*Healthcare professionals have a leading role in preserving attention on the core issues of healthcare quality and patient safety*".

→ was actively involved in the **EUNetPaS project** ("[European Union Network for Patient Safety](#)"), which involved the 27 EU Member States and the key EU Health Stakeholders CPME, PGEU, EPF, HOPE and EFN. Throughout the year the EFN participated in the several coordination and work packages meetings dealing with 'patient safety culture', 'education' and 'field testing', and provided to the different working group with EFN input on key issues, such as the WP2 Guidelines. Started in February 2008, this project arrived to an end in July 2010. (*For further information see projects pages of this activity report*).

#### **b. Sharps Injuries**

A legislative proposal to protect Europe's healthcare workers from potentially dangerous infections due to injuries with needles and other sharp medical instruments has been requested by EFN and the European Parliament for many years, notably in a [resolution of 6 July 2006](#). Now that the Social Partners had agreed on a [framework agreement](#) between the Commission and European social partners, it was important for the EFN and its members to explore ways to implement the outlined measures into the daily practice of millions of nurses.

Therefore, next to the several meetings the EFN attended, namely in the European Parliament and the European Commission, and of other EU stakeholders, the EFN Spanish member, the [Spanish General Council of Nursing](#), with the support of the [Spanish EU Presidency](#), organised an [EU Summit on Sharps Injuries](#), in Madrid-Spain, on 1-2 June 2010, with a focus on the way to implement effectively the Directive across Europe, at national, regional and local levels. This first EU Biosafety Summit, attended by most of EFN members, was an important public expression of the European social commitment to the prevention of risks associated with blood-borne diseases, which have a huge impact on the health of the workers and the citizens of European Union. Invited as key speaker, the EFN President made a presentation on "[Ensuring the safety of patients and healthcare workers](#)" and explained that "*We all have a responsibility to avoid sharp injuries and this agreement and directive have paved the road for a safer future. In spite of many concerns I believe that the social dialogue has been a success. And it is my hope that with this directive we have ensured the safety of patients and the healthcare workers*".

#### **c. eHealth**

At EU level, the introduction of eHealth services is facilitating access to healthcare, whatever the geographical location, thanks to innovative telemedicine and personal health systems. eHealth is also breaking down barriers, enabling health service providers (public authorities, hospitals) from different Member States to work more closely together. In this context, the European Commission DG Sanco & DG INFSO have been working closely with the EU Member States and the Swedish-Spanish-Belgian Presidencies on setting a new European eHealth Governance Initiative.

Following-up this discussion closely by participating in the EU meetings on this topic, the EFN has been invited to participate in the eHealth Stakeholders' Group. The EFN will also be involved in three EU projects on eHealth, starting in 2011.

Finally, the EFN has been involved as stakeholder in the [Calliope EU project](#), that ended in December 2010, where EU policy-makers were meeting to decide on further developments on eHealth. The EFN role in this network was to scan the political developments and bring EFN members experiences and best practices upfront. Some priorities discussed are: patient summaries, e-prescribing and professional identity cards. CALLIOPE (*For further information see Projects section*).

**d. Patients' Rights in Cross-border Healthcare**

Being a topic of high priority, the EFN has been following the issue closely and participated in the several meetings held at EU level. The EFN members were also informed on the latest developments throughout the year, through the EFN Updates, Briefing Notes, etc. On 15 December, the Parliament and the Council reached an agreement on the second reading on the legislative proposal on Cross-Border Healthcare. As a follow-up of this agreement, the EFN, together with its alliances such as the European Patients' Forum (EPF) and the European Public Health Alliance (EPHA), will analyse the agreed provisions in depth and plan actions accordingly.

Patient Safety and Quality of Care is an extremely sensitive topic when discussions take place with the national governments and the European Commission. The EFN facilitated these discussions by 'going back to the bedside' and showing the importance of working on this topic in a Joint Action, a collaboration of sharing good practices. As such, the EFN is a central partner in the negotiations to kick off with a Joint Action on Quality and Safety in 2011. Although the article in the Patients' Rights in Cross-border Healthcare on quality and e-health has been downgraded by the Council, the EFN and its partners need to continue their work as this Directive will come into force and it is therefore an important milestone for health policy within the EU

**B. SUPPORT TO EFN MEMBERS**

**1. EFN Participation in EFN Members National Events**

➤ **BOSNIA & HERZEGOVINA – Multi-country Workshop (TAIEX) on the “Role of nurses in process of EU integration”**

The EFN participated in the [Workshop on the role of nurses in process of EU integration](#), held in Banja Luka – Serbia, on 25-26 November 2010, in the context of the EU Enlargement TAIEX Mission. The objective of this seminar was to acquaint participants with the role of nurses in process of EU integration, as well as present respective EU legislation; to share information; and to learn from the experiences of the Member States. The main conclusion of this event is that the following activities would be required to address the implementation of this Directive 2005/36/EC: Review & adaptation of general education systems prior to commencing training; evaluation of current training programmes; Development of curricula to comply with requirements of duration & content identified in the Directive; Creation of Competent Authority(ies); Establishment of appropriate Continuous Professional Development, and specialisation where appropriate/needed; Establishment of mechanisms to implement the General Systems component of the Directive (essential area of work for the future). Finally, it was agreed that in order to facilitate the development of a future agenda, it is essential to use the experience and resources of other nursing and midwifery organisations in the Western Balkans; as well as to work with representatives in EU, EFN & local professional networks.

➤ **CROATIA - 4<sup>th</sup> International Croatia Nurses' Association (CNA) Congress**

The EFN participated in the Croatian Nurses' Association [Congress “Nursing: The spectrum of differences”](#), that took place in Zagreb – Croatia, on 15-18 May 2010, and brought together over 300 nurses and plenary speeches given by international speakers including WHO, ICN, EFNNMA, RCN, and EFN. Several important topics for nurses and the nursing profession were discussed, such as: nursing in the process of Croatian accession to the European Union, nursing migration, patient safety, nursing ethics, leadership in nursing, nursing research, nursing education and continuous professional development. Invited as key speaker the EFN made a [presentation on “nurse migration”](#) and highlighted its implications in education, safety and workforce planning. The Congress presented an opportunity to discuss and share experience about nursing and the importance of change in order to modernize and spread an active role of the nurse in modern society.

➤ **PORTUGAL – Patient Safety**

The EFN participated in an important event on [Patient Safety](#) organised in Lisbon-Portugal, on 2 June 2010, by the '[Ordem dos Enfermeiros](#)' (Nurses regulatory body), a member of EFN, in order to identify the potential/constraints of the healthcare systems centred on the patient and to deepen the relationship between health sustainability and regulation. Invited as keynote speaker, the EFN General Secretary made a presentation on [“Patient Safety in the EU”](#) and took this opportunity to share EFN policy-making and lobby

work related to Patient Safety in the EU and to explain that “as free movement of persons is one of the fundamental freedoms guaranteed by the European Treaty, we need to make sure that EU standards in care, standards in education and standards in recruitment are met at EU level, to comply with global challenges”.

#### ➤ **SERBIA - Nurses and Health Technicians of Serbia Congress**

The EFN participated in the Congress of the [Nurses and Health Technicians of Serbia](#) held in Zlatibor-Serbia on 19-23 May 2010, which brought together 1.400 nurses. Invited as keynote speaker, the EFN General Secretary made a [presentation on “Directive 36, Bologna Process, and the role of EFN in the nursing profession”](#). The EFN General Secretary also took this opportunity to meet the delegate of the Ministry of Health to exchange views on the process of TAIEX and the challenges for the nursing education in Serbia – Less than 10% of the nursing workforce complies with DIR36. Bridging courses will then be needed to skill up for compliance with the Directive. There is a clear will and leadership from the Serbian National Nursing Association to move forward, to make change possible and to move the nursing profession of Serbia into the EU.

#### ➤ **SLOVENIA - “Nursing career and nursing education” Conference**

The EFN was invited to participate in the conference on “Nursing career and nursing education” organised on 19 March 2010, in Ljubljana-Slovenia, in collaboration with the Slovenian Nursing Chamber, the Ministry of health, and WHO Office in Slovenia. The conference focused on Directive 36 & on Workforce. In Slovenia, too many non-qualified nurses (70%) constitute the health workforce, in contrast to the registered Nurses (30%). In comparison with many other EU Member States, Slovenia starts having unemployment numbers for both categories. Invited as keynote speaker, the EFN General Secretary stressed the importance of focusing on patient outcomes: pressure scores, medication errors, infections, patient complaints, to measure quality and safety.

#### ➤ **UK - Infection prevention seminar**

The EFN participated in the Royal College of Nursing (RCN) Infection prevention [seminar “Mobilising excellence: preventing infection across European borders”](#), held in London on 05 November 2010, which focused on the nursing contribution to infection prevention and to the developments that can both enhance and strengthen this role to the benefit of patient care, building on preliminary work on the role of link practitioners. Nurses from Croatia, Sweden, Denmark and Italy were also present to discuss infection control throughout Europe. Invited as keynote speaker, the EFN General Secretary made a presentation on “EFN role in EU policy-development with key focus on education, workforce and quality and safety”, and stressed that *“in times of increased mobility of citizens, nurses and patients, it is time to learn from the different national initiatives leading preferably to a European synergy in the field of patient safety and quality of care as set out in the still political debated proposal for a European Directive on Patients’ Rights in Cross-border Healthcare.”*

## 2. EFN Support to EFN Members National key concerns

In 2010, the EFN supported its members in addressing national challenges which were mainly linked to workforce concerns, affecting the quality of health care and patients’ safety. The European Federation of Nurses’ Associations (EFN) believes that it is important for the EU Member States to tackle the challenges of EU workforce for health in order to safeguard the quality and safety of care for all the European citizens, and calls on the EU Commission and the EU Member States to join action and efforts in establishing effective and sustainable recruitment and retention strategies in the health sector. As example:

#### ➤ **MALTA**

Following the dispute between [Malta Union of Midwives and Nurses \(MUMN\)](#) - an EFN member - and their national government on the serious shortage of 550 of nurses in such a small touristic island, and that to tackle this shortage the government was recruiting nurses from Pakistan, the Minister of Health from Malta invited the EFN Secretary General to go to Malta, on 17 November 2010, to explore further dialog and solution as set out in the [EFN Press Release](#), sent out to express EFN concerns on this key issue which is putting in danger the quality of care delivered and the safety of patients and nurses themselves.

The EFN Secretary General expressed his gratitude to the Minister for restarting the social dialog with MUMN immediately after the EFN Press Release was sent out, and had the opportunity to provide an overview on 3 main concerns for the nurses in Malta:

- **EU Education** – If the Minister wants to import nurses from Pakistan and India, or whatever part of the developing world, and they are employed in Malta as nurses, they need to comply with the [European Nursing Directive \(DIR 2005/36/EC\)](#).
- **EU Workforce for Health** – It is important for Malta to implement the [signed WHO ethical code on recruitment](#), and to start planning its health workforce taking into account the needs of the Maltese citizens.
- **Quality and Safety** – It becomes clear that nurses are working a lot of overtime in the hospitals, even more shifts at different workplace settings (private-public). There is only one reason for this: low salary compared to eastern European countries.

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

In 2010, the EFN was invited to make a presentation on EFN priorities, outcomes and lobby strategies related to the EU Health Policy, to the EFN members' delegation from Norway ([Norwegian Nurses Organisation](#)), and from Denmark ([Danish Nurses Organisation](#)), and Sweden ([Swedish Association of Health Professionals](#)) visiting Brussels & the EU Institutions.

The EFN had the opportunity to take part in the study visit of head stewards from all the higher education institutions in Norway, organised by the Norwegian Nurses' Organisation to the OECD in November 2010. In order to gain insight into EU politics, the EFN General Secretary was specially invited to give a presentation on [EFN and its main priorities](#), as well as on [Directive 36](#), the [Bologna process](#), and the [European Qualifications Framework](#). Newly elected EFN President, Ms. Unni Hembre, also stressed the directives on [cross border healthcare](#) and on [sharps injuries](#) which will have an effect on the reality students will face and the healthcare systems in general.

*The EFN encourages its members to visit the EFN Brussels Office and the EU Institutions as this is a very positive experience and a good opportunity for them to become more aware of the importance of investing in EFN & the EU and to learn from the European experience to lobby their national authorities for the benefit of the nurses and the nursing profession.*



## II. EU PROJECTS

### A. EUNetPaS



Involved as an associate partner in this 30 months European project on Patient Safety - [European Union Network for Patient Safety \(EUNetPaS\)](#), that started in February 2008 and came to an end in July 2010, the EFN actively participated in several work packages of the Project: “Patient Safety Culture” (WP1), “Education and training” (WP2), “Field Testing on Medication Safety” (WP4) and “Evaluation of the project” (WP10), including all the meetings held throughout the year to discuss on the progresses made by the WPs and decide on the steps forward.

Funded and supported by the European Commission, within the 2007 Public Health Programme, and coordinated by HAS (French National Authority for Health), the aim of the EUNetPaS project was:

- to establish an umbrella network of all 27 Member States and EU stakeholders to encourage and enhance their collaboration in the field of Patient Safety (culture, reporting and learning systems, medication safety and education), thus maximising efficiency of efforts at EU level.
- to establish common principles at EU level through the integration of knowledge, experiences and expertise gathered from individual Member States and EU stakeholders, facilitate the development of Patient Safety programmes in the EU Member States, and provide support to less advanced countries.
- to evaluate, validate and diffuse the new knowledge and good practices gathered within the network in order to decrease the risk of preventable harm to patients during their stay in healthcare settings and, more generally, to improve the quality of healthcare. The information thus obtained will be targeted at health professionals, political decision-makers and EU citizens.

In 2010, the EFN participated in the several coordination & work package meetings of this project that ended with a series of documents – made available on [EUNetPaS website](#) - as outcome of all the work conducted during the last 30 months by the several Work Packages, such as: [Patient safety culture report focusing on indicators](#) (WP1); [Guidelines on Patient Safety Education and Training](#) (WP2); [EUNetPaS Good Medication Safety Practices in Europe](#) (WP4).

The outcome of EUNetPaS is the start of the Joint Action on Quality and Safety as a follow-up of this project. EFN will be part of this learning process by exchanging good practices.

### B. CALLIOPE



Involved as stakeholder in this network of collaborating organisations mandated with the planning and implementation of eHealth, the EFN role in [CALLIOPE – “CALL for InterOPERability”](#) was to scan the political developments on eHealth and bring EFN members experiences and best practices upfront.

Initiated by 28 founding members, including 17 organisations representing national governments and eHealth competence centres, and 11 EU-level stakeholders’ organisations of health professionals, patients, health insurers and industry, this 30 months EU project (initiated in 2008 & and ended in December 2010) aimed to produce value for decision-makers for national eHealth implementation.

In 2010, the EFN participated in the several meetings organised by the project, where the eHealth Interoperability Roadmap, to which the EFN provided its input, was discussed. The EFN is highly recognised by Member States to advance the e-health agenda.

The outcome of Calliope is the start of the Joint Action and Thematic Network on e-health, mainly in designing the EU Roadmap on e-health. As such, nurses are part of the design and implementation.

### C. HEALTH PROMeTHEUS



Launched in January 2009 and running until 2011, this [EHMA](#) project - [Health Professional Mobility in the European Union Study \(HEALTH PROMeTHEUS\)](#), funded under the 7<sup>th</sup> Framework Programme of the European Commission (FP7), is aiming to make a significant contribution to future thinking on the movement of health professionals in the European Union, by focussing on the mobility of health professionals moving to, from and within Europe for work and other reasons. Its main objective is to address gaps in information on health professionals' mobility to be able to generate recommendations for more effective human resources' policies. The [study](#) is seeking to better understand existing patterns of professional mobility and the organizational, contextual and personal factors that push and pull staff across borders, and is taking into account the positive and negative impacts of mobility to map the international, national and organizational initiatives that seek to manage it better.

Involved in this 3 years' EU project with an advisory role, along with [DG Sanco](#), [European Observatory on Health Systems and Policies \(WHO/OBS\)](#), [Hungarian Ministry of Health](#), [IOM](#), [OECD](#), [CPME](#), [WHO](#) and [WHA](#), the EFN participated in the second advisory board meeting held on 15 June 2010, in Brussels, where the participants were updated on the project, its main objectives and deliverables, and were informed on the views of Advisory Board members on data on health mobility, the delivered case studies (e.g.: Estonia, Germany, Hungary, Poland, UK), mobility and policy responses and the place of the project in a wider context.

### D. RN4CAST



Funded under the European Commission's Seventh Framework Programme (FP7), the "[Nurse Forecasting: Human Resources Planning in Nursing](#)" (RN4CAST) three years project, that builds on previous research made by Linda Aiken at the University of Pennsylvania, USA, showing that deployment of nursing staff greatly influences the quality of patient care, aims to link workforce planning and forecasting models in nursing, with nurse and patient outcomes in 11 European countries: Belgium, Finland, Germany, Greece, Ireland, Poland, Spain, Sweden, Switzerland, The Netherlands, and the UK; the USA; and three International Cooperating Partner Countries - Botswana, China and South Africa.

Launched in 2009 and running until 2011, the project objective is to gather data to explore the impact of the nursing work environment and deployment of nursing staff on nurse recruitment, retention, productivity and patient outcomes (patient safety), in order to support workforce planning in nursing, and the value of nurses in providing efficient, quality, and safe care.

Involved in this EU project with an advisory role, the EFN participated in the Stakeholders meeting and Symposium: on "*Nurse staffing and its impact on patient safety: towards a better forecast of human resources needs in nursing*", held in Madrid-Spain, on 21 May 2010, in which the participants were updated on the progress of the research and informed on the existing research related to workforce (nursing) and its relationship to quality. The EFN believes that the project will demonstrate the importance of education and good working conditions for effective nursing practice while adding to the skill mix/skill needs' debate. Furthermore, the EFN and its members may use this project strong evidence towards supporting investment in Nursing and informing health policy at EU and national levels.



### III. BUILDING ALLIANCES

Building alliances and creating partnerships with key organisations to work on particular issues is very important for EFN, as this is a mean to strengthening civil society in the policy-making process to achieve successful policy outcomes. In 2010, EFN continued to prioritise not only its political priorities but also its alliances to achieve concrete policy outcomes. EFN is not about joining 'clubs to talk', it is about building and sustaining relationships based on trust and standing up for values and principles. Within the EU lobby arena, this is key for EU credibility. As such, good working relations with key EU non-state stakeholders, built up throughout the years, with the European Public Health Alliance (EPHA), European Health Policy Forum (EUHPF), Health First Europe (HFE), and the European Patient Forum becomes central to achieving EFN effective policy outcomes. Furthermore, the EFN organised and/or participated in meetings with other EU health professionals/stakeholders exploring common synergies on health issues that form the basis for the collective lobbying under the EFN Strategic Lobby Plan 2009-2013 and agreed EFN Position Statements.

Key non-state partnership and dialogues taking place to advance EFN lobby agenda were:

#### 1. European Patients' Forum (EPF)

The [European Patients' Forum](#) and EFN have been working closely together on some key EU lobby issues, such as patient safety, eHealth, and structural funds, and took part in different panels where key EU legislative initiatives were discussed. The EFN also participated in [EPF High-Level Roundtable on Cross-Border Healthcare](#), held on 1<sup>st</sup> December 2010, in Brussels, under the patronage of the Belgian EU Presidency, in order to share nurses' views on Cross-Border healthcare. The meeting, which brought together high-level decision-makers and opinion-formers from the European Commission, the European Parliament, Member States, and leading health stakeholder organisations, focused on key areas on which the EFN is working on, such as patients' rights, the quality and safety of healthcare, health inequalities, and eHealth.

#### 2. European Public Health Alliance (EPHA)

As member of [EPHA](#), the EFN has been strengthening its involvement in EPHA by actively participating and sharing information on EFN work with other EU health stakeholders, also members of EPHA, in the monthly Policy Coordination Meetings (PCMs), Annual General Assembly, and other meetings organised by EPHA and taking place in Brussels. For EFN, there is an added value to be a member of EPHA - which aims to promote and protect the health interests of all EU citizens and to strengthen the dialogue between the EU institutions, citizens and NGOs -, and to participate in these meetings, as EFN priorities are reflected in EPHA lobby priorities (EPHA position is in line with EFN position on EPHA/EFN related key issues) and EPHA supports EFN in achieving its mission and objectives. In 2010, the EFN participated in several meetings, such as:

- › **Policy Coordination Meetings** – These meetings are valuable as the members are briefed on the latest EU developments and can share information on specific topics. In 2010, the members were informed on issues such as: EU Presidencies priorities and opportunities; Information to Patients; Patients' Rights in Cross Border healthcare Directive; eHealth; EU Workforce for Health; Directive 36; EU 2020 Strategy.
- › **Special Interest Group on health systems** - Following the EU agenda and the importance of the policy topic for public Health, EPHA set up in 2009, the working group on Health Systems, in which the EFN is involved. This working group is aiming to discuss issues affecting the health systems in Europe, such as: EU Workforce for Health; health equity; health inequalities, etc. In 2010, the EFN participated in the meetings held by the working group, on: 5 May 2010, where EPHA presented its draft five years' strategic plan 2010-2015, which focuses on the improvement of population health and increasing healthy life, and its draft annual business plan 2011; and 1<sup>st</sup> September 2010, where the EU Digital Agenda, Directive on Patients rights', and EU Workforce for Health were discussed.

- **EPHA bilateral meeting with the Spanish Presidency** held on 28 April 2010 - in which the EPHA members had the opportunity to exchange views with the representative of the Spanish Presidency (Mr Terol) on the EU Spanish Presidency key priorities, such as: Cross border health care; E-health; Patient safety and quality.
- **EU Workforce for Health** - Finally, as in 2010, one of the main items of EFN-EPHA collaboration was the “EU Workforce for health”, both organisations met several times, to:
  - Prepare the **Belgian EU Presidency 2010** - Although the EFN was included in the preparations of the EU Belgium Presidency, Civil society was kept outside of the discussions. The engagement of the European Parliament was absent in the discussions leading to a lack of political awareness of the EU Workforce for Health debate. Therefore, the partnership with EPHA was important to explore alternative ways to increase the political awareness at national and EU level, and in particular to explore what kind of event could be organised in the European Parliament to gain MEPs’ understanding and support of the issues involved in the forthcoming European Council Conclusions in December 2010. This collaboration ended-up with a successful meeting on the “[EU Workforce for Health - Putting a Human Face to EU Policy-making](#)” held in the European Parliament on 27 October 2010 (*For more information - see page 4 of this report or [www.efnweb.eu](http://www.efnweb.eu)*).
  - Prepare the promotion of the **EP Written Declaration on the EU Workforce for Health** to the MEPs. Also, following the EP Declaration was successfully tabled by five MEPs, EPHA organised a meeting of the **Health Workforce Working Group**, in which the EFN is involved, to discuss EPHA strategy to ensure that the Written Declaration is passed by the European Parliament. EPHA members decided to send their members the declarations and a template letter in order to lobby their MEPs in their constituency. The EFN members were very reactive in this process by lobbying their MEPs. As a result of this EFN/EPHA campaign was that 180 MEPs signed the EP Declaration. (*For more information - see page 4 of this report or [www.efnweb.eu](http://www.efnweb.eu)*).

### 3. The Members of the European Health Policy Forum (EUHPF)

As a collective and informal stakeholders’ group (which Secretariat is run by EPHA), including the European Commission DG Sanco, the pan-European members from health NGOs, professional organisations, health industry stakeholders and other interested NGOs, the [European Health Policy Forum](#) aims to bring together umbrella organisations representing stakeholders in the health sector to review the EU work and adopt recommendations in various areas of public health, and to ensure that the EU’s health strategy is open, transparent and responds to the public concerns. As a member, the EFN has been actively involved in this Forum by providing input to the relevant questions addressed, and participating in the meetings organised in Brussels.

In 2010, the EFN participated in the meetings held on 20 May 2010 and on 21 October 2010, where the participants discussed the future work and activities of the EUHPF: EU 2020 strategy (Innovation Partnership on Active and Healthy Ageing) and implementation of the Health Strategy; the Mid-term evaluation of the Health Strategy and the Health Programme; The future of the Health Programme post-2013; and the EUHPF Strategic Priorities and work plan 2011/2012. These meetings were a good opportunity for the EFN to lobby the EU officials and EU Health Stakeholders on key issues, such as: the EU Workforce for Health, Social Cohesion Funds, and Healthy ageing.

### 4. The Health First Europe Think-Thank (HFE)

As full member of [Health First Europe](#) - a non-profit alliance of patients, healthcare workers, academics and healthcare experts and the medical technology industry - and member of the Advisory Committee, the EFN is working closely with HFE. As an example of the activities undertaken in 2010, reference can be made to the:

- **Advisory Committee meetings/Telephone conferences** organised throughout the year to discuss and decide on key issues for HFE, such as: HFE membership; eHealth; Patient Safety, and quality of care; EU Workforce for Health; Health Technology Assessment (HTA).
- **HFE Annual General Assembly** – Held on 30 November 2010, the meeting included a discussion on: HFE Working plan for 2011, patient safety, healthy ageing, health technology assessment (HTA) and E-health. The participants were also updated on HFE legal status, membership, and future supporters.

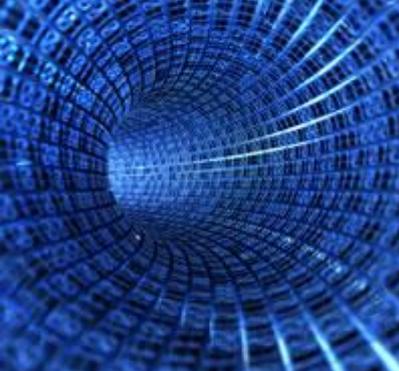
- › **HFE Conference on “Chronic Disease Management”**, held in Brussels on 1<sup>st</sup> December 2010 - jointly organised by Health First Europe and the Belgian Presidency the conference aimed at engaging Members of the European Parliament in the ongoing discussion on the challenge facing the EU and its Member States and their role(s) in managing care of chronic diseases. Invited as keynote speaker, the EFN explained that *“Nurses are exposed to new paradigms in the way healthcare is delivered and innovative and sustainable approaches need to be found. This implies that politicians need to be fully informed about the skill mix and skill needs to respond to the EU workforce for health challenges and free movement of health professionals and patients within the EU. Nevertheless, a highly qualified and motivated workforce is needed to safeguard quality and safety within the management of chronic diseases. We need to work hand in hand with decision makers to assess the investments and 2 education needed to improve our workforce in the EU and Europe”*

## **5. The Network of the European Health Forum Gastein**

As member of the advisory board of the [European Health Forum Gastein \(EHFG\)](#), the EFN participated in the different meetings organised in order to discuss agenda for the meeting to take place on 6-9 October 2010. This year, two EFN main topics were discussed: EU Workforce for Health and Ageing Workforce (on which the EFN data can influence policy development and discussions, especially at a time after the economic crisis when budgets are cut). With a new Commission and new European Parliament in Place, the EHFG plays an important role in moving forward EFN objectives. Nevertheless, the EFN representation noted a surprising lack of interest by a European senior official in taking forward EU health workforce initiatives and frustration from some NGOs about the official's apparent lack of interest and understanding of health promotion and disease prevention. A big European Commission priority is the new initiative on innovative partnerships – starting with taskforce for innovation to support healthy and active ageing and the health and social care sector still seen as area for jobs growth.

## **6. European Parliament Special Interest Group on Carers**

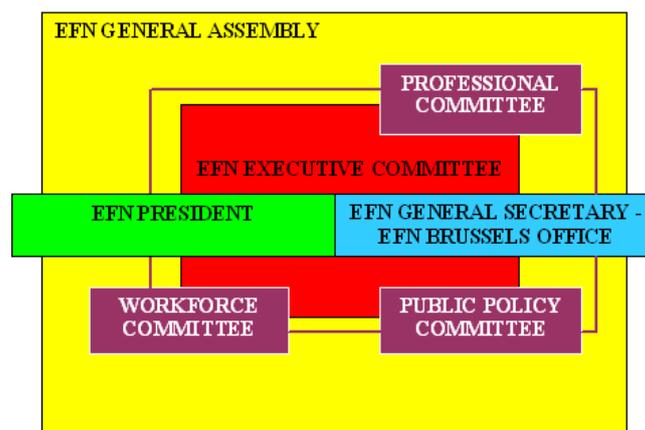
One of the biggest challenges for the Member States is to ensure the availability of a qualified healthcare workforce. In Europe, 20 million people provide healthcare to their relatives and a big majority of these providers are women. Therefore, the EFN participated in [these meetings](#) in order to share EFN members' experiences on how to use social cohesion funds for a better collaboration between formal and informal carers and training.



## IV. EFN GOVERNANCE

### A. EFN STRUCTURE

The EFN governance structure consists of the General Assembly, which includes 34 National Nurses Associations, supported by the Executive Committee, the Professional, Workforce and Public Policy Committees, and the EFN Brussels Office.



### B. EFN GENERAL ASSEMBLY

Being the EFN governing body, the General Assembly meets two times 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:

- ↳ **Full Members** - drawn from the National Nurses' Associations from the twenty-seven EU Member States plus Croatia, Norway, Iceland and Switzerland.
- ↳ **Associate Members** - European Specialist Nurses Organisations (ESNO) – with one representative taking part in EFN General Assemblies; the Former Yugoslav Republic of Macedonia; and Montenegro & Serbia, that joined the EFN in 2010.
- ↳ **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: [http://www.efnweb.eu/version1/en/about\\_members.html](http://www.efnweb.eu/version1/en/about_members.html)

In 2010, the EFN General Assembly met on 15-16 April 2010, in Bucharest - Romania, for the Spring General Assembly organised by the Romanian Nursing Association, and on 28-29 October 2010, in Brussels, for the Autumn General Assembly, organised by the EFN Brussels Office, to discuss and decide on the following key points:

1. **EFN Strategic and Lobby plan 2009-2013 & Committees Work Plans 2011-2012** – At the October 2010 General Assembly, in Brussels, the three EFN Committees discussed/amended and approved their respective Work Plans 2011-2012, and took note of the revised EFN Strategic and Lobby Plan 2009-2013. Even though the EFN is working on the right priorities, the lobby plan needed to be adapted to the already achieved outcomes and minor modifications were needed to fit better the EU lobby policy-making process. See EFN Website: <http://www.efnweb.eu/version1/EN/core.html>

2. **EFN input to the European Commission Consultation Processes** - Throughout the year, the EFN members are consulted internally to give input and to support the EFN contribution to the consultation processes launched by the European Commission. In 2010, the EFN provided its input to the EU 2020 Strategy. See EFN Website: [http://www.efnweb.eu/version1/en/networks\\_eu\\_input.html](http://www.efnweb.eu/version1/en/networks_eu_input.html)
3. **EFN Policy & Position Statements** - In 2010, the EFN members approved the Policy and Position Statements on the European Nursing Research. All the EFN Policy & Position Statements are available at: [http://www.efnweb.eu/version1/en/core\\_pstatement.html](http://www.efnweb.eu/version1/en/core_pstatement.html).
4. **EFN Tour de Table** - The EFN members have the opportunity during the 'Tour de Table', organised during the EFN General Assemblies, to share national key developments, challenges, concerns and priorities. The outcomes of the discussion can lead to more focussed agenda setting within the EU, and the exchange of best practices between the EFN members can be a support for national developments. In 2010, the EFN Members discussed on: Nursing Education (DIR36) (EFN General Assembly – April 2010, Romania), and the financial/economic crisis in the EU and the "Cuts in Salary and Posts for Nurses" (EFN General Assembly – October 2010, Brussels).
5. **EFN Budget** – The EFN budget for 2011 was discussed and endorsed during the EFN General Assembly, October 2010, Brussels.

### 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 Regional Committee of the World Health Organisation, the three EFN Committees meet two times a year, during the EFN General Assemblies, to discuss and produce recommendations to the General Assembly on the steps forward to achieve concrete outcomes related to specific issues:

- a. **Professional Committee:** In 2010, the Professional Committee lead by Branka Rimac, from Croatia, discussed and provided recommendations to the EFN General Assembly on: Directive 36 (EFN Experiences Report); EFN membership inclusiveness strategy; and the Professional Committee Work Plan 2011-2012.
- b. **Workforce Committee:** In 2010, the Workforce Committee, lead by Ioannis Leontiou, from Cyprus, discussed and provided recommendations to the EFN General Assembly on: Council Conclusions on EU Workforce for Health; EFN membership inclusiveness strategy; and the Workforce Committee Work Plan 2011-2012.
- c. **Public Policy Committee:** In 2010, the Public Policy Committee, lead by Unni Hembre, from Norway, discussed and provided recommendations to the EFN General Assembly on: Directive 36 (Utility of Health Professional Cards); European Nursing Research; EFN engagement on several projects on eHealth and on Safety & Quality; EFN membership inclusiveness strategy; and the Public Policy Committee Work Plan 2011-2012.

### D. EFN CONSTITUTIONAL WORKING GROUP

Following the outcomes of the [ICN Council of National Representatives \(CNR\)](#) meeting during the [ICN Congress in June 2009](#), in Durban, South Africa, on the discussion on the ICN Membership & Inclusiveness, the EFN General Assembly decided to establish an **EFN Constitutional Working Group**, consisting of: Branka Rimac (Croatia), Annette Kennedy (Ireland), Per Godtland Kristensen (Norway), Dorota Kilanska (Poland), Antonio Manuel da Silva (Portugal), Maximo Gonzalez (Spain), Maura Buchanan (UK), and Paul de Raeve (EFN General Secretary), to review the EFN Constitution & Internal Regulation, and propose changes, where needed, in order to make the EFN more inclusive.

In 2010, the Constitutional Working Group (CWG) met on: 13 January 2010, in Brussels; 03 June 2010, in Madrid; 29 October 2010, in Brussels; and 13 December 2010, in Brussels, to discuss on the revision of the EFN Constitution, as mandated by the EFN General Assembly. After having approved the CWG Terms of Reference, the main Constitutional changes proposed by the Working Group and discussed by the EFN General Assembly are: 1/ Abolishing EFN constitutional link to ICN (Article 6); 2/ Replacing EFN 'Role and Purpose' (Article 3) with EFN Mission and Objectives as set out in the Strategic Lobby Plan 2009-2013; 3/ Establishing one working language within EFN (English); and 4/ Exploring EFN membership inclusiveness principle and criteria. EFN members see the need for a stronger EFN and the Constitutional discussion will put an important milestone in EFN history as in 2011 EFN will celebrate its 40 year anniversary.

## E. EFN EXECUTIVE COMMITTEE

The EFN Executive Committee is constituted by seven members: President, Vice-president, Treasurer and four delegates elected by and from the full EFN Members National Nurses' Associations. They meet at least twice a year (in between and prior to each General Assembly) in order to discuss important issues for the EFN; to prepare recommendations for the General Assembly; and to take further the General Assembly decisions. An extraordinary Executive Committee meeting also may take place the day before the General Assembly, to set up the last recommendations for the General Assembly.

### a. Meetings

In 2010, the EFN Executive Committee met three times: on 14 January in Brussels and on 31<sup>st</sup> May in Madrid, Spain, for their regular meetings; and on 27 October in Brussels, for an extraordinary meeting.

### b. Elections

At the Autumn EFN General Assembly held on 28-29 October 2010, in Brussels, the EFN members elected the following members of the EFN Executive Committee: President - Ms Unni Hembre (Norway) for a one year term in replacement of Ms Grete Christensen (Denmark) who couldn't finish her mandate due to commitments in her own country; as well as a new Vice-President – Ms Branka Rimac (Croatia) and two members of the Executive Committee: Ms Katrin Stimnicker (Austria), and Mr António Manuel da Silva (Portugal), for a two years mandate (2010-2012).

As a result, the new Executive Committee is constituted by:

<b>President:</b>	Ms Unni Hembre	Norwegian Nurses Organisation, <i>Norway</i>
<b>Vice-President:</b>	Ms Branka Rimac	Croatian Nurses Association, <i>Croatia</i>
<b>Treasurer:</b>	Mr. Pierre Théraulaz	Association Suisse des Infirmières et Infirmiers, <i>Switzerland</i>
<b>Four Executive Committee Members:</b>		
	▪ Ms Katrin Stimnicker	Austrian Nurses Association, <i>Austria</i>
	▪ Mr. Thierry Lothaire	Fédération Nationale des Infirmier(e)s de Belgique, <i>Belgium</i>
	▪ Mr. Antonio Manuel da Silva	Ordem dos Enfermeiros, <i>Portugal</i>
	▪ Dr. Peter Carter	Royal College of Nursing, <i>United Kingdom</i>

## F. EFN BRUSSELS OFFICE

The EFN Brussels Office, consisting of the General Secretary, the Secretary and the Policy Advisor, supported by consultants in the area of Accounting, Social Security System, IT, Translation, Legal Affairs and specific policy areas, focused on implementing the Strategic Lobby Plan 2009-2013. Setting proactively the EU health policy agenda, by influencing the major policy initiatives from the European Commission having an impact 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. EFN members are well informed, up to speed which put them in an advanced position towards their national governments. But equally important is the engagement of the EFN members in the Brussels lobby process 'to put a human face to policy-making'. As such, having an EFN office in Brussels, equipped with highly educated and motivated staff, empowering members to exchange views on specific EU policy areas and enabling them to go back home with the capacity to influence national governments makes EFN its 'raison d'être'.



## V. COMMUNICATION

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For the EFN, it is essential that its members have the necessary information, knowledge and experience to take informed decisions on the key issues for the nursing profession, not only during the EFN General Assemblies, but also when an item is being discussed and/or need urgent decision. 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, speeches, and articles. Most of these documents are made available to the public in English and French, via the EFN Website: [www.efnweb.eu](http://www.efnweb.eu).

### ➤ **The documentation to the General Assembly & Executive Committee**

Prior to each General Assembly and Executive Committee meetings, the EFN members/Executive Committee receive all the relevant documents with the key items to be discussed in the respective meetings, in order to take informed decisions and make recommendations on the key issues to be taken forward by the EFN Brussels Office. These documents are accessible only to the EFN Members in the [meetings section](#) of the EFN Website.

### ➤ **Monthly EFN Update**

Once a month, the EFN publishes its [Update](#) that makes reference to the main information for nurses and the nursing profession within the European Union and to the key issues to influence in the European Institutions. These Updates keep the EFN Members, and other key EU health alliances, informed about the EFN policies, actions and up-to-date European initiatives.

### ➤ **EFN Briefing Notes**

The [EFN Briefing Notes](#), available only for the EFN members, provide specific information on key lobby issues that may influence national policies. In 2010, the EFN has published several Briefing Notes on key items such as: the EU Workforce for Health; and the Patient's Rights in Cross Border Health Directive.

### ➤ **EFN Press Releases**

The [EFN Press Releases](#) provide the EFN members, and other key EU health stakeholders, with information on key issues the EFN believes it is important to share, at a certain key moment. In 2010, the EFN published Press Releases on several key issues: EU Workforce for Health; European Commission Global Health Strategy; Needlestick Injuries; Directive 36 Infringements; EU Social Cohesion Funds; and New Skills for New Jobs.

### ➤ **EFN Position Statements**

The [EFN Position Statements](#), highlighting the EFN/EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN lobby work with different the EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work. In 2010, the EFN members approved a Position Statement on the European Nursing Research.

### ➤ **EFN Website**

The [EFN website](#) is used as a key communication tool to disseminate information to the EFN Members, the EU Health Stakeholders, and the public in general. Updated on regular basis, the EFN Website reflects the ongoing activities of EFN on the important issues related to the nurses and the nursing profession.



## VI. CONCLUSION

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Looking towards the future of nurses and nursing within the EU, EFN and its members stay strongly convinced that EFN will become even stronger in the years to come, particularly by analysing, exploring and acting to build inclusiveness and solidarity. Speaking on behalf of nurses and for nurses is about recognising each other's strengths but also each other's weaknesses and taking action to support these. A strong nursing voice is needed to empower patients, to safeguard quality and safety of care throughout the EU. Equal access to health for all citizens in Europe, or even simple access to care is endangered in many European countries by the ongoing economic crisis. The austerity budgets have made the patients pay a very high price by compromising the quality of care. The number of nurses has been reduced and general working conditions have deteriorated. Politicians make promises to nurses and patients prior to elections, but once elected, it is important to evaluate the promises made. In political terms: nurses and patients are a powerful voting group for each political party.

As such, when it comes to the nursing education, the workforce for health and sharing good practices on quality and safety, including e-health, EFN is at the forefront of keeping these items on the political agenda as long as concrete results are achieved so that nurses in their daily practice will benefit and recognise the added value of the EU. As such, EFN political manifesto relate to three key messages:

1. Safeguarding the Directive on Mutual Recognition of Professional Qualifications – some Governments intend to downgrade nursing education while the research evidence shows that highly educated and motivated nurses impact positively on patient outcomes. As the review of the Directive 36 is perceived as an opportunity for innovation, EFN stays cautious due to its 40 years of political experience on the Directive 36.
2. Develop new and advanced roles for nurses in the re-engineered healthcare systems within the EU. In many Member States, nurses are taking up new tasks related to for example chronically ill persons, prescriptions and in developing new and better nursing practise. Without any doubt, the nursing profession will develop very fast towards more independent responsibilities with the ultimate aim to have better patient outcomes and to empower patients.
3. Quality and Safety will guide the developments in the health sector. As these areas are politically so sensitive, EFN brings in members good and innovative practices, on patient safety, on quality of care and on e-health, showing it works in the field and as such to overcome political sensitivities.



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The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 34 National Nurses Associations and its work has an effect on the daily work of 6 million nurses throughout the European Union and 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 & Europe.

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