



Activity Report

European Federation of Nurses' Associations
Working Year 2014



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Abbreviations

▪ AER	Assembly of European Regions
▪ AMR	Antimicrobial Resistance
▪ Art.	Article
▪ CED	Council of European Dentists
▪ CNO(s)	Chief Nursing Officer(s)
▪ COCIR	European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry
▪ COPD	Chronic Obstructive Pulmonary Disease
▪ CPD	Continuous Professional Development
▪ CPME	Standing Committee of European Doctors
▪ ENRF CWG	European Nursing Research Foundation Constitutional Working Group
▪ 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/ Directive 36	Directive on Mutual Recognition of Professional Qualifications (2005/36/EC)
▪ ECDC	European Centre for Disease Prevention and Control
▪ eHGI	European e-Health Governance Initiative
▪ 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
▪ EPF	European Patients' Forum
▪ EPHA	European Public Health Alliance
▪ EPSU	European Federation of Public Service Unions
▪ ESCO	European skills/competences, qualifications and occupations
▪ EU	European Union

▪ EUHWF	EU Health Workforce
▪ EUNetPaS	European Union Network for Patient Safety Project
▪ Eurostat	Statistical office of the European Union
▪ FINE	European Federation of Nurse Educators
▪ HAS	Haute Autorité de Santé (Paris)
▪ HCO	Healthcare Organisation
▪ HOPE	European Hospital and Healthcare Federation
▪ ICN	International Council of Nurses
▪ ICT	Information and Communication Technology
▪ IFSW-Europe	International Federation of Social Workers Europe
▪ ILO	International Labour Organisation
▪ 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
▪ 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 continued in 2014 to lobby the EU Institutions and key EU health stakeholders on the main three priorities: Education, Workforce and Patient Safety & Quality of Care.

Nursing education and free movement have been the key topic for the EFN since its creation in 1971. The introduction of the **Directive 2005/36/EC**, in 2005, replacing the fifteen existing Directives into one Directive was already a huge step forward in the reform of the system of recognition of professional qualifications in the EU. However, the new and modernised Directive, **amended by Directive 2013/55/EU**, for which EFN carried out top level lobby activities, is bringing the recognition process further for the individual nurse and the profession of nursing. With a transposition process of two years, the EU Member States have until 18 January 2016 to implement the Directive 2013/55/EU into national legislation (Acquis Communautaire). The EFN is following the compliance process very carefully to build further trust into the recognition system. Seen the complexity of the compliance process, the EFN focused pro-actively on the design of an **EFN Competency Framework** which could become a guide for EU Member States to implement Article 31 into each nursing curriculum throughout the EU. The Commission will need to develop a Delegated Act to update Annexe V of the Directive in 2015 with the aim to guide compliance. However, the EFN Competency Framework is a more detailed guidance for EU Member States, and specially the nursing schools, in the implementation of Article 31 into each curriculum aiming at making each EU nurse 'fit to practice' to deliver safe, high quality and efficient services in nursing care. The European Commission highly values the EFN work on this and sees the EFN Competency Framework as a good tool to "assess the suitability of the revised programmes to guarantee the achievement of the knowledge, skills and the new competencies under Article 31". As such, the EFN will continue in 2015 its efforts to make the nursing workforce in compliance with EU legislation.

Linked to this topic, the EFN has been very involved in the development of a **European Professional Card (EPC)**, taking into account that the nurses will be the first profession to be able to deploy the card, when delivered by beginning of 2016. Engaged in this process for many years, the EFN has been encouraging, through its membership, the national nurses' competent authorities to facilitate the implementation of this card to use the Single Market at its full potential. In 2015, the EFN will see the implementing act for the establishment of the EPC becoming a reality.

As referred to in the Directive 2013/55/EU, the **Continuous Professional Development (CPD)**, aiming to ensure that the nurses are able to update their knowledge, skills and competences regularly, has been high on EFN "Education" political agenda. Recognised as a crucial EU Stakeholder in this debate, the EFN was, in 2014, part of an EU consortium and study on the review and mapping of CPD for health professionals in the EU. Main results showed the importance of CPD for health professionals and the major differences across countries and health professions. Recognising the importance of CPD for nurses to deliver high quality and safe care, the EFN will explore with the Commission and EU stakeholders a follow-up study to improve the working conditions to undertake CPD and as such improve patients' outcomes.

Within this lobby context the modernisation of the European healthcare systems, including the educational systems for the healthcare professionals, becomes a political priority at EU level to boost productivity, growth and EU citizens' access to health and social services. However, in this equation for reform the **health workforce composition**, and in particular for the **nursing workforce**, requires the design of innovative strategies and policies, based on data which are comparable. Having a sufficient, motivated and highly qualified nursing workforce is key for patient outcomes. With this in mind, the EFN continued in 2014 to be very active to lobby the Joint Action on EU Workforce planning and forecasting. Although the political efforts at EU level exist since 2008 to create policy initiatives on the EU workforce and the European Commission called for a highly skilled and educated workforce under one of the seven flagship initiatives; the "Agenda for new skills and jobs" as part of the Europe 2020 Strategy, the **Action Plan on EU Workforce for Health**, published in 2012, is still not delivering concrete outcomes to facilitate the design of optimal EU nursing workforce within an overall health workforce. Although the **High Level Working Group on EU Workforce for Health** and the **Joint Action on Health Workforce Planning and Forecasting** aim to help countries to move forward on the planning process of health workforce, the key challenges of comparable data stays the key barrier to advance policies. Next to these developments, the EFN has been actively involved, as an expert, in the **ESCO Reference Group "Healthcare and social work activities"** of the European Commission (DG Employment) in the design of clear health professions categories. As a huge variance in the definition of nursing care categories within Europe

has been a great challenge, the EFN developed a matrix aiming to provide clarity when collecting comparable data for workforce planning and forecasting, based on the EFN data collected in its 34 members' countries and lobbied European and International (OECD – WHO) institutions, including the Joint Action on EU Workforce and ESCO to make data collection more transparent and comparable. We assume this debate will for sure stay with us in 2015.

The recent austerity measures that led to severe cuts in both education and health sector, and the demographic changes in ageing populations, increasing the numbers of patients with chronic conditions and a decreasing supply of human resources is becoming a huge problem for all the EU Member States, namely in terms of **patient safety & quality of care**. Healthcare professionals that are daily facing the dilemma of providing high quality care in an environment with budget cuts and lack of workforce are now requesting to get new working conditions and methods to meet the current challenges. Taking into account that nurses are at the patients' bedside 24/24h and 7/7 days a month, and that they can make the difference in this process of changing minds and health systems, the EFN has been lobbying politicians and policy-makers to get positive outcomes as regards patient safety & quality of care. The main positive outcome for the EFN, in 2014, has been the adoption of the **Council Conclusions** that require the EU Member States to invest in their health system to enable greater efficiency and make citizens feel safe in the entire care process while ensuring that compliance with EU legislation is reached. The document also mentions the sustainability network of the **EU Joint Action on Patient Safety & Quality of Care (PaSQ)**, 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, in which the EFN is also an active partner. Next to this project, the EFN has been, and will continue in 2015, involved in this debate as a key stakeholder in the European Commission **Patient Safety & Quality Care Working Group**, which will become in 2015 an expert group to advise and assist the EU in the development of an EU patient safety and quality agenda.

eHealth has also been a key component in this patient safety matter. As such, and more than ever, the EFN followed this key issue very closely in 2014, namely through two EU projects: **Smartcare**, in which the EFN is a key partner and a member of the Users' Advisory Board, that aims 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; and **ENS4Care**, an EFN EU project, bringing together EFN members, Social Care Workers Organisation, Patients' Organisation, Public Authorities, Research Excellence centres, Pan European Industry Organisation, and civil society, with the objective to develop evidence based guidelines for the implementation of eHealth services (telehealth and telecare) in nursing and social care, focussing on prevention & integrated care (including clinical practice, advanced roles, and nurse ePrescribing). Next to the two projects, the EFN has been also actively involved in the **eHealth Stakeholder Group** that brings together key EU patients, consumers, healthcare professionals, and industry stakeholders, with the objective to support the EU Digital Agenda and the European Commission DG Connect eHealth initiatives. As an example of EFN work on this partnership, the EFN led in 2014 the drafting of an EU Report on Health Workforce eSkills, published in November by the European Commission. The document provides an overview of the eSkills gaps within the healthcare workforce and some practical steps to improve the implementation of eHealth services in the EU Member States at regional, national and European levels.

And last but not least, **Ebola!** This crucial concern has been one of the priorities for the EFN in the last months of 2014. Following the first case of Ebola in Europe (Spain), the EFN participated in some key EU events organised namely by the Spanish EFN Member National Nurse Association in collaboration with the International Council of Nurses, and by the European Commission, bringing together key national coordinators on Ebola, health professionals, and experts to share their experience and best practices in the management of suspected and confirmed Ebola cases. The EFN will, in beginning of 2015, launch a survey on infectious diseases of high consequences (IDHC) and Ebola to gather data from the nurses and other healthcare professionals working in the field in the EU Member States to map the needs of all the nurses working with and confronted with questions surrounding "Ebola" and the risks in the communities. The key findings of this survey will be made available by mid-2015.

To conclude, the EFN lobby activities and outcomes would not have been possible without the continuous support of all the EFN Members, providing the EFN with valuable contributions, data and views, and without the reliable alliances of key health and social stakeholders at EU level. An essential part of EFN daily lobby work was to advocate for a united voice for nurses and nursing, as part the health community, delivering direct patient care.

Foreword

Dear EFN Members,
Dear Colleagues,

2014 has been a pivotal year for EFN as key milestones were put in place to directly influence nursing and health at EU Level. One of the cornerstones of that EFN coordinated for the first time is the thematic network on e-health services in nursing and social care, as set out in the EU e-health strategy 2012-2020. This project allows, EFN to foster ever strengthening alliances through designing and carrying out the ENS4Care project and providing clear leadership on this important topic. Professionally speaking, the health system reform, in which nurses have to deal on a daily basis with many challenges, is in the hands of a multi-disciplinary and stakeholder consortium which is nurse led focusing on important areas such as prevention, clinical guidelines, nurse prescribing and last but not least integrated and continuity of care. Nurses are the backbone of continuity of care and e-health services and tools will be a support for nurses to increase the direct patient care.

Within this EU Commission (DG Connect) supported project ENS4Care, EFN members committed seed funding to the development of a new European Nursing Research Foundation. The first steps in building the Foundation are legislative efforts to put governance arrangements in place, but we will shortly move to the next stage to ensure that nursing research can better inform the development of public policy through a sustainable evidence base. We can legislate and reform, but not without the evidence to underpin our arguments. EFN political messages need to be evidence-based when informing EU policy-makers & politicians in their design of EU legislation which impacts on nurses and nursing. Therefore, the Foundation needs to embrace the existing nursing research and use it at full potential!

In tandem with these priorities, EFN has taken forward its lobby priorities with the Commission, the European Parliament and the Council. Key in 2014 was the development of an EFN Competency Framework which needs to guide Member States and Nursing Schools in the EU to comply with Article 31 of the modernised Directive 2013/55/EU, providing the nursing profession the legal underpinning in strengthening the bachelor education. The strong collaboration with DG Internal Market has shown concrete outcomes which now need to be implemented in each nursing curricula throughout the EU. This will ensure that nurses' benefit from mutual recognition of professional qualification and patients benefit from high quality and safe nursing care services.

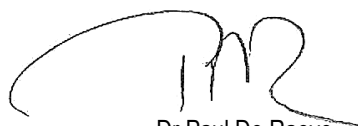
Furthermore, EFN responded to many EU Consultations, relevant for the nursing profession. The Commission took on board the nurses' views from 34 EU Member States, which provided a powerful way to make fieldwork input the driver of change. The practical approach to policy design is recognised as an advocacy tool to keep politicians and policy-makers in the EU institutions close to the reality of nursing care.

These milestones were only possible with a strong commitment and engagement of the EFN members. The EU nursing voice is unique and united. NNAs and the EFN have a vital role to play in ensuring that a patient-centred approach remains the key principle in the development of any policy. It is this strong voice and role that reminds the EU and Member States why they need to invest in health and well-being.

To conclude, we are paving the way for a better healthcare system within the EU and Europe, focussing on the evidence for better patient outcomes. 2014 ends with providing us the opportunities for 2015 to deliver concrete outcomes: a competency based nursing curriculum in compliance with EU legislation, a clearer workforce composition to respond to the needs of the health care system, including primary and community care, and finally to upscale towards a model of care, integrated care, in which continuity of care leads to sustainable access to the system. As such, health and well-being become the driver for innovation and productivity!



Ms Marianne Sipilä
EFN President



Dr Paul De Raeve
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 2014 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 & Quality of Care](#) (Under the lead of EFN Public Policy Committee), including [e-Health](#) & 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 2014, on drafting the delegated acts for nurses aiming to update the [Annex V](#) of the Directive.

Taking into account that this is an extremely important work for the nurses and the nursing profession, to be completed before the deadline of implementation of the Directive to make sure that it serves as a guide for the nursing schools to adapt their curricula accordingly, the EFN General Assembly constituted in 2013 a Working Group on Competencies (WGC) to undertake this huge drafting. In 2014, the EFN through its WGC developed and agreed on a first draft proposal of an EFN Competency Framework that outlines the initial content for the Delegated Act, establishing the relationship between this proposed document, the competencies included in Article 31 of the Directive, and the related nurse topics needed in order to acquire such competencies.

Next to this drafting process, the EFN participated in several meetings with key EU policy makers & stakeholders to discuss on Directive 36-55, and the changes introduced in this modernisation process, such as DG Internal Market [Conference](#) on “Modernisation of the Professional Qualifications Directive: safe mobility”, held in Brussels, on 12 February 2014, with Commissioner Barnier to discuss the changes introduced by the modernisation process, namely: the European Professional Card; the Alert Mechanism and knowledge of languages; the recognition of traineeships and the importance of diversity in education systems; and the Common Training Principles.

In 2015, the WGC will mainly focus on how the EFN Competency Framework can guide the nursing schools in the EU to foster compliance with EU legislation and reach an agreement for a common proposal for the Delegated Act to facilitate compliance with Art 31.

Another topic linked to Directive 2005/36/EC that the EFN has been looking closely at is **bridging courses in Romania**, since the modernisation of Directive 2005/36/EC opened the debate on the need to keep extra requirements of professional experience for Romanian medical assistants (Art 33a of DIR36). The EFN will continue cooperating with the Romanian authorities to move from “Romanian medical assistants” to “EU Nurses”, to be set in writing by January 2018 when the European Parliament will evaluate the Romanian efforts (both quantitative and qualitative) and will decide on deleting the derogation in the Directive. The EFN will collect the evidence for the European Parliament negotiations.

➔ **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 2014, the EFN participated in key policy meetings where the positive aspects as enhancing security and trust in the system were highlighted. During the Italian EU Presidency, the EFN spoke at the Single Market Forum, held on 1st December 2014, focussing on the benefits and challenges of the development of the EPC. The [Focus Group on the EPC](#) established by the European

Commission, will support the evaluation of the EPC suitability to a given profession and its impact in the EU Member States. The first European Professional Cards should 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. Therefore, working with professional organisations, regulators, the European Commission, and the competent authorities is crucial to focus on compliance with Article 31. This will be the focus for EFN and its members in 2015.

➔ **Continuous Professional Development**

Being a key political topic for the European Commission, strengthened in the modernised Directive 36-55, and an essential topic for the nursing profession, as a way to ensure that they are able to update their knowledge, skills and competences regularly, the EFN impacted positively on CPD developments in the EU in 2014.

Next to participating in key meetings where the EFN was asked to provide nurses' views on the subject, as the experts' workshop organised in June 2014, in which some EFN Members participated in (Veronika Di Cara from Czech Republic, Dorota Kilanska from Poland, Jolanta Zalite from Latvia, and Lucia Leite & Paola Domingos from Portugal), the EFN and its members were actively involved in the EU study, led by CPME, on the review and mapping of Continuous Professional Development (CPD) for health professionals in the EU:

- ✎ Firstly, through an online questionnaire on CPD, launched on 20 January 2014, aiming to collect data on the structures and governance involved and its role in the wider context of professional practice.
- ✎ Secondly, in transferring this data into a study report submitted to the European Commission on 17 October 2014. The final report shows that there is a lack of studies establishing the relationship between the different kinds of CPD (mandatory, voluntary, formal or informal) and the patient outcomes. Therefore, it is crucial that CPD for health professionals is recognised by competent authorities, employers, patients and by any actor involved in health care provision. All the health professionals should also have the opportunity to undertake CPD, with appropriate means for supporting them. *For more information on the CPD Study, see 'EU Projects' page 20.*

As regards CPD, the EFN members believe that time, resources and funding are the main constraints for accessing it, and that it is crucial to take the CPD recommendations of this study forward to encourage the EU Member States to take actions. Therefore, and in order to support its member National Nurses' Associations in their lobby work to encourage the key actors at national level to advance CPD, the next step for EFN will be to develop an EFN position statement on CPD for nurses in the EU.

Finally, the EFN provided its input to the EU [Public Consultation](#) "Towards a European Area of Skills and Qualifications", launched in January 2014, to collect the [views](#) of stakeholders on the problems faced by Europeans with regards to the transparency and recognition of their skills and qualifications when moving within and between EU Member States. The main result of this consultation confirms that a European Area of Skills and Qualifications should support mobility for both work and education, employability and quality education and modernisation of the education systems. Consequently, the EFN invested in the design of ESCO (See page 10 – 'EU Workforce for Health').

➔ **EFN EU Accession Strategy**

The EFN has been actively engaged in the [EU Accession process](#) in the last few years, and mainly 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, and believe it is important to make sure the Directive 2005/36/EC, modernised by Directive 2013/55/EU, will be properly implemented into national legislation in 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.

2. EU WORKFORCE FOR HEALTH

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

Recognised as lead in this crucial debate for the nursing profession, the EFN has been lobbying intensively to get researchers and policy-makers into the right direction and as such provide clarity on the three categories of nursing care (Registered Nurse, Specialist Nurse, and Advanced Nurse Practitioner) and the key principles for the development of Healthcare Assistants:

- ✎ [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 18*) where the major challenge has been to convince researchers and national governments to use the same common classification on the nursing care categories. However, WP4 (Data Terminology & Mobility) and WP5 (methodology) stay a challenge as the ISCO-08 Code and the WHO-Eurostat-OECD Joint Questionnaire are used to develop their deliverables although these are less suitable for policy design in twenty first century due to the lack of comparable data and the focus on tasks.
- ✎ 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](#) took into account the EFN matrix on the nursing care categories.

Next to these 2 initiatives, and being also a member of the [High Level Working Group on EU Workforce for Health](#), the EFN participated in the [meeting](#) organised on 2 June 2014, in Brussels, where the participants were briefed on: the advancements on the [Action Plan for the EU health workforce](#); the preliminary results of the European Commission study on continuous professional development of health professionals; the policy responses to the OECD paper on skills use, skills mismatch in the health sector; the activities of the Joint Action on health workforce planning; on the European Commission recruitment and retention study; and to present the findings of the EU research project "Prometheus II" – health professional mobility and health systems.

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. In policy design, safety and quality of care should be considered as the basic parameters for an effective healthcare sector, and nurses remain instrumental in delivering safe and high quality care.

One of the main outcomes on this topic has been the approval on 1st December by the Council of the [Conclusions on Patient Safety and Quality of Care](#), including the prevention and control of healthcare associated infections and antimicrobial resistance, for which the EFN has lobbied effectively EU policy-makers and governments to keep the permanent collaborative EU quality and safety network (PaSQ) in place for the coming years and identify and exchange good practices on issues related to the quality of healthcare, including patient safety and patient empowerment.

Next to this very successful policy outcome, and aiming to make sure that the nurses' views were being taken into account and that the EU legislation becomes in line with EFN policies, the EFN focussed on:

- ➔ The [Joint Action on Patient Safety and Quality of Care \(PaSQ\)](#) deliverables [WP4](#) (Patient Safety Good Clinical Practices), [WP5](#) (Patient Safety Initiatives Implementation), [WP6](#) (EU Collaboration for Healthcare Quality Management Systems) and [WP7](#) (Network Sustainability). EFN actively engaged, together with EPF, in collecting and analysing all data on Medication Reconciliation, Hand Hygiene, Surgical Checklist and Paediatric Early Scores. WP 7 on sustainability is key for EFN as EFN political impact on Member States and Council can influence the sustainability of the network which resulted in a positive outcome in the Council of 1st December 2014. These conclusions provided the future opportunities for the network, including EU

stakeholders, to further strengthen healthcare systems in the EU. *For more information see 'EU projects', page 16.*

- ↳ Linked to this Joint Action and to the Horizon 2020, the EFN is focussing on **Patient Empowerment**, an essential condition for promoting better quality of care, enhanced patient safety, a paramount concept for modernising health systems, and an opportunity for patients and professionals to work in partnership. The EFN believes that patient empowerment and engagement are central for realising self-management and orienting citizens to actively contribute to their own health improvement and well-being. Nurses play a fundamental role in the new patients' roles and needs, especially in the context of the cross-border patient's care. Through regular sustained direct patient contact, appropriate support and health coaching they can make a significant contribution to supporting patient empowerment. In 2014, the EFN has been involved as an expert in the EU project on Patient Empowerment "EMPATHY" led by the European Patients' Forum, and participated in the Active Citizenship Network event, held in May, that celebrated the [6th European Patients' Rights Day](#) focussing in the role of citizens' organisations in the empowerment of patients with chronic diseases. The main outcome of this event was the agreement on a Manifesto addressed to the new members of the EU Institutions on the need to empower chronic patients and their associations and how this could be better taken into account in the framework of the EU reflection process on chronic diseases. The EFN will continue to follow up on this key topic in 2015.
- ↳ The **European Commission Patient Safety & Quality Care Working Group**, engaging the 28 EU Member States and the EU Health Stakeholders, such as: CPME, PGEU, EPF, HOPE, EHMA and EFN. In 2014 the EFN participated in the several meetings organised by the working group, which continues to work towards facilitating a platform of information exchange on current work in the field of healthcare quality at Member State and European levels, on existing and emerging issues, priorities and on innovative solutions. This platform will continue advising the European Commission policy design.

Linked to the CPD policy design, the EFN is also involved in the European Commission Patient Safety & Quality Care two **subgroups on: Education and Training, and Reporting and Learning Systems**. These 2 subgroups are developing a set of guidelines to guide the EU Member States in effectively implement the [Council recommendations on patient safety](#), particularly in the fields of education, and reporting & learning systems. The work being done acknowledges previous experiences and material already developed by [WHO](#), experiences from the Member States and the results from [EUNetPaS EU Project](#).

Furthermore, in the context of Patient Safety, the EFN participated in the 'Pact for Patient Safety' event organised by the [Irish Patients Association](#) and hosted by MEP Seán Kelly, in the European Parliament on 15 October, with the aim to show how engaging with this Pact (an initiative driven by patients, for patients, to better protect them from undue harm in healthcare settings) can support the call for greater accountability, access, and patient safety in healthcare systems. The [Pact establishes](#) 10 key commitments for health authorities, as: involving patients in patient safety programmes, publicising data on parameters of patient safety, providing full access to patient records, incentivising safety with healthcare managers and more importantly, ensuring appropriate workforce composition in order to deliver safe care. The EFN [signed the Pact](#) and will follow-up on the next steps and outcomes.

Related to patient safety and quality of care, the EFN lobbied and expressed nurses' views in several initiatives/events:

a. Investing in Health

Set as a priority in the European Commission [Social Investment Package](#), this is a key topic for the EFN. After a long lobby process from all the EU health stakeholders, including the nurses, the EU finally recognises the importance of investing in health for a job-rich recovery and establishes the role of health as integral to the [Europe 2020 strategy](#). The EU also recognises that investments in health through Structural Funds should be more efficient and effective. As such, and being a key point in EFN political agenda, the EFN approved in January 2014 the EFN [Position & Policy Statements on 'Investing in Health'](#) that strengthen the link between EU health policies and national health system reforms and presents the case for investing in a motivated and highly skilled nursing workforce, being in the position to lead sustainable and integrated healthcare systems in the EU with a key focus on safety and quality.

b. eHealth

Another essential issue in patient safety and quality of care, is 'eHealth'. At EU level, the introduction of [eHealth](#) services is facilitating access to healthcare, whatever the geographical location, thanks to innovative tele-health and personal health systems. [eHealth](#) can break down barriers, enabling health service providers (public authorities, hospitals) from different Member States to work more closely together. Given the nurses' role as key end-users, the EFN's input to the governance of eHealth is essential as is the need to be part of the process when designing and implementing the structure to ensure continuity of care at home and across borders.

To move forward the eHealth agenda, the EFN attended in 2014 the Assembly of European Regions ([AER](#)) international conference ([ALEC 2014](#)), held on 3-5 February in Kiruna (Sweden), where the EFN General Secretary, and the European Patients' Forum President made a joined presentation on "The patients and the health professionals of the future – mobile and co-creative", and took this opportunity to express that it is important to engage with key stakeholders such as patients and nurses to deliver 'fit for practice' innovative solutions to empower patients, make health systems sustainable and more accessible.

EFN joined the COCIR eHealth Committee meeting, held on 16 June, in which the EFN gave a presentation on its ongoing project ENS4Care, in which COCIR is a partner, and its latest developments.

In the [eHealth Summit](#), held in Rome on 8 October under the Italian EU Presidency, the EFN General Secretary shared nurses' views on the needed eSkills of Health Professionals, and took this opportunity to present the report produced by the EFN within the eHealth Stakeholder Group of DG Connect, highlighting the need to upscale the eSkills of the healthcare professionals to get the full potential of eHealth, and to effectively integrate it in health professionals' education and training at all levels (undergraduate, postgraduate and through continuous professional development). Within this EU Presidency meeting, the EFN Spanish member presented their achievements in nurse prescribing and presented the eCare platform, a platform for a more efficient delivery of care, better integrated, and being an education tool that supports nurses in their daily practice. The "eCare" platform provides standardised nursing care practice guides, protocols, and procedures to ensure high-quality care based on scientific evidence applicable to daily clinical practice. In addition to that, there are achievements attained by the "eCare" platform as regards prescriptions, such as maximising effectiveness, minimising risks, minimising costs and respecting patients' views.

The DG Connect workshop on "eHealth Workforce Competence: Enhancing Wellbeing, Creating Jobs", held on 1st December, discussed the crucial need to deliver a professional eHealth workforce to facilitate the implementation of state-of-art connected solutions. This event highlighted the need for further work in the area of eSkills and health professionals.

The EFN participated in 2014 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 & 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 19.*
- [ENS4Care](#) EFN EU project aiming at developing evidence based guidelines for the implementation of eHealth services in nursing and social care, building on existing good practices across the European regions on 4 main topics: prevention, integrated care, advanced roles and ePrescribing. *For more information, see 'A future for Evidence Based Policy Making' item, page 28.*

↪ 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. In 2014, the group developed some

key reports, namely relating to: [patient's access to Electronic Health Records](#), [eHealth inequalities](#), [Interoperability](#) and [Telemedicine deployment](#). These reports provide significant information on the state of play of each of these four topics and provided the Commission with some key recommendations to move forward the eHealth agenda in the EU.

Next to these reports, and within the EFN partnership with the eHealth Stakeholder Group, DG Connect asked EFN to take the lead in the development of an **EU Report on Health Workforce eSkills** aiming to orient new actions to put “flesh on the bones” of the eHealth roadmap. The [report](#), published on 28 November 2014, provides an overview of the eSkills gaps within the healthcare workforce while providing for a series of practical steps, namely to advance the implementation of eHealth services in the EU Member States at regional, national and European level. Finally, the report invites the European Commission to coordinate the efforts at EU level through, for example, the setting-up of a thematic network of stakeholders that would map the common eSkills’ needs, and should ensure exchange of best practices in training and curricula, while Member States should strengthen efforts on continuous professional development that should also include eSkills. The EFN will follow-up on this report and next steps very closely in 2015.

- **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, this joint initiative addresses the need for international interoperability of health records and to improve the eHealth skills of the current workforce. In 2014, the EFN followed the several Webinars on workforce, but due to an increased workload, the EFN postponed its further engagement in the development.

Looking into 2015, the EFN will continue to engage and lead some eHealth initiatives and/or contribute to its developments, provide nurses’ views as users of innovative solutions in the caring process, and bring to the forefront best practice guidelines on eHealth services in nursing and social care.

c. Sharps Injuries

After the successful [4th Biosafety Summit](#) organised in Warsaw in December 2013, where the EFN presented its [Report](#) highlighting the findings of its survey organised to evaluate the state of implementation of the [Directive 2010/32/EU](#) on Sharps Injuries into the EU nurses daily practice, the EFN focussed in 2014 on publishing [numerous articles](#) on the report to continue raising awareness on the need for further action in order to have a proper implementation of the Directive.

Within this context, the Ebola preparedness has become in 2014 a key priority as having the right material and having enough training becomes a key priority in EU policy design.

d. Ebola

The European Union and its Member States have been mobilising all available resources to help contain the largest Ebola epidemic on record. Being a huge concern for the nurses and the nursing profession, the EFN has been following closely this issue, namely on the impact of the first case of Ebola infection outside Africa that happened in Spain.

At the EFN October 2014 General Assembly, the EFN Member from Spain, Maximo Gonzalez, informed the EFN Members on the dramatic situation in Spain, and the difficulties faced by Spanish nurses because of the lack of adequate supplies and nurses to respond to this crisis. Taking forward these challenges of preparedness, the [Spanish General Nursing Council](#), in collaboration with the [International Council of Nurses](#), organised an [World Summit](#) on ‘Nursing & Ebola’ in Madrid, on 27-28 October 2014, to evaluate the situation, share experiences and best practices, and consider what and how changes could be introduced to increase safety and to reduce the risks for the nurses taking care of an infected person.

Invited as keynote speaker, the EFN General Secretary [expressed](#) EFN concerns about the working conditions in which Spanish nurses have to work: a lack of appropriate training, unclear instructions, lack of comprehensive protocols and qualitative/quantitative data, and ineffective preventive and protective measures, next to stigmatisation; and the fact that nurses are putting their own life at risk as 95% of all activities are carried out by nurses.

Next to this event, and to stress how important is the mobilisation of sufficient resources for infection control material and appropriate staffing; to put in place enough preventive and protective measures; to invest in the education and training of health professionals; to engage nurses at all levels of policy design, including the development of evidence based protocols, the EFN sent out an EFN-ICN [Press Release](#) to the key decision-makers and EU Stakeholders, followed by a [second one](#) a month later, in the context of DG Sanco meetings in Luxembourg with key health EU policy decision makers at national & EU levels, including ECDC, WHO, and the nurses (EFN & ICN).

Invited by DG Sanco to participate in this [crucial debate](#), the EFN participated in 3 key meetings in Luxembourg:

- The first one along with the national coordinators on Ebola, on 4 November, where the participants had the opportunity to share their experience at national level in the management of suspected and confirmed Ebola cases, highlighting gaps & challenges and proposing steps to overcome bottlenecks. Everybody agreed that it is very difficult to work on a disease on which there is a very limited experience and scarce scientific evidence-based information.
- The second one with the health professionals, on 13 November, where the need for different levels of preparedness was expressed, in which “zero tolerance” of staff infection is key for concrete actions. Such preparedness should also include an escalating response scenario should a wider breakout occur in Europe.
- The third one on 8 December, with the experts to discuss the state of art of the EU coordination mechanism for Ebola patients’ evacuation which is now fully operative.

The main outcome of these 3 meetings in Luxembourg, will be the launch of a survey, led by EFN, beginning of 2015, to gather data to map the needs of all the nurses working with and confronted with questions surrounding “Ebola” and the risks in communities. It is crucial that National Nurses Associations participate in the identification of the existing gaps of preparedness and as such support the Commission in designing capacity building seminars for those nurses in the field!

e. Transatlantic Trade and Investment Partnership (TTIP)

In June 2013, the governments of the EU's Member States mandated the European Commission to start negotiating a free trade agreement with the United States. The EFN followed these discussions (officially started in January 2014) very closely to make sure that the provision of health services in the public sector are excluded from this proposal. Some EFN Members were also in contact with their competent Ministries as some Member States already have bilateral agreements which include health services. Some governments, such as Sweden, Finland, Poland and Slovenia opted out for the exclusion of health services. The Czech Republic, Hungary and Slovakia opt out for nurses, physiotherapists and paramedical personnel. This implies these Member States are asking for specific exemptions for the provision of healthcare services from the scope of application of the [TTIP](#) during the negotiations and as such health and social services and in particular services provided by nurses are open for competition. As such, the EFN Members agreed to explore with their competent authorities if such bilateral agreements exist in their countries and what is their scope, and will share their position statements when available (e.g.: [RCN document](#)). However, due to its complexity, the EFN will support EPSU and EPHA lobby activities on the TTIP as EFN views are reflected in EPSU and EPHA positions on TTIP.

4. EUROPEAN ELECTIONS 2014

Between 22 and 25 May 2014, the EU citizens had the opportunity to vote for their favourite candidates running for elections to the European Parliament (MEP). With 28 Member States, and the entry into force of the Lisbon Treaty, the European Union is now being represented by 751 MEPs. Also according to the Lisbon Treaty, for the first time in its history, the European Parliament has also elected the new European Commission President, Jean-Claude Juncker. Therefore, the role of the MEPs is becoming more important.

Taking into account all these changes, and knowing that 6 million nurses in the EU and Europe can make the difference in such elections, the EFN developed a [Manifesto](#) to be used by EFN members in their elections’ campaign, highlighting the key political messages related to EFN Strategic and Operational Lobby Plan 2014-2020 three main EFN priorities: education, workforce, and quality and safety.

The EFN also made sure that the EFN members could meet some of their MEPs, and political leaders, to exchange views on what is important for nurses to get achieved and what were the candidates' priorities for Health for the next 4 years, if they were elected, and invited some key candidates to its General Assembly, in Brussels, in April 2014, to address the General Assembly on their candidacy key health priorities.

Finally, the EFN actively participated in the event "Your wish list for Europe" organised on 4 March 2014 by the European Ombudsman, Ms Emily O'Reilly, with the presence of the President of the European Commission, Mr Barroso, and the President of the European Parliament, Mr Schulz. The EFN took this opportunity to express its wish for major investments in health and in particular on nurses. The EU nurses wish that the new elected MEPs will champion appropriately educated, supported and motivated nursing workforce in the right numbers to deliver person-centred care and promote health in the EU. With the new European Parliament & European Commission in place, the EFN has been making close contacts with key health policy actors to address the major nursing issues and/or take further the discussions initiated during their campaign, and will continue this process of 'alliance building' in 2015.

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), this three-year project started in April 2012 and will provisionally end in March 2015 (negotiations to take place to continue the network in 2016-2019). 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 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.

As partner in this project, namely in WPs 4, 5, 6 & 7, the EFN participated, in 2014, in several [meetings](#) & teleconferences organised throughout the year, namely:

✓ **2nd Back to Back meeting**

Held on 29-31 January 2014, in Budapest, the partners were briefed on the activities done so far by the WPs 4, 5, 6 & 7 and the next steps. WP5 took this opportunity to present the advancements of the Health Care Organisations implementing some practices (Medication Reconciliation, Hand Hygiene, Surgical Checklist, Paediatric Early Scores), and a proposal for the sustainability network (WP7) was discussed.

✓ **Work Packages meetings**

➤ **WP4 (Patient Safety Good Clinical Practices)** - Focussing on identifying, assessing, and making visible good clinical practices in Patient Safety, and setting up exchange mechanisms around Safe Clinical Practices (SCPs). The EFN participated in two face to face meetings during the coordination meeting & 2nd Back to Back meeting, in which the latest developments and next steps were discussed.

➤ **WP5 (Patient Safety Initiatives Implementation)** - aiming to select, implement and monitor Safe Clinical Practices in Health Care Organisations of the participating Member States. As one of the task leaders for WP5 task IV "Training of Multipliers" (running from July 2013 to December 2014), the EFN participated in the teleconference organised on 10 June 2014 + two face to face meetings during the coordination meeting & 2nd Back to Back meeting, to discuss the latest developments and analysis of the implementation of safe clinical practices on patient safety selected under WP5. *For more information, see [Data Collection](#).*

It was also decided in 2013 that each task leader + WP lead would be responsible for the organisation of webinar(s) in 2014, for one Safe Clinical Practice, facilitating the dissemination of the experiences around the implementation on the 4 practices selected (WHO Surgical Safety Checklist, Medication Reconciliation, Multimodal intervention to increase hand hygiene compliance and Paediatric Early Warning Scores (PEWS)) in 16 PaSQ Member States. As such, the EFN organised on 21 March 2014 a [Webinar](#) on "Medication Reconciliation", gathering different speakers, from different health professions involved in this topic to patients and students. Aiming to exchange views and experiences from daily practice on Medication Reconciliation across the EU, and provide a dynamic discussion on strategies and approaches

to strengthen it, the webinar [focussed](#) on: “How Medication Reconciliation is tackled in Romania”, “Students’ perspective on Medication Reconciliation”, “Pharmacists’ role in Medication Reconciliation”, “Innovation for improving Medication Reconciliation”, “eCare, a way forward to improve Medication Reconciliation”, “Medication Reconciliation in Antibiotic program”, “Engaging patients and families in Medication Reconciliation” and “Nurses’ perspective on Medication Reconciliation”. Although Medication Reconciliation is not a political priority for EFN, ‘Advanced Roles’ is and is as well becoming key at EU political level.

- **[WP6 \(EU Collaboration for Healthcare Quality Management Systems\)](#)** - aiming to strengthen cooperation between EU Member States and EU stakeholders on issues related to quality management systems in healthcare, including Patient Safety and Patient Involvement, this WP is focussing on activities, methods, and procedures being developed, organised and implemented at national or regional levels. The project partners had the opportunity to discuss the last developments and next steps of this WP on the occasion of the 2nd Back to Back meeting and 4th Coordination meeting.
- **[WP7 \(Network Sustainability\)](#)** - aiming to propose midterm objectives and means to develop/support a sustainable EU network of relevant Member States institutions for voluntary collaboration on Patient Safety and Quality of Care involving relevant EU stakeholders, the first objective of this WP is to contribute to the good implementation of the Council’s Patient Safety Recommendation in the EU Member States. As such, next to meet on the occasion of the other PaSQ meetings, the WP partners met in Bratislava on 8-9 December 2014, to discuss on the latest WP7 developments, the Council Conclusions on Patient Safety and Quality of Care that reflects the need for a PaSQ network, and the next steps and timeframe to write WP7 final report.
- ✓ **4th PaSQ Coordination meeting**
Held in Rome on 18-19 September 2014, the participants were briefed on the progress made in all the Work Packages. Involved in WP4, 5, 6 & 7. WP4 and WP6 continue gathering good practices on clinical settings, and will at a later stage analyse the costs of unsafe care that contains evidence to support the work done by PaSQ, not only from a safety point of view but also economic. As regards WP5, the EFN, together with EPF, played a key role in the analysis of the four implemented practices (hand hygiene, medication reconciliation, surgical check list, and paediatric early warning scores). The participants were informed that a second analysis would be made by EFN & EPF by the end of the year to fully describe the progress on implementation. The results would be circulated in early 2015. The WP7 discussed the project sustainability and the upcoming Council conclusions on patient safety.
- ✓ **PaSQ exchange mechanism, accreditation of health professionals**
Organised by HAS on 5 June 2014, in the context of PaSQ, this meeting was part of the exchange mechanism with a view to share practices in accreditation of different activities on quality of care and patient safety. The participants were presented 3 practices submitted to PaSQ: Austrian standards on patient safety, and two systems of accreditation of professionals in Spain and in France. The accreditation systems presented about Spain and Austria relate to CPD and the use of standards. It is understood that CPD has to be part of a system if is to be accredited, as one of the requirements to ensure patient safety. These systems have the objective to promote good professional practice and risk management. This exchange was very relevant to the PaSQ sustainability and the development of a permanent EU network on Quality and Safety based on the final recommendations due in March 2015. It is expected to continue the knowledge transfer through the PaSQ website, with a special focus on patient involvement and empowerment, accompanied with a European peer review system for care quality improvement, rapid exchange mechanism for patient safety solutions and the integration of the commission mechanism system SEAL
- ✓ **PaSQ sustainability**
PaSQ is proposing to build on its experience, and introduce a [permanent network](#) on Patient Safety and Quality of Care involving Member States and EU stakeholders, to promote the culture of Patient Safety and Quality of Care across healthcare systems, following the respective Council Recommendation 2009/C 151/01. At EU level, the future network will encourage a system analysis approach when studying adverse events, in an effort to understand how human factors, medical devices, healthcare organisations, pharmaceutical products, etc., all interact to create safe conditions in the health sector. The EFN Members believe it is important to

continue to be engaged in the PaSQ Network and to support the sustainability of the permanent network for the future.

B. JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING



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

In the last months, the Joint Action has shared good practices on existing quantitative methodologies in different countries to plan and forecast the health workforce, with particular focus on doctors, dentists, nurses, pharmacists and midwives. A “Handbook” of methodologies will be created (WP5), to provide guidance to those governments willing to start or improve their health workforce planning and forecasting at national/regional level. Italy, Portugal and Germany volunteered to do a pilot case study in 2015 to test and validate the Handbook. The EFN decided not contribute to the Handbook and the pilots’ preparation as the main concerns relate to the used methodologies which cannot be deployed for nursing and the lack of good and comparable data to plan the nursing workforce in Member States. More dialogue is needed to advance the Joint Action in such a way that it benefits the nursing profession, especially in times of ongoing cuts in the health and social care sector.

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

- ✓ **Two Conferences** held in:
 - Bratislava on 28-29 January 2014, which provided an overview of the project and respective WPs latest developments, the steps forward, and shared ideas on the challenges of health workforce as a key component to sustainable healthcare systems;
 - Rome on 4-5 December 2014, under auspices of the Italian Presidency of the EU, aiming at providing support to Member States and national-level stakeholders to develop the conclusions to inform the political agenda for better health workforce planning mechanism in the future; & support Members States in their process towards more evidence based planning, sharing of good practices emerging from Joint Action with particular focus on planning methodologies.
- ✓ **WP4 (Data for health workforce planning) two workshops** held in:
 - Utrecht on 6-7 March, where the results of the survey carried out in several EU Members States on the collection of quantitative data on the five sectoral health professions (nurses, doctors, pharmacists, midwives and dentists) were presented;
 - Rome on 4-5 December, where mobility data and its importance in workforce planning were discussed.
- ✓ **WP5 (Exchange of good practices in planning methodologies)** meetings, held in:
 - Florence, on 7-9 May 2014, to discuss planning methodologies examples from different European countries, and to start planning the pilots in Italy and Portugal. Best practices from Belgium, Denmark, England, Finland, Netherlands, Norway and Spain to plan and forecast the health workforce in their related countries were presented and discussed;
 - Lisbon, on 16-18 June 2014 (organised by the Ordem dos Enfermeiros) to work on the development of the Handbook and to carry on the preparation of the Italian and Portuguese pilots of 2015. The preparations for the pilots have already started and the implementation process will begin in 2015. The EFN is member of the Steering Committee of the pilots, whose mission is to have strategic control of the pilot study through regular meetings in which the persons responsible for the implementation of

the project will inform the Committee on the progress of the works, on any problems identified and possible actions to be taken.

✓ **WP6 (Horizon scanning)**

The EFN was present in the WP6 (qualitative analysis and skills planning) meeting held in London, on 10-11 February 2014, which objective was to validate the comparison of qualitative methods in health workforce planning based on the information provided by the partners, and to train the partners to conduct Horizon scanning interviews with key stakeholders to enable the identification of drivers that may impact on the health workforce. The participants had the opportunity to provide input to the user guidelines on estimating future needs, identifying and classifying various methodologies used to do qualitative health workforce planning across Member States, and discuss the report on future skills and competences, providing an overview on the future skills and competences needs and their distribution.

✓ **WP7 (Sustainability of the Joint Action)**

EFN is unfortunately not engaged by the coordinator in this WP, which is quite worrying. EFN believes it is crucial the professional voice has a say when it comes to sustainability as the outcomes of the Joint Action are supposed to be transposed into the EU policy process to move from mapping and recommendation to knowledge implementation and change of clinical practice. If the European professional voice is not recognised in this debate, it will be difficult for EFN to support any future activity, in contrast to PASQ, where the professional lobby led to clear Council Conclusions.

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*) & WP10 (*Project management and performance monitoring*), and working with EFN members from the 34 EU Member States to encourage further uptake at national level, the EFN is also member of the Users Advisory Board (UAB) whose task is to make sure that the interests and needs of all users (elderly, patients, informal carers, nurses, other healthcare and social professionals involved in care and ICT) are properly taken into account during and after the project.

In 2014, the EFN participated, in several meetings & teleconferences organised throughout the year, as:

✓ **General Assembly held in:**

- Athens on 13-15 May 2014, where the WP Leaders provided an overview on the work done in the first year of the project, including the two general pathways on integrated care using ICT developed: one on patients' discharge and one on long-term independent living. Several regions of the EU have been implementing both pathways and the EFN members are invited to visit the pilot sites in order to provide a consistent feedback to the project as regards the involvement of the nursing workforce into the pilots' experience.
- Edinburgh on 4-5 November 2014, where the partners were updated on the latest project developments, and all pilots provided an update on their state of play. Common issues are the recruitment of patients, difficulties in engaging professionals, need for training, and delays with the public procurement. The partners were also informed on the pilot being held in Renfrewshire (Scotland). Pilots are taking place in Italy, Scotland, Finland, Serbia, Netherlands, Estonia, Greece and Spain.

- ✓ **Users Advisory Board (UAB) meetings** held on 10 July 2014, in Brussels & on 1st October 2014, in the EFN Brussels Office – where the UAB members discussed the first pilot site visit to be taken forward from end November 2014, in Spain, and in 2015 and 2016 in Finland (EFN lead peer review), Italy, Denmark, Scotland (EFN lead peer review), Greece (EFN lead peer review), Estonia, Serbia and Netherlands. These pilot site visits aim at giving an overview on the changes brought by the introduction of the SmartCare service in the different EU regions; as well as the draft questionnaire to be sent to the pilot site leader before the visit in order to gather key information on the pilot site. Common key topics and related questions were identified.
- ✓ **Work Packages teleconferences and face to face meetings during the General Assemblies**, where the partners were updated on the latest developments and next steps to be undertaken by each WP.

D. CONTINUOUS PROFESSIONAL DEVELOPMENT

Launched on 16 October 2013, in Luxembourg, following the [call for tender](#) of the European Commission DG Sanco (May 2013), this 12-month EU project/Study on Continuous Professional Development (CPD) has been high on the EFN political and policy agenda in 2014. After EFN meeting the EU Commissioner for Health, stressing the importance of the sectoral professions leading themselves EU Studies, and not only consultancies, the Standing Committee of European Doctors ([CPME](#)) led the project and consortium composed of nurses ([EFN](#)), dentists ([CED](#)), midwives ([EMA](#)), pharmacists ([PGEU](#)) and the public health society ([EPHA](#)). The main objective of this project was the review and mapping the Continuous Professional Development and lifelong learning of healthcare professionals in the EU and the EFTA/EEA countries, through: a literature review; a questionnaire to map CPD trends; an analytical report on the data analysis; a workshop in Brussels (June 2014) with experts in CPD, being a unique opportunity to influence publicly the EU Recommendations on CPD; and the development of EU recommendations on CPD.

Seen as crucial by the European Commission, DG Sanco, to develop the EU soft law on CPD, as the modernised Directive 36 makes a first reference to CPD, the final conclusions of the project highlight the existing evidence-base of CPD practices and identify emerging trends to provide a more comprehensive European Framework for CPD.

In 2014 the EFN has been actively involved in the project through the different activities organised:

- ✎ Collecting data through an online questionnaire, launched on 20 January 2014, on the CPD structures and governance involved and its role in the wider context of professional practice; and transferring all this data collected, which provides a wide and in depth mapping of the different structures and systems of CPD for the 5 health professionals in the different Member States. The mapping exercise provided a description of different systems but there is still lack of studies establishing the relationship between the different systems of CPD (mandatory, voluntary, formal or informal) and the related impact on patient outcomes. The final study report was submitted to the European Commission on 17 October 2014.
- ✎ Participating in key meetings where the EFN was asked to provide nurses' views on the subject, as the experts' workshop organised in June 2014, in which some EFN Members participated in (Veronika Di Cara from Czech Republic, Dorota Kilanska from Poland, Jolanta Zalite from Latvia, and Lucia Leite & Paola Domingos from Portugal), and other face to face meetings to analyse the data collected, and draft the study conclusions.
- ✎ Weekly videoconferences and meetings with the project consortium which has developed a very good understanding among the organisations involved.

The Conclusions of the study ask primarily for the need to ensure health professionals' accessibility to CPD, the need for its recognition allocating enough time and resources and the need to work together with competence authorities and employers to address this issue. European cooperation and exchange of practice on CPD was considered highly beneficial and further initiatives and cooperation at EU level can bring significant added value to Member States. The European Commission should make the information on health professionals' CPD collected in the context of the Directive on the recognition of professional qualifications available to the public. Funding under Horizon 2020 should be made available to research projects focusing on CPD for health professionals.

Further information on the EU Study on CPD is available here: [Abstract](#) & [Full Report](#).

III. BUILDING ALLIANCES

Building alliances and creating partnerships with key organisations to work on particular issues/topics is very important for the EFN, as this is a means of strengthening civil society in the policy-making process and to get successful outcomes not only at EU level but also at national and local levels. In 2014, the EFN strengthened this alliance building with key EU non-state stakeholders built up throughout the years.

➤ 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 are seen as crucial.

➤ Active Citizenship Network



Being a key partner in the EFN EU Project ENS4Care, the [Active Citizenship Network](#) 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 will give the ENS4Care project an emphasis on the equity concept. This is seen by the EFN as key in the project.

➤ 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 guidelines to be published in 2015) are 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 2014, the EFN continued its good collaboration with ASPHER started in 2013. Acknowledging that many nurses become public health professionals, there is a public health component in the upcoming reviewed version of the EFN Competency Framework. Very close to WHO-Europe, ASPHER is taking forward EPHO 7 on the implementation of the strategy on Public Health Workforce, as part of the WHO Health 2020 Strategy. As workforce is a core item in EFN strategic and lobby plan 2014-2020, the EFN will follow closely these developments in 2015 and continue to strengthen this alliance with ASPHER.

➤ 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 through prevention. The EFN values 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*) is leading ENS4Care WP2 Guidelines on Prevention, to be published in 2015.

➤ 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 is key in the development of the project guidelines.

➤ 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 will determine that the carers' perspective is embedded along the project and its outcomes. 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.

➤ European Coordination Committee of Radiological, Electromedical and Healthcare IT industry



Dealing with telehealth and telecare, and representing the voice of the European Radiological, Electromedical and Healthcare IT Industry, for respecting the quality and effectiveness of medical devices and healthcare IT systems, without compromising the safety of patients and users, [COCIR](#) is a key partner in EFN ENS4Care project. The EFN believes that their views in this project are quite important as they will contribute to get a full comprehensive vision of the process and the results. COCIR and EFN will continue collaborating together in 2015 not only on ENS4Care project but also in building alliances for Social Cohesion Funds in the Eastern European countries.

➤ European Federation of Nurse Educators



Aiming to promote quality assurance and professionalism in nursing education, international exchange and cooperation, and influence policy on national and international level in the European Union, [FINE-Europe](#) and EFN strengthened their collaboration, in 2014, namely on the Directive 36-55, and the EFN Competency Framework/delegated Act (updating Annexe V of the Directive). EFN and FINE agree on the importance and the need to collaborate on the implementation of the Directive into the EU Member States national context and that only appropriate actions, mutual support and united voice will enabled nurses to adequately contribute to EU health systems reform. The EFN and FINE will follow-up on these discussions in 2015.

➤ 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 [EIIWH](#) 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 will provide useful inputs to the discussions, focusing on the gender issue. Next to the project, the EFN has been collaborating closely with EIIWH 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 2014, more than ever, ENSA & EFN strengthened their relationship, namely through:

- Official establishment of ENSA under Belgium law, with the support of EFN. On 2 October 2014, Ina Siby (ENSA President) & Margrete Schwarz Kanstad (ENSA Vice-President) both signed ENSA constitution with the Belgium notary and EFN lawyer. On 3 October 2014, they opened a bank account, in Brussels, for ENSA.
- ENSA's presence at the April & October EFN General Assemblies, where Ina Siby (ENSA President) & Margrete Schwarz Kanstad (ENSA Vice-President) briefed the EFN members on ENSA role, priorities and activities, with Quality in nursing care being its top policy priority. They also mentioned their efforts to bring together the nursing students that feel committed to achieving ENSA's objectives.
- EFN General Secretary participation in ENSA Annual General Meeting, organised in Dublin, on 20-24 October 2014, 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 & ENS4Care and ENSA contribution to the project), on future actions between ENSA & EFN.
- The EFN is looking forward to continuing this strong collaboration with ENSA in 2015, and EFN really hopes that more nurses will join ENSA, so that more nursing students are represented at EU level.

➤ European Public Health Alliance



Being a key partner in the EFN EU Project ENS4Care, [EPHA](#) is the Europe's leading NGO advocating for better health. Their membership involves public health NGOs, patient groups, health professionals and disease groups working together to improve health and strengthen the voice of public health in Europe. Representing civil society, their main value in ENS4Care relates to equity, sustainability and diversity. As such, their views are very important in the project. Taking into account its broad network and expertise, EPHA has a key role to play in the project dissemination process.

Furthermore, being a member of EPHA for many years, the EFN has been actively engaged with it by participating and sharing information on the EFN's work and nurses' views with other EU health stakeholders, who are also members of EPHA at several occasions as: [Policy Coordination Meetings](#) (PCM), [EPHA Working Group on Health Professionals](#), [EPHA Annual General Assemblies](#), and EPHA seminars. For the EFN, the major added value of being a member of this organisation lies in its aim to promote and protect the health interests of all EU citizens and to strengthen the dialogue between the EU institutions, citizens and NGOs. The fact that EFN priorities are reflected in EPHA's lobby priorities and that EPHA supports the EFN in achieving its mission and objectives makes this partnership particularly strong.

➤ 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 2014, 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: Directive 2005/36/EC, Workforce for Health, Quality & Safety, the EU Skills Council on Nursing and Social Care, CPD and the EFN-EPSU Memorandum of Understanding. The EFN is looking forward to continuing this good collaboration with EPSU in 2015.

➤ European Specialist Nurses Organisation



Representing the Specialist Nurses Organisation at European level, [ESNO](#) elected a new President in 2014, Ms Françoise Charnay-Sonnek. Following these elections, ESNO and EFN have been in contact to discuss on specific EU files, as: Education (Directive 36-55), Workforce and Quality and Safety. It is important that EFN and ESNO both strengthen the voice of nurses and nursing in the EU. United we are stronger!

➤ 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). The EFN sees this close collaboration in ENS4Care as key as their role in the project is to provide their advice from a medical prospective to the ongoing discussions and the guidelines to be published in 2015. 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.

➤ 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 2014, the EFN and ICN have been in close contact on few key points, as: explore a closer collaboration between EFN & ICN on 'regulation network for the EU' as the network of regulators in the EU is still unclear due to the development of several networks; and on Ebola - next to participating in key meetings (namely with the European Commission in Luxembourg), the EFN and ICN sent out two [press releases](#) calling on the EU policy makers to act urgently on this key priority. EFN & ICN are now looking closely at the next developments undertaken by the EU Institutions, and in particular the European Commission, 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 ensures that the fundamental link between social and healthcare dimensions is taken into account. As such, IFSW-Europe is actively participating in all the project Work Packages delivering guidelines to ensure that all relevant aspects of the deployment of eHealth services by the social care workers are included in the guidelines.

➤ 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 2014, 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.

➤ 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 has been in close contact with the OECD in 2014, namely as regards Workforce and the EFN categories of the nursing care continuum. In October 2014, the OECD invited EFN to their yearly statistical meeting together with WHO (Geneva and Copenhagen), ILO and Eurostat to discuss on collecting comparable data with a joint questionnaire – only focussing on doctors and nurses. Although positive towards the development of EFN 4 categories of the nursing care continuum, the OECD and EUROSTAT and WHO keep on collecting data which makes the interpretation and as such policy design very difficult.

IV. EFN MEMBERS STRENGTH

1. EFN Members representing EFN

On 12 February, the EFN President, Marianne Sipilä, gave a keynote speech at the [Conference on the modernisation of the professional qualifications Directive](#) aiming at officially present the changes introduced in Directive 2013/55/EU, namely: the European Professional Card; the Alert Mechanism and knowledge of languages; the recognition of traineeships and the importance of diversity in education systems; and the Common Training Principles, and the next steps ahead. Marianne Sipilä, took this opportunity to reinforce the added value of Directive 2013/55/EU (amending Directive 2005/36/EC) and in particular the European Professional Card that will help nurses, and mainly women, to move around the EU. Working together with professional associations, regulators, the commission, and competent authorities was seen as the next step forward to deliver a successful tool at a moment where austerity has imposed many difficulties for the nursing profession. Being engaged in the process of the modernisation of the Directive since 2011, collaborating very closely with the European Commission, the European Parliament and the Council, the EFN will continue following this policy process to see how the Directive will be implemented into all the Nursing Schools in the EU and the three EEA countries (Iceland, Lichtenstein and Norway), now that the revised Directive comes into force January 2016.

On 6-7 March, Nina Hahtela, the Finnish Nurses Association, represented EFN in the **workshop** organised in Utrecht by **WP4 (Terminology & Data sources and Mobility issues) of the [Joint Action on Health Workforce Planning & Forecasting \(EUHWF\)](#)**, in which the EFN is a member of. In order to protect EFN staff, ICN and FNA were so kind to lobby on EFN behalf: the survey carried out in several EU Members States on the collection of quantitative data on the five sectoral health professions (nurses, doctors, pharmacists, midwives and dentists) is a concern to EFN. Taking into account EFN concerns on the categories used by the national governments to collect data, because they put different workers in the hospitals into the category “Registered Nurses”, a set of recommendations will need to be developed to advance EFN development on EU Workforce and as such close the existing gaps between data requested by the currently used “Joint Questionnaire on non-monetary health care statistics – OECD, WHO and Eurostat”, the data actually provided by Members States and the data needed to plan and forecast the nursing workforce.

On 6 October 2014, Grete Christensen, from the Danish Nurses Organisation, represented EFN at the [CNOs’ meeting](#), held in Rome. Invited to [speak](#) on prevention and innovative models for Chronic Obstructive Pulmonary Disease (COPD), which represents one of the major health problems in Europe, Grete took this opportunity to highlight that “even if frequently restricted in their scope of practice and not considered key players for coordinating health and social care pathways, nurses, as frontline staff, representing a first contact for patients, and being involved in all stages of care (from prevention to provision of palliative care), can play a major role in managing COPD”. She also stressed that there is increasing evidence that interventions led by nurses can contribute to an improvement of patient outcomes, particularly linked to the early discharge schemes and to self-management, allowing patients to stay longer at home. However, a change of both mind-set and health systems is required in order to allow nurses to further strengthen their advanced roles and to deliver safe and high quality cost-effective patient care in the future.

On 7 October 2014, the EFN President, Marianne Sipilä, was invited to [talk](#) on Primary Care at the [CNOs’ meeting](#), held in Rome. She explained that given the high relevance of this topic for nurses, the EFN has collaborated with the Commission Expert Group that developed the [Opinion](#) on Primary Care and raised some concerns and challenges with traditional models of healthcare, and health systems still managed by the old medical model with excessive focus on specific diseases and treatment, rather than on the care process, the shift to an integrated care model and prevention, and health promotion measures. As such, and in order to effectively reduce the needs of care at the hospitals and provide more services in the community, a whole-system approach change is needed. In order to make this happen, the EFN and its national members are keen to work with the Chief Nursing Officers’ for the further design and implementation of primary care models across Europe. Interesting examples from Toscana, Scotland and Finland were discussed in this event. More exchange of views within the profession and between professions are needed to

strengthen nursing and primary care. We look forward to the [Latvia EU presidency](#) to keep primary care high on the political agenda.

On 4 November 2014, Roswitha Koch, from the Swiss Nurses Association, represented EFN at the [Conference on Quality, Safety and Cost-Effectiveness](#), organised by the Italian Minister of Health under the auspices of the Italian EU Presidency, in Rome. The meeting that brought together EU Representatives and experts from the EU Member States addressed issues related to quality, safety and cost of care, trying to combine the clinical and organisational effectiveness point of view with the economic efficiency, which both represent a priority for all health care systems. Roswitha took this opportunity to lobby the key stakeholders to get in the nurses' views on the upcoming Council Conclusions on Patient Safety & Quality of Care. Alessandro Ghirardini, head of quality Unit MOH Italy assured that for them it is also important that there will be a sustainable solution for the coordination, however the negotiations might result in a different and new structure.

On 10 November 2014, Jarle Grumstad, from the Norwegian Nurses Organisation, participated, on behalf of EFN, in the **ILO Dissemination Event**, held in Oslo, aiming at presenting the results of a comparative assessment of nursing education and practice outcomes between Philippines and Norway, in the context of [ILO EU project](#) on "Promoting Decent Work Across Borders: A Project for Migrant Health Professionals and Skilled Workers". The work that CGFNS International has done on mapping the Philippine nursing education to the Norwegian education was interesting, but very far from how the Norwegian regulatory body SAK is doing it. The aspect on ethical recruitment up against being self-provided was an important aspect of this discussion: increased "exporting" of nurses from the Philippines becomes a challenge. The focus on descent recruitment is very important!

On 17 November 2014, Rose Gallagher, from the Royal College of Nursing, represented EFN at the official launch of the [European Antibiotic Awareness Day 2014](#), organised by ECDC, in Stockholm. Under the banner "Everyone is responsible, everywhere" the meeting brought together multi-professional organisations including human and animal health. The key conclusions of this meeting show that antimicrobial resistance (AMR) poses a serious and real threat to our ability to treat infections in Europe caused by antibiotic resistant bacteria. AMR is not just a healthcare issue, it is also integral to public health and consumer safety and the cost on inaction will be enormous. The ECDC is actively seeking support with public health campaigns (e.g. vaccination), and believe that a wider awareness of public and healthcare professionals is needed. In terms of action, it is key for the EFN to continue to increase nurses' role and value in AMR, linking it to public health and patient safety work streams. It is also very important to focus on the prevention of infection (both healthcare related and non-healthcare related) as a priority area to reduce the demand for antibiotics. In 2016, the EFN will continue to build on this alliance building to help ECDC understand the role of nursing and how we can help them with this work.

On 1st December 2014, Enrica Capitori, from the Italian Nurses Association, participated in the [Single Market Forum 2014](#) on Continuous Professional Card, held in Rome, on behalf of EFN. Focussing on the benefits and challenges of the development of the European Professional Card ([EPC](#)) and the views of the professional organisations, the aim of this meeting was to present EPC political background, on-going work, and discuss EPC potential to facilitate the recognition process in the EU. Working to achieve the first issuance by beginning 2016, nurses will be amongst the first wave of five professions that will implement the EPC. The conference also highlighted that there are still issues about professional's recognition and mobility that can be strengthened and in that sense, the modernised directive has still to work on ensuring an appropriate implementation at national level, which will ultimately allow a trustful, transparent and reliable system of recognition. Strengthening the Single Market will bring opportunities for young people for mobility. This is a priority for Juncker's Commission and Europe has a duty to respond meaningfully to EU citizens in this regard.

2. EFN participation in EFN Members' national events

In 2014, the EFN Brussels Office continued to foster contact with its members through key national events. It is extremely important for the EFN, as a Pan European Organisation, to continue strengthening its relationship with its members by getting a real sense of what is important to them at EU level, as well as at national level. Taking part in national events is an ideal way of strengthening ties with the members but it is also crucial for understanding the key issues at stake in 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. The EFN was invited to participate in the following events:

- **25th Anniversary of [Hungarian Nurses Association](#)**, held in Visegrad (Hungary) on 20 May 2014. The event brought together nursing leaders from all over Hungary. Invited as keynote speaker, the EFN General Secretary gave an overview on the nurses' voice at EU level and addressed in particular the Directive 2013/55/EU (amending the Directive 2005/36/EC) and the fact that all the nursing schools need to comply with Art. 31 of the Directive.
- **[8th ICN International Nurse Practitioner/APNN Conference](#)** held in Helsinki, on 18-20 August 2014, and hosted by the Finnish Nurses Association, that brought together nurses, researchers, educators, policy makers, and managers from all over the world to share knowledge and views on the advanced nursing practice (ANP) at local and global levels. Aiming to highlight the role of advanced practice nurses in promoting health care access and achieving intended outcomes, the event focussed on the impact of APN roles on patient and health care outcomes. Taking into account that one of the EFN EU project ENS4Care guidelines will focus on the role played by the Advanced Nurse Practitioners in the deployment of eHealth services and how their knowledge and competences are key to promote health care access and better patient outcomes (Guidelines coordinated by Marianne Sipilä, EFN President) the EFN was invited to present the last developments of the project.
- **[World Summit on 'Nursing & Ebola'](#)** organised by the Spanish General Council and the International Council of Nurses, on 27-28 October 2014, in Madrid, to evaluate the current situation, share best practices, and analyse how change could be introduced to increase safety and reduce the risks for nurses taking care of an infected person. Invited as keynote speaker, the EFN General Secretary, expressed EFN concerns on the working conditions in which the Spanish nurses have to work: lack of appropriate training, unclear instructions, lack of comprehensive protocols, and ineffective preventive and protective measures, next to stigmatisation, and explained that it is important to focus on EU standardised protocols and explore what already exists in the EU Member States. Also, as requested by EFN Member in support to their lobby work at national and EU level, an [EFN-ICN Press Release](#) was sent out to all the key stakeholders and decision-makers, highlighting that it is five to twelve and that actions need to be taken immediately!
- **[Cyprus Nurses and Midwives Association 21st Congress](#)**, held on 13 November 2014, in Cyprus, where the EFN President, Ms Marianne Sipilä, was invited as keynote speaker to [discuss](#) on the future development of nursing at EU level, and the current developments in the national Health care system in Cyprus. Ms Sipilä took this opportunity to explain that the increasing mobility of both health professionals and patients across the EU and Europe is calling for an urgent need to explore the level of professional preparedness, in order to deliver consistent and transparent standards of healthcare services to individuals in all Member States, in terms of education, competence, codes of practice and clinical outcomes. As such the modernisation of the Directive 2005/36/EC on the recognition of the professional qualifications, especially article 31 and the updated Annex V, provides together with the health professional card and continuous professional development a standard which guarantees safety and quality.

3. EFN Members visiting Brussels & the EU Institutions

Bringing to Brussels NNA delegations is a good opportunity for the EFN Members' NNAs to meet with their country EU representatives and learn more about the EFN political agenda, how this agenda is influencing and influenced by the EU Institutions, the outcomes achieved by EFN, and the role of the EU Institutions in relation to the EU health policy.

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

The EFN welcomes this initiative and pro-active attitude from EFN members. Not only as this increases the visibility and reputation of nurses at EU level but also because it shows that they are serious about their profession and the issues that have an impact on it. Therefore, the EFN members are encouraged to continue these efforts in 2015 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)



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](#), composed of [24 partners](#), is mainly focussing on prevention & integrated care (including clinical practice, advanced roles, and nurse ePrescribing). Its main objective is to build a sustainable network of key stakeholders (including EFN members, Social Care Workers Organisation, Patients' Organisation, Public Authorities, Research Excellence centres, Pan European Industry Organisation, and civil society) to share their experience in prevention and integrated care and to deliver a set of evidence based guidelines for the implementation of eHealth services in nursing and social care, based on existing good practices, in these areas.

In 2014, the project partners worked very hard, but very enthusiastically, in making this project achieve its goals. Their contribution and expertise have been extremely helpful in the design of the project deliverables.

As a starting point in all this process, the core Work Packages' Leaders (WP2 – Prevention: Pat Hughes – *C3 Collaborating for Health*; WP3 – Clinical Practice: Tine Lyngholm – *Danish Nurses' Organisation*; WP4 - Advanced Role: Marianne Sipilä – *Helsinki Metropolia University of Applied Sciences*; WP4 - Integrated Care: Dorota Kilanska – *European Nursing Research Foundation*; WP5 - Nurse ePrescribing: Elizabeth Adams – *Irish Nurses and Midwives Organisation*), with the contribution of all the other project [partners](#), developed a set of criteria and a [questionnaire](#) (launched on 10 February) to collect good practices in these areas. In less than two months, more than 120 practices on eHealth in prevention, clinical practice, advanced roles, integrated care and nurse ePrescribing were collected, providing very good examples of nurses and social workers, making use of eHealth solutions, in their daily practice. At its second General Assembly, in April 2014, in Brussels, the ENS4Care partners had the opportunity to be informed on the major trends that came out of this questionnaire and to undertake a first joint analysis on the results. As a second step, the project partners had to select the most suitable practices for the elaboration of the guidelines. Process that started immediately during the second General Assembly during the break-out sessions under the leadership of the different WP Leaders.

Finally, based on the decision taken by the consortium, the WP Leaders started to elaborate the first draft guidelines that were presented to all the partners at the ENS4Care General Assembly, in Dublin, in October 2014, for their approval/amendments. The final guidelines should be provided to the European Commission by February 2015. The next step will then be the formal validation of these guidelines by an expert panel. This should be done during the next ENS4Care General Assembly to take place on 15 April 2015, in Brussels.

To engage with the ENS4Care Thematic Network, visit the [ENS4Care website](#), join us on [LinkedIn](#) and follow us on [Twitter](#)!

B. EUROPEAN NURSING RESEARCH FOUNDATION

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 development of the European Nursing Research Foundation (ENRF) was seen by the EFN Members as increasingly important. As such, in 2013, the EFN founded the European Nursing Research Foundation (ENRF) aiming at making the bridge between evidence & policy-making process and act as a contact point for EU policy-makers & politicians, and analysing & 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, objectives (different from the EFN ones), and function. Currently, the Foundation is managed and represented by a Board of Directors composed of 4 members: Chairman (Herdis Gunnarsdóttir – Icelandic Nurse Association), Vice-Chairman (Elizabeth Adams – Irish Nurses and Midwives Organisation), Treasurer (Peter Carter – Royal College of Nurses – UK), and Paul De Raeve (EFN General Secretary). 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 two years. In 2014, the Board of Director met three times (in January, April & September 2014) to discuss: the revision of ENRF Constitution, and ENRF Governance & Management Model proposal (as proposed by the ENRF Constitutional Working Group); the Strategic planning and networking for ENRF; Budgetary Matters (with an overview of the seed funding for 2 years to build ENRF financial capacity); ENRF input to DG Research consultation on 2016-2017 program; the ENRF link with the EFN EU project ENS4Care, and a Job Profile to recruit a person in the future for ENRF. The next ENRF Board meeting will take place in January 2015.

➡ **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 2014 consisted mainly in the development of the draft 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. The first draft guidelines were presented at the last ENS4Care General Assembly, on 22 October 2014, in Dublin. Dorota Kilanska explained that this guidelines shows that integrated care along the care continuum is essential 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. The draft guidelines includes the scope, deployment process, key factors that can act as barriers or facilitators, outcomes and implications, and relevant EU policy and legal context. Throughout the year, ENRF/Dorota Kilanska was also present in the several other project meetings as the WP Leaders webinars.

Next to this project, the ENRF is also undertaking a revision of its Constitution by the ENRF Constitutional Working Group (ENRF CWG) that was given a mandate by the EFN General Assembly to start this process.

➡ **ENRF Working Group Constitution**

In 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 Constitutional Working Group (ENRF CWG) was established at the EFN April 2014 General Assembly, consisting of: Maximo Gonzalez (*Spanish General Council of Nursing*) - Chair; Branka Rimac (*Croatian Nurses Association*); Dorota Kilanska (*Polish Nurses Association*), and Andrea Spyropoulos (*Royal College of Nurses – UK*); + Paul De Raeve (*EFN General Secretary*) + Hans Neyrinck (*EFN Lawyer*), who met several times and started this revision process.

As a first step, the ENRF CWG developed a working document outlining the principles under which the ENRF would operate and serving to orient the drafting of the necessary changes to the current ENRF Constitution. Furthermore, taking into account the ENRF Board questions, as: How are the ENRF Board members elected?, For how long/how many terms?, Financial sustainability of the ENRF?, Is ENRF working under EFN goals?, ENRF network development in the long term? Important to keep the link with EFN and its key goals/priorities,- the ENRF CWG developed an ENRF Governance and Management Model that was presented to and approved by the EFN Executive Committee on 18 September 2014, and the EFN General Assembly, in October 2014.

In order to continue this well engaged revision process, the October 2014 General Assembly gave a mandate to the ENRF CWG to continue its work with regard the developments of the articles of the ENRF Constitution, Internal Regulation, and the drafting of a job profile for a forthcoming employee in ENRF.

Finally, due to the fact that two people of the ENRF CWG were leaving - Andrea Spyropoulos (Royal College of Nurses – UK) and Branka Rimac (Croatian Nurses Association), the EFN October 2014 General Assembly agreed to bring in the ENRF CWG the board members of ENRF, namely: Herdís Gunnarsdóttir, Elizabeth Adams and Peter Carter.

The first revised ENRF Constitution is planned to be discussed and amended at the EFN General Assembly in April 2015.

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 & key EU stakeholders with up-to-date information/data to take informed decisions and consider the next steps on crucial topics. As such, in 2014, the EFN and its members undertook and provided input to several key surveys/consultations:

A. EFN

ENS4Care

In the context of [ENS4Care](#) project expected to deliver evidence based Information and Communication Technology (ICT) guidelines for the implementation of eHealth services in nursing and social care, the EFN launched, in February 2014, a questionnaire to collect best practices on ICT tools/systems used by nurses and social workers (e.g.: online platforms, services, products, protocols, guidance, clinical guidelines, education and training programmes, etc.) in the EU and EEA countries, in the areas of: prevention, clinical practice, advanced roles, integrated care and nurse ePrescribing. In less than two month, more than [120 practices](#) were collected throughout the EU and Europe, providing very good examples of practices in the daily work of nurses and social workers making use of eHealth solutions. This key data was the basis for the project partners to select the most suitable practices that would be up-scaled towards a European consensus and to develop the guidelines to be submitted to the European Commission by February 2015.

Qualitative & Quantitative Data on Nursing Workforce

To have a coherent approach of workforce planning and forecasting methodologies across the different EU-led initiatives, the EFN positioned to advocate for clarity and quality data as regards the nursing care categories (Registered Nurse, Specialist Nurse, and Advanced Practice Nurse) as well as on the key principles in the development of Healthcare Assistants. The data provided by the EFN Members will contribute to more precision in the gathering of comparable data for planning and forecasting (OECD, Joint Action, ILO, etc.), as well as on the European skills/competences, qualifications and occupations for the future health workforce developments (ESCO - DG Employment). Taking further the data already collected in 2013 and the decisions taken in the last EFN General Assemblies, the EFN General Assembly in Dublin, 23-24 October, agreed on continuing collecting qualitative and quantitative data on the nursing workforce.

B. EFN Members

Finnish Nurses Association survey on “re-registration of nurses”

In order to facilitate the national discussions on re-registration of nurses, the Finnish Nurses Association requested the EFN Members to provide some data (through an online questionnaire) on this important topic (e.g. in how many countries does the system exist, what are the pros and cons of the existing system, what is demanded for the renewal?), to understand what the situation of re-registration for registered nurses in different European countries is. Based on the data collected, the Finnish Nurses Association reported that the system for re-registration exists in some EU countries but not in all, and that the period for renewal varies from 3 to 10 years. The topic is highly actual as the updated Professional Qualifications Directive (Directive 2005/36/EC, amended by Directive 2013/55/EU) stresses the importance of CPD. The final results will be available in 2015.

Polish Nurses Association survey on “Competences of Emergency Medical Technicians in the health system”

The Polish Ministry of Health is drafting a law in which Emergency Medical Technicians (EMT) can work as an independent profession in Intensive Care Unit (ICU), while now they are only working in Ambulances and Emergency Room. In Poland there are too many paramedics and there is not enough posts for them. As such, they started to lobby the Polish Health Ministry and are now looking for new work opportunities. In order to have a broader picture on what is being done in the other EU Member States and to facilitate the discussions at national

level, the Polish Nurses Associations requested, in September, the EFN Members to [provide some information](#) on the situation in their respective countries. The data received is being analysed and results will be made available in 2015.

✎ **Swiss Nurses Association survey on “Skills and grade mix in nursing homes”**

In some parts of Switzerland, the guidelines for skills and grade mix in nursing homes for elderly people care are being renegotiated. As Swiss Nurses Association was invited to join the discussions, they requested the EFN Members to provide examples of guidelines or best practice from their respective countries on this topic. The Swiss Nurses Association is currently undertaking the analysis of the data collected which will be made available in 2015.

✎ **German Nurses Association survey on nurses working on ‘Night Shifts’**

The German Nurses Association distributed a short survey among EFN members on night shifts and its relation to patient ratios, qualification requirements, and overall length of the shift. The main conclusions of this survey show that most EU countries do not have a legally binding nurse: patient-ratios for night shifts, and that the ‘general nurse’ is the minimum requirement for a nurse responsible for one unit during the night shift. As regards the planning of night shifts, it varies a lot among hospitals.

C. EU Projects

✎ **Continuous Professional Development**

In line with the EU study led by CPME and commissioned by the European Commission (DG Sanco) to review and map Continuous Professional Development (CPD) and Lifelong Learning (LLL) for health professionals in the EU, an online questionnaire on CPD was launched in January 2014 aiming to collect data on the structures and governance involved and its role in the wider context of professional practice. The data collected in the five sectoral professions (nurses, doctors, pharmacists, midwives & dentists) in 31 countries has been transposed into a [study report](#) submitted to the European Commission on 17 October 2014.

D. European Commission

✎ **Patient Safety and Quality of Care**

In the context of the Council recommendations on patient safety and quality of care, the European Commission launched, in December 2013, a consultation to seek opinion of civil society on whether patient safety measures included in the Recommendation 2009 are implemented and contribute to improving patient safety in the EU; which areas of patient safety are not covered by the Recommendation and should be; what should be done at EU level on patient safety beyond the Recommendation; and whether quality of healthcare should be given more importance in the future EU activities. The key [conclusions](#) of this consultation, the EFN provided [input](#) to in February 2014, show that 90% of civil society still see patient safety as an issue in the EU, and that one of the major concerns is that five years after the Council Recommendations have been adopted, it is only partially implemented in several countries with many barriers preventing its full implementation. The respondents believe that the most effective tools to help better implementation of the Recommendations are the involvement of health professionals, and patient organisations, national binding legislation, followed by EU-cooperation on patient safety. Furthermore, 72% of contributors think that there would be an added value in enlarging the scope of EU action from patient safety to wider quality of care, and the problems as regards the healthcare workforce should be taken more into consideration in the future. This concerns for example the doctor/patients and nurse/patient ratio affected by the impact of cuts in health expenditure on patient safety or working conditions of health professionals.

✎ **Definition Primary Care**

In March 2014, the European Commission launched a [public consultation](#) on a preliminary opinion on “a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems” seeking to provide a core definition of primary care. The [published consolidated opinion](#), that includes [EFN input](#), provides guidance to EU countries that are making efforts to improve the organisation and sustainability of their health systems, and reflects better nurses’ position in primary care. Concepts as integrated care, person-centred care, continuity of care, interdisciplinary teams, advanced roles and the role of nurses in the follow-up of health promotion and prevention activities are now clearly stated.

European Professional Card

On 7 April 2014 the European Commission published a [consultation](#) on introducing the European Professional Card (EPC) for nurses, doctors, pharmacists, physiotherapists, engineers, mountain guides & real estate agents. The objective of this consultation was to gather further views and data on the mobility of professionals, the application procedures & fees from the professional associations and public authorities responsible for the recognition of professional qualifications in the EU countries. The outcome of this consultation, to which some EFN members reacted, will lead to the development of an implementation act which is scheduled for January 2016.

Green Paper on mHealth

On 10 April, the European Commission published the [Green Paper on mHealth](#), in the context of the eHealth Action Plan of 2012-2020. The document was accompanied by a [Public Consultation on mHealth](#), aiming to identify the right way to unlock the potential of mobile health in the European Union. Attention was particularly given to the EU legal framework and to the involvement of health professionals in the design and use of health applications. Based on the results of this consultation, to which the EFN provided [input](#), the Commission will now analyse how to move forward and what would be the next steps as regards the implementation of mHealth in the EU.

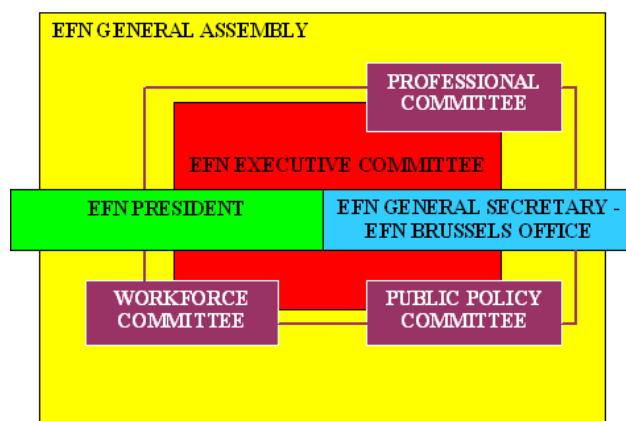
Possible priorities for research and innovation for 2016-2017

The European Commission launched a [consultation](#) on the possible priorities for research and innovation for 2016-17 (Horizon 2020) to gather ideas and suggestion on the future work programme 2016-17 concerning key gaps in research and innovation actions related to the EIP-AHA scope. This consultation, to which the [EFN provided input](#), represents the first step in a sequenced approach towards the priority-setting for each Horizon 2020 challenge/part. Based on this input and of an established list of priorities, the Commission expects to develop the content of the work programme 2016-2017 in first half of 2015 with the adoption and publication of the calls for proposals by summer 2015.

VII. EFN GOVERNANCE

A. EFN STRUCTURE

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



B. EFN GENERAL ASSEMBLY

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

The EFN General Assembly is constituted 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, and Serbia.
- ↳ **Observers** - International Council of Nurses (ICN); World Health Organisation (WHO); and the European Nursing Students Association (ENSA).

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

In 2014, the EFN General Assembly met on 10-11 April, in Brussels, for the Spring General Assembly organised by the EFN Brussels Office, and on 23-24 October 2014, in Dublin, Ireland for the Autumn General Assembly, organised by the Irish Nurses & Midwives Organisation. The minutes of the General Assemblies are not publicly available.

Dates 2015-2016 - Knowing that the date of EFN General Assemblies taking place in April may change to make sure that the EFN Members are in Brussels the same week as the MEPs, the October 2014 General Assembly approved the dates of the next EFN meetings:

↳ **2015**

- **EFN Executive Committee**, 27 February 2015, Brussels
- **ENS4Care General Assembly**, 15 April 2015, Brussels
- **EFN General Assembly**, 16-17 April 2015, Brussels
- **EFN Executive Committee**, 11 September 2015, Brussels
- **ENS4Care General Assembly**, 21 October 2015, London
- **EFN General Assembly**, 22-23 October 2015, London

↳ **2016**

- **EFN Executive Committee**, 04 March 2016, Brussels
- **EFN General Assembly**, 14-15 April 2016, Brussels *(if the EP is in Brussels)*

- **EFN Executive Committee**, 09 September 2016, Brussels
- **EFN General Assembly**, 20-21 October 2016, Madrid

C. EFN COMMITTEES

Constituted in 2006, in order to prepare and facilitate the EFN lobby process towards the European Commission, the European Parliament and the Regional Committee of the World Health Organisation, the three EFN Committees meet twice a year during the EFN General Assemblies in order to discuss and produce recommendations to the General Assembly on the steps forward to achieve concrete outcomes related to specific issues:

- **Professional Committee:** In 2014, 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 & EFN input to this process, including EFN Competency Framework for the Delegated Act to update Annexe V); EFN input to the European Area of Skills and Qualifications Consultation; EFN statement on 'Unethical Recruitment of Nurses within the EU Member States; bridging courses for Romanian medical assistants; Continuous Professional Development (CPD study recommendations, and future EU actions); EFN EU Accession Strategy.
- **Workforce Committee:** In 2014, the Workforce Committee led by Peter Carter, from the Royal College of Nursing (UK), discussed and provided recommendations to the EFN General Assembly on: Joint Action on EU Workforce; workforce planning methodologies; EFN Country Report & Matrix on the 4 Categories in Nursing Care Continuum (Healthcare Assistant, General Care Nurse, Specialist Nurse, Advanced Nurse Practitioner); EFN-eHSG Report 'eSkills and Health Workforce'.
- **Public Policy Committee:** In 2014, the Public Policy Committee led by Roswitha Koch, from the Swiss Nurses Association, discussed and provided recommendations to the EFN General Assembly on: Primary Care; European Antibiotic Awareness Day 2014 (Anti-Microbial Resistance and the Role of the Nurse); Joint Action on Patient Safety and Quality of Care (PaSQ) and respective proposal for a Quality and Safety sustainability network & EFN engagement in it; draft Council Conclusions on Patient Safety and Quality of Care; TTIP agreements; EFN's engagement in the 5th Biosafety Summit (June 2015); results of the EU elections and further actions to take towards the MEPs.

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 WGC will now focus on building the necessary alliances in order to reach an agreement for a common proposal for the Delegated Act. The EFN has already made informal connections with FINE, and the EU Chief Nursing Officers in their meeting during the Italian EU Presidency (7 October 2014).

The members of the WGC are: Chair: Maximo Gonzalez of the Spanish General Council of Nursing; Vice-Chair: Herdís Gunnarsdóttir of the 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 2014, the EFN Executive Committee met four times: on 16 January and 18 September in Brussels, for their regular meetings; and on 09 April, in Brussels, and on 22 October, in Dublin, for their extraordinary meetings.

b. Elections

At the Autumn EFN General Assembly held on 23-24 October 2014, in Dublin (Ireland), the EFN members elected the following members of the EFN Executive Committee: Vice-President – Mr Bruno De Noronha Gomes (*Ordem dos Enfermeiros – Portugal*) and two members of the Executive Committee: Ms Herdis Gunnarsdóttir (*Icelandic Nurses Association*) and Mr Peter Carter (*Royal College of Nursing, UK*), for a two-years mandate (2014-2016). As a result, the new Executive Committee is constituted as follow:

President:	Ms Marianne Sipilä	Finnish Nurses Association, <i>Finland</i>
Vice-President:	Mr Bruno De Noronha Gomes	Ordem dos Enfermeiros, <i>Portugal</i>
Treasurer:	Ms Milka Vasileva	Bulgarian Association of Health Professionals in Nursing, <i>Bulgaria</i>
Four Executive Committee Members:		
	▪ Ms Herdis Gunnarsdóttir	Icelandic Nurses Association, <i>Iceland</i>
	▪ Ms Elizabeth Adams	Irish Nurses & Midwives Organisation, <i>Ireland</i>
	▪ Ms Roswitha Koch	Swiss Nurses Association, <i>Switzerland</i>
	▪ Mr Peter Carter	Royal College of Nursing, <i>UK</i>

F. EFN BRUSSELS OFFICE

In 2014, 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.

VIII. COMMUNICATION

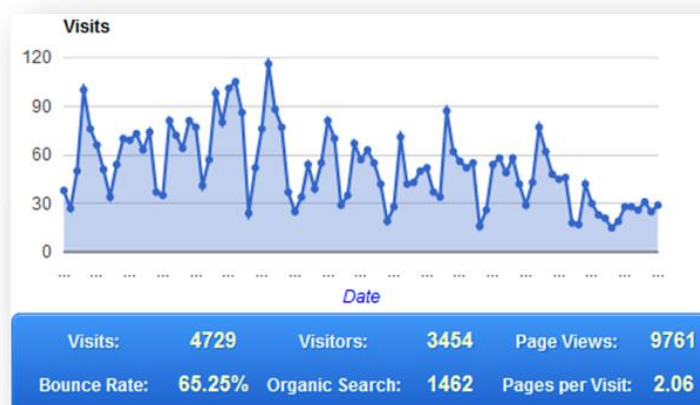
For the EFN, it is essential that its members have the necessary information, knowledge and experience to take informed decisions on the key issues related to the nursing profession, not only during the EFN General Assemblies, but also when an item is being discussed and/or needs urgent attention, decision 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

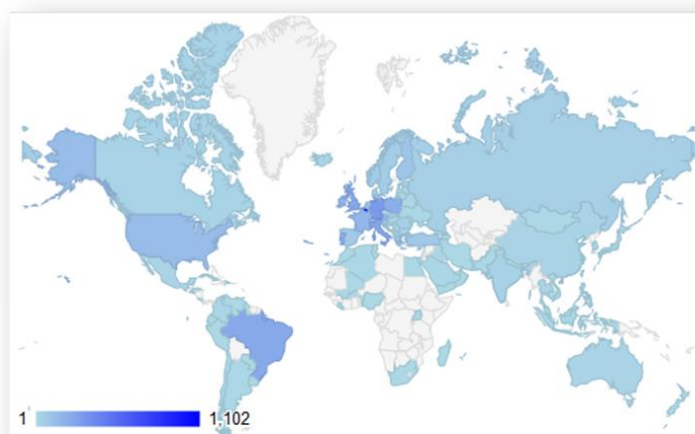
The [EFN website](http://www.efnweb.eu) is used as a key communication channel to disseminate information to the EFN members, the EU health stakeholders, key decision-makers, and the public in general. Updated on regular basis, the EFN Website reflects the EFN on-going activities and relevant information 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 2014 (data as of 02/01/2015):

► Number of visits to EFN Website



Visits by country



Number of visits country by country

European countries

Austria	187	Belgium	20	Bulgaria	26	Croatia	26
Cyprus	25	Czech Republic	39	Denmark	42	Estonia	52
Finland	91	France	169	FYR Macedonia	5	Germany	316
Greece	93	Hungary	18	Iceland	16	Ireland	165
Italy	251	Latvia	10	Lithuania	13	Luxembourg	3
Malta	2	Montenegro	5	Netherlands	70	Norway	56
Poland	213	Portugal	208	Romania	35	Serbia	25
Slovak Republic	38	Slovenia	59	Spain	72	Sweden	58
Switzerland	123	United-Kingdom	228				

Non-European countries

Algeria	6	Argentina	6	Australia	16	Azerbaijan	1
Belarus	2	Brazil	236	Burkina Faso	1	Cambodia	4
Canada	28	Chile	6	China	20	Colombia	11
Cuba	2	Dominican Republic	1	Ecuador	4	Egypt	2
Georgia	3	Guyana	1	Honduras	1	India	31
Indonesia	12	Iran	2	Iran	2	Iraq	4
Liberia	1	Madagascar	2	Mali	1	Mauritius	4
Mexico	14	Mongolia	1	Morocco	1	Nepal	3
New Zealand	4	Nigeria	3	Oman	2	Pakistan	3
Pakistan	3	Paraguay	2	Peru	2	Philippines	22
Reunion	3	Russia	40	Saudi Arabia	4	South Africa	2
Tunisia	4	Turkey	71	Uganda	2	Ukraine	8
United States	137	Uruguay	2	Venezuela	2	Vietnam	6

› Top pages visited

Top Pages	Visits
EFN – European Federation of Nurses Associations EFN Member Section	361
EFN – European Federation of Nurses Associations Members	354
EFN – European Federation of Nurses Associations Search Results	274
EFN – European Federation of Nurses Associations Brussels office	262
EFN – European Federation of Nurses Associations Executive Committee	233
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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 already 288 'likes' (as of 02/01/2015). Even if the EFN has not been so much active on it up till now, the few 'posts' published on Facebook have already reached some people:

Published ▾	Post	Type	Targeting	Reach
01/12/2014 15:28	 eHSG report on "eSkills and Health workforce" now published. Read more:			251 
01/12/2014 11:16	 EFN-ICN Press Release "Nurses Caring for Ebola Patients – Zero Tolerance". Read more:			30 
18/11/2014 13:56	 "Nursing staff key to tackle major challenge of antibiotic resistance" (Antibiotic Awareness Day			127 
31/10/2014 15:59	 EFN Update November-December 2014 published. To read it: http://www.efnweb.be			61 
29/10/2014 16:27	 Nursing and Ebola Virus – Fieldworkers safety at high risk due to cuts in health sector. Read more:			80 
28/10/2014 10:10	 EFN General Secretary in Madrid for the high-level nursing colloquium on Ebola:			67 
09/10/2014 11:41	 Read the new EFN Press Release: "EFN meets the Chief Nursing Officers in Rome" at:			77 
07/10/2014 11:42	 EFN present at the CMO/CNO meeting in Rome http://www.efnweb.be/?p=6053			73 
07/10/2014 11:12	 European Federation of Nurses Associations - EFN			1 

🔗 EFN Twitter: @EFNBrussels

Also created on 7 October 2014, EFN Twitter account has 42 followers (as of 02/01/2014). Even if the EFN has not been so much active on it up till now, the few 'tweets' already reached some people:


EFN
 @EFNBrussels


TWEETS 12
 FOLLOWING 5
 FOLLOWERS 42


@EFNBrussels


EFN is the independent voice of the nursing profession in Europe.


Brussels


www.efnweb.eu



EFN @EFNBrussels · Dec 1
 eHSG report on "eSkills and Health workforce" now published. Read more: efnweb.be/?p=6262



EFN @EFNBrussels · Dec 1
 EFN-ICN Press Release "Nurses Caring for Ebola Patients – Zero Tolerance". Read more: efnweb.be/?page_id=882



EFN @EFNBrussels · Nov 18
 "Nursing staff key to tackle major challenge of antibiotic resistance" (Antibiotic Awareness Day - 18/11/2014): efnweb.be/?p=6207



EFN @EFNBrussels · Oct 31
 EFN Update November-December 2014 published. To read it: efnweb.be/?page_id=6135



EFN @EFNBrussels · Oct 29
 Nursing and Ebola Virus – Fieldworkers safety at high risk due to cuts in health sector - Read more: efnweb.be/?p=6108



EFN @EFNBrussels · Oct 28
 EFN General Secretary in Madrid for the high-level nursing colloquium on Ebola: consejogeneralenfermeria.org/index.php/sala...



EFN @EFNBrussels · Oct 23
 Jean Bacou, coordinator of PaSQ, shares views with EFN on the sustainability of patient safety and quality of care in the EU.


 EFN retweeted
 Leo Varadkar @campaignforleo · Oct 23
 Delighted to meet the European Federation of Nurses this morning, they're doing great work @Efnbrussels #imno




EFN @EFNBrussels · Oct 23
 Irish Minister of Health, Leo Varadkar, opening the 101st General Assembly of EFN, in Dublin


EFN @EFNBrussels · Oct 9
 Read the new EFN Press Release: "EFN meets the Chief Nursing Officers in Rome" at: efnweb.be/wp-content/upl...


EFN @EFNBrussels · Oct 7
 EFN present at the CMO/CNO meeting in Rome - efnweb.be/?p=6053

➤ **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 2014, the EFN published several press releases, namely: [Politicians urged to support and develop nursing](#) (EFN-ICN Joint Statement - 17/01/2014); [RN4Cast findings published in Lancet – Nursing Workload & Qualifications](#) (26/02/2014); [International Nurses Day - Nurses: A force for change](#) (12/05/2014); [Portuguese Nurses on Strike for Better Working Conditions](#) (24/09/2014); [EFN meets the Chief Nursing Officers in Rome](#) (08/10/2014); [Fieldworkers safety at high risk due to cuts in health sector](#) (29/10/2014); [Anti-Microbial resistance and the Role of the Nurse](#) (17/11/2014); [Nurses Caring for Ebola Patients – Zero Tolerance](#) (EFN-ICN Joint Press Release - 28/11/2014).

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

➤ **EFN Policy Statements & Position Papers**

The **EFN Policy Statements & Position Papers**, highlighting the EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN's lobby work next to the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work at national & EU level. In 2014, the EFN members adopted the EFN Policy Statements & Position Papers on: [Investing in Health](#); and [Unethical Recruitment of Nurses within EU Member States](#).

[Investing in Health](#) follows on from the 2013 Annual Growth Survey that recognises the contribution of health for a job-rich recovery and establishes the role of health as integral component to the Europe 2020 strategy, as well as linking to the European Commission [Social Investment Package](#). Furthermore, it strengthens the link between EU health policies and national health system reforms and presents the case for investing in a motivated and highly skilled nursing workforce, being in the position to lead sustainable and integrated healthcare systems in the EU with a key focus on safety and quality. [Unethical Recruitment of Nurses within EU Member States](#) raising EFN members concern on the multiple professional and work related irregularities. With this statement the EFN is calling on the EU politicians, policy-makers, regulators, employers and professional organisations to ensure an appropriate implementation and enforcement of the Directive 2005/36/EC, amended by Directive 2013/55/EU; and to ensure compliance with EU Employment law which shall ensure equal treatment to EU nationals in the workplace across the EU.

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

➤ **EFN inputs to the European Commission Consultation Processes** relate to: [Quality of Care and Patient Safety](#) (February 2014); [Primary Care](#) (April 2014); [Towards a European Area of Skills and Qualifications](#) (April 2014); [The Green Paper on Mobile Health](#) (July 2014); [Possible priorities for research and innovation for 2016-2017](#) (Horizon 2020) (July 2014).

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 2014, the EFN published several articles: on EFN Report on [Sharps Injuries](#) (May-December 2014); Evidence Based Policy-making for Health System Reform in the EU, published in [Diplomatic World](#) (December 2014).

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

IX. CONCLUSION

2014 has been a very exciting, challenging and productive year in which EFN learned to coordinate in the most flexible and inclusive way a thematic network developing guidelines for eHealth services in nursing and social care. It provided EFN with the confidence to run an EU Project with the guarantee of having concrete outcomes. The leadership of the WP leaders, all nurses, all women, have made ENS4Care a different EU project which should inspire other consortiums to promote gender balance in policy-making.

The EFN successful lobby outcomes relate also to the modernised Directive 2005/36/EC amended by Directive 2013/55/EU, with the design of an EFN competency framework to make free movement secure and safe. The implementation of Article 31 of the Directive 2013/55/EU needs to be implemented in national legislation and nursing education curricula, a challenge for many stakeholders. The EFN has safeguarded future development by adopting a comprehensive competency based framework which can assess compliance with Article 31 and as such compliance with the Directive and the Acquis Communautaire.

The EFN is recognised in the EU lobby arena as trustful, hardworking, and critical but fair and outcome oriented. National governments, especially in the Joint Action on Quality and Safety, appreciate EFN input and commitment to policy design as EFN stays very practical, down to earth and evidence based in lobbying. With the ongoing austerity impact on nurses and nursing, it is a strength to design policies taking into account what happens in reality. It has become a privilege for EFN to be recognised as a strong advocate and designer of the future nursing profession education, workforce, and quality and safety services, including e-health services.

EFN membership is strong, supportive and innovative. These are the ingredients needed to become politically powerful and recognised as effective agenda setter in policy at EU level. The sustainability equation in policy-making will stay with us in 2015 and I assume for some years to come as the sustainability of quality and safety (PASQ), the sustainability of workforce for health (the 4 Categories of the Nursing Care Continuum) and the sustainability of evidence based policy-making (ENRF) will need EFN attention and commitment to turn challenges into opportunities for the nursing profession in the changing health and social care, and education systems in the EU. Redesigned healthcare and educational systems in the EU stay a top political priority for EFN.

This Annual Report shows the impact EFN has on the European Commission, the European Parliament and the Council. The nurses' voice is there where it needs to be: in the political arena!

Paul De Raeve
EFN General Secretary

The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 34 National Nurses Associations and its work has an effect on the daily work of 6 million nurses throughout the European Union and Europe. The EFN is the independent voice of the nursing profession and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.

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