

Activity Report

European Federation of Nurses' Associations
Working Year 2011



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Foreword

Dear Colleagues,

2011 was a special year for the EFN, for many reasons. Firstly, the EFN is now 40 years young and to celebrate its birthday, the book on ‘Nurses’ Voice in the EU Policy Process” has been launched in the European Parliament, in a celebration with civil servants, politicians and key stakeholders that have been on our side for many years. The book is to leave a trace of the remarkable work that has been done since 1971, but it is equally important to celebrate the future.

The future is safe as the EFN members adopted a new EFN constitution in its General Assembly in Warsaw, in October 2011, which is more inclusive with a clear vision on mission and objectives. The ICN membership as a condition for EFN membership was cut, opening EFN membership to more than one organisation per country, and the working language officially became English; all steps in governance that show efficiency and effectiveness. But this is just the start of a journey that each of us will need to contribute actively to, if the constitutional change is to move from theory to practice.

With all these developments in mind, the EFN has climbed to one of the highest respected positions in lobbying where, being a member of the Steering Committee on Healthy and Active Ageing, led by Commissioner Nellie Kroes and Commissioner John Dalli, as well as the DG Internal Market Steering Committee on the Health Professional Card, has given the EFN a policy window of opportunity to put nurses and nursing at the highest political level, leading to the expansion of its alliance environment. Some of these alliances were new, while existing ones became stronger as partners not only saw that the EFN had an impact on the decisions taken by the Commission, but more importantly, that the EFN is always in a position to deliver on its promises.

All this work has not been possible without the unconditional support of the EFN members. The EFN is in a unique position, compared to many other pan-European organisations, due to the engagement of all the EFN members in the development of political positions and policies, collecting data, often in a quite speedy context, providing good innovative practices and inspiring colleagues to take up change at all possible levels. All this is delivered in a very friendly and professional manner, in an environment of solidarity and equity, where people listen to each other and try to understand each other in order to move things forward all together, with one voice for nurses and nursing.

Therefore, it is now time to look back at the EFN’s work throughout the year as presented in this Activity Report, highlighting the extent of the EFN’s achievements, influence, involvement and visibility in the European policy-making arena in 2011.

We are looking forward to a strong and effective collaboration in 2012.



Ms Unni Hembre
EFN President



Mr. Paul De Raeve
EFN General Secretary

I. EFN Key Lobby Priorities

Building on the [EFN Strategic and Operational Lobby Plan 2009-2013](#), and the achievements of previous years, the EFN focused on four main policy areas: Education, EU Workforce for Health, Patient Safety & Quality of Care, including e-Health, and the EU Innovative Partnership as a new EU governance mechanism.

A. EDUCATION (DIR 36)

Six years after the adoption of the [Directive 2005/36/EC](#), aiming to consolidate the rules regulating the recognition of professional qualifications in the EU Member States, the European Commission is looking to modernise this Directive with the aim of speeding up recognition to enhance professionals' mobility as a boost for the economic growth. . Therefore, the EFN continues its advocacy and lobby efforts by focusing on what is at stake for the nursing profession when it comes to the modernisation of the Directive. The EFN position on the [modernisation of DIR36](#), as presented to Commissioner Barnier and the EFN's [input to the Green Paper](#), helped shape the legislative proposal.

For the EFN, the modernisation of the Directive should provide the framework for the development of a high-quality care delivered by a competent health workforce of sufficient capacity and with the right skills to face future healthcare challenges by:

1. Guaranteeing the minimum requirements as set out in the Directive 36 - the EFN stresses the importance of moving towards 12 years of entry level for all Member States.
2. Making the IMI system mandatory for competent authorities and accessible to individual applicants to reduce bureaucracy and fostering its development in benefit of the professional recognition;
3. Updating the Annexe V with new topics in the nursing curricula, and setting out the process for further exploration of adding a competency list to the Annexe V;
4. Putting in place a process for the development of an EU Continuous Professional Development (CPD) framework to maintain a highly skilled and motivated workforce in the health sector;
5. No partial access to the nursing profession or any other health profession.

Key alliances are of course the sectoral professions expressing their concerns in two Joint Statements, where the nurses ([EFN](#)), the midwives ([EMA](#)), the dentists ([CDE](#)), the doctors ([CPME](#)), pharmacists ([PGEU](#)), veterinarians ([FVE](#)), and the architects ([ACE](#)) take clear stands on their [joint statement](#) released at a political moment where the Commission was unable to ignore it, and, in the morning of 7 November, offered a wake-up call with a [joint statement](#) stressing the need to preserve the quality and integrity of qualifications. During the event, the seven sectoral professions, a delegation led by the EFN, met with Commissioner Barnier in order to explore how to strengthen the added value of automatic recognition, and strengthen and improve the minimum requirements while at the same time being "flexible". As a result, Commissioner Barnier agreed to have a few technical meetings with the group in 2012.

Furthermore, other alliances have proved to make a huge difference. The [European Public Health Alliance \(EPHA\)](#), the [European Patients' Forum \(EPF\)](#), the [European Women's Lobby \(EWL\)](#), and the [European Consumers' Organization \(BEUC\)](#) started publicly supporting the EFN's views on upholding the minimum education standards of the sectoral professions as set out in Directive 36. In a [joint statement](#), these four powerful European organisations called on the European Commission and Member States to ensure a highly qualified workforce for health by: maintaining current minimum requirements for healthcare professionals that migrate within the EU, reinforcing and improving minimum education and training standards as to safeguard the safety of European citizens, and not applying the principal of partial access to sectoral professions. EPHA, BEUC, EWL and EPF stressed that the focus of the modernisation must be to strengthen the requirements for highly educated professionals in order to have a health workforce equipped to tackle today's healthcare challenges.

As such, the modernisation becomes everybody's business, as the Professional Qualifications Directive is one of the twelve priorities of the [Single Market Act](#). It is within this context that the European Commission's Internal Market Information System (IMI) becomes the key component for exchange of information between competent authorities. Therefore, the EFN has taken up a leadership role in the Steering Committee Meetings on the Health Professional Card. The EFN led on the design of a [case study](#) for nurses in order to evaluate the potential performance of such an e-

card. The case study was presented at the European Commission's [Single Market Forum](#) held on 2-4 October 2011, in Krakow, Poland, which was jointly organised by the European Parliament, the Polish Government, and the European Commission. The Single Market Forum also led to the [Krakow Declaration](#), drafted by MEPs, which shows the political willingness and commitment to move forward. As such, the European Parliament approved by majority the resolution actively led by Emma McClarkin (MEP-UK Conservative Party) clarifying the position of the EP towards the upcoming legislative proposal emphasising the crucial role of the Professional qualifications Directive as a boost for the economic growth and a need to enhance trust in the system by strengthening requirements and simplifying procedures, always keeping in mind the quality of the services delivered.

This brings us to the end of 2011 and the tabling of a new legislative proposal. We will definitely start 2012 by reading and re-reading all the articles and paragraphs, identify what is at stake, and start, if needed, legislative amendments in the European Parliament. The EFN therefore strongly counts on its alliances to move this important piece of legislation in the right direction and also encourages the EFN members to work at national level in order to actively engage their national representatives for the upcoming discussions in the Council of the European Union.

B. EU WORKFORCE FOR HEALTH

As Member States all over Europe continue to face 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 becoming increasingly important to have an adequate and sustainable [EU Workforce for Health](#). As nurses are the biggest occupational group in the healthcare sector in Europe, the EU Workforce for Health has become a continuous political agenda in which DG Sanco and many key stakeholders mark their way towards an effective action in all EU Member States with the ambition of implementing the [Council Conclusions on the EU Workforce](#).

In May 2011, the European Parliament organised a discussion on "Developing a community approach to addressing health workforce and professionals mobility challenges", hosted by MEP Antonia Parvanova, to discuss the health workforce crisis and the need for a coordinated response to address the challenges of an ageing society and ageing workforce, and the sustainability of health systems. The EFN, represented by Merja Merasto of the Finnish Nurses Association, emphasized the need for concrete actions and clearly defined steps to be taken. These steps became clearer as the EFN started negotiating with some key Member States, such as Belgium, the UK, Hungary, Finland, Malta, and Italy, all of which are work package leaders in the upcoming Joint Action on EU Workforce for Health. The EFN, as a member of the High Level Group on Health Professionals Mobility, was selected to support the development of the joint action proposal as well as look at a feasibility study on mobility which is preparing the state of play for the Joint Action. The EFN Executive Committee met Martin Seychell from DG Sanco and encouraged him to show strong leadership in taking workforce for health further and to collaborate closely with the European Parliament, EPSU and the EFN. Furthermore, the European Commission and the European Parliament supported the event on EU Workforce for Health in the Polish Parliament, during the Polish EU Presidency. This is the result of the work started under the Belgium EU Presidency and continued during the Hungarian EU Presidency, in which migration and new skills and jobs were high on the Hungarian list of priorities. It is therefore a pleasure to see Hungary take the lead of a work package in the Joint Action. Upcoming efforts in 2012 and 2013 will have a major role to play in implementing the Joint Action on Workforce for Health, which addresses the challenges facing the EU health workforce in an all-inclusive and sustainable way. The movement of the workforce is measurable and in this regard, the upcoming legislative proposal for the Directive 36 and the potential compulsory use of the IMI system would play a major role in mapping the workflows flows. The EFN has made strong efforts in 2011 to ensure that the nurses' voice is adequately represented and continues to be represented when tackling this important issue. This Joint Action therefore builds on the outcomes of past European research projects on Workforce for Health that will hopefully be used to advance and make available proven initiatives to go into practice.

C. THE EUROPEAN PATIENTS' RIGHTS in CROSS-BORDER HEALTHCARE DIRECTIVE

Being a topic of high political priority, the EFN has contributed to the design of the [Directive on Patients' Rights in Cross-Border Healthcare](#) which came into force on 9 March 2011, after the Parliament and the Council, on 15 December 2010, reached an agreement on the second reading on the legislative proposal on Cross-Border Healthcare. Various aspects of the Directive are key to nurses and nursing: standards of care, e-Health, quality and patient safety, continuity of care and the selection of the excellence centres for the reference networks.

In March 2011, the [European Regional and Local Health Authorities \(EUREGHA\)](#) launched a Kick-off meeting of the Working Group on Cross-Border Healthcare in order to discuss inputs for the design of the 2011 work plan. The Working Group agreed that the implementation of the Directive on Patients' Rights in Cross-Border Healthcare and the exchange of best practices to cope with geographical borders should be the two main topics of the work plan. In order to support and fully convey the most important elements of this Directive, the EFN spoke at the 5th European Patients' Rights Day "Putting Citizens at the centre of EU Health Policy" on the conditions of citizens in the healthcare services in Europe. The objective of the [5th European Patients' Rights Day](#) was to map patients' rights in each Member State and to identify good practices of citizens and patient organisations in health policy that can be more widely implemented, and to bring citizens closer to EU health policy. Even after implementation, it is important to maintain contact with the European Commission to ensure that National authorities transpose the Directive correctly. For the EFN, this included having meetings with DG Sanco in order to discuss the implementation of Art 12 (European Reference Networks) of the Directive and to emphasise the importance of putting in place measures and resources to ensuring quality, safety and continuity of care within cross-border healthcare also in line with the necessary developments for the implementation of the article 14, eHealth. Within this context the EFN released a [policy](#) and [position](#) statement on continuity 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 among 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. As such, safety and quality of care should be considered as the basic parameters for an effective healthcare sector, and nurses remain instrumental in initiating change and improvement, at local and national levels. The EFN has consistently lobbied 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. 2011 marked the beginning of the [Joint Action on Patient Safety and Quality of Care](#), of which the EFN is an associated partner, so these issues and negotiations have been at the very top of the EFN's lobbying priorities this year.

Indeed, in order to make sure that the nurses' views are taken into account and that the EU legislation is in line with the EFN policy, the EFN has been working on several key points essential to good quality and safe healthcare.

In 2011, the EFN focused on Patient Safety by participating and presenting nurses' views in several key lobby events, such as the meeting of the Patient Safety & Quality Care Working Group of the European Commission that engaged the 27 EU Member States and the EU Health Stakeholders, such as: CPME, PGEU, EPF, HOPE, EHMA and EFN. In 2011, the EFN participated in 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. In 2011, however, the Working Group placed particular emphasis on negotiating with the EU Member States and the EU stakeholders on the content of the project proposal for the Joint Action on Patient Safety and Quality of Care, which is 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 can play 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. In a High Level Group meeting at DG Sanco in January 2011, the Working Group identified the key work packages for EFN to contribute to (WP2, WP3, WP4 and WP5), and it was also decided that the EFN will be part of the Political Steering Committee on Quality and Safety.

Furthermore, the EFN was invited to the [Expert Conference on Education in Quality of Care and Patient Safety](#). Organised by the Polish EU Presidency in Krakow, Poland, in September 2011, with the objective of following up on the [Council Recommendations on Patient Safety](#) (2009) and the [Luxembourg declaration](#) (2005), the [Expert Conference on "Education in Quality Care and Patient Safety"](#) was attended by representatives of patients, nurses, doctors, ministries and academics. The participants emphasised the need for a change of mind to focus on the whole healthcare team and their educational opportunities, while the Polish Ministry highlighted that in order to improve quality of care, patient safety should be introduced at all levels of the curricula of health professionals. Recognising the deliverables of the European Union Network on Patient Safety (EUNetPaS), the conference stressed the need for the EU institutions and National Authorities to establish an international cooperation in health education on quality care and patient safety in the format of exchange, sharing of experience and learning, and the use of guidelines for education and training on patient

safety. Finally, the [Krakow Statement](#) on Education in Quality Care and Patient Safety was agreed as a way to accelerate the interest and importance of health professionals' education and training in quality care and patient safety, while acknowledging the differing progress and programme developments across Europe.

Furthermore, at EU level, the introduction of e-Health services is facilitating access to healthcare, whatever the geographical location, thanks to innovative tele-health and personal health systems. E-Health 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's DG Sanco & DG INFSO sees the EFN's input to the governance of e-Health as essential, seeing nurses as key end-users. Therefore, nurses are part of the process when designing and implementing the [European e-Health Governance Initiative](#), the higher EU level initiative in eHealth that will assist in shaping the priorities of the eHealth political agenda.

In 2011, the EFN has become involved in three EU projects on e-Health, of which the [Chain of Trust](#) is considered to be the most successful one. The partnership has been strong and the purpose fitting, as the users have a key role to play in taking up e-Health.

In addition to being involved in these EU projects, the EFN also participated in several events and discussion forum where has been highlighted what is at stake for the nursing profession as regards the innovation and the use of new technologies; particularly in a Symposium on e-Health – A New Holistic Healthcare Plan for Europe which took place on 23-24 March 2011, in Brussels. The purpose of the event was to exchange ideas and comparative experience in technology and good implementation models for European healthcare as part of the initiated e-Health platform. The EFN was invited as a keynote speaker and used the opportunity to share best practices and network with expert speakers, practitioners, and policy-makers from across Europe and beyond. The EFN also stressed the importance of increasing independence when applying e-Health services, more flexibility in the delivery of care, reducing the workload of nurses, creating new roles for nurses, and the communication between community and hospital care.

The EFN is a central partner in the Joint Action on Quality and Safety and although the article in the Patients' Rights in Cross-border Healthcare Directive on quality and e-Health was downgraded by the Council, the EFN and its partners will continue their work as this Directive is being implemented as it is an important milestone for health policy within the EU.

II. EFN Leadership within the European Innovative Partnership

[The Active and Healthy Ageing Innovation Partnership](#) (AHAIP) is a partnership launched under the Europe 2020 flagship initiative Innovation Union, a novel concept to promote breakthroughs to address societal challenges and gain competitive advantage. Also anticipated within the strategy "[A Digital Agenda for Europe](#)" (May 2010), the pilot partnership was also oriented towards with the general aim of delivering sustainable development for a digital Single Market. In 2011, the EFN, having taken part in the [Public Consultation on Active and Healthy Ageing](#) launched at the Stakeholders Conference where the EFN President Unni Hembre represented the nurses commitment towards the partnership, organised by the European Commission, joined the Steering Group of the AHAIP in drafting and implementing the Active and Healthy Ageing Innovative Partnership, which is a highly political initiative led by two Commissioners, Neelie Kroes and John Dalli. Importantly, the innovation partnership has a strong research component to prepare the Horizon 2020. As such, the partnership provides the EFN with the opportunity to set the health research agenda for the coming years.

The overall objective of the European Innovative Partnership (EIP) is to increase two healthy life years to the average healthy life span of European citizens by 2020.

The EIP started creating partnerships within the Steering group resulting in 3 different pillars being run through workshops in June 2011: "Prevention, awareness and early diagnosis", "Care & Cure" and "Independent Living". The EFN, together with the Spanish Ministry of Health, ESIP, Phillips, and J&J, focussed on the AHAIP Working Group on Care & Cure. In this development, the case study 'Chronic Illness Case Management Service in Northern Ireland' was presented by Dr Marina Lupari and Mrs Amanda Cheesley (awarded by Frontline First– Royal College of Nursing) during the AHAIP workshop on Care and Cure. The project, developed by Dr Marina Lupari within the Northern Health and Social Care Trust (Northern Ireland), is based on a Chronic Illness Case Management Service for integrated healthcare systems. It is this innovative good practice that is being selected for up scaling throughout the European Union.

The Steering Group of the EIP on Active and Healthy Ageing agreed in its final meeting in November 2011 that the lines of actions as confirmed in the Strategic Implementation Plan (SIP) of the AHAIP, the 'Chronic Illness Case Management Service in Northern Ireland' implemented fits within the 4th line of action – "spread and promote successful innovative integrated care models for chronic diseases amongst older patients". During the discussions under the steering group, both participants and Commissioners agreed on an urgent need for action to shift the focus from acute, reactive and hospital-based care to proactive, home-based services. Nurses are central in making this shift possible.

Integrated care is about the coordination of care between primary and secondary care and between health, social and community care and it should be centred on the individual person. Integrated care (including continuity of care) has been recognised as a way forward to benefit all Europeans (in particular older people) whilst helping to address resource efficiency and sustainability. This means building health systems on integrated care models for the management of chronic conditions making use of eHealth developments. The holistic approach of integrated care would help create effective communication and coordination across the entire care process.

The implementation of this model can be addressed within the existing national and regional EU funding, specifically the Structural and Social Cohesion Funds (EPSCO Council June 2011). The EU Structural and Cohesion Funds are available to address the challenges of the economic crisis, the development of the EU workforce for health and skills development, employment and growth. The deployment of community care will contribute to reducing current disparities between European regions that contribute to a major cohesion.

In 2011, the focus was therefore on the political commitment, which we got. Now, by moving into 2012, we will need to upscale this innovation, led by nurses, and bring the results back to the Commission and the European Parliament.

III. EU PROJECTS

In its [Europe 2020](#) strategy and particularly in its flagship initiative Digital Agenda for Europe, the European Commission has put forth a strategy for smart, sustainable and inclusive growth, to develop an economy based on knowledge and innovation. Within this agenda, e-Health is highlighted as a means of fostering quality of care and independent living, particularly for older people and those suffering from long-term conditions. Similarly, the Council of the European Union in its [meeting Conclusions](#) in December 2009 called for Member States to commit politically and strategically to e-Health as one of the main instruments to enhance quality, access and safety in healthcare, particularly by building confidence in and acceptance of e-Health services, bringing legal clarity and ensuring protection of health data, and solving technical issues and facilitating market development.

The EFN has put e-Health high on its political agenda and acknowledges that nurses must remain a part of this initiative as emerging healthcare challenges such as the ageing population, staff shortages, increasing healthcare expectations and rising healthcare costs are driving the demands for a more efficient, accessible, high-quality and affordable healthcare. The EFN has stated before that, in order for the e-Health movement to succeed, nurses and the nursing profession must be involved in all stages of development and implementation of electronic solutions. Moreover, it is crucial to ensure that developments are health-driven and not market-driven, while e-Health devices should take into consideration both usability and user-friendliness and reflect multi-professional practice. Furthermore, healthcare professionals and support staff require education and training for all aspects of e-Health. Nurses' IT skills must be integrated into all levels of education, including the Continuous Professional Development (CPD) programs. The EFN believes that Social Cohesion policy would go a long way in this respect, particularly by providing the requisite resources. Although e-Health has enormous potential for nursing – particularly in supporting nurses deliver more efficient, safe, and quality care – the EFN Members remain cautious about the excessive use of e-Health, as it should not compromise personal contact with patients.

A. CHAIN OF TRUST



The European Patients' Forum (EPF) has implemented, together with six other partners (EFN, PGEU, CPME, TIF, NST, & SUSTENTO), an EU project co-financed by the EU Public Health Programme called "[Chain of Trust](#)" (CoT). Started in January 2011, this two-year EU project aims to assess the perspectives of the main end users of tele-health services, i.e. patients, doctors, nurses and pharmacists across the EU, to see whether and how views have evolved since the initial deployment of tele-health, and what barriers there still are to building confidence in and acceptance of this innovative type of services in order to orient political recommendations at EU level.

As a key partner in this project, the EFN participated in several meetings in 2011, such as the European Patient Forum (EPF) e-health project – Chain of Trust – Kick off Meeting and the EU Project Chain of Trust Steering Committee meetings, which were used to discuss the key elements of the project and to get project partners' feedback on their experience of working in the CoT consortium, as well as the progress made in the work packages and future milestones. In addition to this, the EFN met with the consortium in May during the Chain of Trust EU project – WP4 Meeting in order to discuss and agree on the questionnaire for an online survey to be hosted on a website and designed by the EPF. The survey questions were catered to users and non-users of tele-health services in order to gather their views on issues such as education, confidentiality, liability, security, and accessibility. The EFN members were asked to disseminate the survey to their members (individual nurses) and encourage them to respond to the online survey with the aim of getting substantive and relevant quantitative and qualitative data on tele-health from a user's perspective. As a follow-up to this, several National Workshops took place in 6 European countries (Norway, Latvia, Netherlands, Poland, Portugal, and Greece) with the ultimate goal of validating the information collected through the online survey and to discuss the barriers for taking up e-Health. Next to the National Workshops, a set of EU focus groups and National Roundtables are foreseen with the objective of raising awareness of national stakeholders on the project outcomes and promote the integration of users' perspective in national eHealth agendas and plans. The EFN also continuously updated the consortium on the perspective of the nurses during teleconferences that were held throughout the year in order to share developments made in the individual work packages.

B. E-HEALTH GOVERNANCE INITIATIVE

The [e-Health Governance Initiative \(eHGI\)](#) EU Project, which has been running since 1 February 2011, is led by high level representatives of EU Member States and co-financed by the European Commission through two different instruments: Joint Action and Thematic Network. The eHGI is about making e-Health fit for practice and was presented as a political initiative aiming to support the political work of the e-Health governance structure of the EU Member States in developing strategies, priorities, recommendations and guidelines on how to develop e-Health in Europe. In 2011, the EFN contributed to the project by attending two e-Health Governance Initiative (eHGI) Project Steering Committee Meetings in order to discuss the negotiation process, work package structure, progress made to date, and developments for the future. Particularly, the EFN has been working in close collaboration with the Member States within the work package on policy alignment and strategy development, starting with a description of the state of play of eHealth strategies and services implemented and in identifying remaining challenges to orient the future recommendations for political priorities. Specially appointed for evaluation purposes, the EFN has already been deciding to what extent other actions under this initiative are appropriately achieved.

C. NEGOTIATIONS FOR THE JOINT ACTION ON QUALITY AND SAFETY

Until the end of 2011, the EFN has been a key player in helping the coordinator (HAS-France) and the work package leaders in designing the process and last versions of content of the Joint Action prior the European Commission evaluation. In general terms, this Joint Action aims to strengthen cooperation between Member States, international organisations and EU stakeholders on issues related to quality of healthcare. One of the main objectives is the creation of a permanent network for Patient Safety in Europe that will reflect on principles of good quality healthcare, patient safety and patient involvement. By sharing experiences and solutions in patient safety and related aspects of quality of care, the EU Member States, the regions, and the healthcare facilities can benefit from the knowledge of the others. A selection of good practices will be made, with a preference for those that are relevant for most Member States and their respective healthcare systems. This work should also contribute to the establishment of national patient safety and quality networks or platforms involving all relevant national stakeholders. In the long run, this voluntary exchange of experiences may lead to a peer review system for quality management systems in healthcare. This approach will build on the work of EUNetPaS in which the EFN was actively involved.

D. NEGOTIATIONS FOR THE JOINT ACTION ON EU WORKFORCE FOR HEALTH

The upcoming Joint Action on Health Workforce will focus on the future health workforce shortage with the development of an EU guide as a collection of good practices on how donor and receiving countries can cooperate in order to find a mutually beneficial solution in terms of training capacities and circular mobility. Nevertheless, workforce planning needs a broader horizon scanning at different levels for different purposes. Building on the mobility projects such as Prometheus and RN4Cast, a "skill panorama" is picked up during the design of the JA, building further on the idea of a European skills council for nurses. The EFN opted for being an associated partner in this JA which is led by the Belgian Ministry of Health. Other Member States leading a Work Package are the UK, Hungary, Malta and Italy.

In addition to these important projects, the EFN has been advising on:

E. 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 7th 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-year 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 an advisory board meeting held on 6 December 2011, 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 in preparation of the European Workforce Conference, in Brussels, on 7-9 December.

F. RN4CAST



Funded under the European Commission's Seventh Framework Programme (FP7), the "[Nurse Forecasting: Human Resources Planning in Nursing](#)" (RN4CAST) three-year 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 12 European countries: Belgium, Finland, Germany, Greece, Ireland, Poland, Spain, Sweden, Switzerland, The Netherlands, Norway 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, reference can be made to the numerous meetings that the EFN attended on the subject of health workforce planning (p.5). The EFN believes that the project demonstrates 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 the strong evidence presented during this project towards supporting investment in nursing and informing health policy at EU and national levels.

IV. BUILDING ALLIANCES

Building alliances and creating partnerships with key pan-European organisations to work on particular issues is very important for the EFN, as this is a means of strengthening civil society in the policy-making process in order to achieve successful policy outcomes.

In 2011, the EFN continued to put emphasis not only on its political priorities but also its alliances to achieve concrete policy outcomes. The 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, as with the European Public Services Union (EPSU), European Public Health Alliance (EPHA), European Health Policy Forum (EUHPF), Health First Europe (HFE), and the European Patient Forum (EPF), becomes central to achieving effective policy outcomes for the EFN. Furthermore, the EFN organised and/or participated in meetings with other EU health professionals/stakeholders in order to explore common synergies on health issues that form the basis for the collective lobbying as stated under the EFN Strategic Lobby Plan 2009-2013 and agreed EFN Position Statements.

Key non-state partnership and dialogues that took place to advance the EFN lobby agenda were:

1. European Public Services Union (EPSU)

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 the EFN and the European Parliament for many years, notably in a [resolution of 6 July 2006](#). Now that the Social Partners have agreed on a framework agreement between the Commission and European social partners, it is important for the EFN and its members to continue exploring ways to implement the outlined measures into the daily practice of millions of nurses. Therefore, in 2011, the EFN led a delegation of the biosafety network to explore the implementation of the Sharp Injuries Directive in Bulgaria. The EFN met with the Bulgarian Nurses Association and Bulgarian Cancer Patient Organisation as well as representatives from local hospitals in Sofia, Bulgaria, in order to explore how the Directive on Sharps Injuries can be implemented by using the social cohesion funds. The delegation met with the Minister of Finance and together with his department, drafted a social cohesion project proposal to implement the Directive.

This is just one example where the EFN and EPSU shared views and experiences. Equally important were files such as the DIR36 and the EU Workforce for Health in which the EFN and EPSU played out their synergy strength to influence the outcome. EPSU Secretary General, Carola Fischbach-Pyttel, met the EFN Executive Committee to strengthen and confirm the importance of joining forces between the EFN and EPSU.

2. European Patients' Forum (EPF)

The European Patients' Forum and the EFN have been working closely together on some key EU lobby issues, such as patient safety, e-Health, and structural funds, and this year took part in different meetings on the "Chain of Trust" project, of which the EPF is a key partner.

The EFN also attended the Fourth European Patients' Forum (EPF) Regional Advocacy Seminar 2011 in Bucharest, of which the purpose was to strengthen trust and mutual understanding between patient and health professional organisations in order to foster their cooperation in the national health policy arena. The event, which was attended by representatives of patient and health professional organisations from Bulgaria, Romania, Estonia and Hungary, was a good opportunity for the EFN to establish a dialogue and build partnerships with EPF and other patient and professional organisations in order to learn and share experiences about the implications of some key EU policy initiatives for patients and national healthcare as a whole and about ways to enhance the cooperation between patient and professional organisations. The EFN was represented by policy advisor Silvia Gomez, who was invited as a moderator in a parallel workshop on health literacy, and members from Bulgaria and Romania.

3. European Public Health Alliance (EPHA)

As member of EPHA, the EFN has been strengthening its involvement with EPHA by actively participating and sharing information on the EFN's work with other EU health stakeholders, who are also members of EPHA, in the monthly Policy Coordination Meetings (PCMs), Annual General Assembly, and other meetings organised by EPHA in

Brussels. For the 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 the EFN priorities are reflected in EPHA's lobby priorities (EPHA's position is in line with the EFN's position on EPHA/EFN-related key issues), and EPHA supports the EFN in achieving its mission and objectives.

In 2011, in addition to the Policy Coordination Meetings, the EFN also participated in the EPHA Conference "Europe 2020: Delivering a healthy and sustainable future for all?" which brought together 120 multi-sectoral and multi-level stakeholders in order to assess whether the Europe 2020 Strategy will achieve better health outcomes or, on the contrary, pose greater threats by increasing social and economic inequalities. The conclusion was that the strategy needed to be strengthened with a comprehensive health equity approach across all flagships and pillars. This resulted in the release of the [European Charter for Health Equity](#), which the EFN signed.

The EFN also took part in the EPHA Working Group on Research and Innovation and EPHA Health Professionals Working Group in order to discuss EPHA's consultation process to the [Green Paper on the Common Strategic Framework for EU research and innovation funding](#), and EU processes on health workforce issues, respectively. These Working Groups are important for the EFN as they form the basis for future commonly agreed opinions, further strengthening the EFN's position towards the EU institutions. In 2011, the EFN/EPHA partnership resulted in strong advocacy strategies on the responses to the Public Consultation on DIR36, and the [WHO Code of Conduct](#).

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

As a collective and informal stakeholders' group (whose Secretariat is run by EPHA), that includes the European Commission's 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 review the EU's 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's concerns. In 2011, the EFN participated in a meeting held on 12 October, in Brussels, of which the purpose was to follow up on the work of the [Council Working Party on Public Health at Senior Level](#) and activities with the European Innovative Partnership on Active and Healthy Ageing. The use of social cohesion funds was also discussed and the EFN encouraged the group to link up with the Health Attachés in the Council as they need to support the national governments to jointly allocate EU funds to health and health systems. Finally, the European Commission also made a very interesting presentation on the [Stop Smoking campaign](#), of which the EFN is a strong supporter.

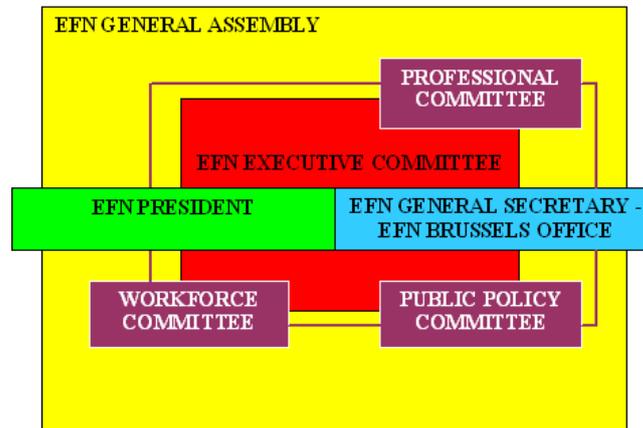
5. The Health First Europe Think-Thank (HFE)

As a 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 facilitated exchange on views related to e-Health, patient safety and quality of care, while EFN became better to understand Health Technology Assessment (HTA). Consequently, the EFN is contributing to HFE's position on several issues of which their position on EU Workforce for Health is an example. HFE organised, very successfully, political events such as the "E-Quality in E-Health" publication launch in February 2011, where Health First Europe (HFE) launched its publication on "[E-Quality in e-Health - Stakeholders' reflections on addressing e-Health challenges at European level](#)", to which the EFN contributed, that challenges policymakers to safeguard the patient as the centre for all e-Health policy by establishing benchmarks for the EU Member States in the areas of patient access to e-Health technologies and payment reimbursements. This is an important issue, as the EFN has always stressed that while the promotion of e-Health services should be encouraged, it should not be at the expense of face-to-face contact with the patient. If the patient is put at the centre of all e-Health policies, patient contact will be upheld, and that is absolutely crucial from a nurses' perspective.

V. 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

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.

In 2011, the EFN General Assembly met on 31 March-1 April 2011, in Reykjavik, Iceland, for the Spring General Assembly organised by the Icelandic Nurses Association, and on 6-7 October 2011, in Warsaw, Poland, for the Autumn General Assembly, organised by the Polish Nurses Association, to discuss and decide on the following key points:

1. Implementation of the [EFN Strategic and Lobby Plan 2009-2013](#) – EFN Committees work programme is in line with the plan.
2. Prof Anne-Marie Rafferty, Head of School, Florence Nightingale School of Nursing & Midwifery, King's College London (UK), joined the EFN members to brief the GA on the state of play and results of the EU project RN4CAST. The EFN members were very positive in using the results of this project for their lobby work at national level, and suggested that the results could also include home care settings & elderly people.
3. EFN members voted in Iceland on some aspects of the new EFN constitution, namely the establishment of one working language within EFN - English (Article 2), replacing the EFN 'Role and Purpose' with EFN Mission and Objectives (Articles 3 & 4) and removing the associate membership option (Article 6 – Point 6.2). The Warsaw GA focused mainly on those articles related to voting and membership fees, which eventually led to the endorsement of the new EFN Constitution.
4. **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 2011, the EFN provided its input to the EU2020 Healthy Ageing Partnership, the Recognition of Professional Qualifications Directive, Green Paper on a common strategic framework for EU research and innovation funding, the e-Health Action Plan 2011-2020, and the Green Paper on Modernising the Professional Qualifications Directive. See EFN Website: http://www.efnweb.eu/version1/en/networks_eu_input.html

5. In the Warsaw GA, attention was given to the development of 'Horizon 2020', also known as the '8th Framework Programme'. The EFN has been selected, by the European Commission's DG Research, to be part of the advisory board of the Common Strategic Framework for the Health Challenge, and based on the EFN's work related to the Cross Border Directive (DG Sanco) and the European Innovative Partnership (DG Sanco-DG INFSO), nurses' research ambitions in the field of health system reform will be addressed in these 2014-2020 programmes. Therefore, the EFN members discussed the options for establishing a European network of nurse researchers with the ultimate aim of providing the nursing research evidence for the EU policy context.
6. **EFN Policy & Position Statements** - In 2011, the EFN members approved the Policy and Position Statements on continuity of care. All of the EFN Policy & Position Statements are available at http://www.efnweb.eu/version1/en/core_pstatement.html.
7. **EFN Tour de Table** - During the 'Tour de Table', organised during the EFN General Assemblies, the EFN members share national key developments, challenges, concerns and priorities. The outcomes of the discussions can lead to more focused agenda-setting within the EU, and the exchange of best practices between the EFN members can be a support for national developments. In 2011, the EFN Members provided their input on the "Impact of the Financial Crisis on Nurses and Nursing" (EFN General Assembly – October 2011, Warsaw).
8. **EFN Budget** – The EFN budget for 2012 was discussed and endorsed during the EFN General Assembly, October 2011, Warsaw.

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 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:

- a. **Professional Committee:** In 2011, the Professional Committee led by Branka Rimac, from Croatia, discussed and provided recommendations to the EFN General Assembly on: Annex V of Directive 36, and the Joint Action on Patient Safety and Quality of Care.
- b. **Workforce Committee:** In 2011, the Workforce Committee led by Katrin Stimmnicker, from Austria, discussed and provided recommendations to the EFN General Assembly on: EFN's input on the individual work packages of the Joint Action on Health Workforce Planning.
- c. **Public Policy Committee:** In 2011, the Public Policy Committee led by Antonio Manuel Da Silva, from Portugal, discussed and provided recommendations to the EFN General Assembly on: EFN's Policy and Position Statements on Continuity of Care, and the EFN Position Statement on Criteria for Excellence Centres.

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, and propose changes, where needed, in order to make the EFN more inclusive.

In 2011, the Constitutional Working Group (CWG) had the very important task of drafting a new EFN constitution and in this context they met twice in Brussels, in January; once in Dublin, on 31 May; and once in Lisbon, on 6 July. The new Constitution was adopted by the EFN General Assembly on 6-7 October, in Warsaw.

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 follow up on 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 2011, the EFN Executive Committee met three times: on 14 January and 17 June in Brussels, for their regular meetings; and on 30 March in Reykjavik, for an extraordinary meeting.

b. Elections

At the Autumn EFN General Assembly held on 6-7 October 2011, in Warsaw, the EFN members elected the following members of the EFN Executive Committee: President - Ms Unni Hembre (Norway) for an additional two-year term; as well as the EFN Treasurer - Mr Pierre Théraulaz (Switzerland) for an additional two-year term and two members of the Executive Committee: Ms Dorota Kilanska (Poland), and Sheila Dickson (Ireland), for a two-year mandate (2011-2013).

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

President:	Ms Unni Hembre	Norwegian Nurses Organisation, <i>Norway</i>
Vice-President:	Ms Branka Rimac	Croatian Nurses Association, <i>Croatia</i>
Treasurer:	Mr. Pierre Théraulaz	Association Suisse des Infirmières et Infirmiers, <i>Switzerland</i>
Four Executive Committee Members:		
	▪ Ms Katrin Stimmnicker	Austrian Nurses Association, <i>Austria</i>
	▪ Mr. Antonio Manuel Da Silva	Ordem Dos Enfermeiros, <i>Portugal</i>
	▪ Ms. Dorota Kilanska	Polish Nurses Association, <i>Poland</i>
	▪ Ms. Sheila Dickson	Irish Nurses and Midwives Organisation, <i>Ireland</i>

F. EFN BRUSSELS OFFICE

The EFN Brussels Office, consisting of the General Secretary, the Secretary, the Policy Advisor, and the Communication Officer and 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. Having a proactive approach to setting the EU health policy agenda by influencing the major policy initiatives from the European Commission, which in turn impacts on nurses and the nursing profession, is the core business of the 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 capitals of the Member States where national policies are developed. Informing and keeping the EFN members up to speed is essential to 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 on 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 the EFN.

D. EFN MEMBERS ENGAGEMENT

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

1. EFN President's Representation

In conjunction with the celebrations of 100 Years of Nursing in Poland - Theory and Practice of Nursing of the 21st century, the EFN president, Ms Unni Hembre, chaired the session "History of education and professional development of nursing in Poland in Krakow in the beginning of June. The president also represented EFN in the meeting for the RN4Cast, also organized in Krakow at this time. In May, the EFN president visited the Hellenic Nurses Organisation, lending support to the election process ongoing at the time. Finally, the research unit at the highly respected publication The Economist interviewed the EFN President on two occasions in 2011, in order to include the nursing perspective on issues such as health promotion, prevention, and healthy ageing.

The logo for The Economist, featuring the words "The Economist" in white serif font on a red rectangular background.

2. EFN Participation in EFN Members National Events

In 2011, the EFN office in Brussels again experienced a great contact with its members, which was further fostered through some key national events. It is extremely important for the EFN to nurture its relationship with its members by getting a real sense of what is important to them at an EU level, as well as a national level. Taking part in national events is indeed an ideal way of strengthening ties with members but it is also crucial for understanding the key issues at stake in individual Member States and offering, in return, the EU-level perspective.

For instance, in February 2011, the EFN attended the Biosafety Meeting organised in Bilbao by the Spanish General Council for Nurses. Following the adoption of the European Directive on prevention from sharps injuries on 1st June 2010, which gives legal effect to the framework agreement concluded by the employers and the trade unions of the hospital and healthcare sector (HOSPEEM and EPSU), the EU Member States focused on the three-year period of implementation at national, regional and local level, which should be completed by 11 May 2013, at the latest. Invited as a keynote speaker, the EFN General Secretary focused on the use of social cohesion funds to implement measures in those EU member states where local working environments have no measures in place at all, and stressed that *"If we want the number of sharp injuries to decrease, it is not enough to just implement a law; it is also important to look at the whole complex of culture, personal policy, employer's responsibilities and the organisation of the workplace. This shows that a good reporting system and a 'no blame, no shame' culture are of utmost importance if sharp injuries are to be avoided."* In this same context, the European Biosafety Network and Irish Nurses and Midwives Organisation organised the 2nd Biosafety Summit in Dublin, in order to highlight the impact of sharp injuries and the progress made within Member States and across Europe with regards to the implementation of the Sharps Directive and its transposition into national law. The components of a practical toolkit for implementation and a Blueprint for Action, drafted by the European Biosafety Network, were also discussed.

Linked to the topic of EU Workforce for Health, the EFN attended the European Debate on EU Workforce for Health "Building a Highly Qualified Workforce for Health" in October, in Poland. This successful debate, which was organised by the Polish Nurses Association in collaboration with the EFN and the Polish Ministry of Health, brought together MEP's, Commission officials, national government representatives and key stakeholders in order to discuss new policies that guarantee safety and quality of healthcare, the revision of the Directive on Mutual Recognition of Professional Qualifications (Directive 36), changes in nurses' qualifications, use of social cohesion funds, nursing research, and the contribution to Horizon 2020. The overall aim of the meeting was to establish mutual learning between Member States in order to develop new approaches to tackling the issues facing health personnel and committing to the Joint Action for EU Workforce for Health.

In addition to this, the EFN was present at the 5th Annual Future of Nursing Workforce Conference, which was held in London, in February, to share views and experiences on nursing, e-Health, and workforce planning, and visited the Danish Nurses Organisation (DNO) and Swedish Association of Health Professionals to discuss topics for the EU Presidency and the EFN's lobby priorities, respectively.

The EFN appreciates these moments with its members and continues to urge them to organise and take part in national events that promote the nurses' voice in the EU.

3. EFN Support to EFN Members National key concerns

In 2011, 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 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 workforce strategies in the health sector.

Following the introduction of a law aiming to privatise healthcare services, the Polish Nurses Association expressed its concern to the EFN General Assembly on 6-7 October 2011, in Warsaw, about the potential consequences of this legislation, specifically with regards to civil-law contracts signed between nurses and healthcare institutions. Given the potential detrimental effects of outsourcing employment contracts in the healthcare sector, the EFN sent out a [press release](#) in support of the concerns raised by the Polish Nurses Association.

4. EFN Members visiting Brussels & the EU Institutions

In 2011, the EFN was invited to deliver a presentation on the EFN's priorities, outcomes and lobby strategies related to EU Health Policy to an EFN members' delegation from Sweden (Swedish Association of Health Professionals) visiting Brussels & the EU Institutions. The main topics covered in the presentation were: EFN input to the Green Paper on DIR36, the European Professional Mobility card and the challenges for nursing education, the EFN's participation in EU projects (Joint Action on Quality & Safety, eHGI, Chain of Trust, Joint Action on EU Health Workforce), and the EFN's participation in several high-level European Commission groups and steering committees.

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.

VI. 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 for the nursing profession, not only during the EFN General Assemblies, but also when an item is being discussed and/or needs urgent attention. 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 via the EFN Website: www.efnweb.eu.

➤ 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 a regular basis, the EFN Website reflects the on-going activities of EFN on the important issues related to the nurses and the nursing profession. The EFN has in 2011 launched a new website as a way of enhancing communication with its members and stakeholders, through more effective, user-friendly, and interoperable channels. This, along with the use of the online platform Basecamp, is an important step in making the EFN more current and dynamic.

➤ 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.

➤ Bi-monthly EFN Update

Every two months, 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 relevant European initiatives.

➤ EFN Briefing Notes

The [EFN Briefing Notes](#), available only to the EFN members, provide specific information on key lobby issues that may influence national policies. In 2011, the EFN has published several briefing notes on key items such as: Cross-Border Healthcare Directive, DIR36, the Active and Healthy Ageing Innovative Partnership, professional mobility, and the Single Market Forum.

➤ EFN Press Releases

The [EFN Press Releases](#) provide the EFN members, and other key EU health stakeholders, with information on key issues that the EFN believes is important to share, at a certain key moment. In 2011, the EFN published Press Releases on several key issues, such as: Continuity of Care, DIR 36, the Active and Healthy Ageing Innovative Partnership, and the International Nurses' Day.

➤ 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's lobby work with the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work. In 2011, the EFN members approved a Position Statement on continuity of care.

VII. CONCLUSION – Nurses Voice in the EU Policy Process

Politically speaking, the EFN has become a powerful organisation.

To capture the forty years of development, investments and innovation, the book 'Nurses Voice in the EU Policy Process', launched in the European Parliament on 23 November 2011, captures the history of PCN/EFN, from the sixties up till our governance today, and our future within the EU and Europe. This inspirational narrative story focuses on the EFN's main political achievements and explains for each success story 'how the nursing leadership did it, why the nursing leadership did it and when they did it'.

It is important that the 'History of the European Nursing Movement' (Chapter 1) is known to the young generation. A good example is the DIR36 where three nursing leaders came to Brussels in the sixties to influence the Commission in its writing. Today, with the modernisation of the same Directive, we are doing exactly the same. This is to say: read the history and draw your own conclusion on how you want to move forward.

But it becomes clear from the many interviews that the book is based on, that nurses build the EU by contributing to the EU Policy Process (Chapter 2). In chapter 3, different success stories and legislative developments are witnessing the influence nurses have, detailing the lobby mechanisms leading to these successful outcomes. I believe you can only have success if you share success.

Therefore, it is helpful to understand the pathways to access EU funds. This chapter is not at all a capacity-building seminar on how to write an EU project proposal; it is about bridging the gap between you and EU bureaucracy to apply for funds. Chapter 4 therefore focuses on 'EU Funding: Follow the Money'.

But what is the EFN without its members? What is the EFN without the strong nursing leaders coming together and agreeing on what is needed for the nursing community in serving the patients and European citizens? Chapter 5 'From Policy to Practice: the Strength of Members' indicates how the EFN members bring and take 'from Brussels'. The EFN is a loop of advocacy and information, bringing the field to Brussels and the EFN members bringing EU policy to national context. Peer-strengthening is therefore key in building the European Union.

In addition to the power of the EFN members, the EFN's alliances are central in achieving success. Therefore, the next chapter focuses on the 'European Citizens' Voice', the 'Civil Society's Voice', the 'Patients' Voice' and the 'Women's Voice', with the ultimate ambition to stress again 'Stakeholder Engagement' as a new model for successful policy-making.

The book closes by looking at the future, knowing that the flagships and horizons are designed until 2020. When it comes to the nurses' role in future health system designs, the author believes that the societal challenges can be tackled by putting community care into the driving seat, by entering new partnerships for innovation, by measuring and peer-reviewing the challenges ahead and systematically dealing with Euro-scepticism.

Looking forward to the next edition in 2051!

Paul De Raeve



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