



Activity Report

European Federation of Nurses' Associations
Working Year 2013



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Abbreviations

- **Art.** Article
- **CED** Council of European Dentists
- **CEO** Chief Executive Officer
- **CIP** Competitiveness and Innovation framework Programme
- **CPD** Continuous Professional Development
- **CPME** Standing Committee of European Doctors
- **DG CONNECT** European Commission Directorate General for Communications Networks, Content and Technology
- **DG SANCO** European Commission Directorate General for Health and Consumers
- **DIR36/
Directive 36** Directive on Mutual Recognition of Professional Qualifications (2005/36/EC)
- **EC** European Commission
- **ECDC** European Centre for Disease Prevention and Control
- **ECTS (credits)** European Credit Transfer and Accumulation System
- **EEA** European Economic Area
- **eHGI** European e-Health Governance Initiative
- **EHMA** European Health Management Association
- **EMA** European Midwives Association
- **ENRF** European Nursing Research Foundation
- **ENS4Care** EFN EU Project "Evidence Based Guidelines for Nurses and Social Care Workers for the deployment of eHealth services"
- **ENSA** European Nursing Students Association
- **EP** European Parliament
- **EPC** European Professional Card
- **EPF** European Patients' Forum
- **EPHA** European Public Health Alliance
- **EPSU** European Federation of Public Service Unions
- **ESCO** European skills/competences, qualifications and occupations
- **EU** European Union
- **EUHPF** European Health Policy Forum
- **EUHWF** EU Health Workforce
- **EUNetPaS** European Union Network for Patient Safety Project
- **FINE** European Federation of Nurse Educators
- **FNIB** Fédération Nationale des Infirmières de Belgique
- **FYR** Former Yugoslav Republic (of Macedonia)
- **GP(s)** General Practitioner(s)
- **HCO** Healthcare Organisation

- **HOPE** European Hospital and Healthcare Federation
 - **HOSPEEM** European Hospital and healthcare Employers' Association
 - **ICT** Information and Communication Technology
 - **IFSW-Europe** International Federation of Social Workers Europe
 - **IMCO** Internal Market and Consumer Protection Committee of the European Parliament
 - **IMI (system)** Internal Market Information System
 - **JA EUHWF** Joint Action on EU Workforce for health planning and forecasting
 - **MEP(s)** Member(s) of the European Parliament
 - **mHealth** Mobile health - in reference to using mobile communication devices in healthcare
 - **MoU** Memorandum of Understanding
 - **NGO(s)** Non-Governmental Organisation(s)
 - **NNA(s)** National Nurses' Association(s)/Organisation(s)
 - **NST** Norwegian Centre for Integrated Care & Telemedicine
 - **PaSQ** Joint Action on Patient Safety & Quality of Care
 - **PCM** Policy Coordination Meeting (EPHA monthly meeting)
 - **PGEU** Pharmaceutical Group of the European Union
 - **SCP** Safe Clinical Practice(s)
 - **SmartCare** EU Project
 - **SUSTENTO** Latvian Umbrella Body for Disability organizations
 - **TAIEX** Technical Assistance and Information Exchange instrument (managed by the Directorate-General Enlargement of the European Commission)
 - **TIF** Thalassaemia International Federation
 - **TN** Thematic Network
 - **UAB** Users Advisory Board (in SmartCare project)
 - **WIKI** PaSQ Interactive Platform for display of all Good Practices, and Exchange Mechanisms
 - **WP** Work Package
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Foreword

Dear EFN Members,
Dear Colleagues,

Politically and professionally speaking, 2013 was a successful legislative year for nurses and nursing within the EU, paving the way for a better healthcare system all over the EU and Europe with better patient outcomes.

The nursing education has been a key lobby topic central to the development of nursing as a profession in all the EU Member States. As such, one of the key results for the nurses in the 28 EU Member States was the modernised Directive 2005/36/EC on the Mutual Recognition of Professional Qualifications. This long and difficult process of writing and amending a new legislative version, being part of the twelve priority measures of the Single Market Act for promoting growth and job creation, ended up positively for the European nurses. This challenging design showed how nurses' engagement at all stages of the policy process was important, and how nurses can build a good and trustful collaboration with the European Institutions, the Commission, specifically DG Internal Market, the European Parliament, and the Council of Ministers with specific reference to the Health Attaché preparing the EU Presidency meetings.

Thus, after all the dynamic meetings the EFN had with the three European institutions, not only in 2013 but all along this revision process, it is with great satisfaction that EFN saw the revised text strengthening the future development of the nursing education curriculum in all EU Member States. Measurable learning outcomes established into article 31 of the Directive will guarantee high quality and safety in clinical practice and position nurses as the most mobile profession in the EU and Europe.

Another significant achievement in 2013 for the EFN, after few years of intensive dialogue within the EFN membership, was the creation of a new entity: the European Nursing Research Foundation (ENRF), independent from the EFN, aiming at making the bridge between evidence & policy-making process. EFN political messages need to be evidence based when informing EU policy-makers & politicians in their design of EU legislation. Even if the Foundation will start its work gradually, step by step, at first, this is for sure an important milestone for the future of nurses and the nursing profession in the EU.

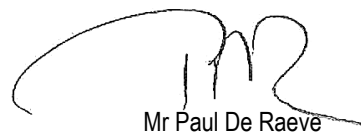
And last but not least, it is within this evidence based context that the EFN applied for the European Commission DG CONNECT Call for a Thematic Network on "Evidence-based clinical practice guidelines for telemedicine services for nurses". The main objective of the EFN two-year project entitled ENS4Care is to develop evidence based guidelines for the deployment of eHealth services in nursing and social care, building on existing good practices amongst the participants of the project. With this granted innovation, the EFN will for the first time in its history lead policy change with a unique consortium of women organisations, patients' organisations, industry, academics and other healthcare professionals. By doing this, the EFN contributes to the implementation of the Directive on patients' rights in cross-border healthcare (Art.14).

These milestones for success were only possible with a strong commitment and engagement of the EFN members. The united voice for nurses in the EU is a fact, it's powerful and effective. The EFN members build policy capacity by providing the data, on several topics, so EU policies do not miss out on the reality. With confidence, nurses see clear why the EU and society needs to invest in health and well-being. Health and well-being is at the centre of innovation, economic growth, prosperity and peace within an ongoing and successful enlarging European Union.

No doubt 2014 will build further on the successes achieved in 2013!



Ms Marianne Sipilä
EFN President



Mr Paul De Raeve
EFN General Secretary

I. EFN KEY LOBBY PRIORITIES

In line with the [EFN Strategic and Operational Lobby Plan 2009-2013](#), and building on the achievements of previous years, the EFN focused on three key policy areas, in 2013: [Education](#), [EU Workforce for Health](#), and [Patient Safety & Quality of Care](#), including [e-Health](#).

1. **EDUCATION**

↳ **Directive 36**

As in 2012, the EFN's main focus in 2013 was the modernisation of [Directive 2005/36/EC](#) aiming to consolidate and modernise the rules regulating the mutual recognition of professional qualifications in the EU Member States.

Although the vote in the ENVI Committee of the European Parliament on 6 November 2012 turned out to be devastating for the nursing education and profession, MEP Bernadette Vergnaud made it to be a successful legislative act. Jürgen Tiedje, from the European Commission Internal Market Directorate General, the Cypriot and Irish EU Presidencies, and the EFN supported Bernadette Vergnaud in getting the Council, especially the Germans, for the introduction of eight learning outcomes, with the opportunity, through delegated acts, to reform the nursing education in the EU with 4.600 hours of which half need to be clinical practice placements. We can therefore say that the successful point from the challenge of updating the nurse education requirements is the inclusion of 8 key descriptors as learning outcomes that focus on the content and quality of the nurse education and as such tries to harmonise the different nursing education pathways.

Finally approved by the Competitiveness Council, on 15 November 2013, following the agreement with the European Parliament at first reading, on 9 October 2013, and intense political debates and lobbying process, the approved modernised Directive became a positive legislative outcome which strengthens the minimum requirements for the nursing profession, and empowers the nurses in the future healthcare systems. Nevertheless, the concrete work of transposition into national legislation and incorporation into the curriculum of each nursing school still needs to be undertaken in the coming years by the EU Member States. All the existing systems of nursing education in the EU must ensure that they “catch up” with the new requirements as set out in the Directive, including a clear set of descriptors (Art. 31) that determines the independence of the nursing profession. The EFN will continue leading the design of Annexe V through delegated acts and will make sure that new countries entering the EU comply with this modernised Directive.

↳ **Continuous Professional Development**

Another essential topic for the nursing profession, as a way to ensure that they are able to update their knowledge, skills and competences regularly, is the Continuous Professional Development (CPD) that the EFN followed very closely in 2013, and which will remain high on the EFN political agenda in 2014, taking into account that CPD is being strengthened in the modernised Directive 36.

As a key political priority for the European Commission, a [call for tender](#) was launched in May 2013 on mapping CPD practices for the health sectoral professions. The EFN is actively taking part in this process through the 12-month EU project on CPD, lead by CPME, together with the Dentists (CED), the Midwives (EMA), the Pharmacists (PGEU) and EPHA, launched in October 2013 (*for more information see 'EU projects', page 14*). In 2006, the EFN published a report on CPD, reviewed by the EFN members in 2012. Building on these data collected, the EFN will contribute to the sectoral CPD study mapping CPD in the EU. In order to move forward in the right way, the study participants identified experts to advise them on the progress made. For EFN, Dorota Kilanska (Polish Nurses Association) and Maximo Gonzalez (Spanish General Council of Nursing) have been selected as experts to the network.

Discussing this item in the last EFN General Assembly in FYR Macedonia, September 2013, the EFN Professional Committee stressed the importance of emphasising the benefits of CPD in terms of patient outcomes and the need to explore different tools and methods for CPD and not promoting only one specific tool. From a political perspective, one of the crucial points is drafting the EU recommendations on CPD. The Commission clearly supports the development of an EU Framework for CPD that can support nurses credentialing and improving patient safety and quality of care to ensure optimal patients outcomes.

↳ **European Professional Card**

Introduced in the modernised Directive 36, the [European professional card](#) aims to facilitate the free movement of professionals in the EU and, as such, simplify and speed up the process of mutual recognition for those who want to move within the EU. In times of austerity and cuts, free movement is crucial for nurses.

For many years now, the EFN has been fully engaged in the policy process providing the evidence for getting the best political compromises on mobility, with simplified procedures and greater trust and transparency in the recognition process. In 2011, the EFN was invited to participate to the Steering Group on the European Professional Card, and led the case study for the introduction of a European Professional Mobility Card (e-certificate) for nurses with concrete recommendations on how this tool through the Internal Market Information System (IMI) would facilitate nurses' mobility in the EU. Encouraged by the EU representatives to have a prominent role in taking this issue forward once the modernised directive was approved, the EFN followed closely this topic, and discussed the introduction of the European Professional Card in EFN governance bodies, and with the EU Officials to advance the political agenda.

In continuing setting the political agenda, the EFN sent a [letter](#) to the European Commissioner Barnier, in June 2013, to formally express its interest and commitment to further engage in the implementation of a European Professional Card (e-certificate) and offer EFN's expertise in order to make this proposal a trustful, practical and ambitious reality empowering nurses in their mobility. Officially welcomed by Commissioner Barnier in a [press release](#), the European Commission and the European Parliament welcomed the nurses' interest in being one of the first professions to use the European professional card and their willingness to build trust in the system. Nevertheless, the governmental chief nurses and the national representatives to the Commission coordinators meeting play a central role to make it happen!

Also, the Polish Nurses Association - an EFN Member - [provided its input](#) to the [Single Market Month](#), held from 23 September to 23 October, and stressed the need to have this professional card for nurses as a method facilitating access to the EU labour market for the Polish nurses. This is valid for all the nurses around the EU.

Once the Directive 36 comes into force, several mechanisms, such as the [IMI system](#), will ensure that the European nurses wishing to move in the EU can request a European Professional Card that will prove that their qualifications are fully recognised in their home country. The first European Professional Cards could be delivered end of 2015/early 2016, if the revised Directive is implemented in the Member States.

2. **EU WORKFORCE FOR HEALTH**

According to the European Commission's European Vacancy and Recruitment [Report](#) 2012, the health sector belongs to the 'top bottleneck occupations' in Europe for which vacancies are difficult to fill in. On the other hand, according to the European Commission's Employment Directorate, the healthcare sector is among the rare ones where demand for labour is increasing. A positive result explained by the combined effects of an ageing population, advances in technology, treatments and people expecting higher quality service and greater emphasis on preventative care.

Recognised as lead in this crucial debate for the nursing profession, the EFN has been lobbying hard to get concrete outcomes, and as such has been focussing mainly in 2 key 'initiatives': [Joint Action on Health Workforce Planning and Forecasting](#) – an EU project in which the EFN is a partner, aiming at creating a platform for collaboration and exchange between Member States to prepare the future of the health workforce planning and forecasting (*For more information see 'EU projects', page 13*); and the European Skills, Competences and Occupations taxonomy ([ESCO](#)) Reference Group "Healthcare and social work activities" of the European Commission for which the EFN has been appointed as expert in 2012. In both initiatives, the EFN has been advocating to get the 4 nursing care continuum

categories - Healthcare Assistant, Registered Nurse, Specialist Nurse, Advanced Nurse Practitioner - as agreed by the EFN Members in October 2012, to be taken up when collecting comparable data to plan and forecast the EU nursing workforce next to making clear their skill mix and occupational profiles.

Next to these 2 initiatives, the EFN has also been lobbying on the urgent need for an EU [Skills Council](#) for Nursing and Social Care, especially now the modernised [Directive 2005/36/EC](#) has been approved. Being also a member of the [High Level Working Group on EU Workforce for Health](#), the EFN took part in the [meeting](#) organised on 12 April 2013, in Brussels, to review the state of play to take forward the [Action Plan for the EU health workforce](#), one year after its adoption, to be informed on the recent research findings on health professional mobility in a changing Europe, as well as on the [Structural/Cohesion Funds 2014-2020](#). Finally, as a member of the European Public Health Alliance ([EPHA](#)), the EFN also participated in the meetings of EPHA Working Group on Health Professionals, to discuss on implementation of the EU Action Plan on Health Workforce and the EU Health Workforce planning challenges. *For more information see 'Building Alliances', page 16).*

This key topic will be kept in the EFN political agenda for the coming years.

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

[Patient safety and quality of care](#) is an important topic for the EU and EFN members' policy agendas. In policy design, 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 innovation, at local, regional and national level. The EFN is consistently lobbying for patient safety and quality of care to be included as a core part of all health education and for concrete support for research and exchange of results between the 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 focussed in 2013 on:

a. **Patient Safety**

By participating and presenting nurses' views in several key lobby initiatives/events, such as:

- ➔ The [Joint Action on Patient Safety and Quality of Care \(PaSQ\)](#) aiming at building upon methods and tools developed by the EUNetPaS project (2008-2010), in which the EFN was also involved in, relevant international collaborations, and previous EU-supported patient safety projects. It's general objective is to support the implementation of the [Council Recommendations on patient safety](#), and to strengthen cooperation between Member States, international organisations and stakeholders by creating a permanent collaborative network for collaboration so they can identify and exchange good practices on issues related to the quality of healthcare, including patient safety and patient involvement. *For more information see 'EU projects', page 11.*

Linked to this Joint Action and to the Horizon 2020, the EFN is focussing on **Patient Empowerment**, an essential condition for promoting better quality of care, enhanced patient safety, a paramount concept for modernising health systems, and a good way for patients and professionals to work in partnership. The EFN believes that patient empowerment and engagement are central for realising self-management and orienting citizens to actively contribute to their own health improvement and well-being. Nurses play a fundamental role in the new patients' roles and needs, especially in the context of the cross-border patient's care. Through regular sustained direct patient contact, appropriate support and health coaching they can make a significant contribution to supporting patient empowerment.

- ➔ The **European Commission Patient Safety & Quality Care Working Group**, engaging the 28 EU Member States and the EU Health Stakeholders, such as: CPME, PGEU, EPF, HOPE, EHMA and EFN. In 2013 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.

Linked to the CPD policy design, the EFN is also taking part in the European Commission Patient Safety & Quality Care **subgroups on Education and Training, and on Reporting and Learning Systems**. These 2 subgroups are aiming to develop a set of recommendations to orient and guide the EU Member States in effectively implement the [Council recommendations on patient safety](#), particularly in the fields of education, and reporting & learning systems. The work being done acknowledges previous experiences and material

already developed by [WHO](#), experiences from the Member States and the results from [EUNetPaS EU Project](#).

b. Investing in Health

Set as a priority in the European Commission [Social Investment Package](#), this is a key topic for the EFN. After a long lobby process from all the EU health stakeholders, including the nurses, the EU finally recognises the importance of investing in health for a job-rich recovery and establishes the role of health as integral to the [Europe 2020 strategy](#). The EU also recognises that investments in health through Structural Funds should be more efficient and effective. As such, a group of Member States, supported by the European Commission, developed a toolbox to assess the Member States in accessing and applying for Structural Funds in a more effective way. Already tested by Hungary (who hosts this tool) and Slovakia with positive results, this is something the EFN Members should look at. The national programmes should be launched beginning 2014. Therefore, investing in health will continue to be a key priority for the EFN in 2014.

c. eHealth

Another essential issue in patient safety and quality of care, is 'eHealth'. At EU level, the introduction of [eHealth](#) services is facilitating access to healthcare, whatever the geographical location, thanks to innovative tele-health 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. Given the nurses' role as key end-users, the EFN's input to the governance of eHealth is essential as is the need to be part of the process when designing and implementing the structure to ensure continuity of care at home and across borders. As such, next to the several meetings the EFN attended in 2013, as for example: [DG Connect Information Day on CIP](#) in January 2013, on how to apply for the call for tender on Clinical practice guidelines for eHealth Services; [EC-OECD Workshop](#) on Benchmarking Information and Communication Technologies in Health Systems, in April 2013, to discuss the results of 2 surveys launched by DG Connect on deployment and use of e-Health services among European acute Hospitals and General Practitioners (GP); [eHealth week](#), held in Dublin, in April 2013; the think-tank Weber Shandwick panel discussion on e-health, mHealth and EU-US Memorandum of Understanding, in October 2013, to discuss the implementation of the eHealth Action Plan 2012-2020 and current policy initiatives, how these could help foster collaboration at global level; and current and future eHealth cooperation between the European Union and the United States; the EFN is participating in some key initiatives as:

↳ EU Projects

- [European e-Health Governance Initiative](#) (eHGI) aiming to provide political support to the eHealth Network set under the auspices of the Patient's Rights in Cross-Border Healthcare Directive. Key priorities are interoperability and guidelines for the establishment on minimum health information exchange Member States.
- [SmartCare](#) aiming to enable the delivery of integrated care to older people to support them to live independent lives within the community by providing the necessary ICT tools. Guidelines and specifications for procuring, organising and implementing services based on integrated care (health & social services) will be produced. In addition, two clinical pathways will describe all the necessary steps, professionals and resources involved for coordinating two specific care processes, discharge and independent long-term living.
- [Chain of Trust](#) that came to an end in January 2013, and which was aiming to assess the perspectives of the main end users (health professionals and patients) of telehealth services to see whether and how views have evolved since the initial deployment of telehealth, and what barriers there still was to building confidence in and acceptance of this innovative type of services.
- [ENS4Care](#) EFN EU project aiming at developing evidence based guidelines for the implementation of eHealth services in nursing and social care, building on existing good practices across the European regions on 4 main topics: prevention, integrated care, advanced roles and ePrescribing.

For more information on these projects, see 'EU projects' item, page 11.

↳ Working Groups

- [eHealth Stakeholder Group](#) which purpose is to support the [EU's Digital Agenda](#) and ongoing eHealth initiatives with the European Commission DG Connect. Furthermore, it gives good opportunities to the EU health stakeholders to set the political priorities to better address how to foster the use of ICT tools to support a more efficient delivery of health and social care. Meeting on 29 January, 15 May, 30 September, and 1st October 2013, the group focussed on the following key topics: [eHealth Action Plan](#) (including the future Green Paper on mHealth), patient access to health records, interoperability, health inequalities, skills, and workforce.
- **EU-US eHealth cooperation** - Launched in June 2013 by the European Commission's DG CONNECT and the U.S. Department of Health and Human Services, the Office of the National Coordinator for Health Information Technology (ONC), this new joint initiative addresses the need for international interoperability of health records and to improve the eHealth skills of the current workforce.

Looking into 2014, the EFN will continue to engage and lead some eHealth initiatives and contribute its developments to several meetings in order to give the nurses' views as end users and to bring to the forefront best practice guidelines on eHealth services.

d. **Sharps Injuries**

Taking further the approval of the [Directive 2010/32/EU](#) on Sharp Injuries, on 10 May 2010, and that it should have been implemented into national legislation by all the EU Member States since May 2013, the EFN launched an [online questionnaire](#) aiming to reach frontline healthcare professionals working in the field to evaluate the state of implementation of Directive into their daily practice. With almost 7.000 responses received, the 25 questions (available in several languages) gave nurse leaders, policy-makers and politicians a clear view on its state of play in the EU (+ EEA). The results of this survey compiled in a report presented at the [European Biosafety Summit](#) held in Warsaw on 2 December 2013, showed that overall there is a positive implementation of the Directive into the clinical practice. A majority of respondents from the 27 countries represented in this analysis, have measures in place to prevent sharps injuries. Nevertheless, the approach towards sharps injuries shall be the one of zero-tolerance, meaning that our objective should be looking at reaching a 100% prevention of sharps injuries at the hospital and healthcare settings as a necessary condition for a healthy and competent workforce for health.

II. EU PROJECTS

A. CHAIN OF TRUST



Co-financed by the [EU Public Health Programme](#) and coordinated by [the European Patients' Forum \(EPF\)](#), this [EU project](#) came officially to an end on 24 January 2013, in Brussels, with the organisation of a multi-stakeholder conference aiming to share with the participants the [main outcomes and recommendations](#).

Started in January 2011, this two-year project was aiming to assess the perspectives of the main end users of telehealth services, i.e. patients, doctors, nurses and pharmacists across the EU, to see whether and how views have evolved since the initial deployment of telehealth, and what barriers there still are to building confidence in and acceptance of this innovative type of services.

As a key partner in this project (together with [PGEU](#), [CPME](#), [TIF](#), [NST](#), & [SUSTENTO](#)), the EFN participated in the final conference, together with the EFN members from Norway, Sweden, Finland, and the students (ENSA) representing also the nurses' voice in the meeting. The [main conclusions](#) show the complex nature of trust, and found essential elements in creating confidence and the need to embrace end-users' needs into the whole process, as well as their necessary involvement from the conception phases. These [findings](#) and recommendations will now be used to inform policies and decision-making at various levels.

B. E-HEALTH GOVERNANCE INITIATIVE



Working to establish a governance structure for eHealth within Europe in order to ensure continuity of healthcare both at home and across borders ([Directive 2011/24/EU on the application of patients' rights in cross-border healthcare](#)), the [e-Health Governance Initiative \(eHGI\)](#) 3-year project (February 2011 - January 2014), is led by high level representatives of the EU Member States (Ministries and public institutions; Private organisations of doctors, patients, nurses, and pharmaceutical industry; Representatives of hospitals and healthcare providers; Industry associations;) and co-financed by the [European Commission](#) through two different instruments: Joint Action and Thematic Network. The eHGI is about making [eHealth](#) 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 [eHealth](#) in Europe.

In 2013, the EFN contributed to the project by attending the ehealth week in Dublin on 13-15 May, which connected policy makers, health care professionals and other experts for knowledge and best practices sharing on Patient Empowerment; Patient Safety; Cross-Border eHealth Solutions/Interoperability; eHealth as a Business Driver; and Successful Telemedicine and Mobile Health Solutions.

C. JOINT ACTION ON PATIENT SAFETY AND QUALITY OF CARE



Co-financed by the [EU Public Health Programme](#) and coordinated by the [Haute Autorité de Santé](#) (HAS), this three-year project started in April 2012 to end in March 2015. Building on the experience and network of the EU project [European Union Network for](#)

[Patient Safety](#) (EUNetPaS), in which the EFN was also a partner, this [Joint Action](#) is aiming to contribute to Patient Safety and good Quality of Care by supporting the implementation of the [Council Recommendation on Patient Safety](#), approved in 2009, through the cooperation between the EU Member States, the EU stakeholders and the international organisations on issues related to quality of health care, including Patient Safety and Patient Involvement. It also aims at promoting the involvement of stakeholders through national platforms organised around [PaSQ National Contact Points](#) (NCPs) in every participating EU Member State who will be also the contact points for PaSQ matters in their respective countries.

More specifically PaSQ will facilitate exchanges of Member States experiences to improve Patient Safety and Quality of Care at national or regional levels, and within healthcare organisations (HCOs). As such, the Joint Action will promote the implementation of selected Safe Clinical Practices in HCOs of participating Member States. These good practices will be selected with a preference for those that are validated, transferable, and relevant for most Member States and their respective healthcare systems. In the long run, this voluntary exchange of experiences may lead to a peer review system for quality management systems in healthcare. The main outcome of this project will be the consolidation of the permanent network for Patient Safety established under EUNetPaS.

As partner in this project, namely in WPs 4, 5, 6 & 7, the EFN participated, in 2013, in several [meetings](#) & teleconferences organised throughout the year, namely:

✓ **PaSQ Coordination meetings**

Held on 14-15 January 2013, in Berlin, and on 17-18 October 2013, in Paris, where the project partners were updated on the state of play of all the WPs, the milestones reached, the activities to be taken forward, and the progresses still to be made. Many Good Clinical and Organisational Practices have been identified in WP4, WP5 and WP6 (see [PaSQ Website](#)). Taking into account the EFN priority in this project - Identifying best practices and site visits – the EFN members are encouraged to liaise with their [National Contact Points](#) involved in PaSQ and negotiate their engagement in the site visits. The next coordination meeting will take place on 29-31 January 2014, in Budapest.

On 15 February 2013 the [European Patient's Forum](#) (EPF), being in charge of the data collection of safe clinical and good organisational practices, organised a meeting as a follow-up of the January Coordination meeting, to brief the partners on the progresses made in the project and namely in WP4 & 6, and the Exchange Mechanism survey.

✓ **Work Packages meetings**

➤ **WP4 (Patient Safety Good Clinical Practices)** - Focussing on identifying, assessing, and making visible good clinical practices in Patient Safety, and setting up exchange mechanisms around Safe Clinical Practices (SCPs). In order to have consistency with the SCPs identified (e.g.: Patient identification; Communication; Handover situations/Transfer of patients; Patient falls; Infection control, etc.), a team of reviewers, including the EFN, and at a second stage of the process the Member States National Contact Points, was put in place to make sure that the data provided in the [WIKI](#) platform was clear and understandable to everyone. To facilitate this process, and the reviewers' better exchange of experience and concerns, and to make sure that their comments and requests were adequately addressed, two teleconferences were organised on 16 July 2013 & 10 September 2013 + two face to face meetings during the coordination meetings.

➤ **WP5 (Patient Safety Initiatives Implementation)** - aiming to select, implement and monitor Safe Clinical Practices in Health Care Organisations of the participating Member States. As one of the task leaders for WP5 task IV "Training of Multipliers" (running from July 2013 to December 2014), together with CPME & EHMA, the EFN participated in the teleconferences organised on 20 June 2013 and 15 October 2013 + two face to face meetings during the coordination meetings, to discuss on the concept for the training of the multipliers. It was decided that each task leader + WP lead would be responsible for the organisation of webinar(s), in 2014, for one Safe Clinical Practice, facilitating the dissemination of the experiences around the implementation on the 4 practices selected (WHO Surgical Safety Checklist, Medication Reconciliation, Multimodal intervention to increase hand hygiene compliance and Paediatric Early Warning Scores (PEWS)) in 16 PaSQ Member States. Being in charge of organising a webinar on Medication Reconciliation in 2014, the EFN will bring in experts and other health professionals participating in the implementation of the medication reconciliation within PaSQ as well as external participants wishing to learn more about the topic.

Being also one of the task leaders for WP5 task V "Monitoring and Assessment of Implementation Process", together with the European Patients' Forum (EPF), the EFN participated in the teleconference organised on 27 June 2013, to discuss task V questionnaires' proposal for the four clinical practices identified. The objective of these questionnaires is to serve as a basis to evaluate the implementation of the safe clinical practices, in the 16 PaSQ Member States.

- **WP6 (EU Collaboration for Healthcare Quality Management Systems)** - aiming to strengthen cooperation between EU Member States and EU stakeholders on issues related to quality management systems in healthcare, including Patient Safety and Patient Involvement, this WP is focussing on activities, methods, and procedures being developed, organised and implemented at national or regional levels.

Over the summer 2013, the EFN undertook the review of a survey aiming to collect information about the Quality Management Systems in EU Member States; the most relevant Transferable Good Organisational Practices to be shared by EU Member States through Exchange Mechanisms in PaSQ; Perceived needs of EU Members for learning from Transferable Good Organisational Practices through the Exchange Mechanisms. This questionnaire, that was online from November 2012 to March 2013, and all the information provided by the regions and EU stakeholders, was also reviewed by the Member States National Contact Points.

The EFN also participated in the two face to face meetings held during the coordination meetings.

- **WP7 (Network Sustainability)** - aiming to propose midterm objectives and means to develop/support a sustainable EU network of relevant Member States institutions for voluntary collaboration on Patient Safety and Quality of Care involving relevant EU stakeholders, the first objective of this WP is to contribute to the good implementation of the Council's Patient Safety Recommendation in the EU Member States. As such, the WP partners met on 30 September-1st October 2013, in Bratislava, + two face to face meetings during the coordination meetings, to discuss on the latest work package developments, its work plan, and on future actions to be undertaken to ensure the sustainability of the project.

D. **JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING**



Launched in April 2013, the [Joint Action on Health Workforce Planning and Forecasting](#) (JA EUHWF), led by the Belgian Health Ministry, is seen as crucial to support evidence-based policy and to tackle the expected future health workforce shortage in Europe. Being part of the [Action Plan for the EUHealthWorkforce](#) - Part 1 "Improve workforce planning", as adopted by the European Commission in 2012, this project general objective is to help countries to move forward on the planning process of health workforce and to prepare the future of the health workforce by creating a platform for collaboration and exchange between Member States. This will help the EU Member States to take effective and sustainable measures in terms of healthcare planning and forecasting.

As associated [partner](#) in the project, the EFN participated in the several meetings organised throughout the year, namely:

- ✓ **The JA EUHWF Kick Off meeting held on 11 April 2013, in Brussels** - where the Work Packages (WP) leaders introduced the scope and objectives of their respective work package and plans for the upcoming period.
- ✓ **WP4 (Data for health workforce planning) workshop organised on 13-14 June 2013, in Budapest.** The partners were briefed on the main activities planned for this WP until the next workshop, to take place in February 2014, as well as on the working methodology to be used in the coming three years to get the best possible outcomes in this project. Led by Hungary, this WP aims to provide key building blocks of health workforce planning and forecasting by better understanding and improving data and data collection, with a special focus on migration data.
- ✓ **WP5 (Exchange of good practices in planning methodologies) kick off meeting that took place on 16-17 May 2013, in Rome.** The participants were informed on the WP objectives and further steps to come. WP5 workshop focused on the review of forecasting models and explained the template on planning procedures of health workforce for different target groups. The EFN also participated in the **WP5 second meeting held on 19-20 September 2013, in Milan.** The partners were briefed on the results of the survey undertaken over the summer to compile the current data and methodology for Workforce planning. Led by Italy, and closely linked to WP4, this WP aims at developing and promoting opportunities, conditions and tools within Member States to facilitate experiences sharing and enable countries to develop more effective workforce planning structures and models to forecast the needs and shortage of regulated health professions, as nurses.

- ✓ **WP6 (Horizon scanning)** which aims at working with the project partners to produce a template collecting information on how partners incorporate qualitative information in their workforce planning. Led by the UK, this WP is mainly focussing on the methodologies and user guidelines for Horizon Scanning, by documenting qualitative workforce planning in the EU Member States by exchanging experience, practices, outputs and outcomes in horizon scanning methodologies. This WP will also estimate the future needs in terms of skills and competencies of the Healthcare Workforce.
- ✓ **WP7 (Sustainability of the Joint Action) kick off meeting held on 3-4 September 2013, in Sofia.** The aim of this meeting was to identify the release of WP7 outcomes, create awareness within the group of WP7 collaborating and associated partners and collect inputs on the upcoming deliverables and methods to be applied. Led by Bulgaria, this WP will consolidate the experiences of the Joint Action into designing the period after the project.

Building on mobility projects such as [Prometheus](#) and [RN4CAST](#), in which the EFN was also involved, it is crucial to feed the outcomes of the Joint Action into the EU policy process to move from mapping and recommendation to knowledge implementation and change of clinical practice.

E. **SMARTCARE (Joining up ICT and service processes for quality integrated care in Europe)**



Launched in March 2013, this 3-year project funded under [the Information and Communication Technologies Policy Support Programme](#) aims at joining up the Information and Communications Technologies (ICT) and service processes for quality integrated care in Europe. The objective of [SmartCare](#) is to enable the delivery of integrated care to older European citizens to support them to live independent lives within the community by providing the ICT tools necessary to integrated care pathways between social and health services, as common access to home platforms, monitoring physical parameters, environmental and behavioural monitoring, as daily schedulers, medication management, falls prevention, exercises for cognitive faculties and coaching.

As partner in this project, namely in WP1 (*Requirements and integrated care pathway development*), WP2 (*Service Process Model*), WP3 (*Integration infrastructure Architecture and Service Specification*), WP8 (*Pilot evaluation*), WP9 (*Exploitation support and dissemination*) & WP10 (*Project management and performance monitoring*), and working with EFN members from the 34 EU Member States to encourage further uptake at national level, the EFN is also member of the Users Advisory Board (UAB) whose task is to make sure that the interests and needs of all users (elderly, patients, informal carers, nurses, other healthcare and social professionals involved in care and ICT) are properly taken into account during and after the project.

In 2013, the EFN participated, in several [meetings](#) & teleconferences organised throughout the year, such as:

- ✓ **Project Kick-off meeting** held in Trieste (Italy), in March 2013, where the partners were briefed on the overall project, including the structure & the work packages deliverables and what the SmartCare pathways implemented in the pilots would be. It was made clear that there would be 4 pilots in the first wave (Scotland, South Denmark, Friuli- Venezia Giulia and Aragon) and 6 in the second one, divided in three phases: establishment of common requirements, preparation of the pilots, operation and evaluation of the pilots. The two initial themes are: integrated home support after hospital discharge and integrated home support of people with long-term needs. Discharge of Patients is key to organise daily the work of the nurses with a strong emphasis on linking health and social care.
- ✓ **Users Advisory Board (UAB)** (led by [AGE Platform](#)) held on 5 June 2013, in Brussels, where the Board Members were briefed on the role and impact of the UAB within the agreed SmartCare objectives and aims, and approved the first working activities of the Board and a Roadmap and Terms of Reference.
- ✓ **Preparatory meeting - 1st interim review** - organised on 4-5 September 2013. The project partners were briefed on the last developments of the project and took this opportunity to plan the activities and task for the following 6 months. The key discussion focussed on the definition of the two common pathways and their localisation in order to meet the requirements in each of the ten pilot sites; the delivery of the first project deliverables; and the preparation of the interim review that took place in October.

- ✓ **Interim review Commission meeting** – held on 15 October 2013, which aimed at exploring, demonstrating the added value, and promoting the wider adoption of integrated care through piloting the deployment of ICT supported care services at regional level.

F. **EU Project on Continuous Professional Development**

Launched on 16 October 2013, in Luxembourg, following the [call for tender](#) of the European Commission DG Sanco (May 2013), this 12-month EU project/Study on Continuous Professional Development (CPD) will be high on the EFN political agenda for 2014. Led by the Standing Committee of European Doctors ([CPME](#)), the project consortium is composed of nurses ([EFN](#)), Dentists ([CED](#)), Midwives ([EMA](#)), Pharmacists ([PGEU](#)) and [EPHA](#). The main objective of this project will be the review and mapping the Continuous Professional Development and lifelong learning of healthcare professionals in the EU and the EFTA/EEA countries, through: a literature review; a questionnaire to map CPD trends – that will be sent to all the EFN members for their input; an analytical report on the data analysis; a workshop in Brussels (in June 2014) with experts in CPD, being a unique opportunity to influence publicly the EU Recommendations on CPD; and the development of EU recommendations on CPD.

Seen as crucial by the European Commission DG Sanco to develop the EU legislation on this topic as the modernised Directive 36 does not go far enough on this, the final conclusions of the project will highlight the existing evidence base of CPD practices and identify emerging trends to provide a more comprehensive European overview. Another important aspect will be the provision of greater transparency and the improvement of mutual understanding of CPD systems and practices in the EU.

III. BUILDING ALLIANCES

Building alliances and creating partnerships with key organisations to work on particular issues/topics is very important for the EFN, as this is a means of strengthening civil society in the policy-making process and to get successful outcomes not only at EU level but also at national and local levels. In 2013, the EFN strengthened this alliance building with key EU non-state stakeholders built up throughout the years.

1. European Public Health Alliance (EPHA)

The EFN has been actively engaged with [EPHA](#) by participating and sharing information on the EFN's work with other EU health stakeholders, who are also members of EPHA. For the EFN, the major added value of being a member of this organisation lies in its aim to promote and protect the health interests of all EU citizens and to strengthen the dialogue between the EU institutions, citizens and NGOs. The fact that EFN priorities are reflected in EPHA's lobby priorities and that EPHA supports the EFN in achieving its mission and objectives makes this partnership particularly strong. In 2013, in addition to the monthly [Policy Coordination Meetings](#) (PCM), organised for EPHA members to update them on the most recent and relevant EU policy issues and initiatives, the EFN participated in:

- ↳ [EPHA Working Group on Health Professionals](#) which met in May and in September to discuss key issues that influence the working environments and conditions of the health professions represented, as: recognition of professional qualifications (DIR36), EU Action Plan on Health Workforce, EU Health Workforce planning challenges, Continuous Professional Development, recruitment and retention, and EU mobility.
- ↳ **EPHA European Elections 2014 Manifesto Working Group**, held on 6 June 2013, in Brussels. Being in the process of developing a manifesto for the 2014 EU elections, EPHA organised a working group aiming to facilitate the exchange of comments and ideas. The EFN and the Royal College of Nursing (a Member of EFN) pushed for research to be included in the manifesto, so that public health is strengthened at EU level.
- ↳ [1st European Citizens' Summit](#), organised in Brussels on 24-25 June 2013, in the context of the European Citizens year, by EPHA and by a cross-sectoral coalition of NGO actors. It brought together professionals, practitioners and activists from across the different sectors – culture, development, education, environment, health, human rights, social affairs and women's rights to discuss the future of Europe. This Summit has, for the first time in the 60 years since the creation of the EU, managed to channel Europeans' voices and concerns into concrete, urgent demands directed to EU leaders, as: minimum income; political and economic transparency; adequate public care; reduced inequalities and enhanced integration; real and lasting gender equality.
- ↳ [EPHA Annual General Assembly](#), organised on 3 September 2013, in Brussels. Next to the election of a new Executive Board, and a new EPHA President Peggy Maguire, from the European Institute of Women's Health. EPHA members were briefed on: the budgetary issues (financial sustainability and approval of financial report 2012), 2013 priorities, 2014 EU elections Manifesto, draft priorities for 2014, and 2012 EPHA evaluation conclusions & recommendations.
- ↳ [EPHA 4th Annual Conference](#) **"Brave New World Inclusive growth and well-being or vested interests and lost generations?"** that took place on 4-5 September 2013, in Brussels, in which EPHA brought together national and EU policy makers; international, European and national agencies; public health networks, non-governmental organisations; and academics from across the EU to discuss issues affecting the European public health arena to discuss on putting people, public health and well-being at the heart of EU policy-making, the impact of austerity in public health systems, and proposals to address this impact. Additionally, the importance of increasing the efficiency and sustainability of healthcare systems through enhanced innovation and research was stressed next to the economic weight of the health sector as an engine for wealth and job creation, investment and growth. Ms Herdis Gunnarsdóttir (EFN Executive Committee member from the Icelandic Nurses Association) brilliantly chaired the roundtable on "Future of care, how do we get there?"

Innovation, equality and sustainability” with Robert Madelin, Director-General for DG Communications Networks, Content and Technology and Mark Pearson from the OECD.

- ➔ **EPHA Seminar on “Implementing the Action Plan on the EU Health Workforce: How to achieve long-term sustainability?”** – held on 6 November 2013 to discuss the implications for areas such as planning and forecasting, recruitment & retention, skills mix, emerging health professions. The EFN General Secretary made a presentation on data tools and forecasting methodologies, research and policy drivers to support clinical practice, and nurses’ role in sustainability.

2. European Public Services Union (EPSU)

The EFN has always valued a solid partnership with social partners, particularly with regards to creating common positions, evaluating the implications of health policies for health care services, and monitoring the implementation of key legislation at national level. In 2013, the EFN and EPSU have been in continuous dialogue, sharing views and experiences on issues that are of key concern to both parties. The most important files were Directive 2005/36/EC, Workforce for Health, Safety at the Workplace, the EU Skills Council on Nursing and Social Care, and Sharps Injuries. In relation to safety at the workplace, both EPSU and EFN provided feedback on the Commission consultation on a new EU Strategy on Occupational Safety and Health at work, pushing forward the need to ensuring the EU Workforce has the right skills and competences to match labour needs effectively but also a workforce that feels safe at the workplace. As part of a necessary investment on EU health workforce, EPSU and EFN claimed for major focus on implementation and a fostered collaboration with stakeholders and social partners.

3. European Nursing Student Association (ENSA)

The European Nursing Student Association (ENSA) is an organisation for co-operation between national nursing students’ organisations or colleges of nursing in Europe. The objective of ENSA is to bring together European nursing students and representatives from all countries across Europe. ENSA is an advisory body and follows its members’ national policies. The main aims of ENSA are to: promote the highest possible standard of education for European nursing students so that, accordingly, the highest possible standards of nursing and health service for individuals are promoted and maintained, unrestricted by conditions of race, creed, colour, politics, and social status; promote further interest of nursing students and to encourage high professional ideals among them; promote and foster international understanding among nursing students; advise, if requested, on the creation and development of national nursing students organisations. In 2013, the ENSA & EFN strengthened their relationship through:

- ➔ ENSA’s presence at the April & September EFN General Assemblies, where Karin Hoekman, ENSA President, and Kine Bentzen, ENSA Vice-president, briefed the EFN members on ENSA activities, and particularly on their efforts to bring together the nursing students that feel committed to achieving ENSA’s objectives, and exchanged views and common concerns on the modernisation of Directive 36 & EU Workforce.
- ➔ EFN General Secretary participation in ENSA Annual General Meeting, organised in Istanbul, on 4-6 October 2013, to share views on the future of nursing, and in particular on the importance of the modernised Directive 36 establishing the key conditions for nurses’ education.
- ➔ ENSA is taking part in the EFN EU project on evidence based guidelines for eHealth services in nursing and social care (ENS4Care). Nursing students have a key role to play in this as our future services depend on the new nursing generation. The nursing students expressed their enthusiasm and willingness to move things forward and make change happen. As such, the new elected [board](#) decided to work closely with the EFN to make nurses’ research capacity stronger at EU level.

The EFN is looking forward to continuing this strong collaboration with ENSA and its newly elected board in 2014. The EFN General Secretary attended ENSA General Assembly in October 2013, in Istanbul, when ENSA decided on a new governance structure to actively lead the nursing students’ movement. The new 5 board members, who have equal rights, are Margrete Schwarz Kanstad (also coordinator); Athanasios Tsingalis, Ina Siby, Meltem Yildirim and Christopher Kesting (from Norway, Greece, Sweden, Turkey and Germany, respectively). The EFN really hopes that more nurses will join ENSA, so that more nursing students at EU level are represented.

4. 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 2013, as a member of the Forum, the EFN participated in the meetings held on 9 April 2013 and 12 September 2013, in Brussels, in which the participants were briefed on the recent policy developments in areas such as chronic diseases and the new Health Programme 2014-2020, and the future public health research priorities (Horizon 2020) debated. The Lithuanian and Greek Permanent Representations gave an update on their political priorities for their respective EU Presidencies and explained that by the end of 2013, the Lithuanian Presidency would draft Council conclusions on sustainability of health care systems.

5. European Parliament 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 (80% of the care provided in Europe). Therefore, in 2013, the EFN participated in their meetings, held in the European Parliament in Brussels, namely on:

- ➔ 24 April 2013 – The participants discussed the Social Investment Package, more specifically in relation to the way carers are being addressed by the initiative; and highlighted the crucial role played by carers in care provision throughout the EU as well as the challenges faced by them in terms of reconciliation of work and family life, social security rights, social inclusion and health care provision.
- ➔ 15 October 2013 - in which the participants discuss the potential of an EU level carers' strategy, with the ultimate aim to enable carers to continue to provide care.

The EFN took these opportunities in order to share EFN members' experiences on how to use social cohesion funds for a better collaboration between formal and informal carers and their training.

The [Interest Group](#) meets three times a year and is currently chaired by: MEPs Marian Harkin (ALDE - IRL), Heinz Becker (PPE - A), Jean Lambert (Greens-UK), and Sirpa Pietikainen (PPE - FL).

6. International Federation of Social Workers Europe (IFSW- Europe)

In the hope of pursuing the realisation of integrated care, a remarkable alliance is the one achieved with the IFSW-Europe, who represents the social care workers' voice in the EU and Europe. Currently a partner in the EU project ENS4Care, the IFSW-Europe will ensure that the fundamental link between social and healthcare dimensions is taken into account. IFSW-Europe is an active member of the Social Platform, the Platform of European Social NGOs. The organisation highlighted in its last Report the inclusion of a Social Pact in EU economic policies, supporting the creation of quality employment, and enabling the development of social services and social enterprises. Their connection further spread EFN's networking capacity to new areas that are becoming more and more important for the achievement of integrated care and the paradigm shift in healthcare.

7. The Association of Schools of Public Health in the European Region (ASPHER)

Another result of 2013 EFN lobby activities is the collaboration started with ASPHER, the Association of Schools of Public Health in the European Region, whose President Helmut BRAND was elected expert for DG SANCO on "investing in sustainable healthcare". ASPHER is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. Acknowledging that many nurses become public health professionals, there is indeed a public health component in the EFN Competency Framework.

In May 2013, the EFN was for the first time invited to the ASPHER Deans' and Directors' Retreat, main event of the year having this 2013 the following topic: creating the link between the academic public health and the larger policy context. ASPHER goals do not differ significantly from the EFN position. Focusing on investing in workforce education and in the sustainability of healthcare systems by fostering prevention and promotion policies, ASPHER also looks

into bridging the gap between academia, research and policy in order to bring evidence to the decision-making process.

Very close to WHO-Europe, ASPHER is taking forward EPHO 7 Working Group, the development of the public health workforce, as part of the WHO Health 2020 Strategy. This reinforces EFN's connections with WHO.

8. Microsoft

In the light of fostering the collaboration between end-users and industry providers, the EFN has developed a strong collaboration with Microsoft who is a partner in ENS4Care and is providing technical support to undertake some of the project activities. Microsoft acknowledged the value of nurses in healthcare and recognises them as the ones to engage if the use of innovative technology in healthcare is wished to be successfully implemented.

In order to achieve the best out of the recent alliances with partners representing the industry, the EFN approved in the last EFN General Assembly in FYR Macedonia, a document outlining the "EFN Industry Partnership Principles". This document outlines the key principles that must govern any partnership between the EFN and a commercial partner and highlights the need to have openness, mutual benefit, independence and equality.

IV. EFN MEMBERS STRENGTH

1. EFN Members representing EFN

On 6-7 June 2013, Merja Merasto, from the Finnish Nurses Association, represented EFN at the Centre for European Studies (CES) [4th Annual Economic Ideas Forum – “From Reform to Growth: A Roadmap for Europe”](#), held in Helsinki, Finland, under the Patronage of Prime Minister Jyrki Katainen. The conference brought together high level economic experts, Ministers of Economy, EU Commissioners, EU Prime Ministers, as well as CEOs of companies from around the world and enterprise representatives, and was a good opportunity to present new ideas on: the role and continued relevance of the EU in the global economy, new sources of growth, how to deal with unemployment, banking and financial regulation, green economy and sustainability. The key point raised in the meeting was that Europe needs to be united. Leadership is about unity, not about divisions.

On 8-9 October 2013, the President of the Lithuanian Nurses Association, Ms Danute Margeliene, and Ms Ausra Volodkaite, represented the EFN at the 17th Annual Meeting of the European Forum of National Nursing and Midwifery Associations that took place in Vilnius (Lithuania) in conjunction with the WHO meeting of Government Chief Nursing Officers in the WHO European Region. Discussions dealt with current global nursing situation and challenges; development of advanced nursing practice; data collection and country case studies on good nursing practice; nursing research and economic benefits of nursing services; gap between research and practice. The document “Strengthening nursing and midwifery services European Strategic directions towards Health 2020” was presented.

On 13 November 2013, Ms Herdís Gunnarsdóttir, from the Icelandic Nurses Association, represented EFN at the European Institute for Health (EIH) [Symposium](#) on “Long Term Care: What Challenges for Europe” round table held in Brussels, where she stressed the importance of nurses’ contribution to sustainable long term care, particularly in the management of chronic conditions through the advanced roles for nurses. She highlighted the importance of patients’ and citizens’ empowerment and how this must be supported by appropriate community care, adequate resources and a competent workforce. The audience agreed on the need to change the traditional medical model (reactive) towards an integrated and preventive approach (proactive). But to reach this outcome, it is necessary to invest in an appropriate formal care, with a competent and highly educated workforce that can empower patients and provide care at home and/or at distance through the use of eHealth and mHealth settings.

On 26 November 2013, Ms Brankica Rimac, from the Croatian Nurses Association, & Ms Herdís Gunnarsdóttir, from the Icelandic Nurses Association, represented EFN at the International Conference on “Nursing Competences in Europe in the light of the recent legislative developments in the EU” held in Zagreb, Croatia. The meeting brought together experts to discuss the nursing competences.

On 27-28 November 2013, Roswitha Koch, from the Swiss Nurses Association, was invited to hold the key note at the [Pflegekongress](#) that took place in Vienna. As the meeting was focussing on ‘nursing in Europe’, Roswitha Koch took this opportunity to inform the audience on EFN and its priorities.

2. EFN participation in EFN Members’ national events

In 2013, the EFN Brussels Office continued to foster contact with its members through key national events. It is extremely important for the EFN to develop its relationship with its members by getting a real sense of what is important to them at EU level, as well as at national level. Taking part in national events is an ideal way of strengthening ties with the members but it is also crucial for understanding the key issues at stake in individual Member States and offering, in return, the EU-level perspective. 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.

Therefore, the EFN General Secretary was invited to participate in the following events:

- ↳ **Meeting on Directive 36** - organised by the [Ordem dos Enfermeiros](#), on 6 June 2013, in Santarém (Portugal), which brought together nursing teachers to discuss on the modernised Directive 2005/36/EC. The participants agreed that the modernised version of the Directive is a major step forward to strengthen “fitness for practice” to deliver safe and high quality services in nursing care with the empowerment of EU citizens and patients, as well as for the future opportunities to design further the profession within the on-going health system reform. Furthermore, taking into account that primary care and public health are areas to be developed in Portugal, Paul De Raeve made it very clear that they need to apply for [EU Social Cohesion Funds](#) (SCF).
- ↳ Meeting on implementation on **Patients’ Rights Directive in Cross Border Healthcare (2011/24/EU)** – Organised by the Spanish Medical Council, the EFN General Secretary was invited to Madrid, on 11 October 2013, to discuss the implementation of the Directive 2011/24/EU in Spain, and to provide an overview of the key aspects that from a nursing point of view are crucial for appropriate implementation. To implement the Directive, the EFN is a member of the Joint Action on Quality and Safety in which the design of standards and accreditation are discussed. Furthermore, EFN is granted an EU project, ENS4Care to implement the DIR24 articles 4 and 5 and 10 and 12, namely the use of e-health services and development of evidence based guidelines.
- ↳ **Second International Nursing Congress of Armenia** – [organised](#) by the Association of Nursing Administrators, on 18-20 September 2013, in Yerevan (Armenia), the meeting provided a good opportunity for nurses and health professionals to present and discuss on nursing contribution to the health delivery, promotion, education, practice and international collaboration. Invited as keynote speaker the EFN General Secretary stressed the importance for the nurses to talk with one voice, and to comply with the EU Directive 36, while improving their working conditions and salaries.
- ↳ **European Nursing Students’ Association (ENSA) Annual General Assembly** – held 4-6 October 2013, in Istanbul (Turkey). Invited as keynote speaker the EFN General Secretary stressed the importance of Directive 36 in setting the key conditions for nurses’ education, and to have common competences to deliver quality and safety healthcare, mainly when moving across Europe, as more and more nursing students enrich their professional experience by working in another country.
- ↳ **Seminar on “Expert in the right role, Advanced Practitioner in the right position”** - organised by the Finnish Nursing Education Foundation and the Finnish Nurses Association, on 29 November 2013, in Helsinki (Finland). The High Level Seminar "Expert in the right role" and "Advanced Practitioner in the right position " builds on the Finnish Institute of Health and Well-being launch of seven research studies on how to maintain and achieve better health care. Although one of the research studies focuses on health care professionals in new roles for recurrent social and health care, the seminar discussed nurse prescribing and delivering new quality services in primary health care.
- ↳ **FNIB roundtable on Directive 36** – organised by FNIB, on 4 December 2013, in Charleroi (Belgium). EFN General Secretary participated together with FINE in the roundtable on 4 December organised by FNIB, on nursing education and the implications that the recently approved modernised Directive 2005/36/EC is bringing to the nursing community. The event aimed to discuss the necessary approaches for the transposition on the Directive to the nursing educational programmes in order to best address patients’ needs in healthcare. Some of the topics covered were the implications of the modernised Directive on the Belgium nurses, the potential need to increase to 4 the number of years of education in order to have a comfortable margin to comply with the requirement of 4.600 hours, the comparability with the ECTS credits and the implementation of the nurse competences.

3. EFN Members visiting Brussels & the EU Institutions

In January 2013, the Norwegian Nurses Organisation brought to Brussels a delegation to meet with their country EU representatives and took this opportunity to learn more about the EFN political agenda, how this agenda is influencing and influenced by the EU Institutions, the outcomes achieved by EFN, and the role of the EU Institutions in relation to the EU health policy.

The main topics presented on these occasions are: the EFN's key priorities and the EU lobby process, including Directive 36 and the challenges for nursing education, the EFN's participation in EU projects (Joint Actions on Quality & Safety and on EU Health Workforce, Smartcare, Continuous Professional Development, ENS4Care), and the importance of investing in the EU lobby process.

The EFN welcomes this initiative and pro-active attitude from EFN members. Not only as this increases the visibility and reputation of nurses at EU level but also because it shows that they are serious about their profession and the issues that have an impact on it. Therefore, the EFN members are encouraged to continue these efforts in 2014 in order to give the nursing perspective to the EU on key topics.

V. A FUTURE FOR EVIDENCE BASE POLICY MAKING

A. [ENS4Care \(Thematic Network on Evidence Based Guidelines for Nurses and Social Care on E-Health services\)](#)



One of the great achievements for the EFN in 2013, was the launch on 3 December 2013, in Warsaw, of this two-year EU [project](#). Submitted to the European Commission in May 2013, in the context of the [EU eHealth Action Plan](#), launched by the European Commission Directorate General for Communications Networks, Content and Technology ([DG CONNECT](#)) in December 2012, and the call for a Thematic Network (TN) on “Evidence-based clinical practice guidelines for telemedicine services for nurses”, the EFN project ENS4Care will mainly focus on integrated care & prevention. Its objective is to build a network of stakeholders (including EFN members, Social Care Workers Organisation, Patients’ Organisation, Public Authorities, Research Excellence centres, Pan European Industry Organisation, and patient organisations/civil society) to share experience (also on existing guidelines) in prevention and integrated care as well as build consensus on common components for evidence based guidelines for the deployment of eHealth services in nursing and social care.

Composed of 24 partners, its final goals are: the development of evidence based guidelines for the implementation of eHealth services in nursing and social care, building on existing good practices amongst the participants of the Network, sharing and transferring knowledge across European regions; and the establishment of a sustainable mechanism to support nursing and social care research in the field of ICT enabled integrated care. ENS4Care will share good nursing and social work practices in eHealth services (telehealth and telecare) and - through the evaluation and consensus building - will create a set of guidelines focusing on: healthy lifestyle and prevention (WP2), early intervention and clinical practice in integrated care (WP3), skills development for advanced roles (WP4) and nurse ePrescribing (WP5).

The expected final impact of the project is in terms of boosting the deployment of eHealth in Europe and beyond, through the commitment of the network members but also the memberships of the involved organisations. As such, ENS4Care will establish appropriate methodologies for development and uptake of the above-mentioned guidelines and will ensure their dissemination and publication to inform the end users and influence the public policy design, based on the evidence collected and through the support of the European Nursing Research Foundation (ENRF) aiming at securing continuity and sustainability.

B. [European Nursing Research Foundation](#)

Following the final approval, in April 2013, by the EFN members, based on the [recommendations of the Delphi Group](#) and [Policy Action feasibility study](#) presented in 2012, to develop a new legal entity that would make the bridge between evidence & policy-making process and act as a contact point for EU policy-makers & politicians, it was with great pleasure and enthusiasm that the by then EFN President, Unni Hembre (from the Norwegian Nurses Organisation), signed on 3 May 2013, before the notaire, the Constitution of the newly established European Nursing Research Foundation (ENRF), officially published in the *Moniteur Belge* on 8 May 2013.

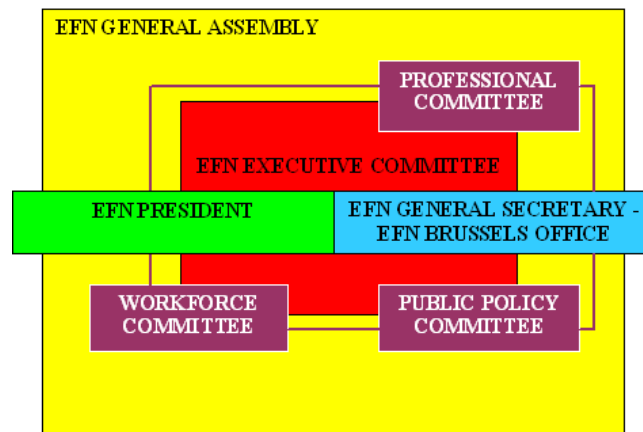
Established as a legal structure under the Belgian law and as ‘for non-profit organisation’, with its own constitution, the objective of ENRF is to analyse & compile what already exists in terms of nursing research in the EU Member States, in order to convert existing data into evidence-based advocacy for the EU policy-making process. The Foundation aims to be independent and identifiable value in nursing research within 2 years’ time, next to being an eligible partner to apply for EU projects.

In terms of governance, all the EFN Members are entitled to be Members of ENRF, and will be managing its strategy, objectives (different from the EFN ones) and function. It will be managed and represented by a Board of Directors composed of 4 members: Chairman (Herdis Gunnarsdottir – Icelandic Nurse Association), Vice Chairman (Elisabeth Adams – Irish Nurses and Midwives Organisation), Treasurer (Peter Carter – Royal College of Nurses – UK), and Paul De Raeve (EFN General Secretary).

VI. 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

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

The EFN General Assembly is constituted of:

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

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

In 2013, the EFN General Assembly met on 11-12 April, in Brussels, for the Spring General Assembly organised by the EFN Brussels Office, and on 26-27 September, in Skopje, FYR Macedonia for the Autumn General Assembly, organised by the Macedonian Association of Nurses and Midwives, to discuss and decide on the following key points:

1. **European Nursing Research Foundation** – In the April 2013 General Assembly, the EFN Members discussed and gave their final approval to the establishment of the European Nursing Research Foundation (ENRF) as a new legal entity that would make the bridge between evidence & policy-making process and act as a contact point for EU policy-makers & politicians. The Constitution of the European Nursing Research Foundation (ENRF) was officially published in the Moniteur Belge on 8 May 2013.
2. **EFN involvement in EU projects** – The EFN is involved in three major European projects: Joint Action on Health Workforce Planning and Forecasting (EUHWForce); Joint Action on Patient Safety and Quality of Care (PaSQ); and Joining up ICT and service processes for quality integrated care in Europe (SmartCare), aiming at joining up ICT (Information and Communications Technologies) and service processes for quality integrated care (for older European

citizens). Aligned to EFN's main priorities, these projects are tackling the European Health workforce, Quality and Patient Safety, and Integrated Care supported by ICT tools. In that context, the EFN members agreed that: on Workforce Planning - it is important to each EFN Member identifies its national 'knowledge brokers' (expected to contribute to all core work packages - data gathering and quality; methodology for forecasting and planning; horizon scanning); Joint Action on Quality & Safety – it is essential to identify to which extent the NNAs have been contacted by and/or have a proactive contact with their national Ministries/Contact Points/Knowledge Brokers to be involved in this work. *For more information, see 'EU Projects', page 11.*

3. **Thematic Network on Evidence Based Guidelines for Nursing and Social Care** – At the April 2013 General Assembly, the EFN Members approved EFN participation in the call for a Thematic Network (TN) on “Evidence-based clinical practice guidelines for telemedicine services for nursing and Social Care” of the European Commission DG Communications Networks, Content and Technology (DG CONNECT). *For more information, see 'ENS4Care', page 22.*
4. **Directive 36** – Taking forward the review of [Directive 2005/36/EC](#), the EFN members had the opportunity, in the April 2013 General Assembly, to discuss on the last developments of the Directive, following a very interesting triologue with Jurgen Tiedje (European Commission DG Internal Market), Felix Henou (European Parliament Internal Market and Consumer Protection Committee (IMCO) replacing Bernadette Vergnaud) and Tamas Kugyela (Council of the European Union – Irish EU Presidency), invited to be present in the EFN General Assembly. The EFN Members took this opportunity to stress the importance of: ensuring the appropriate involvement of EU stakeholders in delegated acts; finding the appropriate way to measure the Art.31 competencies; and ensuring that the educational programme embraces them. In September 2013, the EFN Members discussed and agreed on the next steps to be taken forward, now the revision process is reaching its end and that the implementation process at national level will start. The EFN members believe that it is important to build alliances with key stakeholders to facilitate the implementation of the changes made in Article 31 and to the competency list. As such, an EFN Working Group on Competencies, aiming at identifying key stakeholders being engaged in the delegated acts to Update Annexe V in compliance with Article 31, has been established. Finally, the EFN Members agreed that all the NNAs should take an active part in the implementation process of their own country and identify the national key challenges. *For more information, see 'EFN Key Lobby priorities', page 6.*
5. **Continuous Professional Development (CPD)** - Taking into account that CPD has been strengthened in the modernised Directive 36, and that this is a political priority for the European Commission, the EFN Members approved EFN participation in the EU project on CPD, leaded by CPME (doctors), as part of the call for tender of the European Commission DG Sanco (launched in May 2013) on mapping CPD practices for the health sectoral professions. *For more information, see 'EFN Key Lobby priorities', page 6.*
6. **European Professional Card** - One of the important elements of the revised Directive 36 is the European Professional Card (EPC), aiming at simplifying the recognition of professional qualifications. The EFN Members were informed that the EFN sent a letter to Commissioner Barnier in support of the EPC, which was very much welcomed by Barnier, and that once the Directive comes into force, several mechanisms, as for example upgrading the IMI system (Internal Market Information System), will start to be developed to ensure that European nurses wishing to move can request a European Professional Card that will prove their qualifications are recognised. The EFN will follow this process closely. *For more information, see 'EFN Key Lobby priorities', page 7.*
7. **EU Workforce for Health** – As one of the key topics for the EFN this is an issue being discussed in each EFN General Assemblies. In 2013, the EFN Members had the opportunity to discuss the EFN engagement in the Joint Action on Health Workforce Planning and Forecasting where the major challenge is to convince national governments to review and use the same common classification (a letter was sent to all the parties involved in this project: European Commission, Ministry of Health, WP leaders, as agreed by the EFN General Assembly in FYR Macedonia, September 2013), based on the four categories agreed by the EFN members: healthcare assistants, registered nurses, specialist nurses and advanced nurse practitioners. It is also important that EFN members reinforce this strategy in their national contexts so that government officials in the EU initiatives know and understand what EFN members' want, when it comes to comparable workforce data. *For more information, see 'EFN Key Lobby priorities', page 7.*

8. **Quality and safety** - linked to the Joint Action on Quality & Safety in which the EFN is involved in and to Patient Empowerment (Horizon 2020 preparation), the EFN September 2013 General Assembly approved the EFN Policy Statement and Position Paper on Patient Empowerment, seen as crucial to promote better quality of care, and enhanced patient safety. *For more information, see 'EFN Key Lobby priorities', page 8.*
9. **Sharps Injuries** - For many years now, the EFN has been following the debate on Sharps Injuries very closely. With the Directive 32 adopted in 2010, and the deadline to implement it (until May 2013), the EFN members are more than ever concerned about this topic. As a follow-up of these discussions, the September 2013 General Assembly was informed on it and the EFN Members invited to participate in the European Biosafety Summit organised by the European Biosafety Network in collaboration with the Polish and Czech Nurses Associations (both members of EFN), that took place in Warsaw, on 2 December 2013. *For more information, see 'EFN Key Lobby priorities', page 10.*
10. **EFN Strategic & Operational Lobby Plan 2014-2020 (SOLP)** - Taking into account that the EFN Strategic & Operational Lobby Plan 2009-2013 was coming to an end, the EFN Members approved in September 2013 the EFN SOLP for the next 6 years. The new SOLP is available at: http://www.efnweb.be/?page_id=831
11. **EFN Policy Statement & Position Paper on Patient Empowerment** – One of the EFN priorities relates to quality of care and patient safety. As such, and taking further the on-going discussions held in the High Level Group on Patient Safety of the European Commission and in the Joint Action on Quality of Care and Patient Safety (PaSQ), in which the EFN is also a member, the EFN Members agreed on the necessity to have a clear stand on patient empowerment, seen as an essential condition for promoting better quality of care and as a paramount concept for modernising health systems. Therefore, the autumn 2013 EFN General Assembly discussed and approved the EFN Policy Statement & Position Paper on Patient Empowerment. All the EFN Policy Statements & Position Papers are available on the EFN website: <http://www.efnweb.eu/>
12. **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 2013, the EFN provided its input to:
 - The Consultation on [European Reference Networks](#) (January 2013);
 - The Consultation on the European Professional Card – Through a [letter](#) sent to Michel Barnier, European Commissioner for Internal Market and Services (June 2013)
 - The Consultation on the new EU Strategy on [Occupational Safety and Health at Work](#) (August 2013)

All the EFN contributions to the EU Institutions, are available at: http://www.efnweb.be/?page_id=873

13. **EFN Tour de Table** – Organised on regular basis during the EFN General Assemblies, the EFN 'Tours de Table' are a good opportunity for the EFN Members to share national key developments, challenges, concerns and priorities on a crucial topic. 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 2013, the EFN Members discussed on:
 - **'Advanced Nurse Practitioner', 'nurse-e-prescribing' and 'guidelines on telehealth services' (EFN General Assembly - April 2013, Brussels)** - This 'Tour de Table' showed that some countries have already implemented and regulated the Advanced Nurse Practitioners profession, but in some others, specialist nurses fitting in the requirements of the advanced nurses, are not recognised as such and, therefore, continue practicing as specialist nurses. As regards 'nursing e-prescription', some countries (as Ireland) have already fully recognised and adopted this innovative practice. It finally stressed that on the deployment of telehealth services there is a willingness to move forward to develop guidelines for nurses, as there is a strong need at national level to work on a harmonised approach to be able to come up with common frameworks.
 - **Patient Empowerment and EU Health Workforce (EFN General Assembly - October 2013, Skopje – FYR Macedonia)** - The main conclusion of this Tour de Table is that the more nurses are involved in these processes the better outcomes we get for patients and for nurses. In this context, the EFN members were asked to share their knowledge and best practices on patient empowerment at national level. The data collected provides an understanding of the important role of nurses and nursing to empower patients in daily practices. The analysis of the EFN members contributions show that many countries have developed

activities and programmes to foster patient empowerment. The main scope is to educate, teach, inform, guide and counsel patients on their health status, by providing all necessary information on how to cope with their situation and by recognising their personal involvement in the delivery of care. This allows patients to be more autonomous when making decisions about future treatment and care. In relation to the EU Health Workforce, EFN members were asked about information on staffing levels (ratios) and the methodology used to set these ratios. There has been much debate on the topic of nurse-patient ratios over the years. In this regards, having a clear picture of the nursing care continuum, and their skills and competences will give more evidence to determine accurate nursing ratios.

The Tour de Table outcomes are available on the EFN website (*Only for EFN Members*): http://www.efnweb.be/?page_id=3656

14. **ECDC European Antibiotic Awareness Day 2013** – Acknowledging the key role nurses play in contributing to reduce infection, the September EFN General Assembly approved, once again, the EFN involvement in the European Centre for Disease Prevention and Control (ECDC) Antibiotic Awareness Day 2013 (EEAD), held on 18 November, with the objective to raise awareness about the threat to public health of antibiotic resistance and prudent antibiotic use. This year, the Royal College of Nursing (RCN), a member of EFN, who also contributes every year to the EAAD published a position paper on ‘Antimicrobial resistance and the role of the nurse’, acting as a focal point for discussion and political influencing to strengthen the voice of nursing in this area.
15. **EU Elections 2014** - Taking into account the next European Parliament elections to take place from 22nd to 25th May 2014, the EFN has been discussing the next steps to make sure the EFN Members can lobby their candidates before the date of the elections. In April 2013, the General Assembly in Brussels agreed on the need to develop an EFN Manifesto to be used by EFN members in their Parliamentary elections campaign. As such, a draft proposal highlighting the key political messages on the three main EFN priorities: education, workforce, and quality and safety, was presented to the September EFN General Assembly and has been discussed in detail in the 3 EFN Committees. The final version will be approved by the EFN Executive Committee in January 2014.
16. **EFN Budget** – The EFN budget for 2014-2015-2016 & membership fees for 2014 were discussed and endorsed by the September EFN General Assembly, in Skopje – FYR Macedonia.
17. **Dates 2014-2015-2016** - Knowing that the date of EFN General Assemblies taking place in April may change to make sure that the EFN Members are in Brussels the same week as the MEPs, the September 2013 General Assembly approved the dates of the next EFN meetings:
 - ✉ **2014**
 - ▶ **EFN Executive Committee**, 16 January 2014, Brussels
 - ▶ **EFN General Assembly**, 10-11 April 2014, Brussels
 - ▶ **EFN Executive Committee**, 19 June 2014, Brussels
 - ▶ **EFN General Assembly**, 23-24 October 2014, Dublin - Ireland
 - ✉ **2015**
 - ▶ **EFN Executive Committee**, 15 January 2015, Brussels
 - ▶ **EFN General Assembly**, 16-17 April 2015, Brussels (*if the EP is in Brussels*)
 - ▶ **EFN Executive Committee**, 18 June 2015, Brussels
 - ▶ **EFN General Assembly**, 22-23 October 2015, London
 - ✉ **2016**
 - ▶ **EFN Executive Committee**, 14 January 2016, Brussels
 - ▶ **EFN General Assembly**, 14-15 April 2016, Brussels (*if the EP is in Brussels*)
 - ▶ **EFN Executive Committee**, 16 June 2016, Brussels
 - ▶ **EFN General Assembly**, 20-21 October 2016, Madrid

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:

- **Professional Committee:** In 2013, the Professional Committee led by Herdis Gunnarsdóttir, from the Icelandic Nurses Association, discussed and provided recommendations to the EFN General Assembly on: EFN Strategic and Operational Lobby Plan 2014-2020; EFN members' engagement in the Joint Actions and National Contact Points; Directive 36 (Annexe V, Article 31, Professional Card); Continuous Professional Development; Terms of Reference of EFN Working Group on Competences; EFN Manifesto for EU Elections 2014.
- **Workforce Committee:** In 2013, the Workforce Committee led by Peter Carter, from the Royal College of Nursing (UK), discussed and provided recommendations to the EFN General Assembly on: EFN Strategic and Operational Lobby Plan 2014-2020; EFN members' engagement in the Joint Action on EU Workforce planning and National Contact Points; the development of an EU Skills Council for Nursing and Social Care; 4 nursing categories and related features, namely the entry-level of education, the qualification and the competences for each level; EFN Manifesto for EU Elections 2014.
- **Public Policy Committee:** In 2013, the Public Policy Committee led by Dorota Kilanska, from the Polish Nurses Association, discussed and provided recommendations to the EFN General Assembly on: EFN Strategic and Operational Lobby Plan 2014-2020; EFN members' engagement in the Joint Action on Quality & Safety and National Contact Points; EFN Thematic Network project proposal; EFN Policy Statements & Position Papers on Patient Empowerment & on Investing in Health; EFN Manifesto for EU Elections 2014.

D. EFN EXECUTIVE COMMITTEE

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

a. Meetings

In 2013, the EFN Executive Committee met four times: on 17 January and 13 June in Brussels, for their regular meetings; and on 10 April, in Brussels, and on 25 September, in FYR Macedonia, for their extraordinary meetings.

b. Elections

At the Autumn EFN General Assembly held on 26-27 September 2013, in FYR Macedonia, the EFN members elected the following members of the EFN Executive Committee: President - Ms Marianne Sipilä (*Finnish Nurses Association*); Treasurer – Ms Milka Vasileva (*Bulgarian Association of Health Professionals in Nursing*) and two members of the Executive Committee: Ms Elizabeth Adams (*Irish Nurses & Midwives Organisation*) and Ms Roswitha Koch (*Swiss Nurses Association*), for a two-years mandate (2013-2015). As a result, the new Executive Committee is constituted as follow:

President:	Ms Marianne Sipilä	Finnish Nurses Association, <i>Finland</i>
Vice-President:	Ms Branka Rimac	Croatian Nurses Association, <i>Croatia</i>
Treasurer:	Ms Milka Vasileva	Bulgarian Association of Health Professionals in Nursing, <i>Bulgaria</i>
Four Executive Committee Members:		
	▪ Ms Herdís Gunnarsdóttir	Icelandic Nurses Association, <i>Iceland</i>
	▪ Ms Elizabeth Adams	Irish Nurses & Midwives Organisation, <i>Ireland</i>
	▪ Ms Roswitha Koch	Swiss Nurses Association, <i>Switzerland</i>
	▪ Mr Peter Carter	Royal College of Nursing, <i>UK</i>

E. EFN BRUSSELS OFFICE

The EFN Brussels Office, consisting of the General Secretary, the Secretary, and two Policy Advisors, and supported by consultants in the area of Accounting, Social Security System, Web and IT management, Legal Affairs and on specific policy areas, focused on implementing the EFN 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 Institutions, which in turn impacts on nurses and the nursing profession, is the core business of EFN. Translating this political journey into the 'language' of the EFN members, through the EFN Updates, Press Releases and Briefing Notes, bridges the distance between Brussels and the governmental capital of the Member States where national policies are developed. Informing and keeping the EFN members up to speed is essential in putting them in an advanced position vis-à-vis their national governments. But equally important is the engagement of the EFN members in the Brussels lobbying process 'to put a human face to policy-making'. As such, having an EFN Office in Brussels equipped with highly educated and motivated staff, and empowering members to exchange views on specific EU policy areas, thus enabling them to go back home with the capacity to influence national governments is, in fact, the 'raison d'être' of EFN.

VII. COMMUNICATION

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

➤ EFN Website

With the existing contemporary designed [EFN website](#), EFN has a powerful medium which is always online, attracts and informs many visitors and stakeholders. With this platform the EFN can periodically communicate on events, related topics, own lobby results, upcoming actions and initiatives, in short, relevant information which shows the dynamics and impact of EFN on EU policy-making.

Throughout the working year 2013, the homepage of the website has developed into a central function for the communication of different EU policy areas with newly added sections on Daily Lobby Insights, Most Recent News, Other EFN News and specific ad hoc buttons referring to additional content or information from third party alliances from EFN. As such, EFN updates and diffuses information much more targeted to different online visitors. Some people can have a quick read through on the homepage and more interested people can read more on specific pages. All starting from the EFN homepage. In that way the efnweb.eu website has gained more and more its function as a web portal connecting information and partners together.

➤ Bi-monthly EFN Update

Every two months, the EFN publishes its [Update, a newsletter](#) that makes reference to the main information for nurses and the nursing profession within the European Union and to the key issues to influence the European Institutions. These 'Updates' keep the EFN Members and other key EU health alliances informed about the EFN policies, actions and relevant European initiatives.

➤ EFN Press Releases

Another way the EFN is using to communicate with the EU lobby arena is through its press releases. The [EFN Press Releases](#) provide the EFN members and other key EU health actors, with information on key topics that the EFN believes are important to share, at a crucial moment. These are also seen as a good way to reaffirm EFN views/position on a particular topic next to the EU Institutions and the EU stakeholders. In 2013, the EFN published three press releases on: the [International Women's Day](#) (on 08/03/2013); the [Modernised Directive 2005/36/EC](#) (on 13/06/2013); and [Healthcare Workforce](#) (on 13/09/2013).

➤ EFN Policy Statements & Position Papers

The [EFN Policy Statements & Position Papers](#), highlighting the EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN's lobby work next to the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work at national & EU level. In 2013, the EFN members adopted the EFN Policy Statement & Position Paper on Patient Empowerment.

➤ EFN Articles

Publishing [articles](#) is a good way for the EFN to increase the visibility of nurses and the nursing profession at European level, to strengthen the EFN's position on a range of key policy issues, and to increase the impact of the EFN messages and their potential influence on the policy design. In 2013, the EFN had several articles published:

- "[Targeting Cohesion](#)", published in the *Public Service Review: Health and Social Care - Issue 34, January 2013*, in which the EFN advocates a key role for nurses in helping to meet EU healthy ageing targets;

- **“Nurses and carers central to e-health services”**, published in [ScienceOmega.com](#), April 2013, in which the EFN considers the role of nursing and social care professionals in the deployment of e-health services in redesigned healthcare systems.
- **“Credentialing with Credibility”**, published in the [Public Service Review: Europe - Issue 25](#), in April 2013, which explains that Quality and safety must be the drivers of health system reform.
- **“Where have Europe's nurses gone?”**, published in [12Newsnow.com](#), in May 2013, that explains that the nurses are leaving the profession because they can't stand the difficult work anymore.
- **“Investing in health to boost the economy”**, published in [Public Service Europe – Issue 30](#), in September 2013, which mentions that investing in delivering care that has proven to be cost-effective is key to improve healthcare systems in the EU.
- **“EU-US Memorandum of Understanding and Europeanisation: eHealth Services Standards of Care”**, published in the [European Journal of ePractice](#), in October 2013, which stresses that Investing in delivering care that has proven to be cost-effective is key to improve healthcare systems in the EU, and that training related to eHealth is important for healthcare staff.
- **“How Long Will Healthcare Ignore Money Waiting to Be Spent?”**, published in [Hospitals.be](#) - vol. 11, n°4, October-November-December 2013, which refers to the social cohesion funds as source of funding to be used in the healthcare systems reforms.
- **“mHealth Redesigning Healthcare Budgets”**, published in the [European Journal of ePractice](#), in November 2013, which stresses that mHealth can support sustainable healthcare systems by offering innovative cost-effective and patient-centred care pathways within an integrated care system.

➤ **EFN Briefing Notes**

Available only to the EFN members via the members' section of EFN Website, and sent to them by email, the [EFN Briefing Notes](#) provide specific information on key lobby topics that may influence the EFN members' national policies and daily lobby work. In 2013, the EFN published several Briefing Notes on Directive 36 (a crucial topic for the EFN in 2013).

➤ **EFN Lobby Outcomes**

Available only to the EFN members via the members' section of EFN Website, and circulated to them by email on regular basis, the [EFN Lobby Outcomes document](#) provides useful information on the objective and the outcome of the most relevant meetings the EFN is participating in.

➤ **Documentation to the General Assembly & Executive Committee**

And last but not least, prior to each General Assembly and Executive Committee meetings, the EFN Brussels Office provides the EFN members/Executive Committee with all the relevant documents stressing the key items to be discussed, so that the EFN General Assembly/Executive Committee can take informed decisions and make recommendations on the important issues to be taken forward by the EFN Brussels Office.

VIII. CONCLUSION

After another year of intense lobby work, developing strong alliances with the EU healthcare professionals, health organisations, EU policy-makers and politicians, designing the EU health policies, I can say that 2013 has been a very exciting and successful year for EFN. The successes relate to the modernised Directive 2005/36/EC, the operationalization of Directive 2010/24/EC and the evaluation of the transposition of Directive 2010/32/EC, with measuring what is happening in the field.

By focussing down on the main three EU institutions and key policies in pipeline, EFN is recognised in the EU lobby arena as one of the major key stakeholders of the healthcare sector. National governments appreciate EFN input, commitment to policy design as nurses stay very practical and down to earth. In times of austerity it is a strength to design policies taking up the reality.

The EFN is a membership organisation, representing professional organisations of 34 countries, and a strong political voice because its membership is strong, supportive and innovative. The changes and continuous pressure on healthcare systems have shown how important the pro-active lobby work from EFN and its Members at national and European levels is to design the EU health policy, even if in spite of the major outcomes reached up till today, major challenges remain to implement innovation.

The sustainability equation becomes, therefore, a key political topic. Sustainability of quality and safety, sustainability of workforce for health, including skill mix and skill needs, next to sustainability of evidence based policy-making. The new EFN Strategic Lobby Plan 2014-2020 recognises the importance of strengthening the nursing profession within the redesigned healthcare system providing opportunities for integrated and continuity of care. As such, ehealth takes up a prominent role in EFN lobby activities by coordinating the design of evidence based guidelines of ehealth services underpinning integrated care, through the EFN ENS4Care EU project.

2014 will therefore be key for the nursing profession entering into Horizon 2020, and for nursing research to become recognised as a building stone for making progress in society. Scaling up existing evidence and translating findings into a political language for policy-makers and politicians to design and redesign EU policies, will be key in the development of the European Nursing Research Foundation (ENRF).

Finally, it is essential to stress once again how the involvement and support of EFN members and how, today more than ever, talking with one united voice is important in taking the nursing profession agenda further to where political decision are taken.

Thanks for all your support!

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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