



Activity Report

European Federation of Nurses' Associations
Working Year 2015



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Abbreviations

▪ AMR	Antimicrobial Resistance
▪ Art.	Article
▪ CED	Council of European Dentists
▪ CNO(s)	Chief Nursing Officer(s)
▪ CPD	Continuous Professional Development
▪ CPME	Standing Committee of European Doctors
▪ DG	Directorate General
▪ DG CONNECT	European Commission Directorate General for Communications Networks, Content and Technology
▪ DG SANCO	European Commission Directorate General for Health and Consumers
▪ DIR36/DIR55 DIR36-55	Directive on Mutual Recognition of Professional Qualifications (2005/36/EC & 2013/55/EU)
▪ ECDC	European Centre for Disease Prevention and Control
▪ EHMA	European Health Management Association
▪ EMA	European Midwives Association
▪ ENRF	European Nursing Research Foundation
▪ ENRF CWG	European Nursing Research Foundation Constitutional Working Group
▪ 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
▪ EPHA	European Public Health Alliance
▪ EPSU	European Federation of Public Service Unions
▪ ESCO	European skills/competences, qualifications and occupations
▪ ESNO	European Specialist Nurses Organisations
▪ EU	European Union
▪ EUHWF	EU Health Workforce
▪ EUNetPaS	European Union Network for Patient Safety Project
▪ EU-OSHA	European Agency for Safety and Health at Work
▪ Eurostat	Statistical office of the European Union
▪ HAS	Haute Autorité de Santé (Paris)

▪ HCA(s)	Healthcare Assistant(s)
▪ HCO	Healthcare Organisation
▪ HCP	Health Policy Forum
▪ ICN	International Council of Nurses
▪ ICT	Information and Communication Technology
▪ IFSW-Europe	International Federation of Social Workers Europe
▪ JA	Joint Action
▪ LLL	Life-Long Learning
▪ MEP(s)	Member(s) of the European Parliament
▪ mHealth	Mobile health - in reference to using mobile communication devices in healthcare
▪ NCP(s)	National Contact Point(s)
▪ NNA(s)	National Nurses' Association(s)/Organisation(s)
▪ OECD	Organisation for Economic Co-operation and Development
▪ PaSQ	Joint Action on Patient Safety & Quality of Care
▪ PGEU	Pharmaceutical Group of the European Union
▪ TAIEX	Technical Assistance and Information Exchange instrument of the European Commission
▪ TTIP	Transatlantic Trade and Investment Partnership
▪ UAB	Users Advisory Board (SmartCare project)
▪ WGC	EFN Working Group on Competencies
▪ WHO	World Health Organisation
▪ WP	Work Package

Executive Summary

Taking forward EFN mission, to promote and protect nurses and the nursing profession with particular reference to the EU, and the EFN agreed Strategic and Operational Lobby Plan 2014-2020, the EFN strengthened its political position in 2015 towards the EU Institutions and key EU stakeholders to put nurses and nursing high on the political EU agenda.

On EFN priority “Education”, the Commission mainly focussed on the Professional Card which benefit the free movement of nurses. Not one nurse should experience any barrier to move freely in the EU and should be recognised according to his/her qualifications. However, EFN top priority is the Delegated Act to modernise Annexe V and building on EFN Competency Framework, on which EFN members have worked hard in the last three years. Regulators, professional associations and unions should now speak with one voice to implement the Article 31 of the Directive by making sure each nursing curricula complies with the EFN Competency Framework.

On “EU Workforce for Health”, there has been minimum progress made by European and International Institutions, the EFN makes it very clear that current data are not comparable and as such cannot be used for EU policy-making. We see a very academic approach to workforce planning with no practical solutions benefitting the frontline. In contrast, the EFN members have agreed and developed an “EU Nursing Workforce Matrix 3+1” and collected qualitative and quantitative data to support at future scenarios of workforce configurations which keep on delivering high quality and safe care to those who need care.

This brings us to “Safety and Quality of Care” the third EFN policy pillar, which focused significant attention through the development of eHealth services guidelines (ENS4Care). EFN, together with 24 partners, coordinated a thematic network leading to concrete, implementable deliverables. It is clear that the EFN is ready to coordinate and lead. That is why EFN members decided to develop a new European organisation: the European Nursing Research Foundation (ENRF). While EFN is the political body speaking on behalf of 3 million nurses, the ENRF becomes the research body collecting the evidence to support designing EU policies relevant for nurses and nursing.

Moreover, it becomes clear that the EFN lobby activities and outcomes would not have been possible without the continuous support of all the EFN Members providing valuable input, data and views, and the reliable alliances of key health and social stakeholders at EU level. An essential part of EFN daily lobby work to advocate for a united voice for nurses and nursing, as part the health community, delivering direct patient care has been achieved. Within this context we make reference to the “Ebola Preparedness”, in which EFN highlighted the future strengthening of the capacity of frontline nurses. We need to make sure that nurses manage the coordination, have at their disposal the best equipment to protect themselves and get enough support to tackle stigma.

The future of EU health services lies in serious health system reform. The nurses of Europe, represented through EFN, have first-hand knowledge of the weaknesses and strengths of the healthcare system and can share valuable insights to inform needed actions towards sustainability, efficiency, quality and safety in EU healthcare. The EFN Members acknowledge that health system reform requires substantial effort and investment, but the potential benefits to EU society make it worth the pursuit.

Through regular data collection from the frontline nursing workforce across Europe the EFN Members are able to take the pulse of daily practice and remain informed of the reality of health service delivery for both patients and nurses. This collective knowledge, channelled through the EFN, can make a significant contribution to the development of evidence-based policy towards effective health system reform in Europe.

Foreword

Dear EFN Members,
Dear Colleagues,

2015 has been an exciting lobby year for EFN, preparing itself for 2016, with the ambition to plan 2017-2020.

For many years we have been working on the design of the European Nursing Research Foundation as the NNAs strongly believe research evidence from a nurses' perspective is critical to inform policy-makers. Nurses play a prominent role in the redesign of the health and social ecosystem and are therefore key actors in evidence-based health and social policy-making in Europe, which is gender sensitive.

The present Activity Report is an amalgamation and meta-synthesis of that knowledge with the purpose of identifying the key steps needed to ensure a proper design of the health and social integrated care ecosystem in the EU and Europe. This innovation is now necessary in order to respond to modern, global healthcare challenges: ensuring Quality and Safety; designing a new Health Workforce according to new needs of the population; managing Chronic Conditions, with a specific focus on dementia; and containing Healthcare costs.

The EFN members have formulated policies based on the existing evidence and future aspirations of the governance and management of the health and social care systems. Therefore, they decided to invest financially in setting up the European Nursing Research Foundation, making sure it becomes a key player in Horizon 2020. Nurses need to lead research design and make sure findings become implemented.

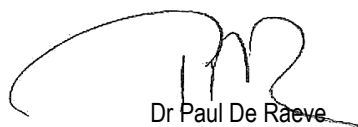
The way forward is simple:

1. Promote continuity and integration of care through investment and upscaling of nursing led care coordination models;
2. Foster efficiency of health and social systems through deploying eHealth services and advanced roles (ANP);
3. Improve quality, safety and cost-effectiveness through the development of new skills, including eSkills;
4. Develop nursing research underpinning health and social care policy-making.

The 2015 Activity Report represents 35 National Nurses Associations views, representing 3 million nurses – on how to move forward in the EU and Europe through realistic and attainable innovation. We urge policy-makers, health services researchers and clinicians to take notice and action to ensure the quality and safety of EU health service delivery. The EFN and ENRF are ready to put flesh on the bones and more than before eager to build fruitful alliances to achieve better policy outcomes. We need to work together, make decisions and implement them.



Ms Marianne Sipilä
EFN President



Dr Paul De Raeye
EFN General Secretary

I. EFN KEY LOBBY PRIORITIES

In line with the [EFN Strategic and Operational Lobby Plan 2014-2020](#), and building on the achievements of previous years, in 2015 the EFN focused on its three major key policy areas: [Education](#) (Under the lead of EFN Professional Committee), [EU Workforce for Health](#) (Under the lead of EFN Workforce Committee), and [Patient Safety and Quality of Care](#) (Under the lead of EFN Public Policy Committee), including [e-Health](#) and [Ebola](#).

1. EDUCATION

➔ Directive 36/55

Following on the **revision of the [Directive 2005/36/EC](#)** on Mutual Recognition of Professional Qualifications (amended by Directive [2013/55/EU](#)), published in the Official Journal on 28 December 2013, and taking into account that it should be transposed into national law by the EU Member States by 18 January 2016, the EFN has been focussing, in 2015, on making sure that the EU Member States are implementing the Directive correctly at national level.

As such, the EFN published in May 2015 its [Competency Framework](#), which describes the competences required to nurses responsible for general care, being translated in [several languages](#) by its members and used by the National Nurses Associations to encourage and guide the nursing schools at national level to implement the competences listed under Article 31 of the Directive. *For more information, see EFN Governance – EFN Working Group on Competencies, page 30.*

Next to the publication of this key policy document, the EFN invited Mr Konstantinos Tomaras, Deputy Head of Unit of Free Movement of Professionals, and Ms Alma Basokaite dealing with the nursing aspects of the Directive 36/55, to participate in **EFN April 2015 General Assembly**, to engage with EFN Members on the Directive developments, and providing an overview of the process in relation to the key amendments of the directive focusing on the issues of transposition to national legislation; the mutual evaluation exercise; possibilities to revise training programmes, the delegated act for Annexe V; and the European professional card (EPC). He also expressed that while the Commission endeavours to follow up the extent to which Member States comply with the Directive, the volume of work introduces challenges; this is where the EFN can help through its networks so that the reality of daily practice can be fully appreciated.

The EFN strengthened its lobby work by participating in **several political meetings** with key EU policy makers and stakeholders to discuss on Directive 36-55, and the changes introduced in this modernisation process, such as: **Meeting with the Belgium Government and Institutions** on implementation Art 31 of DIR 2013/55/EU and the use of EFN Competency Framework (January 2016), as all Belgian nursing schools (45), which were already before exposed to an infringement procedure, need to comply with EU legislation by 1/1/2016; **Workshop on 'Recognition of professional qualifications and the portability of skills, what role for Higher Education Institutes?'** (June 2016), where the role of higher education institutions in ensuring portability of skills was discussed; **European Commission Seminar** on Recognition of Qualifications (June 2016), to have an overview on the different existing EU initiatives, how these interact and address both existing obstacles to this interaction and how better synergies can be created in the future in the context of the European skills agenda; and the recognition from different angles; **TAIEX Mission in Serbia**, invited as expert, to discuss the situation of nurses' education in Serbia and reflect on the EU requirements of modernised Directive 55 (September 2015); French NNA (ANFIIDE) [Congress](#) – to explain the importance of DIR55 and the article 31 listing the 8 competencies to be included in the nursing curricula by 18 January 2016 (October 2015).

The next step for the EFN in this process is the development of a delegated act by making sure that the legislative EU requirements have been correctly and totally implemented at national and regional levels as this is crucial for the quality and safety of the health services delivered by nurses. The first nurse students benefiting from the modernised Directive will need to comply with the EU legislation, if not, their automatic recognition would be at risk, as they will fall under the general system, which undertakes a case by case analysis when moving around for employment in the EU.

→ **European Professional Card**

Introduced in the modernised Directive 36/55, the [European Professional Card](#) (EPC) 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.

Fully engaged in this policy process for many years, the EFN has been following very closely the preparation of the implementing acts for the establishment of the EPC. In 2015, the EFN participated in key policy meetings where the positive aspects as enhancing security and trust in the system were highlighted.

The final adopted version of the Implementing Regulation for the [European Professional Card](#) (EPC) and alert mechanism (Directive 2005/36/EC, amended by Directive 2013/55/EU) has been [published](#) in the Official Journal of the European Union. The first European Professional Cards will be delivered beginning of 2016, and nurses will be the first profession to be able to test it. But before any EPC is issued we need to make sure that the respective qualifications are meeting the requirements of Article 31 and Annexe V of DIR55. Therefore, the EFN will continue working with professional organisations, regulators, the European Commission, and the competent authorities to make sure there is compliance with Article 31.

→ **Continuous Professional Development**

A key political topic for the European Commission, which is strengthened in the modernised Directive 36-55. It is an essential topic for the nursing profession, as a way to ensure that nurses are able to update their knowledge, skills and competences regularly. The EFN continued to follow closely the debate and developments of Continuous Professional Development (CPD) in 2015.

The first development in this debate, welcomed by the EFN and its members, has been the publication of the [final report](#) of the study on the review and mapping of CPD and life-long learning (LLL) for health professionals in the EU. EFN worked in partnership with the Council of European Dentists (CED), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), and the Standing Committee of European Doctors (CPME). The study reaffirms the importance of CPD and LLL for health professionals, both in terms of professional and personal development, and shows that efforts need to be made to ensure that health professionals in all the EU Member States are able to access CPD activities in accordance with Member States' obligation under the revised Directive on the recognition of professional qualifications.

Informed by the study, the EFN Members decided to develop an EFN [Policy Statement](#) and a [Position Paper](#) on CPD, approved by the April 2015 General Assembly, in Brussels, calling on the European and national policy-makers to: ensure that nurses in all Member States are able to access CPD activities in accordance with Member States' obligation under the revised Directive on the recognition of professional qualifications; adopt measures to guarantee access to CPD; develop CPD activities for multidisciplinary health teams in order to respond to the increasing collaboration among health professionals and the integration of care; research the impact of CPD on patient outcomes and improve the systems/content of CPD; make the information on health professionals' CPD collected in the context of the Directive 36-55.

Next to this, the EFN continued its lobby process next to the EU Institutions and key stakeholders, and participated in key meetings, aiming at providing nurses' views and key concerns on the subject.

→ **EFN EU Accession Strategy**

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

education up to the minimum EU requirements. Therefore, the role of TAIEX missions is extremely important in all this process of EU Accession and the EFN will continue supporting it.

In 2015, the EFN Office was actively engaged in preparing [TAIEX](#) for the compliance with Directive 55 in Serbia and Turkey. Together with the respective NNAs, an [application](#) for a TAIEX mission in Serbia and Turkey was submitted and successfully undertaken. Also, the EFN Members has welcomed in October 2015 one more member into its membership – the Albanian Order of Nurses. The EFN is looking forward to welcoming them at the next EFN General Assemblies and to work closely with the Albanian nurses.

2. EU WORKFORCE FOR HEALTH

According to the European Commission's Employment Directorate, the healthcare sector is a priority as demand for labour is increasing. This is due the combined effects of an ageing population, advances in technology, treatments and people expecting higher quality service and greater emphasis on preventative care. However, if we analyse the situation today in Europe, we see that due to the economic and social situation the new trend is moving to another country to work. In addition, nurses are looking for better opportunities in other countries. Therefore, it is essential to have good cooperation at European level in the appropriate planning for sufficient, motivated and highly qualified nursing workforce, as it can contribute to minimise the gaps between the needs and the supply of nurses, and guide EU Member States in scaling-up innovative workforce composition models. This in turn will have a positive impact on patient outcomes.

Recognised as lead in this crucial topic for the nursing profession, and acknowledging that the EFN brought this debate to the European Parliament in 2010 through the launch of a written declaration on the EU Workforce for Health (n°40/2010). The EFN has been lobbying intensively to get researchers and policy-makers to collaborate.

The first key step has been to provide clarity on the three categories of nursing care (Registered Nurse, Specialist Nurse, and Advanced Nurse Practitioner) and to have key principles for the development of Healthcare Assistants (HCAs). As such, the EFN has been developing an **EFN Workforce Matrix 3+1** gathering quantitative and qualitative data from the EFN Members on the three categories of nursing care, and recognising the important role of HCAs and the leading role of nurses in their supervision in the development of HCAs, taking into account the EFN position paper on Principles Underpinning the Development of HCAs. The work will continue in 2016.

The EFN has been involved in initiatives of major concern: 1/ [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 14*) where the major challenge has been to convince researchers and national governments to use the same common classification on the nursing care categories. 2/ The European Skills, Competences and Occupations taxonomy ([ESCO](#)) Reference Group "healthcare and social work activities" of the European Commission (DG Employment) for which the EFN has been appointed as expert. The [ESCO platform](#) is taking into account the EFN matrix on the nursing care categories. The EFN is furthermore a member of the [High Level Working Group on EU Workforce for Health](#), and has had close contacts with DG Employment, OECD, Eurostat, WHO and other key EU stakeholders and policy makers, throughout the year to make sure that we all have a common understanding which remains a major challenge to achieve comparable data.

Furthermore, it is envisioned that the International recruitment and nurses' mobility is a global challenge for the nursing workforce, as the current workforce planning initiatives, such as the [Strategy of WHO Human Resources for Health 2010-2015](#), the Joint Action on Workforce Planning, and the Commission funded EU Study on Effective Health Workforce Recruitment and Retention Strategies will not solve the challenges of the frontline workforce. On the contrary, more and more nurses are recruited from abroad. As such, the April 2015 EFN General Assembly, decided to develop a [Policy Statement](#) and a [Position Paper](#) on **Recruitment and Retention** of nurses, calling the EU Institutions and the Member States to take a series of measures to urgently redesign their strategy as the quality and safety of service delivery is at stake in all EU Member States. Knowing that the ongoing workforce planning and forecasting will not solve recruitment and retention challenges, unless the health system significantly increases the number of training places for nurses and improve the programmes of retention in the nursing workforce, the EFN will continue guiding countries that are losing their workforce. However, Member States have a responsibility to establish adequate workforce conditions to contain this migration flow.

In addition, to ensure that the nurses' voices are heard on this crucial political challenge. The EFN participated in key meetings throughout the year, that will continue in 2016. Meetings with the Commission, MEPs, and key stakeholders organised by EHMA in March 2015, to present the [results](#) of its study on recruitment and retention of the health workforce, which show that a successful recruitment and retention strategy requires a good management, leadership, flexible work patterns, adequate remuneration, and professional and personal support.

Finally, the **European Commission** has published a [report](#) in 2015 that recognises recruitment and retention of health workers as an immediate and urgent problem to be addressed by policy-makers, healthcare managers and healthcare workers, and analyses effective strategies for recruiting and retaining health professionals to serve as inspiration for the development of organisational strategies and human resources policies in Europe. The EFN will continue, in 2016, to build a co-beneficial relation with the Commission and make sure that nurses concerns are taken into account in any initiative undertaken by them.

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

[Patient safety and quality of care](#) is an important topic for the EU and EFN members' political and policy agenda setting. The [Council conclusions on patient safety](#), adopted in December 2014, invite the Member States and the European Commission to work towards improving the patient safety culture and develop EU guidance for patient safety, since patients are at the heart of care and are a constant in the continuum of care. Advancing this, the EFN continued its lobby work by participating in key events: [EU Patient Safety and Quality of Care Expert Group](#) (February) and [PaSQ 5th Coordination meeting](#) (March 2015); and some high level meetings with the Commission, MEPs and key Stakeholders. The discussions make clear that it is important to invest in Patient Safety, namely in a second 'European Innovation Partnership' with key themes including "**patient empowerment**" and "**self-care**". The EU Member States also defend the engagement with EU Stakeholders in EU initiatives with the rationale that EU and National Governments decisions need to reflect the current developments in the field. As a follow-up, the European Commission is drafting the new governance structure on Quality of Care and Patient Safety. However, it is key to focus on content and deliverables which enable frontline staff to do their job better and delivering high quality and safe care.

EFN advocates that primary/community care is also part of the quality and safety equation. As such, the EFN April General Assembly approved a Policy Statement and a Position Paper on 'Moving Care to the Community', in addition to gathering information from the members on the topic. Based on the good practices and innovative examples of "**Innovation in Primary and Community Care**" the EFN prepared a [report](#), be used for EU and national lobbying, which shows that shifting care delivery away from hospitals to primary and community care settings is integral to many national and EU health policies as a means of delivering better and more patient-centred care. Nurses who work in primary and community care are in many countries the key professionals involved in the management and coordination of complex care for individual patients. Their experience and skills are essential to the success of such policy, yet little is known at EU level about what their work involves, how their roles and responsibilities differ between countries and what are their competencies and needs. Therefore, understanding these issues would enable understanding their needs for delivering patient care, coordinating care pathways within an interprofessional team and making cost-effective use of available eHealth solutions.

a. eHealth

A significant issue for the nursing profession is **eHealth** has the potential to provide solutions for dealing with the societal challenges such as the increasing ageing population and chronic diseases, by contributing to a better e-health services delivery in care. Through eHealth it is possible to shift the focus towards person-centred care, enhance patient empowerment, and to ensure continuity of care across primary and secondary health and social care sectors.

At EU level, the introduction of [eHealth](#) services is facilitating access to healthcare, whatever the geographical location, or innovative tele-health and personal health systems. Given the nurses' role as key provider of care, the EFN input to the governance and management of eHealth services is essential when designing and implementing the structure ensuring continuity of care between sectors and across borders. In this context, next to meeting key EU policy makers, the EFN attended some key meetings in 2015, such as: 1/ Med-e-Tel [Conference](#) (April 2015), where the EFN Secretary General was invited to express on "eHealth potential in bringing health and social care closer to the community", articulating that healthcare needs to be more local and requires global integration. As such

education, communication and continuity of care are becoming key for a successful deployment of eHealth services. He also took this opportunity to present the latest developments of the ENS4Care project; 2/ The [eHealth week](#) in Riga (May 2015), organised by the Latvian EU Presidency, and bringing together key health stakeholders as patients, health professionals, health authorities and industry, to discuss different views on how to implement and regulate mHealth in the EU. Paul De Raeve, took this opportunity to [stress](#) the key role of [mHealth](#) and of the EU nurses in making progress to reform the health systems, and to facilitate the shift in health care towards a more integrated model with the focus on prevention and continuity of care; 3/ mHealth stakeholder meeting: Following the publication of the [Green Paper](#) on mobile health, the results of the [public consultation](#) and discussions in Riga during the [eHealth Week](#) in May 2015, the European Commission decided to engage with the EU stakeholders to work on the follow-up actions on privacy and security, safety and transparency and web entrepreneurs' access to the market. Building on these discussions, the [group met on 6 July](#) and discussed the need to ensure quality and reliability of health and wellbeing apps, as well as data protection and a Code of Conduct for mobile health apps. A common concern is the lack of clarity between what stands as a medical device and as an application. The EFN took this opportunity to present the EU project ENS4Care focusing on the guideline on Prevention - HeartAge App, highlighting how good collaboration among different stakeholders representing patients, professionals, industry and competent authorities can bring certainty about the use of applications; 4/ "Emerging Trends in mHealth" (May 2015) to explore the future and potential of mHealth services and exchange views on the potential of mobile technologies in meeting patient needs; 5/ Event "Providing online support services to informal carers, care professionals and employers across Europe" (May 2015), to discuss the significant contribution made by carers to our societies and the need to safeguard this contribution.

The EFN continued to be involved in some key initiatives:

↳ EU Projects

- [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 and 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. *For more information, see 'EU projects' item, page 15.*
- [ENS4Care](#) 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 5 main topics: prevention, clinical practice, advanced roles, integrated care, and ePrescribing. *For more information, see 'A future for Evidence Based Policy Making' item, page 23.*

↳ Working Groups

- [eHealth Stakeholder Group](#), composed of representatives from the most important European organisations active in the eHealth field, covering a wide range of stakeholders: from patients, consumers, healthcare professionals to the industry, and aiming to support the [EU's Digital Agenda](#) and ongoing eHealth initiatives with the European Commission DG Connect. It also 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.
- **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, and finalised in May 2015. This joint initiative addressed the need for international interoperability of health records and to improve the eHealth skills of the current workforce. The EU-US Workforce [Workgroup](#) has successfully completed the arduous task of creating standard health IT competencies shared by both the EU and the US.

Continuing into 2016, the EFN will continue to engage and lead some eHealth initiatives and/or contribute to developments, provide nurses' views as designers of innovative solutions in the caring process, and bring to the forefront good and cost effective practices on eHealth services in nursing care.

b. eSkills

Linked to eHealth issue is the necessity for the nurses, and all healthcare professions, patients and carers, to be equipped with the right **eSkills**. EFN is active in lobbying for the inclusion of eSkills in the education and the training of the nurses, as well as ensuring their Continuous Professional Development. The European Commission adopted a [Communication on eSkills](#) which was followed by a [Council Conclusion on a long term eSkills strategy](#). Furthermore, the European eHealth Action Plan 2012-2020 highlights the importance of eSkills and digital health literacy. The EFN was involved in the report by the Commission that proposes four key activities to upscale the eSkills of the healthcare professionals: the set-up of an eHealth skills matrix which would develop into an eCompetency framework; the assessment of the existing eHealth skills of the health care professionals and how they can be upgraded; the establishment of a roadmap for skills development and progression. Another proposal which EFN is part of, is the set-up of a competency-based curriculum with training initiatives in order to develop an eHealth workforce, from the Global Health Workforce Council.

c. Dementia

Connected to Patient Safety and Quality of Care is “Dementia”, becoming one of the top political priorities in the EU agenda and a key priority for the 2015-2016 Luxemburg and Dutch EU Presidencies. Recognised as one of the most debilitating conditions in modern society with significant health, social and financial implications, it is estimated that across the world, 44 million people live with dementia and that this number will double by 2030 and triple by 2050.

Nurses are in the unique and privileged position of having direct access to the daily care needs of people with dementia, and have a key role to play both in managing and preventing this condition. Nurses are the ones best placed to ensure practice, knowledge and research develop in response to and in conjunction with people's needs. However, in order to be able to provide appropriate care for people with dementia and their family carers, there is a need to have in place different priorities, strategies, structures and the recognition and acknowledgement of nurses' role in caring for people with dementia. Therefore, the EFN October 2015 General Assembly, approved the EFN [Policy Statement](#) and [Position Paper](#) on Dementia Care, calling on the EU Institutions, Member States and key EU Stakeholders to develop strategies to deal with this major concern.

Importantly, as part of the [Health Policy Forum](#) (HPF), DG SANTE created a group to draft a policy document on dementia. As member of the group, the EFN led on the drafting of a [joint paper](#) including key views on Dementia. The EFN will continue influencing the political debate in 2016.

d. Sharps Injuries

In 2015, the sharps injuries continued to be key in the EFN Agenda, taking into account that the EFN believes that the Directive on prevention of sharps injuries in the hospital and health care sector ([2010/32/EU](#)), published in 2010, can be better implemented in all the EU Member States. As such, and taking as a basis the EFN [report](#) on the Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the healthcare sector, the EFN continued to lobby key EU policy makers and stakeholders urging them to move forward with more practical solutions and making sure that the Directive gets implemented correctly in daily practice. To that end, the EFN participated in the [5th European Biosafety Summit](#), organised by [European Biosafety Network and](#) hosted by MEP Glenis Willmott, in the European Parliament, in June 2015. The meeting brought together key EU decision makers and stakeholders to discuss how the Directive [2010/32/EU](#) can be better implemented in all the EU Member States, and identify gaps for further improvement, also in sectors outside the hospital environment. Recent data on the implementation of the Directive shows that education and training, risk assessment and engagement of frontline staff in policy design remains a significant challenge. It is therefore important for the European Commission to measure the legislative compliance and impact at the workplace.

Following on from this event, the European Biosafety Network launched in December 2015, an online survey, in collaboration with EU OSHA, to be completed by EU OSHA focal points, national Governments and their advisers, employers, trades unions and social partners in all the European member states. The results, to be presented in February 2016, will help to assess compliance with national legislation, agreements and codes of practice implemented as a result of the Directive 2010/32/EU.

With austerity measures being implemented in many countries in the healthcare sector (cuts in posts and salaries, etc.), it is crucial to strengthen our collaboration and hopefully through a concrete initiative changes can be achieved.

e. Ebola

The Ebola preparedness became in 2014 a key priority as having the right material and having enough training became a key priority in EU policy design. Being a huge concern for the nurses and the nursing profession, Ebola kept being high in the EFN agenda in 2015, with the European Union mobilising all its available resources to assist contain the largest Ebola epidemic on record.

Since the first case of Ebola in Europe, and the meetings organised in 2014 on the issue (See [EFN Activity Report 2014](#)), the EFN continued to follow the debate closely at EU level and participated as expert on several meetings with the EU Commission, as the [Workshop](#) on “*The Ebola outbreak: challenges and perspectives*”, held in Brussels in March 2015, and the [Conference](#) on “*Lessons Learned for Public Health from the Ebola Outbreak in West Africa – How to Improve Preparedness and Response in the EU for Future Outbreaks*”, held in Luxembourg in October 2015 (where the EFN presented its [report](#) on Ebola Preparedness), next to meetings with MEPs and Commission representatives, national coordinators on Ebola, and key EU Stakeholders (as ECDC). These meetings were a good opportunity to understand the development of the epidemic and to exchange experiences and best practices in terms of safety, infection prevention, and control measures. Everybody agrees that it is very difficult to work on a disease on which there is very limited experience and scarce scientific evidence-based information. Although different levels of preparedness exist, “[zero tolerance](#)” of staff infection is key for concrete actions.

Being at the frontline, taking care of Ebola patients, nurses are the first healthcare group being at risk. As such, the EFN decided to undertake an EU survey aiming to gather data to map the needs of all the nurses working with and confronted with questions surrounding “Ebola” specifically, but also on infection diseases of high consequences and risks in communities. The survey collected a total of 1800 responses from 23 Member States, from nurses, healthcare assistants, physicians and social workers. Out of this collected data, the EFN drafted a [report](#), presented to the European Commission in October 2015 and disseminated to the EFN Member, which identifies areas where capacity building is needed in order to increase the preparedness of the frontline workforce, and make clear recommendations for future action to EU Institutions, Member States, and key stakeholders. *For more information see ‘Data Collection’ item, page 27.*

II. EU PROJECTS

A. 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), it commenced in April 2012 and will come to an end in March 2016.

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 has facilitated 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 promoted the implementation of selected Safe Clinical Practices in HCOs of participating Member States. These good practices were 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, run by the Member States.

The EFN is partner in this project, namely in WPs 4, 5, 6 and 7.

In 2015, the **5th PaSQ Coordination meeting, held in Brussels on 12-13 March 2015**, brought together experts, national authorities, EU health stakeholders, representatives from the European institutions, international organisations, and healthcare professionals, who were briefed on the main results of the project work, discussed its next steps, and learned more about other ongoing initiatives, main developments, and future EU agenda, in the area of patient safety and quality of care. The European Commission has emphasised that there is the need to invest in patient safety and as such to better coordinate is required. The [Council Conclusions on Patient Safety](#), adopted in December 2014, invite the Member States and the European Commission to work towards improving the patient safety culture and develop EU guidance for patient safety, since patients are at the heart of care and are a constant in the continuum of care.

B. JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING



Launched in April 2013, and coming to an end in 2016, 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 EU Health Workforce](#) - Part 1 "Improve workforce planning", as adopted by the European

Commission in 2012, this project general is aiming 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 meetings organised throughout the year, namely:

- ✓ **2nd Plenary Assembly held in Madrid on 23-24 March 2015**, for the second Plenary Assembly and Stakeholder Forum, where the partners, associated and collaborating, were briefed on the progress made by the Joint Action and where provided a full overview on the latest results and its practical use and implementation. The stakeholder Forum was a good opportunity to discuss how to use the Handbook of Planning Methodologies into practice; and the policy recommendation and dissemination processes and activities.

- ✓ **WP4 (Data for health workforce planning) workshop on “Filling the Gaps - Planning purposes come first”, held in Budapest (Hungary) on 18-19 June 2015**, where the deliverable D043 ‘Health Workforce Planning data’ was discussed. Miklos Szocska, former Hungarian State Secretary for Health highlighted the complexity of health workforce governance and the need to define the relationship between technology and health care professionals, as there is no global strategic coordination. During the meeting, the boundaries of health workforce planning were also stressed, with unclear roles of actors, lack of resources, no tracking of shortages and surplus of health workforce, and information flow failures, were identified as key problems in this process. In addition to the unavailability, misuse and no good quality of data. Part of the solution could be professional organisations helping to address these problems by validating data to ensure the quality of data and further facilitate contacts.
- ✓ **WP6 (Horizon scanning) workshop held in London on 23 April 2015**, where the partners were informed on the report being drafted aiming to present and describe drivers that are going to influence the skills and competences of health professionals in the future. The report on “future skills and competencies”, not yet available to the public, shows changes in the population, health services, with a move towards eHealth services, and a redesign of the health workforce, including a major focus on skills needed in community care, primary care and home based care.

C. **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*) and WP10 (*Project management and performance monitoring*), and working with EFN members from the 35 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 2015, the EFN participated, in several meetings and teleconferences organised throughout the year, where the partners were updated on the latest developments and next steps to be undertaken by each WP, including the Users Advisory Board (UAB) meetings to prepare the pilot site visits. As a member of the UAB, the EFN mainly focussed in 2015 in the pilot site visits aiming to evaluate the state of implementation of the SmartCare Integrated Care Pathways, from a user's point of view. In 2015, the UAB visited 7 pilots: [South Karelia](#) (Finland) - 18 February 2015, led by the EFN; [Friuli Venezia Giulia](#) (Italy) – 6 March 2015; [South Denmark](#) – 2-4 June 2015; Belgrade (Serbia) – 17 June 2015; [Kraljevo \(Serbia\)](#) – 17 September 2015; [Glasgow](#) (Scotland) – 6 October 2015, led by EFN; and [Attica](#) (Greece) – 29 October 2015, led by EFN. Visiting the pilots is a good way to provide a qualitative evaluation and feedback on their state of development and involvement of users, and to see are the changes brought by the introduction of the SmartCare service in the different regions. The reports will be included in a new deliverable of the project, under WP8.

From a nurses' perspective, we can say that in these pilots nurses have a key role to play as care-coordinators and the identification of patients in need of Smartcare. The innovation in Smartcare supports e-services and shows the importance of human contact in care. Healthcare professionals confirm that since these pilots started, patients' hospitalisations have reduced, and that patients feel safer and happier for being able to stay at home despite their conditions. Thus, this is quite a positive experience, with all stakeholders involved showing a great interest and commitment to SmartCare. The EFN is now looking forward for the next site visits in 2016.

III. BUILDING ALLIANCES

Building alliances and creating partnerships with key organisations to work on particular issues/ has been our top priority for the EFN, as this is a means of strengthening civil society in the policy-making process and to get successful outcomes not only at EU level but also at national and local levels. In 2015, the EFN continued this process of building alliances and strengthening the ones already established with the key EU non-state stakeholders built up throughout the years, which is now providing consortia for the Horizon 2020 which are highly respected and influential to make innovation happen and implemented.

➤ 1.6&2.6 Million Club



Being a key partner in the EFN EU Project ENS4Care, [1.6 Million Club](#) aims to raise awareness on women's health and lifestyle issues, focusing on women's primary risk: Heart and blood-related illnesses. With more than 90% of nurses being women, their sensitivity on gender issue provide the necessary gender component into the outcomes of ENS4Care. As such, their views and voice in ENS4Care was seen as crucial.

➤ Active Citizenship Network



Being a key partner in the EFN EU Project ENS4Care, [Active Citizenship Network](#) (ACN) is an Italian non-profit organisation founded in 1978 that aims to promote civic participation and protect citizens' rights in Italy and in Europe. Particularly active on health, with the Tribunal for Patients' Rights, education and training and European citizenship, their commitment to civil society gave the ENS4Care project an emphasis on the equity concept. Also, next to being involved in their event [Patients' Rights Day](#), celebrated in May 2015, and participating in the launch of the [Interest Group](#) on "European Patients' Rights and Cross-border Healthcare", in December 2015, the EFN also was in close contact with ACN to discuss on a potential collaboration in the projects' calls under horizon 2020 (in 2016). Topics of common interest: Health Reform, pain management, continuity of care, and EU enlargement.

➤ Association of Patients with Cancer and friends



Being a key partner in the EFN EU Project ENS4Care, the aim of APOZ and friends is to develop the community service in healthcare, particularly oncological diseases, to assist and support all people with cancer during their treatment, to support them with medicines and consumables, learn them to eat healthy food, supporting the poor, the disabled and those people with cancer who need care. Key activities related to rehabilitation, adaptation, training, health and social management of patients living with cancer, and its prevention and successful treatment. Representing the patient's in ENS4Care, their views and voice in the project (namely in the five guidelines) were crucial.

➤ Association of Schools of Public Health in the European Region



[ASPHER](#) is the 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. In 2015, the EFN continued its good collaboration with ASPHER started in 2013. Collaborating within the [WHO 2020 Health Strategy](#) in the development of competences for the public health professionals and knowing that many nurses become public health professionals, and that there is a public health component in the [EFN Competency Framework](#) launched in May 2015, and that workforce is a core item in EFN strategic and lobby plan 2014-2020, the EFN and ASPHER continued their close collaboration in 2015, focussing on key topics as: ESCO and the work done by EFN on this, as ASPHER see opportunities in including the competences of public health professionals within the database, and a potential collaboration in developing a Horizon 2020 proposal (2016).

➤ C3 Collaborating for Health



Being a key partner in the EFN EU Project ENS4Care, [C3](#) aims at bringing people together to design ways to make life healthier and put ideas into actions though prevention. The EFN valued its specific contribution to ENS4Care as C3 is committed to raising awareness, engaging and educating health

professionals, citizens and communities, and creating opportunities for knowledge sharing and best practice exchange locally, nationally and internationally. As such, C3 (*Christine Hancock and Pat Hughes*) were leading ENS4Care WP2 Guidelines on Prevention.

➤ **Continua Health Alliance**



Being a key partner in the EFN EU Project ENS4Care, [CONTINUA](#) is a non-profit, open industry organisation of healthcare and technology companies collaborating to improve the quality of personal healthcare. Dedicated to establishing a system of interoperable personal connected health solutions with the knowledge that extending these solutions into the home fosters independence, empowers individuals and provides the opportunity for truly personalised health and wellness management, and dealing with integrated care and telehealth services, the advice of CONTINUA in ENS4Care project was key in the development of the project guidelines.

➤ **European Alliance for Personalised Medicine**



Launched in 2012, the [European Alliance for Personalised Medicine](#) (EAPM) brings together European healthcare experts and patient advocates involved with major chronic diseases. The aim is to improve patient care by accelerating the development, delivery and uptake of personalised healthcare including personalised medicine and diagnostics. Invited to participate in two workshops as keynote speaker on personalised medicine and on ensuring better treatment for patients, these gave the opportunity for the EFN to express nurses' perspectives on how an integrated, coherent, cost-effective and cohesive EU health strategy will impact on the sustainability of healthcare systems and the standard of care in the EU Member States. This was also a good opportunity to strengthen EFN collaboration with EAPM, which is very open to EFN and its view on the importance of education and health system reform. The EFN will continue in 2016 this close collaboration to make sure that politicians, policy-makers and clinicians get into the right track as regards moving 'personalised medicine' towards 'personalised care and health systems'.

➤ **European Association Working for Carers**



Being a key partner in the EFN EU Project ENS4Care, [EUROCARERS](#) brings together organisations representing carers and those involved in research and development. It aims to support carers, contribute to policy developments and collaborate with other interest groups at EU level. The role of carers is more crucial than ever due to demographic changes and challenges to formal health and social care services throughout Europe and the introduction of ICT tools go to shape also their daily work. Their active contribution in ENS4Care made sure that the carers' perspective was embedded along the project and its outcomes. Invited as keynote speaker at the project final event (08/12/2015), Frank Goodwin reminded that nurses and social workers are in a unique position to use eHealth to support carers in providing highly-complex and intensive long-term home care, and that most nursing, social and home care is delivered by women and so gender must play a bigger role in policy developments.

Next to the project, the EFN has been collaborating closely with EUROCARERS in the EU lobby arena, providing nurses' views and support when needed, and participating in their meetings organised in Brussels all over the year. The EFN is looking forward to continue, in 2016, this extremely important collaboration.

➤ **European Institute of Women's Health**



Being a key partner in the EFN EU Project ENS4Care, the EFN sees this close collaboration as very important, as the [EIWH](#) aims to promote health throughout the lifespan, to ensure quality and equity in health policy and care and to campaign for gender-specific research. Including people and organisation with expertise and interest in women's health, their views and voice in ENS4Care are seen as key, as 90% of nurses are women. As such, their active participation in the project provided useful inputs to the discussions, focusing on the gender issue. Next to the project, the EFN collaborated closely with EIWH in the EU lobby arena throughout the year, providing nurses' views and support when needed and participating in some of their meetings organised in Brussels.

➤ **European Nursing Student Association**



Being 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. Having an observer status in EFN General Assemblies, in 2015, ENSA and EFN strengthened their relationship, namely through:

- ENSA's presence at the April and October EFN General Assemblies, where Dean Flanagan (ENSA President) briefed the EFN members on ENSA role, priorities and activities.
- ENSA contribution to the ENS4Care project, even if not an official partner.
- EFN President also participated in ENSA Annual General Meeting, organised in London, on 19-23 October 2015, 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, on eHealth (eSkills for health Workforce and ENS4Care), and on future actions between ENSA and EFN.

The EFN is looking forward to continuing this strong collaboration with ENSA in 2016, and really hope that ENSA will be able to join the EFN in its next EU projects and contribute with the nursing students views to it, so important to set the scene for the future.

➤ **European Public Services Union**



Representing more than 265 unions and 8 million public service workers, [EPSU](#) is a key partner for EFN, which 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 2015, as in previous years, the EFN and EPSU continued with the process of dialogue, sharing views and experiences on issues that are of key concern to both parties, as: Education (implementation of Directive 2013/55/EU, EFN Competency Framework, Continuous Professional Development and Life Long Learning); Workforce for Health (Recruitment and retention, Joint Action on Workforce for Health, High Level group on Workforce, Feasibility Study Common Training Framework Health Care Assistants), Quality and Safety, Position Paper on Dementia (EU Health Policy Forum), and Women and Gender Equality. The EFN is looking forward to continuing this good collaboration with EPSU in 2016.

➤ **European Specialist Nurses Organisation**



Representing the Specialist Nurses Organisation at European level, [ESNO](#) President, Ms Françoise Charnay-Sonnek and EFN have been in contact to discuss on specific EU files, as: Education (Directive 36-55), Workforce and Quality and Safety. As a result, ESNO President participated in the EFN October 2015 General Assembly, in London where she presented ESNO developments in relation to specialist nurses, and their activities related to the possible development of a Common Training Framework. The EFN also participated in ESNO Summit on 'Specialist Nurses in the EU Healthcare Arena', in May 2015, to address "Nurses in the EU: history and future and influence the short and long term agenda for nurses in Europe".

➤ **European Union of General Practitioners**



Being a key partner in the EFN EU Project ENS4Care, [UEMO](#) represents the general practitioners in the EU, with the aim to defend the role of general practitioners in the healthcare systems, providing united views of the members (national, nongovernmental, and independent organisations). This close collaboration in ENS4Care was key as their role in the project was to provide their advice from a medical perspective to the debate and the five guidelines. Daniel Widmer, representing UEMO in ENS4Care, participated at the last ENS4Care event (8 December 2015) as keynote speaker where he stressed the added value of inter-professional collaboration to breaking down silo. Next to the project, the EFN has been collaborating closely with UEMO in the EU lobby arena throughout the years, providing nurses' views and support when needed and participating in some of their meetings organised in Brussels, and has been discussing on potential collaboration on the ENS4care follow up through collaborating on another EU project under DG SANCO, DG Research, or DG Connect calls for proposals. The EFN is looking forward to continue this very good collaboration in 2016.

➤ **International Council of Nurses**



Representing the nurses worldwide, and having an observer status in EFN General Assemblies, the [ICN](#) has been collaborating with EFN on some nurses and nursing key topics for many years. In 2015, the EFN and ICN have been in close contact on few key points, as: explore a closer collaboration between EFN and ICN on Workforce and on Ebola. EFN and ICN are now looking closely at the next developments undertaken by the EU Institutions, and will carry out common actions if/when needed.

➤ International Federation of Social Workers – Europe



Being a key partner in the EFN EU Project ENS4Care, [IFSW-Europe](#) represents the social care workers' voice in the EU and Europe. Its involvement in the EFN project ensured that the fundamental link between social and healthcare dimensions is taken into account. As such, IFSW-Europe actively participated all the project Work Packages delivering guidelines to ensure that all relevant aspects of the deployment of eHealth services by the social care workers were included the final deliverables. IFSW-Europe was also invited as keynote speaker at the last ENS4Care event at the European Parliament, where Dalė Kabašinskaitė emphasised the role of social workers and eHealth in supporting the transition of care in integrated systems. The EFN is looking forward to continue this very good collaboration in 2016.

➤ Knowledge4Innovation



[Knowledge4Innovation](#) (K4I) is an open, independent, non-profit platform with a wide variety of stakeholders including regions, cities and universities, research organisations, regions and cities, trade organisations and think tanks as well as technology platforms small and large companies. Knowledge4Innovation is advocating for favourable framework conditions promoting innovation activities in Europe. The K4I Forum is supported by more than 30 Members of the European Parliament. The EFN is putting Health higher on the innovation agenda. As such, it believes that Knowledge4Innovation is a good platform for EFN to become a key player in innovation, and an ideal platform to keep health and social care high on the innovation and political agenda, making sure integrated care and continuity of care leads to better health outcomes for patients and citizens. In 2015, the EFN had a very good collaboration with K4I providing us the possibility to have a session on eHealth (the final ENS4Care project event – 08/12/2015) included in the programme of the 7th European Innovation Summit.

➤ Microsoft



[Microsoft](#) is very active in the health sector, working every day with health organisations, communities and partners around the world to help improving health systems. Being a key partner in the EFN EU Project ENS4Care, Microsoft has been contributing to it not only by providing its expertise and feedback from the ICT industry perspective, but also through its technical support to help the EFN to undertake some of the project activities, as allowing the EFN to use Microsoft Office ICT equipment as the videoconferencing and meeting rooms for ENS4Care meetings. Microsoft acknowledges the value of nurses in healthcare and recognises nurses as the ones to engage with if the use of innovative technology in healthcare is to be successfully implemented. As such, and in view of fostering the collaboration between end-users and industry providers, the EFN continued, in 2015, to develop a strong collaboration with Microsoft, and participated in some of its meetings to provide the nurses' views on key topics, as: DIR 36/55, Patient Safety and Education. The EFN will continue and strengthen this close collaboration with Microsoft in 2016.

➤ Organisation for Economic Co-operation and Development



Aiming to provide a forum for governments to share experiences and seek solutions to common problems, [OECD](#) mission is to promote policies that will improve the economic and social well-being of people around the world. Taking that into account, the EFN kept in contact with the OECD in 2015, namely as regards Workforce, and the OECD/Eurostat/WHO Joint Questionnaire, and the progress and persisting issues in data collection on nurses. In 2016, the EFN will continue following closely the OECD work and provide its input if needed to make sure that the nurses' views are taken into account in OECD work.

IV. EFN MEMBERS STRENGTH

1. EFN Members representing EFN

Med-e-Tel Conference 2015 – Invited as keynote speaker, the EFN, represented by Dorota Kilanska, from Poland, participated in this [event](#), organised by the International Society for Telemedicine and eHealth (ISfTeH), in Luxembourg on 22-23 April 2015, to discuss on “eHealth potential in bringing health and social care closer to the community”. Dorota Kilanska took this opportunity to present the EFN EU project [ENS4Care](#) and its achievements, namely the five [guidelines](#) on Prevention, Clinical Practice, Advanced Roles, Integrated Care, and ePrescribing.

Health Promoting Hospitals (HPH) 23rd International Conference – Dorota Kilanska, from Poland, represented the EFN in this key [event](#) organised in Oslo on 10-12 June 2015. Aiming to exchange on health promotion in and by health services for health practitioners, consultants, scientists and politicians, this was a good opportunity for the EFN to report on the work of the Integrated Care work stream, as part of the Thematic Network ENS4Care. Dorota stressed how essential integrated care is to ensure optimal outcomes are achieved for EU citizens, and especially those burdened with chronic disease and complex care needs and who require attention from a range of professionals from primary and secondary health and social care sectors. As such, nurses have a crucial role in ensuring the continuity of care as the nursing profession is a fundamental link between the hospital sector, primary care sector and social services, establishing the bridge to enhance continuity of care and promote more dynamism within the health systems.

65th Session of WHO Regional Committee for Europe – Organised in Vilnius (Lithuania), on 14-17 September 2015, the Lithuanian Nurses Organisation represented EFN in this event that brought together Health ministers and high-level representatives of the 53 Member States of the WHO European Region, partner organizations and civil society. The 350 participants present at the meeting had the opportunity to discuss key concerns as: the priorities for health system strengthening in the European Region 2015-2020, promoting intersectoral and interagency action for health and well-being, the European Health Report 2015, and WHO reform and implications for the Regional Office for Europe. The discussions indicated the importance of leadership, education and continuous professional development, interdisciplinarity, positive aspects of the profession, patient centeredness, health literacy of the nursing staff and patients, patient empowerment, evidence based solutions, and positive work environments.

Chief Nursing Officers (CNO) meeting - The EFN President represented the EFN in the CNO meeting, organised under the auspices of the Luxembourg EU Presidency, on 12 October 2015, to discuss the recent European research into the skills and roles of health professionals. Invited as keynote speaker to provide nurses' views on the session “European research on new professional roles and nursing skills”, she explained that innovative, high quality, safe and cost-effective national health and social care systems are dependent upon nursing research providing the evidence of what works and does not work when managing the challenges arising from Europe's ageing population, including ageing workforce. She also took this opportunity to present the EFN EU project ENS4care five Evidence Based [Guidelines](#) for Nurses and Social Care Workers for the deployment of eHealth services, and made clear that nurses and social workers, with the right knowledge and skills will add considerable value and form an important link between technological innovation, health promotion and disease prevention.

Workshop on the EU Antimicrobial Resistance (AMR) Action Plan – The EFN participated in this event represented by Noel Abela, from Malta. Organised in Brussels on 26 October 2015, the objective of this workshop was to provide information on the evaluation process (Launched in 2011 - the evaluation runs from August 2015 to January 2016), and gather information on stakeholders' experiences with AMR, and on the role of the Action Plan in addressing AMR.

ESNO Summit “Specialist Nurses in the EU Healthcare Arena” – Organised in Brussels on 5-6 November 2015, the [event](#) brought together practitioners, academics, researchers and policy makers from around Europe, from clinical areas as wide ranging as medicine, pharmacy and employers, to discuss on how patient care is enriched by the different perspectives brought by the wide range of nursing specialties, and the challenge of achieving official recognition for nursing specialties in Europe. Invited as keynote speaker, gave an overview on EFN lobby work, how EFN positions and strengthens the nursing profession at the European level, and the importance of DIR55 for the nursing profession.

2. EFN support to EFN Members

It is crucial for the EFN, as a Pan European Organisation, to continuously support and strengthen its relationship with its members by getting a real sense of what is important to them at national level. Taking part in national events is an ideal way of strengthening ties with the members but it is also crucial for understanding the key issues at stake in Member States and offering, in return, the EU-level perspective. The EFN appreciates these moments with its members and continues investing in national, regional and local events that promotes the EU nurses' voice. But participating in meetings is not enough to get the political message through to national policy makers understanding the importance of the nurses' views and concerns in the policy process and in the daily clinical practice. As such, it is important for the members to get EFN support directly addressed to key political players to help them to push for their key concerns at national level. As such, in 2015, the EFN provided its support through some support letters, and by participating in key national events.

➔ Support to EFN Members national key concerns

In 2015, the major EFN members' national key concerns (namely in Cyprus, Iceland, Portugal, Slovakia) related to better working conditions, enough workforce, resources and support, value of nurses' work, better salaries, and appropriate education and qualifications, allowing opportunities to advance the nursing profession, to ensure the sustainability of the health workforce and ensure that young people feel motivated to choose nursing.

The EFN made it clear in all the supporting letters sent out to the national policy makers: It is crucial that national governments make sure that the health facilities have the necessary nursing workforce to provide safe and high quality healthcare services, and that the nurses' salaries take into account the extra hours worked, as it is key to ensure appropriate education and qualifications, and allow opportunities to advance the nursing profession, with promotion of advanced roles, continuous professional development and more opportunities in community care, in order to ensure the sustainability of the health workforce and ensure that young people feel motivated to choose the nursing profession.

➔ Participation in EFN Members' national events

Czech Nurses Association Conference on Nurse Education - Invited as keynote speaker, the EFN General Secretary participated in the [meeting](#) organised by the [Czech Nurses Association](#), on 16 March 2015, in Prague, aiming to discuss on the education of nurses in Czech Republic. The EFN General Secretary took this opportunity to highlight the need for all the nursing schools at EU level to ensure high quality care is delivered in Europe, by implementing appropriately the directive (2005/36/EC, amended by directive 2013/55/EU) and securing the nursing education for the best interest of EU citizens and patients. This can be done by using the EU social cohesion funds, as successfully done in other EU countries as Poland, for example.

Swiss Nurses' Association (SBK-ASI) Congress 2015 - Invited as keynote speaker to the [meeting](#) 'La Plus-Value des Soins Infirmiers' held in Montreux (Switzerland), on 6-8 May 2015, the EFN General Secretary expressed nurses' views on "Positioning Nursing Politically: Lobbying EU Legislation". This was a great opportunity to exchange views on the EFN daily lobby work, and explain how EFN positions and strengthens the nursing profession at EU level, knowing that topics such as workforce composition, the mobility of health care professionals, education and training, and eHealth are of high importance to the nursing profession and are greatly influenced by EU legislation.

Ordem dos Enfermeiros IV Congress – [Organised](#) in Lisbon, on 10-12 May 2015, under the theme 'Leadership in health – Building Alternatives'. Invited as keynote speaker, the EFN President expressed the EFN views/experience on the professional recertification and mobility considering the changes on the rules for continuous professional development introduced by the European Directive 2013/55/UE, including the competencies required for nurses and advanced roles in nursing, and eHealth, becoming increasingly important to deliver high quality care to all European citizens. She also took this opportunity to stress the fact that the health status of the population is changing as life expectancy is increasing. Many chronic diseases and complex care needs require attention from a range of professionals, especially from nurses, from primary and secondary health and social care sectors. Therefore, the modernised [Directive 55](#), especially article 31 on the nurses' competencies, is key to strengthen the nursing workforce.

TAIEX Mission in Serbia – Organised in Belgrade (Serbia) on 15-16 September 2015 the EFN was invited as expert to participate in this European Commission Taiex workshop on "Clarification of education nurses and midwives in Serbia-Related Directives in the EU Acquis before the adoption of the National Programme". Bringing together professional organisations, regulators, trade unions, educational sector and representatives of the Ministry of health, this was a good opportunity to discuss about the situation of nurses' education in Serbia, namely on the fact that nurses' education in

Serbia does not comply yet with the requirements of Directive 36/55, and to reflect on the EU requirements of the Mutual Recognition of Professional Qualifications Directive and how to make sure these are implemented at national level, as well as that the current nurse workforce is upgraded. The EFN Competency Framework was shared among the participants as a guidance tool to help them building a single system to deliver high qualified nurses responsible for general care.

ANFIIDE Congress - Invited as keynote speaker in the [Congress](#) on “L’Europe, les infirmières et moi...”, organised in Avignon on 1-2 October 2015, the EFN General Secretary presented EFN lobby work, how EFN positions and strengthens the nursing profession at the European level, the importance of DIR55, especially the article 31 which lists the 8 competencies to be included by January 2016 in the nursing curricula, and the ENS4Care EU Guidelines in nursing and social care e-services, especially the guideline on advanced roles.

3. EFN Members visiting Brussels and the EU Institutions

Bringing to Brussels NNAs delegations, as the Norwegian Student Nurses’ Organization did in January 2015, is a good opportunity for the EFN Members’ NNAs to meet with their country EU representatives and learn more about the EFN political agenda, how this agenda is influencing and influenced by the EU Institutions, the outcomes achieved by EFN, and the role of the EU Institutions in relation to the EU health policy.

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

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 2016 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)



Officially launched in December 2013, in Warsaw, in the context of the [EU eHealth Action Plan](#), and coordinated by the EFN, this two-year EU [project](#), funded by DG Connect and composed of [24 partners](#), from all over Europe, with a mix of professional associations in nursing and social care, nursing regulators and unions, informal carers, patients, researchers and research communities, civil society representatives and industry, has come to an end.

Its main objective was to share good nursing and social work practices in eHealth services and, through evaluation and consensus building, create a set of guidelines on healthy lifestyle and prevention, early intervention and clinical practice, integrated care, skills development for advanced roles and nurse ePrescribing; next to establish a sustainable mechanism to support nursing and social care research in the field of ICT enabled integrated care, and to create a sustainable and structured collaboration network, making key stakeholders able to promote innovation of nursing and social care services through the mutual sharing of good practices of telehealth and telecare services, with the ultimate goal of producing evidence based clinical guidelines on eHealth in nursing and social care, in five core areas: prevention, clinical practice, advanced roles, integrated care and nurse ePrescribing.

↳ Project Guidelines

Drawn from a total of 122 existing good practices collected in 2014 from the field and the daily practice, at national and regional levels, developed by nurses and social workers and including the use of eHealth tools for the benefit of the patient, these five [Guidelines](#) (prevention, clinical practice, advanced roles, integrated care and nurse ePrescribing), are aiming to inform the policy-makers in order to help them in the decisional process concerning healthcare systems, eHealth policies and delivery of care across the EU; inform nurses and social workers on the implementation steps of eHealth services; and promote a culture of evaluation of any service innovation.



Developed by the Work Packages leaders and approved by the ENS4care partners, the draft guidelines were provided for the first time to the European Commission in February 2015, followed by a final version in June 2015, formally validated by an expert panel. They are now being taken forward by different stakeholders for further implementation in their countries, as in Poland, Romania, and Bulgaria.

↳ Project Meetings

April 2015 – 3rd ENS4Care General Assembly



On 15 April, the ENS4Care partners met in Brussels, for the last General Assembly of the project, and shared their views and good practices on the ongoing work and next steps, building on its successes. It was one of the most active ENS4Care meetings and the good collaboration among the partners was warmly felt.

The partners were [briefed](#) by the Work Packages' Leaders on the process of validation of the five guidelines. The partners also enjoyed a roundtable discussion about the

implementation of the ENS4Care Guidelines with a special focus on Eastern Europe, and explore funding avenues such as through the Social Cohesion Funds (SCF).

End of project event



On 8 December 2015 the EFN organised the [ENS4Care final conference](#) at the European Parliament, in the framework of the 7th European Innovation [Summit](#) of Knowledge4Innovation, where the final deliverables and results of this two-year project were presented. The panel presentations made it clear that the health and social ecosystem, or its redesign, needs to be with frontline, and not against them. In times of austerity, in times of millions of

people being refugees in the EU, we need to strengthen our capacity, bringing our knowledge together, to make change implementable. A well designed EU Health and Social Workforce with the right available tools (EU guidelines) will be ready to address frontline concerns and offering immediate solutions for citizens needing it tomorrow. This is called pro-active and evidence based policies fit for practice.” Bringing together key politicians and decision-makers from the European Commission, the European Parliament, and the EU stakeholders, this was also a good opportunity to discuss the way forward and future actions that will promote a wider implementation of eHealth services to support innovative practices in health and social care.



➡ ENS4care Videos:



As part of the project deliverables, the EFN developed a [documentary](#) explaining what ENS4care is about, and providing a clear message by the project partners. Done with the participation of all the ENS4Care partners, this video reflects the journey in developing the ENS4Care guidelines during these two year project. The EFN also developed a [one minute video](#) providing the ENS4care key message to the EU health

Stakeholders and policy makers, i.e., “Nurses and social workers should use e-health and innovate their practice to face today’s challenges”. Officially presented at the last ENS4Care event on 8 December 2015, it shows that this project has been a great adventure and that all the participating stakeholders are willing to see the steps taken forward to see all this successful work being implemented.



➡ Conclusion

We can say that the ENS4Care network has achieved its main objective by providing guidance on the use of eHealth services for wider implementation. As it aimed to foster continuity and quality of care as well as patient safety for all citizens across EU Member States, it has also established a sustainable network supported by the European Nursing Research Foundation (ENRF) which will act as a sustainable mechanism to support nursing and social care research in the field of ICT enabled preventive and integrated care.

The EFN acknowledged the fact that there are many good practices and research results available of which health and social care professionals, citizens and patients could benefit from. A new entity was needed to bridge evidence and policy-making while acting as a contact point for policy makers. This is the reasoning behind the development of the ENRF. Scaling up existing evidence and translating findings into a political language for policy-makers and politicians to design and redesign EU policies, is one of the key targets of the ENRF.

B. EUROPEAN NURSING RESEARCH FOUNDATION



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

↳ ENRF Governance body

In terms of governance, all EFN Members are entitled to be Members of the Foundation, and will be managing its strategy, function, and objectives (different from the EFN ones). In December 2015, based on the ENRF Constitution and Internal Regulation, the EFN members elected 4 Board Members (1 Founding EFN Director - Máximo González (Spain) + 3 EFN Directors - Karen Bjoro (Norway); Dorota Kilanska (Poland); Kate Seers (UK)). The new constituted Board will now nominate its President, Vice-President, Treasurer and Secretary, from the elected members, next to the ENRF Secretary General - Paul De Raeve (also EFN Secretary General).

The Board is responsible for establishing a strategic plan that includes a set of values, content and theme for the Foundation to focus on, and will systematically establish a theme to focus on, including suggesting potential professional partners to build alliances with in order to prepare a response to calls under Horizon 2020 in the upcoming years.

↳ ENRF activities

In terms of work, the Foundation already started its activities as member of the EFN EU project ENS4Care, represented by Dorota Kilanska, from the Polish Nurses Association. Its main tasks in 2015 consisted mainly in the development of the guidelines for WP4 on Integrated Care that outline key steps and considerations for the deployment of eHealth services for integrated care at different levels of deployment.

Throughout the year, ENRF/Dorota Kilanska was also present in the several project meetings as the April General Assembly, the end of project event in Brussels, and the Commission Review, but also in the numerous meetings where she could present ENS4Care and its sustainability through ENRF, as Med-e-Tel meeting in April 2015, in Luxembourg.

In addition to the main objectives of the ENS4Care project, the ENRF had to develop itself in order to become the proper entity to support the sustainability and further implementation of the results of the project, starting with the revision of its Constitution and development of its Internal Regulation, through the ENRF Constitutional Working Group that was given a mandate by the EFN General Assembly to undertake this work.

↳ ENRF Working Group Constitution (ENRF CWG)

In October 2013 the EFN General Assembly approved the revision of the ENRF Constitution (published in May 2013) to take into consideration the ENRF members' concerns. As such, a Working Group (ENRF CWG) was established at the EFN April 2014 General Assembly and was given the mandate to undertake this work. After several meetings (04/02/2015, 13/02/2015 and 12/03/2015) the new ENRF Constitution was presented to and approved by the EFN April 2015 General Assembly, who gave a new mandate to the CWG to develop the ENRF Internal Regulation, based on the new ENRF Constitution. The Working Group accepted to go on with this work and met on 11/06/2015; 08/07/2015; 16/07/2015 and 07/09/2015 to develop the new ENRF Internal Regulation. Finally, the draft Internal Regulation was presented to, and amended and approved by the EFN October 2015 General Assembly, in London.

With these two documents in place, the ENRF can now focus on its main objectives: To pursue and enhance nursing research as an element of professional excellence to benefit the health of the population in the EU and Europe; To use nursing research to influence EU policies; and To promote evidence-based decision-making.

The members of the ENRF Constitutional Working Group are: Maximo Gonzalez (Spanish General Council of Nursing) – Chair; Herdís Gunnarsdóttir (Icelandic Nurses Association); Elizabeth Adams (Irish Nurses and Midwives Organisation); Dorota Kilanska (Polish Nurses Association); Eva Szutkowska (Vårdförbundet - Swedish Association of Health Professionals); Matthew Hamilton (Royal College of Nursing – UK); and Paul De Raeve (EFN General Secretary). The EFN lawyer, Hans Neiryck, is also involved in this process to make sure the ENRF Constitution and Internal Regulation comply with the Belgian law.

↳ Conclusion

The ENRF has the ambition to become a reference point for the dialogue between researchers and policy-makers, with the purpose of translating knowledge into health policy with the ultimate objective to improve our knowledge base when reforming national healthcare systems, and to become the scientific foundation to enhance the EU health policy agenda. As such, the EFN has been closely monitoring the developments of Horizon 2020.

For the EFN, Horizon 2020 is crucial for creating an evidence base for nursing research. Building on the EFN's engagement in the European Innovation Partnership on Active and Healthy Ageing and EFN members' input on cost-effective integrated care models, the programme presents an opportunity for the EFN to pioneer nursing research and become an innovation leader at EU level, particularly through the EFN's network of knowledge brokers. In this context, the time has never been riper for the introduction of a European Nursing Research Institute.

VI. EFN DATA COLLECTION

To gather quality evidence, the EFN uses data collection as key component in its daily lobby work. This allows to provide the EU institutions and key EU stakeholders with up-to-date information/data to take informed decisions and consider the next steps on crucial topics. As such, in 2015, the EFN and its members undertook and provided input to several key surveys/consultations:

A. EFN

Questionnaire on infectious diseases of high consequences (IDHC) and Ebola

Following the Ebola case in Spain in 2014, and several European Commission meetings the EFN engaged with in 2014, the same question was coming back in 2015: “to which extent the European Union is prepared to respond to Ebola?”. In response to this question, the EFN developed an online questionnaire on infectious diseases of high consequences (IDHC) and Ebola to assess the level of preparedness among the frontline healthcare workforce, mainly across the EU and the needs of all the nurses working with and confronted with questions surrounding “Ebola” and the risks in communities. The data was collected through the networks of EFN members, reaching out to National Nurses’ Associations from 35 Member States. A total of 1800 responses, from 23 Member States were secured from nurses, healthcare assistants, physicians and social workers.

The [report](#) drafted based on the data collected is aiming to raise awareness for targeted capacity building at EU and Member State level, especially at a time when Ebola is getting under control in Africa. It identifies gaps and needs of all nurses in relation to Ebola and Infection Diseases of High Consequence (IDHC) and brings in recommendations to design capacity building seminars for nurses in order to achieve better preparedness. In all this process, the EFN wanted to make sure that the key EU decision makers and stakeholders at EU and national levels understand how important the mobilisation of sufficient resources and appropriate staffing for infection control is; that it is crucial to engage nurses at all levels of policy design, including the development of evidence based protocols, care pathways and materials in order to ensure their needs are well covered; and essential to get better prepared and ensure availability of education, training, protocols, use of new technology for improved communication, relevant protective equipment, and that Ebola reference centres are identified and all the public and health professionals informed about them.

EFN Matrix 3+1: Qualitative and Quantitative Data

Taking into account that the current data collected at national level on the health workforce tends to be fragmented, incomplete, and not comparable nationally and internationally, the EFN members agreed that an updated and comprehensive picture on the nursing profession was needed. Therefore, the EFN developed the EFN Workforce Matrix 3+1 including three categories of nursing care at EU level (general care nurse, specialist nurse and advanced nurse practitioner), and recognising the important role of Healthcare Professionals (HCAs) and the leading role of nurses in their supervision in the development of HCAs. The document includes information on education, qualification and competences for each category, which shows the commonalities and differences of the three categories and the HCAs among 35 EU countries. But having qualitative data was not enough to convince the EU and National decision makers. Therefore, the EFN decided, in June 2015, to undertake a second round of consultation to gather quantitative data, with crucial information which shows through numbers the state of play of the nursing profession. With this information, not yet accessible to the public, the EFN and its members are now in a position to lobby stronger the EU and national policy makers to make them understand the needs of the profession.

B. EFN Members

Cyprus Nurses and Midwives Association (CYNMA) on “unhealthy work allowance”

In Cyprus when practicing some professions or certain jobs encompass risks like infections or accidents. Those professional are then rewarded with extra allowance for this. As such, and in an effort to negotiate allowances for nurses in Cyprus with the national competent authorities, Cyprus EFN member [NNA](#) decided to gather information from the other EFN members’ NNAs to see how this question of ‘unhealthy allowances’ is dealt with in their countries. The questions raised were: ‘Are nurses in your country receiving any «unhealthy» work allowance?’ and ‘Do you believe that

Nurses should receive such allowance?’ The data received is being analysed and results will be made available in 2016.

📌 **Lithuanian Nurses’ Organization (LNO) on “increase of salaries for nurses”.**

In the context of the national debates with policy makers on how to achieve increase of nurses’ salaries in all the institutions of healthcare in the whole country, [LNO](#) was requested by the competent authorities to provide key data and examples on how nursing services are financed in the other EU countries. As such, LNO requested the other EFN Members NNAs to provide an overview on the situation in their own countries. The data received is being analysed and results will be made available in 2016.

📌 **Slovak Chamber of Nurses and Midwives on “Chief Nursing Officer position”**

In [Slovakia](#) there is Chief Nursing Officer (CNO) at the Ministry of Health since 2006. Slovakian Nurses disagree with this situation and are calling for the creation of such position for the purpose of managing and strategic planning of Nursing in Slovakia and who could provide its expert advice to the competent authorities, help to develop, implement and evaluate the health policy, connecting it within the strategies and objectives defined for nursing, and ensure effective contribution to the nursing profession at national, European and international levels. The main information requested was if there is a position of CNO at the Ministry of Health in EFN members’ countries and what are his/her competencies. The data received is being analysed and results will be made available in 2016.

C. European Commission

📌 **Continuous Professional Development of Health Professionals: Sharing good practice in the EU**

As member of the Working Group on European Health Workforce the EFN was invited to [contribute](#) to this EU consultation aiming to canvass the views of the working group to identify topics for the exchange of good practices in the field of continuous professional development. The consultation topics were drawn from the CPD led [study](#) conclusions and recommendations, released in January 2015, for which the EFN provided its input in 2014, aiming to map and review the continuous professional development and lifelong learning for doctors, nurses, dentists, midwives and pharmacists in the 28 member countries of the EU and EFTA countries. The [results](#) show that the key topics for the healthcare stakeholders are CPD and patient safety, and barriers and incentives of CPD. The Working group will build further on this input to continue the debate on CPD in 2016.

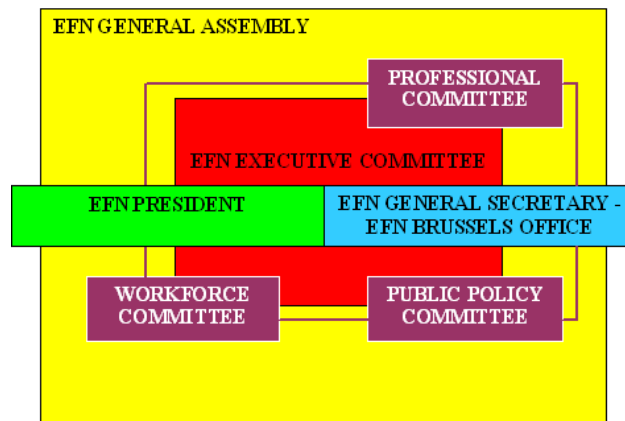
📌 **A renewed Modernisation Agenda for Higher Education in the European Union**

The Europe 2020 strategy, its Flagship Initiatives and the new Integrated Guidelines put knowledge at the heart of the Union’s efforts for achieving smart, sustainable and inclusive growth. As such, the European Union is aiming to support higher education institutions and national authorities responsible for higher education to build highly effective higher education systems. With this important public [consultation](#) the European Commission is seeking the views of the EU stakeholders on the current situation in Europe’s higher education systems, as well as on priorities for change. In a fast changing world, it is important that the EU’s priorities and activities reflect the real needs of higher education in Europe also for nurses. As such, the EFN and its members provided their input to this consultation, showing the nurses key concerns and that they are speaking with one voice when it comes to such crucial topic as education. Launched on 27 November 2015 the consultation will be open until 29 February 2016.

VII. EFN GOVERNANCE

A. EFN STRUCTURE

The EFN governance structure consists of the General Assembly, which includes 35 National Nurses' Associations, supported by the Executive Committee, the Professional, Workforce and Public Policy Committees, and the EFN Brussels Office.



B. EFN GENERAL ASSEMBLY

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

The EFN General Assembly is constituted by:

- ↳ **Members** - drawn from the National Nurses' Associations from the twenty-eight EU Member States + Iceland, Norway, Switzerland, the Former Yugoslav Republic of Macedonia, Montenegro, Serbia, and Albania (New Member who joined EFN in October 2015).
- ↳ **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 2015, the EFN General Assembly met on 16-17 April, in Brussels, for the Spring General Assembly organised by the EFN Brussels Office, and on 22-23 October, in London, for the Autumn General Assembly, organised by the Royal College of Nursing. The minutes of the General Assemblies are not publicly available. The EFN Members can access them via the Members' section of EFN [Website](#).

C. EFN COMMITTEES

Constituted in 2006, in order to prepare and facilitate the EFN lobby process towards the European Commission, the European Parliament and the 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 2015, the Professional Committee led by Herdis Gunnarsdóttir, from the Icelandic Nurses Association, discussed and provided recommendations to the EFN General Assembly on: Directive 36 (Implementation of Art 31 and EFN input to this process, including EFN Competency Framework); EFN policy statement and position paper on Continuous Professional Development; common training framework for Specialist Nurses, and EFN EU Accession Strategy.

- **Workforce Committee:** In 2015, the Workforce Committee led by Peter Carter, from the Royal College of Nursing (UK), replaced by Bruno De Noronha Gomes, Ordem dos Enfermeiros (Portugal) in the October EFN General Assembly, discussed and provided recommendations to the EFN General Assembly on: EFN Matrix on the 4 Categories in Nursing Care Continuum (Healthcare Assistant, General Care Nurse, Specialist Nurse, Advanced Nurse Practitioner) and in particular on the principles to underpin EFN position on Healthcare Assistants to be included in the EFN matrix and respective EFN Position Paper developed by the Workforce Committee sub-Group which was approved at the EFN October General Assembly; massive recruitment of nurses and respective EFN Policy Statement and Position Paper on Recruitment and Retention approved by the October General Assembly; the EU Workforce Strategy; and EFN Policy Statement and Position Paper on Dementia Care.
- **Public Policy Committee:** In 2015, the Public Policy Committee led by Roswitha Koch, from the Swiss Nurses Association, discussed and provided recommendations to the EFN General Assembly on: capacity training and the role of the NNAs in preparedness (Ebola); EFN Report on “Standards in Nursing Care”; EFN Position Statement on “Moving Care to the Community”; and EFN Policy Statement on “TTIP”.

D. EFN WORKING GROUP ON COMPETENCIES

Established in 2013 to link competencies of Article 31 of DIR 2005/36/EC to the EFN Competency Framework and identify key stakeholders being engaged in the delegated acts to Update Annexe V in compliance with Article 31, the Working Group on Competencies (WGC), led by Prof Maximo Gonzalez, from the Spanish General Council of Nursing, developed and agreed in 2014 on a first draft proposal for the update of Annexe V that outlines the initial content for the Delegated Act, establishing the relationship between the EFN Competency Framework, the competencies included in Article 31 and the related nurse topics needed in order to acquire such competencies. The final version of the revised [EFN Competency Framework](#), which describes the competences required to nurses responsible for general care, was approved by the EFN General Assembly in April 2015 and is being used by the National Nurses Associations to encourage and guide the nursing schools at national level to implement the competences listed under Article 31 of the Directive. This document is available on several languages: [Czech](#) (Summary); [Dutch](#); [English](#); [French](#); [German](#); [Greek](#); [Italian](#); [Romanian](#); [Slovenian](#); [Spanish](#).

The members of the WGC are: Chair: Maximo Gonzalez (*Spanish General Council of Nursing*); Vice-Chair: Herdís Gunnarsdóttir (*Icelandic Nurses Association*); Membership: Belgian Nurses Association (FNIB), Hungarian Nurses Association, Ordem dos Enfermeiros (Portugal), and Royal College of Nursing (UK).

E. EFN EXECUTIVE COMMITTEE

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

a. Meetings

In 2015, the EFN Executive Committee met four times: on 27 February in Brussels and on 11 September for their first ever online meeting, done through the new EFN Office Web System (Skype for Business), for their regular meetings; and on 15 April, in Brussels, and on 21 October, in London, for their extraordinary meetings.

b. Elections

At the Autumn EFN General Assembly held on 22-23 October 2015, in London, the EFN members re-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 and Midwives Organisation*), and Roswitha Koch (*Swiss Nurses Association*), for a two-years mandate (2015-2017). The EFN members also elected one Executive Committee Member: Ms Grazyna Wojcik (*Polish Nurses Association*), for a one year mandate (October 2015-October 2016), in replacement of Mr Peter Carter (*Royal College of Nursing, UK*) who did not finished his mandate as Executive Committee Member.

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



President: Ms Marianne Sipilä, Finnish Nurses Association, *Finland*



Vice-President: Mr Bruno De Noronha Gomes, Ordem dos Enfermeiros, *Portugal*



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

Four Executive Committee Members:



Ms Herdís Gunnarsdóttir, Icelandic Nurses Association, *Iceland*



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



Ms Grazyna Wojcik, Polish Nurses Association, *Poland*



Ms Roswitha Koch, Swiss Nurses Association, *Switzerland*

F. EFN BRUSSELS OFFICE

In 2015, 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 2014-2020.

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. However, EFN policy officer gain and develop competencies which are of interest to the Commission and key institutions and Universities. It is an honour for EFN staff being recruited to other Agencies.

VIII. COMMUNICATION

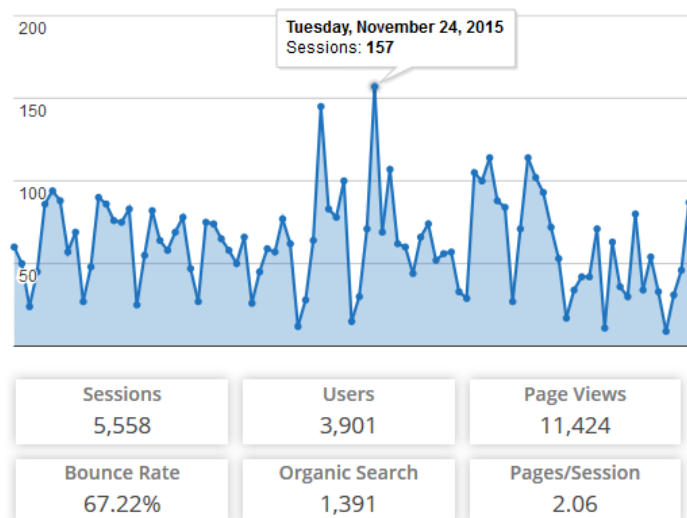
For the EFN, it is essential that its members have the necessary information, knowledge and experience to take informed decisions on the key issues related to the nursing profession, not only during the EFN General Assemblies, but also when an item is being discussed and/or needs urgent attention, decision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

EFN Website

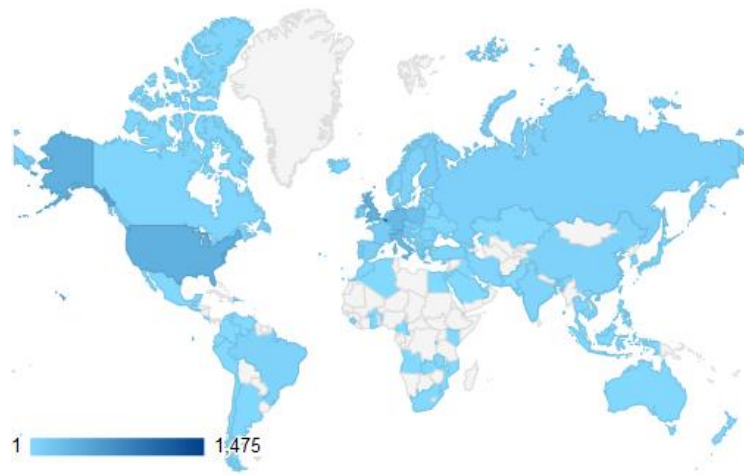
The [EFN website](http://www.efnweb.eu) is used as a key communication channel to disseminate information to the EFN members, the EU health stakeholders, key decision-makers, and the public in general. Updated on regular basis, the EFN Website reflects the EFN on-going activities and relevant information which shows the dynamics and impact of EFN on EU policy-making.

Below you can see how much people use the EFN Website and which pages they read the most, with some statistics on the EFN Website number of visitors and top pages/documents visited in the last 90 days of 2015 (*data as of 06/01/2016*):

► Number of visits to EFN Website



Visits by country



Number of visits country by country

European countries

Albania	5	Austria	115	Belgium	196	Bulgaria	56
Croatia	54	Cyprus	34	Czech Republic	59	Denmark	35
Estonia	57	Finland	125	France	127	FYR Macedonia	6
Germany	295	Greece	99	Hungary	14	Iceland	29
Ireland	110	Italy	287	Latvia	16	Lithuania	25
Luxembourg	47	Malta	10	Montenegro	5	Netherlands	111
Norway	62	Poland	234	Portugal	91	Romania	43
Serbia	33	Slovak Republic	39	Slovenia	49	Spain	89
Sweden	56	Switzerland	93	United-Kingdom	355		

Non-European countries

Algeria	2	Angola	1	Argentina	7	Armenia	3
Australia	15	Bahrain	2	Belarus	4	Benin	2
Bhutan	1	Bosnia & Herzegovina	12	Brazil	55	Burkina Faso	1
Cambodia	4	Cameroon	1	Canada	32	Chile	5
China	59	Colombia	2	Costa Rica	1	Curacao	1
Djibouti	2	Dominican Republic	1	Ecuador	1	Egypt	4
El Salvador	1	Georgia	5	Ghana	3	Gibraltar	1
Guatemala	2	Hong Kong	6	India	39	Indonesia	10
Iran	26	Iraq	1	Israel	14	Japan	45
Jersey	2	Jordan	1	Kazakhstan	3	Kenya	4
Kosovo	4	Malaysia	4	Mexico	15	Moldova	3
Morocco	9	Mozambique	2	New Zealand	2	Palestine	1
Pakistan	4	Peru	1	Philippines	7	Qatar	3
Russia	83	Rwanda	2	Saudi Arabia	4	Sierra Leone	1
South Africa	4	South Korea	25	Taiwan	3	Thailand	6
Turkey	42	Ukraine	11	United Arab Emirates	11	United States	389
Venezuela	3	Vietnam	1	Zambia	1		

➤ Social Media

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

🔗 EFN Facebook: /efnbrussels

Created on 7 October 2014, the EFN Facebook account has now 533 'likes' (as of 06/01/2016). Even if the EFN is not so much active on it, the few 'posts' published on Facebook reach a lot of people:

EFN Twitter: @EFNBrussels

Also created on 7 October 2014, EFN Twitter account has 166 followers (as of 06/01/2016). Even if the EFN is not been so much active on it, the few 'tweets' we do reach a lot of people:

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.

All the EFN Updates are available at: http://www.efnweb.be/?page_id=875

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 2015, the EFN published several press releases, namely: [EFN-IFSW Meeting with European Commissioner for Health, Dr Vytenis Andriukaitis \(EFN-IFSW Joint Press Release - 19/01/2015\)](#); [The EFN April 2015 General Assembly approves key policy documents linked to Education, Workforce and Quality and Safety \(22/04/2015\)](#); [International Nurses Day 2015 – “Nurses: A force for Patient/Citizens Empowerment” \(Joint Statement EFN-Active Citizenship Network - 12/05/2015\)](#); [EFN delegation at the EU Conference on Ebola in Luxembourg \(12/10/2015\)](#); [Nursing and social care e-health services creating sustainable ecosystem \(07/12/2015\)](#); [Health and Social Ecosystem - Implementation Research \(08/12/2015\)](#).

All the EFN Press Releases are available at: http://www.efnweb.be/?page_id=882

EFN Policy Statements and Position Papers

The **EFN Policy Statements and Position Papers**, highlighting the EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN's lobby work next to the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work at national and EU level. In 2015, the EFN members adopted the EFN Policy Statements and Position Papers on: [Continuous Professional Development](#); [Moving Care to the Community](#); [TTIP](#); [Nurses Recruitment and Retention](#); [Dementia Care](#); [Principles Underpinning the Development of HCAs](#); [Refugees Crisis](#).

All the EFN Policy Statements and Position Papers are available at: <http://www.efnweb.eu/>

EFN inputs to the European Commission Consultation Processes relate to: [“Continuous Professional Development of Health Professionals: Sharing good practice in the EU” \(March 2015\)](#); and [“A renewed Modernisation Agenda for Higher Education in the European Union” \(December 2015\)](#). The EFN also provided candidacy to the [“EU Health Award for NGOS “Making a difference in fighting Ebola”](#) sharing EFN experience/initiative on the fight against Ebola. No award was allocated to EFN, but this was a good opportunity to provide the European Commission a view on all the work the EFN has done on Ebola.

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

EFN Articles

Publishing **articles** is a good way for the EFN to increase the visibility of nurses and the nursing profession at European level, to strengthen the EFN's position on a range of key policy issues, and to increase the impact of the EFN messages and their potential influence on the policy design. In 2015, the EFN published several articles: [Nurses Safety neglected when dealing with Ebola preparedness \(March 2015\)](#); [Prévention des blessures accidentelles: où en est-on? \(April 2015\)](#); [Nursing Legislation and Curricula in compliance with Article 31 of Directive 2005/36/EC, amended by Directive 2013/55/EU \(June 2015\)](#); [When Personalised Medicine, Gender and Dementia Meet \(October 2015\)](#); [Nursing Europe \(October 2015\)](#); [Going Beyond Archaic Metrics \(November 2015\)](#); [Personalising dementia care \(December 2015\)](#); [Women in Integrated Care and eHealth \(December 2015\)](#).

All the EFN articles are available at: http://www.efnweb.be/?page_id=2258

IX. CONCLUSION

Looking back at 2015 and at all the outcomes reached we can say that we have worked very hard to get solid policy and political results with a clear impact, both at EU and national level. This success belongs to all the EFN members, always committed and supportive of the lobby work being done in Brussels. EFN members' political, professional and financial support is highly appreciated and recognised by the European Institutions. This keeps us moving and make the nurses' voice even stronger.

Looking now forward into 2016, the EFN will continue working on the nursing challenges that are knocking at the door every day, by focussing on health and social policy designs next to the EU Institutions - Council, European Parliament and Commission, as done up till now. We have key EU initiatives coming up. But we are well prepared to provide the evidence for developing further a highly qualified, motivated and powerful nursing workforce delivering highly quality and safe services to patients and citizens.

We are looking forward on developing Horizon 2020 project proposals with strong consortia, now that our EU project ENS4Care has successfully come to an end, with guidelines on Prevention, Clinical Practice, Advanced Roles, Integrated Care and ePrescribing available to the public and some already being implemented at national level by some EFN Members. Over the past years, alliance building has been a top priority for EFN and given us the confidence EFN can lead change. This is now bearing fruit through a solid consortia for EU projects, highly respected and influential to make innovation happen and implemented.

Finally, I would like to take this opportunity to thank all EFN Members for their strong commitment and availability, and all our alliances at EU and national levels, who enjoy working with EFN and who have made it possible to achieve these positives outcomes throughout the year. I really hope we will continue with this strong collaboration in 2016 and that you are willing to invest even more in joining efforts to make the Union a better place to live, to work and to enjoy.

Paul De Raeve
EFN General Secretary

The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 35 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 and Europe.

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