



**EFN Report on
Continuous Professional Development (CPD)**

January 2025



Table of Contents

| | |
|---|-----------|
| Table of Contents | 2 |
| Executive Summary | 3 |
| Main Report | 5 |
| 1. Background | 5 |
| 2. Method | 7 |
| 3. Results | 8 |
| a. Is there an obligation for nurses to do CPD in order to keep their nursing license?..... | 8 |
| b. Which body is responsible for assigning or accrediting credits for CPD? | 9 |
| c. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)? | 10 |
| d. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory? | 11 |
| e. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation? | 12 |
| f. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process? | 13 |
| g. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD? | 13 |
| h. Do employers have an obligation to facilitate nurses to undertake CPD? | 15 |
| i. Who pays for the nurses to follow CPD? | 15 |
| 4. Conclusion | 16 |
| EFN Members input country per country | 19 |
| EFN Members | 59 |

Executive Summary

Background

Continuous Professional Development (CPD) and Lifelong Learning (LLL) are fundamental mechanisms for enhancing professional knowledge and skills in nursing, ultimately improving patient care through better care standards. Research demonstrates that structured learning increases nurses' career progression opportunities and positively impacts patients, professionals and organisations. The European Commission has identified CPD as a key political priority, strengthened through the modernised Directive 2013/55/EU. However, the implementation of CPD varies significantly across EU Member States, creating challenges in maintaining consistent standards of nursing practice and potentially impacting workforce mobility within the European healthcare sector.

This report analyses CPD for nurses across 28 European countries, representing an 80% response rate from European Federation of Nurses Associations (EFN) members. The data was collected through the EFN Tour de Table at the October 2024 General Assembly in Warsaw, Poland.

Regulatory Framework

Analysis of the regulatory landscape reveals significant variation across Europe. For example, 46% of countries mandate CPD for license retention, 43% operate voluntary systems, and 11% maintain partial or unclear requirements. Despite this variation in CPD requirements, there is strong consistency in professional registration, with 96% of countries requiring mandatory nurse registration. Legislative frameworks for continuing education exist in 61% of countries, though the depth and specificity of these frameworks vary considerably.

CPD Administration

Three dominant models dominate the administration and accreditation of CPD activities across Europe. Professional body oversight accounts for 43% of systems, governmental agency control accounts for 29%, and mixed systems comprise 28%. This variety in administrative approaches reflects broader differences in how countries organise their healthcare systems and regulate health professions, though professional nursing organisations maintain significant involvement across most countries.

Credit Systems

The measurement and recognition of CPD activities demonstrate three main approaches across European countries. Professional body-specific credits are most common, used by 43% of countries,

while academic credits/ECTS represent 21% of systems, and time-based systems account for 36%. This variation in measurement systems reflects the complex nature of professional development in nursing and the different ways it is valued and recognised across Europe.

Critical Challenges

Workforce shortages are a universal challenge affecting CPD participation across all responding countries. Time constraints, inadequate staffing coverage, and limited organisational support impact these shortages. The variation in employer obligations further compounds these challenges, with 46% of countries mandating employer support, 32% recommending but not requiring support, and 21% having no formal obligation. Funding arrangements show similar variation, with 54% using mixed funding systems, 29% relying on employer funding, and 17% depending on self-funding by nurses.

Non-compliance Consequences

The approach to non-compliance with CPD requirements varies significantly across Europe. In 36% of countries, non-compliance results in strict consequences affecting practice rights, while 32% employ remedial approaches, and 32% have no formal consequences. This variation has implications for professional mobility and raises questions about the equivalence of professional standards across Europe.

Implications

Based on these findings, several implications emerge for European policy development. These include reflecting on European standards for nursing CPD, considering a European CPD credit system, recommending guidelines for minimum employer support, developing sustainable funding frameworks, integrating CPD capacity into workforce planning, and creating mechanisms for sharing best practices. Success in implementing these policy initiatives will require collaboration between professional organisations, healthcare providers, educational institutions, and policymakers at both national and European levels.

Main Report

1. Background

Continuous Professional Development (CPD) and Lifelong Learning (LLL) are fundamental mechanisms that enhance professional knowledge and skills for better patient care through improved care standards. Structured learning increases nurses' career progression opportunities and significantly impacts patients, professionals and organisations (*Ref. [Policy Statement on Lifelong Learning and Continuous Professional Development](#)*). As a key political topic for the European Commission, strengthened in the modernised Directive 2013/55/EU, CPD/LLL has become central to nursing profession policy development. The European Federation of Nurses Associations (EFN) actively engages in policy debates, lobbying EU Institutions and key stakeholders to ensure EU nurses can regularly update their knowledge, skills and competencies through accessible professional development opportunities.

The implementation of CPD/LLL can vary significantly across EU Member States, with some countries maintaining mandatory requirements while others operate voluntary systems. This variation creates challenges in maintaining consistent standards of nursing practice across the EU and potentially impacts workforce mobility within the European community. From the nursing profession perspective, the EFN [advocates](#) for sustained investment in education and skills development, recognising these as essential elements in maintaining high-quality nursing care and enhancing patient safety outcomes.

The COVID-19 pandemic highlighted the critical importance of maintaining up-to-date clinical knowledge and skills among nursing professionals, while simultaneously demonstrating the need for rapid upskilling in response to emerging healthcare challenges. This global health crisis, combined with ongoing digital transformation in healthcare, has created additional imperatives for consistent CPD/LLL engagement. Nurses are increasingly required to maintain competency with evolving healthcare technologies, electronic health records, and digital communication platforms, while also developing skills in emerging areas such as telehealth and remote patient monitoring.

[Research](#) consistently indicates that effective CPD/LLL programmes contribute to improved patient outcomes, reduced medical errors, and enhanced job satisfaction among nursing professionals. [Studies](#) have demonstrated clear correlations between regular professional development activities and indicators of care quality, including patient satisfaction and clinical outcomes. While the economic implications of CPD/LLL present both challenges and opportunities, evidence suggests positive returns

through improved efficiency, reduced staff turnover, and better patient outcomes, despite variations in funding mechanisms and resource allocation across different healthcare systems.

The [European Qualifications Framework](#) (EQF) provides a crucial reference point for CPD/LLL activities, helping to ensure consistency and transferability of qualifications and competencies across EU Member States. However, challenges remain in achieving full alignment and recognition of professional development activities between countries. Quality assurance in CPD/LLL delivery remains a critical concern, with ongoing debate regarding appropriate standards for content development, delivery methods, and assessment of learning outcomes. The need for evidence-based approaches to professional development has led to increased scrutiny of programme effectiveness and impact evaluation methods.

Workplace support for CPD/LLL can also vary significantly across healthcare settings, with [research](#) indicating that organisational culture, leadership support, and practical factors such as time allocation and workload management significantly influence nurses' ability to engage in professional development activities. Professional nursing organisations increasingly serve dual roles as both advocates for professional development requirements and providers of learning opportunities, while also contributing to standard-setting and quality assurance processes.

Technology-enhanced learning has become increasingly prominent in CPD/LLL delivery, accelerated by recent global events. While digital learning platforms offer increased accessibility and flexibility, questions remain regarding the optimal balance between online and face-to-face learning experiences in nursing education. [Research](#) into the effectiveness of different CPD/LLL approaches highlights the importance of adult learning principles and practice-based learning opportunities, with evidence suggesting that interactive, case-based learning experiences tend to have a greater impact on practice than traditional lecture-based approaches.

The future of CPD/LLL in nursing will likely be shaped by several emerging trends, including increasing emphasis on person-centred care, growing importance of health technology assessment, and the need for enhanced cultural competence in increasingly diverse healthcare settings. Recent policy developments at both EU and national levels have strengthened the framework for nursing CPD/LLL, although implementation challenges persist, particularly regarding resource allocation, standardisation of requirements, and recognition of learning across borders.

The sustainability of CPD/LLL systems remains a key consideration, particularly in the context of workforce shortages and economic pressures on healthcare systems. Stakeholder engagement in CPD/LLL development and delivery continues to evolve, with increasing recognition of the importance

of including patient perspectives and industry partners in determining professional development priorities and approaches. Innovation in delivery methods and funding models may be necessary to ensure continued access to high-quality professional development opportunities while maintaining the integrity and effectiveness of nursing education across the EU and Europe.

2. Method

Facilitating the exchange of knowledge, experiences and developments among the EFN membership is a very much valued function of the EFN bi-annual General Assembly meetings. A key policy support mechanism to achieve this is the EFN *Tour de Table*. At each General Assembly of the EFN, the *Tour de Table* provides the opportunity for the EFN Members to share information and best practices on a specific topic of EFN/nurses concern that should be put higher on the EU political agenda, as well as key issues and developments of national importance.

The EFN Members value the opportunity to share their experiences with their colleagues from across Europe, learn from each other's ongoing developments at national level, and communicating this evidence with the European Commission, aiming at upscaling these best practices throughout the EU and Europe.

At the October 2024 EFN General Assembly held in Warsaw - Poland, the EFN Members were invited to provide information on Continuous Professional Development (CPD), since at the EFN April 2024 General Assembly, held in Brussels, the European Commission explained that CPD is not considered part of the minimum training requirements ([Directive 2013/55/EU](#), Art.31), and the education system, including CPD, falls outside the competence of the EU. The EFN Spanish member, Spanish General Council of Nursing, emphasised the challenge of transferring continuing professional development (CPD) credits across European countries. Currently, CPD credits earned in one country are not transferrable to another, posing a significant hurdle for some nurses. He advocated for collaborative efforts to establish an agreement or initiate discussions aimed at addressing this issue. The EFN President thus proposed to collect data on CPD at the October 2024 EFN General Assembly *Tour de Table*, in order to gather information of what is happening in every EU country.

The data collected are vital for the EFN to advocate for the EU education agenda with key institutions, particularly the European Commission and the European Parliament. By understanding the national circumstances in each country, the EFN is able to enhance its lobbying efforts to influence effective policy solutions at the EU level based on actual in-country experience.

3. Results

This survey reports on input from 28 EFN Members, National Nurses' Associations across Europe, representing an 80% response rate. The EFN Members' input was presented in the EFN Tour de Table, an agenda point in the EFN General Assembly where the EFN members provide written input and an oral briefing to the entire General Assembly on the developments in their country. The EFN members were asked to report on nine questions; their responses to each are synthesised below and presented in full in the Appendix.

a. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Of the 28 responding countries, 13 (46%) have a mandatory CPD requirement linked to maintaining nursing registration/license, 12 (43%) do not have mandatory requirements, and 3 (11%) have partial or unclear requirements. The countries with clear mandatory requirements include Albania, Bulgaria, Cyprus, France, Italy, Lithuania, Romania, Slovakia, Slovenia, and the UK. Those without mandatory requirements include Denmark, Finland, Germany, Greece, Iceland, Malta, Netherlands, Norway, Portugal, Spain, Sweden, and Switzerland.

The specific requirements vary significantly among countries with mandatory CPD. For example, Cyprus requires 20 ICNECs or 32 hours every four years, the UK mandates 35 hours every three years (with 20 hours being participatory learning), Slovenia requires 70 license points over seven years, and Bulgaria requires 150 credits over five years. This shows considerable variation in both the quantity of CPD required and the timeframes for completion.

Some countries have unique systems or partial requirements. For instance, in the Netherlands, only Nurse Practitioners have a mandatory CPD requirement. In Spain, while there is no strict CPD requirement for license renewal, it is established as both a right and duty in their legislation. Switzerland has an obligation formulated in law but lacks implementation mechanisms and financial provisions.

The trend appears to be moving towards more structured CPD requirements. Poland, for example, is planning to introduce mandatory CPD through amendments to their Nursing Profession Act. Several countries without mandatory requirements still emphasise the professional obligation to maintain competence. Finland's legislation, for instance, states that healthcare professionals are "obligated to maintain and develop the knowledge and skills required for their professional practice."

The responses reveal that the European nursing profession is split nearly equally between countries with and without mandatory CPD requirements. This division suggests there is no current consensus on whether compulsory CPD is necessary for maintaining nursing standards, though there appears to be universal agreement on the importance of CPD itself, whether mandated or not.

b. Which body is responsible for assigning or accrediting credits for CPD?

The responses reveal significant variation in how CPD accreditation is managed across Europe, with three main models emerging: professional body oversight (43%), governmental agency control (29%), and mixed systems (28%). Professional bodies such as nursing associations or chambers are responsible in countries like Austria (Nursing National Association), Bulgaria (Bulgarian Association of Health Professionals in Nursing), Cyprus (Cyprus Nurses and Midwives Association), and the UK (Royal College of Nursing). Governmental agencies lead the process in countries like Albania (Health and Social Care Quality Assurance Agency) and France (Agence Nationale du Développement Professionnel Continu).

Some countries have developed sophisticated multi-stakeholder systems. France provides a notable example with its comprehensive structure, where the national agency (ANDPC) works in collaboration with government bodies, insurance systems, and professional councils. Similarly, Italy operates through three coordinating bodies: the National Agency for National Healthcare Services (Age.na.s), the National Commission for Continuous Education, and the Health Professions Master Data Management Consortium.

The accreditation systems vary in their formality and structure. Some countries have well-defined processes; for example, in the UK, the RCN uses a rigorous quality assurance process and specific quality standards to accredit educational programs. In contrast, countries like Finland and Norway have more flexible systems where employers often validate their own educational activities without formal external accreditation.

There is an interesting split between countries that maintain centralised control and those that allow multiple accrediting bodies. For instance, Romania's Order of Nurses manages all accreditation centrally, while in Spain, accreditation is managed through both state-level and regional Continuing Education Commissions. Some countries, like Sweden and Montenegro, report having no formal body responsible for CPD accreditation.

The varying approaches to CPD accreditation reflect different national priorities and healthcare system structures. However, a common thread across most responses is the involvement of professional nursing organisations in some capacity, whether as the main accrediting body or as stakeholders in a larger system. This suggests broad recognition of the importance of professional nursing expertise in determining appropriate continuing education standards.

c. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

The analysis reveals three predominant credit systems across Europe: professional body-specific credits (43%), academic credits/ECTS (21%), and time-based systems (36%). The variation in approaches demonstrates the lack of a standardised European system for measuring and recognising nursing CPD activities.

Professional body-specific credits are used in several countries, with each having their own unique measurement system. For example, Cyprus uses International Continuous Nursing Educational Credits (ICNECs), where 1 credit equals approximately 60 minutes of assessed learning. Italy employs ECM (Educazione Continua in Medicina) credits, with a requirement of 150 credits over three years. Bulgaria uses a system where 1 CPD credit equals 60 minutes of educational activity.

Academic credit systems, particularly ECTS (European Credit Transfer System), are primarily used for formal university-based education. Denmark and Portugal explicitly mention ECTS for diploma, master's, and PhD programs. However, most countries distinguish between academic ECTS and professional CPD credits. For instance, the Netherlands uses "accreditation points" for CPD activities separate from ECTS, and Italy specifically notes that teaching in ECM events provides credits while university teaching does not.

Time-based systems are common, often measured in hours rather than credits. Slovenia counts 45 minutes as one license point, Austria requires 60 hours within 5 years for Registered Nurses, and Cyprus requires 32 hours of CPD activities every four years.

Several countries have developed hybrid or flexible systems that recognise multiple forms of professional development. France's system, for example, recognises various activities, including training, professional practice assessment, and risk management. Switzerland's e-log platform offers a modern approach where one e-Log point represents one hour, but the system includes various aspects of CPD beyond traditional educational activities. This diversity in measurement systems

reflects the complex nature of professional development in nursing and the different ways it is valued and recognised across Europe.

d. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

The analysis reveals strong consistency across Europe regarding nurse registration, with 96% of responding countries indicating that registration is mandatory for nurses to practice. Only Montenegro explicitly reported not having a registration system. This high percentage demonstrates a clear European consensus on the importance of formal professional registration for nursing practice.

Three main types of registration bodies emerge from the data: state/governmental agencies (43%), professional bodies/chambers (39%), and hybrid systems (18%). State agencies include examples like the Danish Patient Safety Authority, the Estonian Health Board, and the Swedish National Board of Health & Welfare. Professional bodies include the Bulgarian Association of Health Professionals in Nursing and the UK's Nursing and Midwifery Council (NMC). Some countries like France and Spain operate hybrid systems involving both state and professional organisations.

The registration process varies in complexity and structure across countries. For example, in Romania, registration requires multiple documents, including notarised copies of educational qualifications, criminal record certificates, and health certificates. In contrast, some countries like Estonia maintain a more straightforward national register (medre.tehik.ee). The Czech Republic presents an interesting case, having cancelled its registration system in September 2017, leaving it currently without an active registry.

Some countries have developed sophisticated multi-level registration systems. For instance, Portugal requires registration for both general nursing practice and specialist nursing roles. Similarly, the Netherlands has a dual system where nurses must be registered in both the BIG register (government managed) and can optionally register in the Quality Register V&V (professionally managed).

The registration systems often serve multiple purposes beyond basic professional registration. In Italy, the OPI (Ordini Professioni Infermieristiche) not only maintains the register but also oversees professional standards. The UK's NMC combines registration with revalidation processes to ensure ongoing competence. However, there are limitations; Switzerland notes that while they have a national register for health professionals, it is "not an active register" and only maintains basic diploma information, highlighting potential areas for system development across Europe.

e. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

The legislative framework for nursing CPD varies significantly across Europe, with approximately 61% of responding countries reporting some form of legislative definition for continuing education, while 39% either have no legislative framework or have very limited provisions. However, the depth and specificity of these legislative frameworks vary considerably.

The most comprehensive legislative frameworks appear in countries like France, Italy, and Slovenia. France's system, established through the Public Health Code and reformed in 2016, sets clear objectives for improving care quality and safety, with specific three-year priority areas defined by the Ministers for Health. Italy's framework, developed through multiple legislative decrees (1992, 1999, and 2007/2008), provides detailed regulations for mandatory continuing education. Slovenia's rules specify both professional development requirements and licensing periods.

The evaluation of Continuing Professional Development (CPD) activities reveals three primary approaches: first, the professional body evaluation, exemplified by organisations such as the Cyprus Nursing and Midwifery Council. The second method is employer-based evaluation, as seen in the Czech Republic, where employers actively review the educational activities of their staff. Lastly, there are mixed evaluation systems, which combine various stakeholders, as demonstrated in France, where a collaborative approach involves professional associations, employers, and regional health agencies.

Several countries report having legislation that acknowledges the importance of CPD but lacks specific evaluation mechanisms. For example, Finland's law states healthcare professionals must maintain and develop their knowledge and skills, but there are no defined evaluation criteria. Similarly, Norway's Health Personnel Act outlines the responsibility for CPD but does not specify evaluation methods.

There is a notable gap between legislative requirements and practical implementation in some countries. Switzerland reports having a legal obligation for health professionals' continuing education but lacks implementation provisions. The Netherlands has specific legislation only for Nurse Practitioners, while general nurses have no legislative requirements. This variation suggests that while many European countries recognise the importance of CPD in legislation, the practical implementation and evaluation mechanisms remain a challenge in many cases.

f. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

The responses reveal significant variation in consequences across Europe, with three main categories emerging: strict consequences affecting practice rights (36%), remedial approaches (32%), and no formal consequences (32%). This three-way split suggests a lack of European consensus on how to address non-compliance with CPD requirements.

Countries with strict consequences typically link CPD compliance directly to practice rights. The most severe outcome is the inability to practice nursing, seen in countries like Cyprus, Slovenia, and the UK. In Cyprus, nurses face the risk of not being able to renew their professional licenses, which could lead to their removal from direct patient care or result in salary cuts within the private sector. Similarly, in Slovenia, non-compliant nurses are removed from the register if they do not complete the required additional training or competency tests. In the UK, nurses who fail to revalidate cannot renew their registration and are prohibited from legally practising.

Several countries adopt a remedial approach that provides additional opportunities for compliance before imposing serious consequences. For instance, Albania mandates a 6-month internship or examination for nurses who fail to meet standards. In Bulgaria, the extra payment for CPD certification is withdrawn, while Slovakia imposes financial penalties of €2.50 per missing credit, which can accumulate up to €660, but still allows nurses to continue practising.

A significant number of countries report having no formal consequences for non-compliance. For example, Estonia states, "There are none," while Finland mentions, "Nobody evaluates it nor has any demands if it is not happening." Similarly, the Netherlands confirms, "Formally, there are no repercussions and/or consequences other than removal of a registration from the V&V Quality Register."

The variation in approaches suggests different philosophical perspectives on professional development - from viewing it as an essential requirement for safe practice to seeing it as a voluntary professional enhancement. This difference in approach has implications for workforce mobility across Europe and raises questions about standardisation of professional requirements across the EU.

g. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

The responses show remarkable consistency across Europe, with 100% of responding countries identifying workforce shortages as a significant barrier to CPD participation. The challenges broadly cluster into three main interconnected categories: time constraints, staffing implications, and organisational barriers.

Time constraints emerge as the most frequently cited challenge in professional development, manifesting in various forms. Many individuals face a lack of protected time allocated for CPD activities, prompting a reliance on personal time to engage in professional growth. This situation complicates the ability to balance work demands with learning opportunities, as extended work hours and shifts further reduce the available time for such activities. For example, Cyprus reports that "nurses who work in private hospitals attend the CPD activities in their own time," while Italian responses note "demotivation, shift work, and lack of time" as key barriers.

The staffing implications create a circular problem affecting many countries. When colleagues attend training, there is often insufficient staff to cover for their absence. This leads to an increased workload for the remaining staff who are left to manage ongoing responsibilities. Additionally, it becomes challenging to find replacements for those who are away on CPD. This is well illustrated by Denmark's response: "all nurses and resources are needed in the clinical practice," and Estonia's observation that "there are not enough substitutes."

Organisational barriers are often highlighted, including financial constraints that limit access to CPD opportunities, reduced employer support for training, limited availability of relevant courses, and geographical challenges that hinder access to these resources. Switzerland, for instance, reports that "due to the lack of nurses and a difficult financial situation (deficits) in many health institutions, the support for CPD of employed nurses has been reduced dramatically."

Many countries describe a complex interplay between these challenges. The UK's response effectively summarises this intersection:

- Time Constraints: Increased workloads and longer shifts leave limited time for CPD;
- Funding Issues: Budget constraints limit access to training and development opportunities;
- Access to Training: Fewer staff make it hard to attend CPD sessions; and
- Increased Patient Demand: Higher patient-to-nurse ratios reduce flexibility for professional development.

The consistency in responses suggests this is a systemic European problem requiring coordinated solutions rather than country-specific issues. Some countries have developed partial solutions, such as Estonia's focus on online training and internal organisational training, but these appear to be coping mechanisms rather than comprehensive solutions to the underlying challenges.

h. Do employers have an obligation to facilitate nurses to undertake CPD?

Analysis of the responses reveals that employer obligations regarding CPD facilitation vary significantly across Europe, with three distinct patterns emerging: mandatory obligation (46%), recommended but not mandatory support (32%), and no formal obligation (21%). This suggests a lack of European consensus on employers' responsibilities for supporting nursing CPD.

Countries with mandatory employer obligations typically have these requirements enshrined in their legislation or labor laws. For instance, in Portugal, the Labour Code explicitly mandates that employers promote the development and adaptation of their workers' qualifications. In Slovakia, employers are required to provide five days of training according to their Labour Code. France offers a detailed framework that specifies employer obligations regarding CPD support. Meanwhile, in Estonia, employer responsibilities are linked to Health Fund contracts and quality indicators.

Several countries have recommended but non-binding employer support for CPD, which demonstrates varying degrees of expectation. In the UK, there is no legal requirement, but the Nursing and Midwifery Council (NMC) emphasises the employer's responsibility to support CPD. Similarly, in Norway, while employers are viewed as responsible for CPD, there are no specific legal mandates in place. In the Netherlands, support for CPD is often stipulated in collective bargaining agreements; however, the implementation of such support varies. In Denmark, the Danish Nurses' Organization (DNO) advocates for employer responsibility regarding CPD, yet this is not explicitly stated in the legislation. Countries reporting no formal obligations include Switzerland, Sweden, Montenegro, and Greece.

The responses suggest a trend towards increased employer responsibility, even in countries without formal obligations. However, there is often a gap between obligations in principle and practical implementation, frequently linked to resource constraints and staffing shortages. This is captured in responses like Denmark's note that "all nurses and resources are needed in the clinical practice," highlighting the tension between service delivery and professional development needs.

i. Who pays for the nurses to follow CPD?

The analysis reveals a complex funding landscape across Europe with three predominant models: mixed funding systems (54%), employer-funded (29%), and self-funded (17%). The high percentage of

mixed funding systems suggests that CPD financing is typically shared across multiple stakeholders rather than being the responsibility of a single entity.

Mixed funding systems exhibit significant variation, generally incorporating a blend of different sources. These typically include funding from employers, support from government or state entities, contributions from professional associations, individual nurse contributions, and resources from the healthcare system. For example, the UK demonstrates this complexity with funding from "NHS/Government Funding, Employer Support, Individual Contributions." Poland similarly reports multiple sources, including "state budget, professional self-government, nurses' own funds, employers' budget, EU projects."

Funding arrangements for CPD activities vary by country. In France, the ANDPC covers training costs for up to 14 hours annually, after which nurses must self-fund. Italy's employers are responsible for financing mandatory training as part of their training plans, while nurses must cover the costs of any external professional development themselves. In Iceland, a vocational training fund is available for nurses to apply to, in addition to employer and self-funding options. In Estonia, the Health Fund provides funding through contracts, which differs between primary and secondary care settings.

Several countries are facing challenges with their funding arrangements for CPD. Bulgaria has expressed that the additional financial support is insufficient, stating that "the extra amount of money is too small." In Switzerland, it has been noted that when more resources were available, some employers funded their employees' CPD; this suggests a decline in support over time. Additionally, there is a widespread sentiment among various countries that private sector support for CPD is less reliable compared to public sector funding. However, some countries have implemented unique approaches worth highlighting. For instance, Malta provides each nurse with €1,165 annually for CPD activities. Cyprus has a mixed system where public sector nurses benefit from eight days of CPD during working hours, while private sector nurses generally self-fund their development. In the Netherlands, funding obligations are determined by collective bargaining agreements rather than through legislation.

4. Conclusion

The analysis of CPD systems across European countries reveals significant variation in approaches to nursing professional development, from highly regulated mandatory systems to voluntary frameworks. This heterogeneity reflects different national healthcare traditions and regulatory

philosophies, but also highlights potential challenges for nursing workforce mobility across Europe and standardization of professional standards.

A clear division emerges between countries with mandatory CPD requirements (46%) and those without (43%), with the remainder having partial systems. This split suggests an ongoing debate about whether compulsory CPD is necessary for maintaining professional standards. However, even in countries without mandatory requirements, there is universal recognition of CPD's importance, often expressed through professional codes or legislation.

The governance and accreditation of CPD show three dominant models: professional body oversight, governmental control, and mixed systems. This variety in administrative approaches reflects broader differences in how countries organise their healthcare systems and regulate health professions. However, the strong role of professional nursing organisations across most countries suggests recognition of the importance of professional expertise in CPD governance.

Registration systems show the greatest consistency, with 96% of countries requiring mandatory registration for practice. This near-universal agreement on the need for professional registration provides a potential foundation for developing more standardised approaches to CPD across Europe. The existing registration infrastructure could potentially be leveraged to create more consistent CPD requirements and monitoring.

The legislative framework for CPD varies significantly, with 61% of countries having some form of legislative definition. However, there's often a gap between legislative requirements and practical implementation, particularly regarding evaluation mechanisms. This suggests a need for more robust policy frameworks that bridge the gap between theoretical requirements and practical implementation.

The approach to non-compliance with CPD requirements varies dramatically, from strict consequences affecting practice rights to no formal consequences. This variation has implications for professional mobility and raises questions about the equivalence of professional standards across Europe. It may be necessary to develop more consistent approaches to ensuring ongoing competence.

Workforce shortages emerge as a universal challenge affecting CPD participation, creating a concerning cycle where staff shortages limit professional development opportunities, potentially affecting care quality and staff retention. This suggests that workforce planning needs to explicitly consider CPD capacity alongside service delivery requirements.

Employer obligations and funding arrangements show considerable variation but with a trend toward mixed responsibility models. However, resource constraints often limit the practical implementation of support systems. This highlights the need for sustainable funding models that ensure CPD access regardless of employment context or geographical location.

Based on these findings, several EU policy implications can be identified:

1. Reflect on European standards for nursing CPD while allowing flexibility in national implementation;
2. Consider a standardised European CPD credit system to facilitate recognition across borders;
3. Recommend guidelines for minimum employer support requirements;
4. Develop frameworks for sustainable CPD funding;
5. Integrate CPD capacity into workforce planning requirements; and
6. Create mechanisms for sharing best practices across countries;

Looking ahead, the key challenge will be balancing the need for more standardised approaches to ensure consistent professional standards across Europe with the need to maintain flexibility for national healthcare systems. Success will require collaboration between professional organisations, healthcare providers, educational institutions, and policymakers at both national and European levels. The ultimate goal should be to ensure all nurses have meaningful access to professional development opportunities that support high-quality care delivery while facilitating professional mobility across Europe.

EFN Members input country per country



ALBANIA

- 1. Is there an obligation for nurses to do CPD in order to keep their nursing license?**
Yes, in Albanian it is.
- 2. Which body is responsible for assigning or accrediting credits for CPD?**
Health and Social Care Quality Assurance Agency. <https://asck.gov.al>
Agjensia e Sigurimit të Cilësisë së Kujdesit Shëndetësor dhe Shoqëror (ASCK)
- 3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?**
Continuing Medical Education (CME)
- 4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?**
By Albanian Order Of Nurses.
- 5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?**
Decision No. 624, dated 29.7.2020 on the criteria and procedure of the certification program of social care professionals. Decision No. 788, dated 22.9.2015 for the determination of the criteria, standards and procedures of accreditation process of continuing education activities for health professionals (Amended by VKM no. 304, dated 5.4.2017; no. 418. dated 4.7.2018).
<https://asck.gov.al/kuadri-ligjor/>
- 6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?**
They must fulfil them by attending various training activities, such as trainings, conferences, reading books or scientific articles. If they do not succeed, they must do a 6-month internship or an exam.
- 7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?**
There are many organizations that deal with continuing education.
- 8. Do employers have an obligation to facilitate nurses to undertake CPD?**
Yes
- 9. Who pays for the nurses to follow CPD?**
If the training is done by the Order of Nurses of Albania, nurses and midwives as well as other professionals do not pay anything. While from other providers, it depends on the monetary values

that are determined. And by the format online or in presence, who many days and by the organisation.



AUSTRIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Yes, is regulated by law.

2. Which body is responsible for assigning or accrediting credits for CPD?

We as NNA are responsible for accrediting credits (PFP), but this is not a “must” by law. So everybody in Austria can offer CPD courses and participation counts. Our PFP System ist a system where we as NNA are checking the items regarding quality

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

By law it is regulated 60 hours(within 5 years) for RN and 40 hours (within 5 years)for Nurse Assistants.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Nurses and other health professionals are registered. The Austrian Working Chamber is responsible for the registration.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Only the numbers of hours are carried out in legislation.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

-

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Big challenge for our hospitals is the point, to guarantee CPD within working time

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes

9. Who pays for the nurses to follow CPD?

Hospitals and in some cases by the nurses themselves.



BELGIUM

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Nurses with a recognised specialisation are obliged to follow a 60-hour continuing education course in 4 years. General Care Nurses are not legally obliged to undergo continuing education.

2. Which body is responsible for assigning or accrediting credits for CPD?

Some professional nursing associations provide continuing education related to specialisation. These training courses are recognised as "Training Hours" by the official training bodies.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

Accreditation systems in hours and/or ECTS approved by official training bodies

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

To be able to practice in Belgium, nurses and midwives must be registered in Belgium, i.e. have a practice visa. This visa is granted by the SPF Santé Publique (Federal Public Service for Public Health)

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes, continuing education for specialisations is enshrined in law. Nurses must archive the documents attesting to having completed the training in an individual portfolio. To date, the follow-up of these training courses is not really controlled. Nevertheless, the Quality Law provides that these training courses must be well followed and nurses must comply with them.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

Nothing is currently in place.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

The challenges encountered by nurses are first of all financial to pay for training, then of "time" since not all employers know how to free nurses during their working hours, which means that they have to take it on their personal time?

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Normally yes. There are also days off to help employers free up their staff to take these trainings.

9. Who pays for the nurses to follow CPD?

(Generally) The nurses themselves.



BULGARIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

In Bulgaria the CPD is obligatory for nurses by law. We don't have a license regime for the nursing profession. Nurses have to receive 150 credits from different educational activities in the period of 5 years, according to the Single Credit System of the BAHPN.

2. Which body is responsible for assigning or accrediting credits for CPD?

The BAHPN is responsible for assigning and accrediting credits for CPD by law.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

1 CPD credit is equal to 60 min. Usually teachers from the universities are lecturers. Sometimes we have leading professors and specialists from abroad.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

It is mandatory nurses/midwives, who register nurses/midwives to be registered.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

The CPD is defined by the Code of the BAHPN and in the health legislation. BAHPN, by law is obliged to organise, to register, to credit and to control the whole process of the CPD system by concluding contracts with the medical universities and other institutions, providing any kind of education accredited by the state. The effect of the CPD system is valued by the employers. Nurses receive extra money for completing every 5-year period of doing CPD.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

They only lose the extra money for the CPD Certificate.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

It is really difficult for the nurses to take time for the CPD courses. That's why we often organise on-line events. Face-to-face training is usually planned in optimal free days.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

The employers have an obligation to facilitate nurses to undertake CPD, but they usually don't keep to this.

9. Who pays for the nurses to follow CPD?

The employers pay for the nurses to follow CPD, but the extra amount of money is too small.



CYPRUS

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Yes there is, nurses and midwives are requested to renew license to practise by legislation every four years with 20 ICNECs or 32 hours of CPD activities.

2. Which body is responsible for assigning or accrediting credits for CPD?

Cyprus nurses and Midwives Association (CyNMA) is responsible for assigning or accrediting credits.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

Certificates with International Continues Nursing Educational Credits (ICNECs) are issued by CyNMA based on the agreement with the International Council of Nurses (ICN) Since 2013. One (1) Continues Nursing and/or Midwifery Educational Credit is equivalent to approximately 60 minutes of an assessed by CYNMA accreditation committee and approved learning experience (seminars, conferences, congresses, etc). For the renewal for the license CPD activity hours are assessed by the Cyprus Nursing and Midwifery Council.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Yes, they have to be registered and it is mandatory. There is a Nursing and Midwifery registrar and a Nursing and Midwifery Council who asses the applications for registration.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

CPD is not defined in detail what should include in the legislation but mention the criteria for CPD in order to renew licence. The evaluation is carried out by the Cyprus Nursing and Midwifery Council.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

A nurse or a midwife cannot renew his professional licence and therefore cannot work as a nurse or a midwife. Consequently, in private sector cut of salary and work as auxiliary personnel. In public sector removed from direct patient care.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Due to the lack of nurses mainly those who work in private hospitals attend the CPD activities in their own time.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Only in State Hospitals the nurses/midwives are allowed to have 8 days of CPD activities during working hours.

9. Who pays for the nurses to follow CPD?

Cyprus Nurses and Midwives Association, Nursing and Midwifery council, trade unions, employers (some of them) and Nurses/Midwives by themselves.



CZECH REPUBLIC

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

In our country we do not have mandatory CPD given by regulation body. It is up to the employer to check whether our nurses are developing their skills by attending any educational activities.

2. Which body is responsible for assigning or accrediting credits for CPD?

N/A - Our NNA (The Czech Nurses Association) is only giving professional patronage for conferences, workshop and courses after program checking and so.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

N/A

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Our registration was cancelled in 2017 September. There is no eligible body to register nurses and there is no active registry for nursing profession.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes, we do have but it is up to the employer whether they check any educational activities of nurses or not. Many employers these days are supporting educational activities but there is nursing population which is not keen to undergo these activities.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

N/A

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

It depends on the employer whether the educational activities are supported or not. Many nurses in our country are not keen to undergo post gradual education. On the other hand some employers do not support educational activities by giving study leave and nurses must take vacation or work extra shifts to have off days for education.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes

9. Who pays for the nurses to follow CPD?

It is paid by employers sometimes and sometimes by nurses itself.



DENMARK

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

No

2. Which body is responsible for assigning or accrediting credits for CPD?

We don't have a body responsible for all CPD but most nurses with an education for specialisation (8 specialisation in Denmark) have registered this in the authorisation register.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

ECTS – diploma in nursing (60ECTS), master's degree (120ECTS), PhD(180ECTS). Nurses with an education for specialisation don't have formal ECTS but instead, their education is equivalent to 60-90 ECTS

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Yes, it is mandatory, and nurses are registered in the authorisation register administered by the Danish Patient Safety Authority

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

We have no legislation that defines the right to continuing education. There is legislation for Diploma programmes, education for specialisation and master's programmes that regulate the programmes. There is accreditation of diploma and master's programs controlled by the Ministry of Higher Education and Science.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

No assessment requirements in Denmark

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

There are increasing demands on nurses' skills, but a lack of resources can make it difficult for nurses to get a continuing education. It is difficult because all nurses and resources are needed in the clinical practice.

We know that the proportion of nurses with further education is increasing. Approximately 15% of nurses have further education, with the most popular being a master's degree (8%). The 15% covers formal further education. In addition, many nurses have a special education. We know that there are approximately 10,000 special educations registered in the authorisation register. However, the figure comes with some uncertainty, as a nurse may have several specialist educations and not all nurses with specialist education are registered. In the future, a new executive order will ensure that all specialist educations are registered, as this is a requirement for being able to use the title of specialist nurse.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

No – The Danish Nurses Organisation (DNO) advocates for the employer to see this as their responsibility but nothing is stated in any legislation.

9. Who pays for the nurses to follow CPD?

It differs – primarily paid by employer but some nurses pay by themselves



ESTONIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Currently, the requirement is 60 hours of continuing education per year, which is then mandatory for all healthcare workers. However, control by the state is incomplete, and failure to complete 60 hours of training does not take away the right to work as a nurse.

2. Which body is responsible for assigning or accrediting credits for CPD?

Today, according to the law – the employer. At the same time, the Health Insurance Fund has set the competence assessment, which is organized by our union, as a quality indicator in home nursing, family nursing and school nursing. As part of the competence assessment, the committee takes into account the fulfilment of the given training volume, along with self-reflection and working time.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

There is a discussion to change the quality regulation, so the situation will probably change. We don't know yet, how exactly.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Nurses and midwives are registered in [national register](#). The authorities have been given to the Health Board by the state.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

60 hours of training every year, is valid by regulation. Currently valid regulation link <https://www.riigiteataja.ee/akt/123052023050> but a new one will be valid from November 1st,

which is currently being developed. The fulfilment of the requirements is monitored and organized today by the employer, the health care institution. In some cases, the employer and employee come to an agreement and jointly prepare a training plan.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

There are none. In some specialties (family nurses, home nurses, school nurses etc) additional training is considered as quality indicators, when signing contracts with the Health Insurance Fund.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Shortage of nurses means that there are not enough substitutes. Since there is little money, internal or online trainings are often held in the organization.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes

9. Who pays for the nurses to follow CPD?

The Health Fund has provided funding for staff training in its contracts, but this is unfortunately not taken into account in the funding at the primary level. At the same time, primary level nurses are the most active trainees, because competence assessment is used as a quality indicator in their activities.



FINLAND

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

This is what the law says: **Obligation for Continuing Education and Continuous Professional Development**

A healthcare professional is obligated to maintain and develop the knowledge and skills required for their professional practice, as well as to familiarize themselves with the regulations and directives related to their profession.

The employer of a healthcare professional must monitor the professional development of healthcare professionals and ensure conditions that allow them to maintain and develop their knowledge and skills. This includes providing opportunities to participate in necessary continuing education and other professional development methods to enable them to practice their profession safely and appropriately.

2. Which body is responsible for assigning or accrediting credits for CPD?

The employer yet still, even there is none CPD there are no consequences for the employer.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

Usually employer educates themselves, so no credits are calculated

4. **Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?**

The **National Supervisory Authority for Welfare and Health**. Every health personnel must be found from the National Supervisory Authority for Welfare and Health. system. It is online, and you can check everyone's license.

5. **Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?**

Nobody evaluates it nor has any demands if it is not happening.

6. **What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?**

-

7. **What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?**

-

8. **Do employers have an obligation to facilitate nurses to undertake CPD?**

Yes and no. If you read the part of the law it is said there should be CPD but the system that follows or tells the exact criteria for CPD is missing.

9. **Who pays for the nurses to follow CPD?**

The employer and sometimes themselves.



FRANCE

1. **Is there an obligation for nurses to do CPD in order to keep their nursing license?**

All healthcare professionals **in hospitals, other salaried employees and self-employed professionals** in France are subject to the three-year CPD obligation.

- state-registered nurse, advanced practice nurse, nursery nurse, state-qualified nurse anesthetist, state-registered operating room nurse, midwife
- nursing assistant, doctor, dental assistant, ocularist, audioprosthodontist, optician, child care assistant, orthopedist, medical biologist, speech therapist, dental surgeon, orthoprosthodontist, dietician, orthoptist, epithesist, chiropodist, occupational therapist, podiatrist, pharmacist, medical physicist, pharmacy assistant, hospital pharmacy technician, psychomotrician, medical electroradiology manipulator, physiotherapist, medical laboratory technician

CPD is compulsory for all professionals working in mainland France and the following overseas departments: Guadeloupe, French Guiana, Martinique, Mayotte and Réunion. This obligation does not apply to professionals working in the following overseas collectivities: French Polynesia,

Saint-Barthélemy, Saint-Martin, Saint-Pierre-et-Miquelon, Wallis-et-Futuna and the overseas collectivities with special status: the French Southern and Antarctic Lands and New Caledonia.

Every healthcare professional must, over a **3-year period**, follow a **CPD programme combining training and/or assessment of professional practices and/or risk management**. A minimum of two actions of two different types is required to fulfil the CPD obligation. To do this, they register for CPD activities published on the Agence nationale du DPC website. The actions taken can be traced using the **Traceability Document**, which is available on the Agency's website and enables each professional to report on the fulfilment of their obligation to their supervisory body (Ordre for professions subject to an Order, employers for employees without an Order, ARS for self-employed professionals without an Order).

Article R4021-5 of the French Public Health Code gives the Agence nationale du DPC the task of providing all healthcare professionals with an **electronic traceability document** enabling them to track all the CPD actions carried out and to report on them to the supervisory authority at the end of each three-year period.

The traceability document, is an online service enabling all healthcare professionals, regardless of how they practise:

- Continuously track the CPD activities they have undertaken and keep a record of them throughout their professional life;
- Report on their obligations to the relevant supervisory authority at the end of each three-year period (professional associations, regional health agencies or employers).

Personal training account (CPF)

Everyone has a personal training account (CPF) from the moment they enter the labour market until they retire. The CPF can be used throughout a person's working life (including during periods of unemployment) to follow training leading to qualifications or certification. These courses have the following objectives:

- Acquiring a qualification (diploma, professional title, professional certification, etc.)
- Acquisition of the [knowledge and skills base](#)
- Support for [validation of acquired experience \(VAE\)](#)
- [Skills assessment](#)
- Setting up or taking over a business (training courses must focus on the acquisition of skills **exclusively** related to running the business; they must not therefore be specific to practising a trade in a particular sector of activity)
- Acquisition of skills needed to carry out the tasks of volunteers or civic service volunteers
- Financing of driving licences.

2. Which body is responsible for assigning or accrediting credits for CPD?

CPD in France is managed by the French national agency for continuing professional development (ANDPC: [Agence Nationale du Développement Professionnel Continu](#)). The Agence nationale du Développement Professionnel Continu (DPC) is a Groupement d'Intérêt Public (GIP), set up jointly by the French government and the Union nationale des caisses d'assurance maladie (UNCAM). The Agency oversees the CPD system for all healthcare professionals (hospital, other salaried and self-employed), in collaboration with their representatives on management and scientific bodies.

Within this framework, it registers training organizations wishing to offer CPD programs, ensures the scientific and educational quality of the proposed CPD programs, promotes the system and contributes to the financing of CPD programs for ten self-employed healthcare professionals or those working in contracted health centers (biologists, dental surgeons, nurses, nurses, etc.), dental surgeons, nurses, masseur-physiotherapists, physicians, speech therapists, orthoptists, chiropodists, pharmacists and midwives) and physicians in healthcare and medical-social establishments. The Agence nationale du DPC is set up under an agreement between the French State, represented by the Ministry of Health, and the Union nationale des caisses d'assurance maladie (UNCAM), in the form of a public interest group (article R4021-6 of the French Public Health Code).

ANDPC 2 main missions: the overall management of the CPD system for all healthcare professionals, whatever their mode of practice, and the financial management of the CPD system for self-employed healthcare professionals under contract or salaried employees of health centres under contract.

ANDPC Steering role:

- In conjunction with the French government, the French health insurance system and the national professional councils (CNP), the Agency coordinates the definition of multi-year priority orientations for CPD;
- It registers organizations wishing to offer CPD to professionals, on the basis of criteria laid down by decree;
- It checks the conformity of the content, types of methods defined by the Haute Autorité de Santé and formats of CPD actions, and ensures compliance with the requirements of the priority orientations;
- It evaluates the efficiency of the system and the impact of CPD on improving practices; it promotes the CPD system and informs organizations and structures likely to offer CPD actions, salaried and non-salaried healthcare professionals and employers;
- It monitors the system;
- It provides each healthcare professional with a traceability document certifying his or her commitment to the program.

As part of its management mission:

- The Agency is responsible for the financial management of CPD for self-employed healthcare professionals and salaried employees of approved healthcare centers, and contributes to its funding;
- It contributes to the financing of professional development initiatives for doctors working in healthcare and medico-social establishments, in line with priority orientations.

Financial support for CPD from the Agency

The Agence nationale du DPC contributes to the financing of CPD actions (continuing education - professional practice assessment (EPP) - risk management (GDR) and integrated programs):

- Within the scope of the three-year CPD priority guidelines;
- Published on its website;
- Not evaluated unfavorably by independent scientific commissions (CSI) or not deactivated following an inspection by the Agency's departments.

As part of its financing, the Agency covers the educational costs of courses taken by self-employed healthcare professionals under contract, or salaried employees of contracted healthcare centers,

up to a maximum number of hours. It also compensates them for loss of income while they are training. It contributes to the financing of CPD actions by salaried doctors in health and medico-social establishments. The budget earmarked for the Agency's financing is set by the CNAM in the five-year agreement on objectives and management (COG) between the French government and the French health insurance system, and the annual budget is voted each year by the Agency's General Meeting. The CPD budget is divided between the direct funding of CPD activities by the professionals concerned: this envelope is allocated by the Management Board to the ten professions under agreement with the French health insurance scheme.

Governance

- **The General Assembly (GA) acts as the Agency's Board of Directors.** Made up of 12 representatives of the GIP's founding members, the French government and UNCAM, the General Meeting deliberates on the Agency's budget and financial accounts, its contract of objectives and performance, its internal regulations and staff provisions, and the financial agreements with the OPCOs concerning its participation in the financing of CPD for salaried doctors in healthcare and medico-social establishments. **Chairman:** Mr Eric HAUSHALTER

Governing bodies

- **The Ethics Committee** works to prevent conflicts of interest and sectarian aberrations in the context of CPD, by monitoring the prevention of conflicts of interest and the independence of professional training for healthcare professionals. It is made up of leading figures from the healthcare and legal sectors, chosen for their recognized expertise and independence from both the pharmaceutical industry and continuing professional development. **Chairman:** Mr Edouard COUTY
- **The Haut conseil du Développement Professionnel Continu (HCDPC)** acts as a scientific and educational advisory body to the Agence nationale du DPC. **Chairman:** Mr Bernard ORTOLAN
- **The Independent Scientific Commissions (CSI)** evaluate the CPD initiatives implemented by the organizations they represent. In conjunction with the Haut Conseil du DPC, the ISCs help determine the scientific and educational criteria for evaluation. The members of each commission are healthcare professionals with scientific and educational expertise.
- **The Conseil de Gestion (CG) is** responsible for managing the CPD budget allocated to self-employed healthcare professionals and salaried employees working in approved healthcare centers. It distributes the CPD budget among the ten professions covered by the Agency. It is made up of the members of the General Meeting, the presidents of the ten professional sections, a general practitioner and a specialist, members of the doctors' professional section. **Chairman:** Mr Eric HAUSHALTER
- **The professional sections** manage the financial envelopes allocated to them by the Management Board. They set the terms and conditions for the funding of CPD initiatives. Each professional section oversees the CPD system for the healthcare profession it represents on an infra-annual basis. It is made up of representatives of the trade unions representing the profession at national level.

Some [key figures](#):

- 384,817 healthcare professional accounts on agencedpc.fr
- 248,474 committed registrations on December 31, 2023
- 156,678 different registrations on December 31, 2023
- 7,926 CPD actions in 2023
- 2,726 CPD organizations authorized to propose CPD actions

On 5 September 2024, the French National Agency for Continuing Professional Development (ANDPC) [published](#) its [2023 activity report](#). This new document describes the Agency's activities and the dynamics of CPD. It confirms the commitment of self-employed healthcare professionals to the scheme at a dynamic pace. It highlights two trends that have emerged during this first year of the three-year period 2023-2025: the majority of professionals are choosing single-profession CPD initiatives; the majority are also choosing e-learning initiatives.

2023 in figures:

- **7,926** actions registered on the Agency's website
 - including 23.9% integrated programme initiatives (**+ 91.2%/ 2022**)
- **156,878** healthcare professionals registered for at least one CPD action
- **248,474** registrations on the Agency's website
 - of which 50.1% in integrated programme actions (**+ 15.3 points/2022**)

In France, in addition to CPD, there are other training options as the **inter-professional training fund for self-employed professionals (FIF-PL)** - a training insurance fund approved by Ministerial Order of 17 March 1993, published in the Journal Officiel on 25 March 1993. It was set up on the initiative of UNAPL (Union Nationale des Professions Libérales: National Union of Self-employed Professionals) and its member professional organisations, in accordance with the provisions of the law of 31 December 1991 on continuing training for self-employed workers and liberal professionals, which requires everyone to pay the Professional Training Contribution (Contribution à la Formation Professionnelle - CFP). As with CPD, training organisations offer courses that are eligible for FIF-PL funding. The FIF-PL can also be used to fund long-term training courses such as university degrees. It should be remembered that CPD courses only last a few days. For example, thanks to the FIF-PL, I have personally financed several university diplomas and long-term certifications for a total amount in excess of 10,000 euros.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

The CPD scheme covers up to fourteen hours per year, which in practice means two days' training per year. Each professional section oversees the CPD system for the healthcare profession it represents on an infra-annual basis. It is made up of representatives of the trade unions representing the profession at national level.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

-

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Introduced into the Public Health Code by the HPST (Hospital, Patient, Health and Territories) law of 2009, then reformed in 2016 by the law modernizing our healthcare system, Continuing Professional Development (CPD) aims to improve the quality, safety and relevance of care. Its main objectives are to assess and improve professional practices; and to maintain and update knowledge and skills. Every 3 years, the Ministers for Health and the Armed Forces issue a decree defining the priority areas for CPD. The priority areas for CPD are designed to support national health policy, certain areas of conventional policy and the challenges of improving practices in the various professions and specialties.

Under the aegis of the [Ministry of Health and Prevention](#), the Agence nationale du DPC has steered the process of drawing up national priority guidelines for CPD for the period 2023-2025 in conjunction with government departments, the National Professional Councils (CNP) and the health insurance scheme.

All CPD actions published by the Agency must be indexed to a priority guideline - The priority CPD guidelines are set out in binding framework sheets which define the precise scope of the guideline, the target audience(s) and the educational expectations in terms of type of action, format and breakdown of topics; exclusion criteria may also be indicated. These framework sheets are intended for CPD organisations that submit their CPD action programmes to the Agency for publication on the dedicated website.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

-

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

A major point to understand in France is the inequality of access to CPD depending on the type of practice. For self-employed nurses, it's very, very easy to set up. In hospital wards it often becomes very complicated, and in the private sector it's even worse.

<https://www.actusoins.com/formation-continue-des-soignants-un-droit-pas-toujours-facile-a-mettre-en-oeuvre.html>

After a record year in 2022, which marked the end of the second three-year period, 2023 confirmed the momentum of CPD. At 31 December 2023, 156,678 healthcare professionals had registered for CPD courses. **For the first time, continuing education programmes were not the most popular type of programme. The proportion of registrations for integrated programmes combining continuing education modules and practice assessment is now in the majority.** The increase in the evaluation of professional practices (EPP) is due in part to the financial incentives introduced by the Agency for actions of this type, and in part to the tools deployed by the Agency to support organisations with CPD methods ([method sheets](#), [webinars](#), etc.).

In 2023, the majority of healthcare professionals enrolled in single-profession initiatives. Although multi-professionality and inter-professionality are now strongly promoted in public policy, professionals prefer single-professional courses whose content is perceived to be better suited to their professional needs and challenges. **The offer, which very often mixes audiences within sessions, will therefore have to be adapted.**

8. Do employers have an obligation to facilitate nurses to undertake CPD?

-

9. Who pays for the nurses to follow CPD?

In practice, nurses pay nothing; the ANDPC pays the training organisation. Nurses also receive an allowance for the time they spend in training. However, if they spend more than fourteen hours on CPD, they will no longer be reimbursed, and will have to pay for it themselves. They will only be entitled to a tax deduction.

Private practitioners under agreement and employees of health centres under agreement - The Agence nationale du Développement Professionnel Continu (DPC) contributes to the funding of DPC for self-employed health professionals under agreement and for employees working in health centres under agreement (biologists, dental surgeons, nurses, masseur-physiotherapists, doctors, speech therapists, orthoptists, chiropractors, pharmacists and midwives).

Each professional section sets the hourly rates at which the Agency will pay for its profession, depending on the type of action (training, assessment of professional practices (EPP), risk management (DRM), integrated programme - combination of the other types) and the format (face-to-face, virtual classroom, non-presence) of the action.

The lump sum paid by the Agency covers

- The educational costs of the action. The Agency's financial contribution is paid directly to the CPD organisation that provided the CPD training;
- Compensation for the healthcare professional's loss of income during participation in the CPD programme.

Each professional section also sets the annual drawing right for its profession. This is the annual number of hours of CPD covered by the CPD Agency for each professional.

Finally, it also sets the three-year ceiling on the number of hours of training each professional can receive. Once a healthcare professional has reached this three-year ceiling, he or she may only enrol in EPP, GDR or integrated programme activities. The purpose of this ceiling is to encourage the greatest possible number of healthcare professionals to comply with their CPD obligations.



GERMANY

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

There is no general obligation for CPD. There are legal requirements for certain areas. According to the Training Act, practice instructors must complete 24 hours of mandatory CPD in order to continue working as a practice instructor.

2. Which body is responsible for assigning or accrediting credits for CPD?

Normally the lowest health authority in the city, municipality or federal state that is also responsible for professional authorisation.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

N/A

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

In two federal states, there is a chamber of nursing professions that covers all employees in the state. There are also voluntary registrations in one federal state and at federal level

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

N/A

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

N/A

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Professional training is either sought privately or is agreed with the employer if the employer considers the training to be necessary and consistently releases the employee from work for the training and pays the costs. The duty rota must be secured accordingly.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

No, no obligation. It is of course advisable to keep employees up to date with the latest information. The provision of further training serves to promote employee loyalty, career progression and personal development.

9. Who pays for the nurses to follow CPD?

See above: the nurse on itself, if it is voluntarily because of individual interests or the employer, if it is in the interest of the institution.



GREECE

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

No obligation related to their licence. However, each hospital has a Nursing Educational Office that organises CPD programmes for the nurses working in the hospital.

2. Which body is responsible for assigning or accrediting credits for CPD?

No body.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

The Hellenic National Nurses Association (HNNA) uses ICN's credits.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Yes, it is mandatory to be registered. HELLENIC REGULATORY BODY OF NURSES is the Greek official chamber and functions as a regulatory body

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Only the laws regarding the function of Nursing Educational Offices in Hospitals.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

-

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Lack of nursing personnel is a major determinant that acts negatively in CPD.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

No obligation.

9. Who pays for the nurses to follow CPD?

Hospital or nurses themselves.



ICELAND

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

No

2. Which body is responsible for assigning or accrediting credits for CPD?

There is no formal body

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

Most institutions/workplaces have agreements in place where nurses can use CPD hours to advance in their positions, assignments and in wage setting.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Yes they are registered. The Directorate of Health is the legislative body.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes we have it in our legislation for our APN role. It is regulated by the Directorate of Health. 512/2013 – [Reglugerð um menntun, réttindi og skyldur hjúkrunarfræðinga og skilyrði til að hljóta starfsleyfi og sérfræðileyfi](#). REGULATION on the education, rights and obligations of registered nurses and criteria for granting of licences and specialist licences, No. 512/2013. <https://www.government.is/media/velferdarraduneyti-media/media/Reglugerdir-enska/Regulation-No-512-2013---registered-nurses.pdf>

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

The nurse does not get a licence to work as a Registered nurse in Iceland if requirements are not met.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

There are no CPD obligations for nurses in Iceland.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

For most nurses yes. A nurse is entitled to a minimum of 10 days for continuous and continuing education each year based on full-time employment. He/she is entitled to a permit to pursue continuing education/postgraduate studies, provided that this is in accordance with the continuing education/professional development plan of the institution in question. However, the accumulated entitlement can never exceed 6 months and will not be paid out upon retirement.

9. Who pays for the nurses to follow CPD?

It varies, sometimes the employer, sometimes the nurse. Our NNA has a vocational training fund nurses can apply. The vocational training fund provides grants for study programs, courses and conferences as well as for other expenses related to these activities. Allocations from the fund are made six times a year.



ITALY

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Yes, there is. In 1999 it was established the Sistema Italiano di Educazione Continua in Medicina (Italian System for Continuous Education in Medicine) that began operating in 2002, that established the mandatory CPD for all healthcare professionals, including nurses.

2. Which body is responsible for assigning or accrediting credits for CPD?

The Age.na.s - Agenzia Nazionale per i servizi sanitari nazionali (National Agency for National Health care Services), the E.C.M. - Commissione Nazionale Formazione Continua (National Commission for Continuous Education) and the Co.Ge.A.P.S. - Consorzio Gestione Anagrafica Professioni Sanitarie (Health Professions Master Data Management Consortium).

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

In Italy, we use the ECM – Educazione Continua in Medicina (Continuous Education in Medicine) system through accredited providers. For events, generally, 1 ECM credit is worth 1 hour in formative events with up to 100 expected participants and 0,7 credit per hour from 101 to 200 expected participants. ECM credits can also be acquired by individual activities such as scientific publications (3 credits: first/last name; 1 credit: other authorships), tutorship, CPD in other states, or self-education/self-training. Teaching in ECM events provides credits, at the University it does not. Nurses are expected to get 150 ECM credits every three years.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Nurses are registered by the OPI – Ordini Professioni Infermieristiche (Nurses Order). It is mandatory to be registered.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes, CPD was first defined and rendered mandatory for health care professionals in 1992 (Decreto Legislativo 502/1992), then refined in 1999 (Decreto Legislativo 229/1999) and 2007/2008 (Legge 24 December 2007, n. 244; Accordo Stato Regioni 1 August 2007).

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

OPI and Age.na.s are responsible to verify whether a nurse has met the criteria for CPD, namely 150 ECM credits in three years. However, it is unclear if they actually check and if there are actions that follow.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Nursing shortage has negatively affected in getting the professional to enrol independently in Training courses. Added to this are demotivation, shift work, and lack of time.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes, public health care employers define each year a training plan for healthcare professionals. Nurses attend courses with specific subject areas for their work context or mandatory events under regional indication.

9. Who pays for the nurses to follow CPD?

If the training events are within the training plan of the employer, that training is considered a worked day. If the training events are promoted by professional associations or scientific societies, nurses pay their own training. Some training events are free. It may happen that associations, pharmaceutical companies or manufacturers financially support the expense.



LITHUANIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Yes, nurses must participate in CPD activities to update licence of nursing practice every 5 year.

2. Which body is responsible for assigning or accrediting credits for CPD?

Each institution providing CPD courses (universities, colleges, private providers, specialists' unions or associations) provides certificates with the specified duration of CPD in hours. The duration of CPD courses, target groups of specialists, acquired competences and the content of the program are evaluated and accredited (approved) by the Centre of Competences of the Institute of Hygiene

under the Ministry of Health. Each institution providing CPD training must submit an application to register the programs at the Institute of Hygiene and place them in the special CPD event registration system METAS. Universities are not required to get the approval of Institute of Hygiene and can provide CPD training independently. The State Accreditation Service for Health Care Activities at the Ministry of health counts CPD hours of the medical specialists in the licensing or license update process.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

The length of CPD courses is measured in educational hours.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

The State Accreditation Service for Health Care Activities at the Ministry of health register nurses and observes the CPD activities every 5 years to update licence

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes, we do have the legislation about the CPD of healthcare specialists and evaluation of CPD programs.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

Options include: license suspension, additional time to submit licensing hours.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Nurses are not always able to leave work to CPD courses especially if work in regional areas. their work in case of departure has to be carried out by other nurses, who are not always been paid for extra work, increase in workloads.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes, employers (or hospital nursing managers) must encourage nurses to choose CPD according to the specifics of the work performed and ensure that documents and CPD certificates are submitted on time for license update, which is necessary for the work of a nurse.

9. Who pays for the nurses to follow CPD?

Government, employer, nurses themselves, specialist societies, e.g. free CPD courses for societies members.



MALTA

- 1. Is there an obligation for nurses to do CPD in order to keep their nursing license?**
No obligation. The law enables this process, but it is not yet mandatory.
- 2. Which body is responsible for assigning or accrediting credits for CPD?**
The regulatory council for nurses & midwives
- 3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?**
-
- 4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?**
The regulatory council is responsible to register nurses and yes it is mandatory.
- 5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?**
In the Health Care Professions Act there is defined that the council may introduce a mandatory obligation to acquire a certain amount of CPD credits to keep the nursing licence.
- 6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?**
-
- 7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?**
-
- 8. Do employers have an obligation to facilitate nurses to undertake CPD?**
No obligation
- 9. Who pays for the nurses to follow CPD?**
The Government pays each nurse the amount of €1165 each year for CPD activities



MONTENEGRO

- 1. Is there an obligation for nurses to do CPD in order to keep their nursing license?**
No

2. Which body is responsible for assigning or accrediting credits for CPD?

The Chamber of Nurses and Midwives has not been established in Montenegro.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

-

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

We do not have a Chamber (nurses and midwives are not registered)

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

We don't have

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

-

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

-

8. Do employers have an obligation to facilitate nurses to undertake CPD?

They have no obligation

9. Who pays for the nurses to follow CPD?

-



NETHERLANDS

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

No. Only Nurse Practitioners do have an obligation to do CPD in order to maintain their nursing license.

2. Which body is responsible for assigning or accrediting credits for CPD?

The V&V Quality Register is a digital portfolio for nurses to record learning and development activities. The V&V Quality Register is a part of V&VN (Registered Nurses and Carers Netherlands, a national Nursing Professional Association).

URL: <https://www.venvn.nl/registers/kwaliteitsregister/het-kwaliteitsregister/>

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

So called ‘competence-enhancing activities’ (deskundigheidsbevorderende activiteiten) and ‘accreditation points’ (accreditatiepunten).

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

For CPD nurses register formally themselves in the Quality Register V&V. The V&VN (nursing professional association) registers them. It is not mandatory, although there are a lot of misconceptions and -understandings about this part. Nurses are required to be registered in the BIG register, which is managed by the government.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Continuing education is not required by law for re-registration in the BIG register. Re-registration only requires a minimum number of hours worked in the position of nurse. Education is optional and supported by the V&V Quality Register. (Except for Nurse Practitioners (ANP)).

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

Formally, there are no repercussions and/or consequences other than removal of a registration from the V&V Quality Register.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Due to staff shortages, many nurses do not have enough time to attend CPD activities, which can hinder their professional development.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes, employers are often required by collective bargaining agreements in healthcare to enable nurses to attend education, training and education courses. This includes an obligation of effort, but the extent to which this is supported in practice can vary due to workload and budgetary constraints.

9. Who pays for the nurses to follow CPD?

In many healthcare collective agreements (cao), employers are obliged to make a (partial or full) financial contribution to the cost of training and education relevant to the nurse's job and professional development. This means that mandatory training and job-related courses are usually covered by the employer. For other, non-work-related training courses, nurses can sometimes pay part of the costs themselves, depending on the agreements in the specific collective agreement.



NORWAY

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

No, there is not, but all nurses are legally obligated to stay professionally updated (as described below).

2. Which body is responsible for assigning or accrediting credits for CPD?

There is no body or special credits for CPD, only ECTS for university courses.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

We have a system for formal education: Bachelor's, Master's, and PhD, which follows the Bologna process, but for CPD (Continuing Professional Development), it is more varied. Specialist education has its own track that does not always lead to a Master's degree but provides credits that can be used toward a Master's degree. Other competency development in hospitals is often documented in the Competence Portal. This system is used to keep track of employees' competencies, course participation, and development plans. It also helps ensure that healthcare professionals meet the certification and continuing education requirements necessary to maintain professional competence. The municipalities have different digital platforms or HR systems to manage and keep track of nurses' competence development.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

In Norway, all individuals with the title of nurse hold a bachelor's degree in nursing. They are registered and receive their authorization as licensed nurses from the Norwegian Directorate of Health.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

The Health Personnel Act (Helsepersonelloven) outlines that healthcare professionals, including nurses, must maintain and update their professional skills. This implies a responsibility for continuous professional development. The Code of Ethics for Nurses in Norway serves as a guiding framework for nursing practice. According to the Code continuous professional development is encouraged, ensuring that nurses stay updated with the latest knowledge and best practices in healthcare. It also stresses that nursing leaders have a particular responsibility to facilitate ethical reflection, professional development, academic advancement, and research. In addition, the responsibility for evaluating whether nurses are maintaining their competencies often lies with healthcare employers (e.g., hospitals, clinics, municipalities). They may assess whether a nurse's ongoing education aligns with their role and organisational requirements.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

The employer is expected to offer guidance, mentoring, and support to help nurses overcome challenges, including opportunities for further education or training. The nurse may be required to follow a formal development or improvement plan. This plan would be created by their

supervisor, detailing specific areas that need to be addressed and offering a pathway for improvement with clear goals and timelines.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

The shortage of nurses in Norway creates significant challenges for fulfilling CPD requirements, as it directly impacts the availability of time, employer support, and energy needed to engage in professional development. Addressing these issues requires a systemic approach, including better staffing solutions, flexible CPD programs, and stronger employer support, to ensure that nurses can maintain their competencies and continue to deliver high-quality care.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

In Norway, employers do have a responsibility to facilitate continuing professional development (CPD) for nurses, though there are no specific legal mandates that require employers to cover all costs or time for CPD. However, several regulations and practices reflect the importance of ongoing professional development for healthcare professionals.

Many nurses in Norway are part of unions, such as the NNO. Collective agreements between unions and employers often include provisions for continuing education and may outline specific obligations for the employer to support CPD. In some cases, the agreements may stipulate funding for CPD activities or guarantee paid time off to attend courses and conferences.

9. Who pays for the nurses to follow CPD?

Nurses must either pay for courses/conferences/CPD themselves or ask their employer to cover the costs. Additionally, they need to request time off from work. Furthermore, they can apply to the Norwegian Nurses Organisation (NNO) for partial coverage of expenses related to CPD or education.



POLAND

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Currently no, but the draft amendments to the Act on the Nursing Profession are planned to introduce such a requirement.

2. Which body is responsible for assigning or accrediting credits for CPD?

Educational institutions which are entitled to provide training and other scientific activities within the nursing profession. But the final approval of the credits will be delegated to the nursing chambers (self-government of nurses and midwives).

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

Currently, universities award ECTS points, but this is an optional system. However, new provisions regarding other institutions and activities have not yet been developed.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

In Poland, in accordance with the Act on the profession of nurse and midwife, every nurse and midwife must obtain professional registration. The government entrusted the process of professional registration and issuing the right to practice a profession to the professional self-government.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

In the current legal situation, there is a statutory obligation to constantly update professional knowledge and skills, but there are no mechanisms or sanctions for failure to meet this requirement. But in many nursing positions, there are mandatory additional qualification requirements for nurses and midwives. These requirements are checked by employers and the benefit payer.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

The nurse evaluation system in terms of professional development, is an element of periodic assessment and operates only within the internal regulations of individual employers. There is no formal system at national level for assessing nurses' professional competences.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

New pay regulations in the health sector have linked the amount of remuneration to selected levels of postgraduate qualifications for nurses and midwives. This initiated the process of mass completion of master's studies by nurses and various specialization programs. The new law significantly improved the pay situation in nursing, but also triggered a number of negative phenomena on the educational market for nurses. The shortage of nurses on the market results in the transfer of the educational offers to the online zone, which is not always correlated with the good quality.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes, employers have a statutory obligation to grant nurses from several days of leave (at least 6 days) to even several months of paid training days.

9. Who pays for the nurses to follow CPD?

Financing comes from various sources:

- co-financing from the state budget
- financing from the budget of the professional self-government (which is generated from nurses' contributions)
- from the nurses' own funds
- from the employers' budget
- from funds from EU projects



PORTUGAL

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

No, nurses are not obliged to undertake continuous training in order to maintain their professional licence. Continuous training is seen as a vehicle for professional development and professional evolution and is not currently linked to the professional recertification process. However, it is possible that this will happen in the future.

2. Which body is responsible for assigning or accrediting credits for CPD?

The Ordem dos Enfermeiros, as the professional regulator, is the entity responsible for awarding and accrediting continuing professional training credits, known as professional development credits (PDC). PDC are awarded for all training accredited by the Ordem dos Enfermeiros, namely: (i) continuing training organised by the Ordem dos Enfermeiros, (ii) continuing training organised by training entities and (iii) postgraduate training not conferring an academic degree organised by higher education institutions.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

Here we need to talk about other credits. The PDC awarded by the Ordem dos Enfermeiros are not to be confused with the ECTS awarded by Higher Education Institutions. The Ordem dos Enfermeiros has published the Regulation on Accreditation and Crediting of Training Activities to regulate the awarding of PDC.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Yes, in order to practice the profession of Nurse and Specialist Nurse in Maternal and Obstetric Health Nursing (as well as any other speciality recognised in Portugal and protected by the award of the professional title of Specialist Nurse), the professional must be registered with the Ordem dos Enfermeiros. Without registration with the Ordem dos Enfermeiros, it is not possible to practise nursing in Portugal.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Among the duties of the Ordem dos Enfermeiros is the professional and scientific development of its members, as well as encouraging the development of training and research in nursing. Members' rights also include access to training for professional updating and development. Their duties include exercising their profession with the appropriate scientific and technical knowledge.

Nurses are periodically subject to performance appraisals. With regard to this issue, it is important to mention two aspects of Portuguese legislation, namely: (i) the deontological duty to attend professional qualification actions and (ii) the professional objectives within the scope of performance evaluation in the institution with regard to professional improvement and development and training activity. It should also be noted that Portugal's labour code includes the right of workers to undergo continuous training on an annual basis.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

There may be negative consequences for their professional performance, which are reflected in the performance appraisal carried out by the institution's nurse manager.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

The challenges are the availability, or rather lack of availability, to attend professional training activities due to the shortage of nurses in institutions and services. Nurses often choose to attend professional training activities in their private time, i.e. outside of working hours and to the detriment of the already scarce time they have available for their own personal lives. Nurses realise that by attending professional training during their working hours, they are placing an even greater burden on the services and their colleagues. This is a delicate balance that is difficult to resolve because, on the one hand, departments are overburdened with a shortage of nurses and, on the other hand, with the constant evolution of the profession, the need for professional training has, or should, be a priority.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes, Article 131(1) of the Portuguese Labour Code is clear:

«Within the scope of continuous training, the employer must:

- a) Promote the development and adaptation of the worker's qualifications, with a view to improving their employability and increasing the company's productivity and competitiveness;*
- b) Ensure each worker's individual right to training, through a minimum annual number of hours of training, through actions carried out in the company or the granting of time to attend training on the worker's initiative;*
- c) Organise training in the company, structuring annual or multi-annual training plans and, in relation to these, ensuring the right to information and consultation of workers and their representatives; »*

9. Who pays for the nurses to follow CPD?

Two types of CPD should be distinguished here. On the one hand, training carried out under the provisions of the Portuguese Labour Code and, on the other, voluntary CPD.

With regard to legally recommended training, Article 131(2) of the Labour Code states:

«The worker is entitled, each year, to a minimum number of forty hours of continuous training or, if hired on a fixed-term basis for a period of three months or more, to a minimum number of hours proportional to the duration of the contract in that year.

3 - The training referred to in the previous paragraph may be carried out by the employer, by a training entity certified for the purpose or by an educational establishment recognised by the competent ministry and shall give rise to the issue of a certificate and registration in the Individual Competence Book under the terms of the legal framework of the National Qualifications System.»

Therefore, these hours of continuous training are the responsibility of the employer, who must pay for them, both in terms of the time spent by the nurse attending (the minimum of 40 hours provided for by law) and the cost of the training itself.

On the other hand, nurses themselves can attend training courses that they feel are in their best interests, and they are responsible for attending and paying for them.



ROMANIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Yes. The management of continuing medical education activities is carried out by the Romanian Order of General Medical Assistants, Midwives and Medical Assistants (OAMGMAMMR) through the National Commission for Continuing Professional Education (CNEPC), in compliance with these rules.

The following forms of continuing medical education may be credited:

- courses
- workshops
- internships
- summer/winter schools (team building)
- online courses
- scientific events: a) round tables; b) scientific symposia; c) scientific conferences; d) scientific congresses
- online events: a) webinar; b) online conferences; c) online congresses
- publication of medical scientific materials
- subscriptions to specialized scientific publications credited by the CNEPC of OAMGMAMMR.
- research and development of scientific projects
- postgraduate education training programs: a) master; b) doctorate
- post-baccalaureate education/training programmes: a) specialization courses; b) courses for the acquisition of new skills; c) train the trainers or train the trainers training course; d) special upgrading programme; e) complementary studies programme in emergency care for nurses.

The certificates of participation in courses/work/practical workshops, summer/winter schools and scientific events organized by OAMGMAMMR or legal entities other than OAMGMAMMR will be issued and registered at the county branch/ Bucharest municipality where the event took place, through the Single National Register (RNU) of OAMGMAMMR.

2. Which body is responsible for assigning or accrediting credits for CPD?

Romanian Order of Nurses, Midwives and Medical Assistants

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

-

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

In order to exercise the profession of general nurse, midwife and medical assistant, the holders of the official qualification titles provided for in Emergency Ordinance no. 144/2008, must hold a membership certificate issued by the Order of General Nurses, Midwives and Medical Assistants in Romania.

The membership certificate is granted on the basis of the following documents:

1. notarized copy of the educational documents attesting training in the profession;
2. a sworn statement on the fulfillment of the conditions set out in art. 14 and art. 15 of GEO 144/2008;
3. criminal record certificate;
4. certificate of physical and mental health.

The Romanian Order of Nurses General Practitioners, Midwives and Medical Assistants registers its members in the single national register of nurses general practitioners, midwives and medical assistants in Romania.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

-

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

-

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

-

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes

9. Who pays for the nurses to follow CPD?

Nurse or employer for those with flat

OAMMR for the free ones



SLOVAKIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Yes

2. Which body is responsible for assigning or accrediting credits for CPD?

Within Slovakia, we have accredited continuing education programs and non-accredited ones. Accredited are approved by the Ministry of Health of the Slovak Republic:

- Educational program Basal stimulation;
- diagnosis, therapy and prevention in acupuncture;
- emergency medical care in tactical conditions;
- organization and management of intervention in events with mass disability of persons;

- training of a professional lactation consultant;
- Mentor of clinical practice in nursing;
- Therapy using biological feedback (biofeedback and neurofeedback).

Non-accredited educational activities are dealt with chamber, which allocates credits based on the duration of the professional program.

Continuing education for health workers of the relevant health profession is provided by the employer, the professional societies of the Slovak Medical Association and the chamber in which the health worker is registered (§ 62 par. 2 to 12 of Act No. 578/2004 Coll.), independently or in cooperation with educational institutions or other internationally recognized professional societies or professional associations and providers, unless otherwise stipulated in paragraph 4.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

We have a Decree on the allocation of credits – DECREE Ministry of Health of the Slovak Republic from February 15, 2019 on the criteria and method of evaluation of continuous education of health workers: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2019/74/>

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Yes, it is mandatory, registered by the Slovak Chamber of Nurses and Midwives.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes, Act 578/2004: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2004/578/> - specifically §42 Continuous education of health workers. The evaluation of continuing education is carried out in regular five-year cycles calculated from the date of registration. The criterion for evaluating continuous education is the achievement of a certain number of credits. The assessment is carried out by the chamber.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

If the nurse does not meet the conditions of continuous education assessment, the information about the non-fulfilment is sent to THE HEALTH CARE SURVEILLANCE AUTHORITY, to the employer, at the same time the nurse receives a financial fine of up to 660 euros, if she/he proves the credits, a fine is calculated for 1 missing credit € 2,50.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

We are facing initiatives that want to abolish the credit system, but not education. It is necessary to collect 50 credits within the 5-year evaluation cycle, some nurses have a problem, they do not have time for education, or the employer does not want to release them from their job.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Yes, they have 5 days for training also from the Labour Code.

9. Who pays for the nurses to follow CPD?

Some employers allow nurses to participate in activities where they can get credits, some even pay for these activities and receive a credit supplement in the amount of approximately € 30 per month.



SLOVENIA

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

The verification of a nurse's professional competence is determined for the individual licensing period, which lasts seven years, by licensing points and completed mandatory content, which is acquired through continuous professional development. In order to renew the license nurses and midwives must collect at least 70 license points in the areas of health care or midwifery and must complete all the mandatory content of continuous professional development (legislation in the field of health and professional ethics, basic resuscitation procedures, quality and safety in healthcare). One license point consists of 45 minutes of continuous professional development.

2. Which body is responsible for assigning or accrediting credits for CPD?

Nurses and Midwives Association of Slovenia.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

CPD for the maintenance of the license is participation in professional education or training (active or passive, at home or abroad), publication of a professional article in professional literature at home or abroad (e.g. in a magazine, collection, book or monography), professional development at healthcare providers and editing of proceedings and review of professional articles, magazines, proceedings.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

Registration in the register is a legal obligation for nurses and midwives. The registration process is carried out by the Nurses and Midwives Association of Slovenia, which has public powers in the field of health care and midwifery (keeping the register, granting licenses, carrying out professional supervision with consultancy, planning specializations and specialist exams and conducting tests of knowledge of the Slovenian professional language for foreign healthcare providers).

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Yes. Continuing education is defined in Rules on the professional development of health care professionals for all health care professionals and in Rules on the Register and Licences of Providers in the field of nursing and midwifery especially for nurses and midwives who need a license to practice independently.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

If a nurse or midwife does not obtain the required number of license points for license renewal during the expiring license period, or if she has not completed all the mandatory content of continuous professional development, she will be referred for additional professional development or a professional competence test. If she does not pass additional professional training or a test of professional competence, she is deleted from the register and may not work in the field of health care or midwifery.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

In order to maintain and renew a license, a nurse and midwife must obtain 70 license points within seven years and complete all mandatory content. Despite the shortage of nurses and midwives, the requirements for license renewal are not so demanding that nurses and midwives cannot meet them. However, there are large differences between the ability of continuing education in public health institutions, where employers mostly pay the costs of continuing education for employed nurses and midwives, and in private health institutions, where nurses and midwives often pay for continuous professional development themselves.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

Under the Rules on the professional development of health care professionals, the employer has an obligation to facilitate nurses to undertake CPD.

9. Who pays for the nurses to follow CPD?

Continuing education is the right and duty of a healthcare professional. If the education is in the interest of the employer, the cost of continuing education should be paid by the employer. The employer should pay the costs of continuing education to maintain the license for nurses and midwives, as this is a requirement for independent work.



SPAIN

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

In Spain we have two laws that establish that professionals must keep their knowledge up to date. This is established as a right and a duty. Below I provide the text of the articles that refer to these aspects in each law.

Ley 44/2003, de 21 de noviembre, de ordenación de las profesiones sanitarias

De la formación de los profesionales sanitarios. Art. 12 Principios rectores:

f) La actualización permanente de conocimientos, mediante la formación continuada, de los profesionales sanitarios, como un derecho y un deber de éstos. Para ello, las instituciones y centros sanitarios facilitarán la realización de actividades de formación continuada.

g) El establecimiento, desarrollo y actualización de metodologías para la evaluación de los conocimientos adquiridos por los profesionales y del funcionamiento del propio sistema de formación.

*Formación continuada **Artículo 33.** Principios generales. 1. La formación continuada es el proceso de enseñanza y aprendizaje activo y permanente al que **tienen derecho y obligación los profesionales sanitarios**, que se inicia al finalizar los estudios de pregrado o de especialización y que está destinado a actualizar y mejorar los conocimientos, habilidades y actitudes de los profesionales sanitarios ante la evolución científica y tecnológica y las demandas y necesidades, tanto sociales como del propio sistema sanitario.*

Ley 16/2003, de 28 de mayo, de cohesión y calidad del Sistema Nacional de Salud

Artículo 40. Desarrollo profesional.

El desarrollo profesional constituye un aspecto básico en la modernización del Sistema Nacional de Salud y deberá responder a criterios comunes acordados en el seno del Consejo Interterritorial del Sistema Nacional de Salud, en relación con los siguientes ámbitos:

- a) La formación continuada.*
- b) La carrera profesional.*
- c) La evaluación de competencias.*

2. Which body is responsible for assigning or accrediting credits for CPD?

Continuing education credits are awarded through the Continuing Education Commission - Comisión de Formación Continuada, in Spanish. There is one at state level and others at regional level. This Commission is specific to the health sector.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

In Spain, continuing education is considered outside of university, therefore they are CFC credits (Continuing Education Credits) - Créditos de Formación Continuada in Spanish-CFC. They are not ECTS credits.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

In Spain it is mandatory to be registered as a nurse to practice as a professional and this registration is done by the Spanish General Council of Nursing through its Provincial Colleges.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

Continuing education is covered by the legislation I have provided above, and the evaluation of training programmes is as explained above. Currently there is no mandatory professional evaluation system. There is an evaluation system through the voluntary "professional career" process, which evaluates the training provided by the professional.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

At the moment there is no disciplinary process if a nurse does not comply with the updating of knowledge through continuing education. However, the General Nursing Council could remove a nurse from her professional practice if there were an open ethical process in which it was demonstrated that the professional has not updated his knowledge, since it is established in the ethical code as an obligation of the nurse.

Artículo 60 del Código de Deontológico de España:

Será responsabilidad de la Enfermera/o actualizar constantemente sus conocimientos personales, con el fin de evitar actuaciones que puedan ocasionar la pérdida de salud o de vida de las personas que atiende.

- 7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?**

The shortage of nurses means that working nurses have little time for ongoing training and updating their knowledge.

- 8. Do employers have an obligation to facilitate nurses to undertake CPD?**

Yes. In Spain, legislation establishes that employers must provide and facilitate the continuing training of healthcare professionals. Depending on the region, a number of annual hours is set aside for the continuing training of each professional, within working hours.

- 9. Who pays for the nurses to follow CPD?**

Part of the cost is paid by the employer and in many cases the professionals pay for their own training courses to update their knowledge.



SWEDEN

- 1. Is there an obligation for nurses to do CPD in order to keep their nursing license?**

No

- 2. Which body is responsible for assigning or accrediting credits for CPD?**

We do not have any.

- 3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?**

No system

- 4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?**

The Swedish National board of Health & Welfare

- 5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?**

No

- 6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?**

We do not have this

7. **What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?**

We do not have this

8. **Do employers have an obligation to facilitate nurses to undertake CPD?**

No

9. **Who pays for the nurses to follow CPD?**

We do not have this



SWITZERLAND

1. **Is there an obligation for nurses to do CPD in order to keep their nursing license?**

There is an obligation formulated in the law for health professionals but there is no real implementation, as there is no legal basis provision on the responsibilities for financing CPD activities.

2. **Which body is responsible for assigning or accrediting credits for CPD?**

Swiss Nurses Association has created a well performing credit point system on an electronic platform for CPD and other interesting features. It is now also used by other professional groups (e.g. psychologists, sages-femmes). For SBK-ASI members the system can be used free of charge. The use of the platform is increasing annually. Income is coming from non-members as well as from the accreditation of educational offers by SBK-ASI. More under: <https://e-log.ch/fr/>

3. **What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?**

Yes and there is a conversion of ECTS into eLog points and vis versa. One eLog Point represents one hour, you find more information about this system which includes modern aspects of counting CPD under the following link: <https://e-log.ch/fr/bildungsanbieter/>

4. **Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?**

There is a national register for health professionals where all nurses, etc. must be registered. This is not an active register, the only trustworthy and actual information is the information about the nurses diploma number and year. No CPD function existing. You can try here with my name: <https://www.gesreg.admin.ch/>

Some specialities like anaesthetists' nurses have an obligation for CPD, decided by their association (which is a sub organisation of SBK-ASI). Also independently working nurses (infirmières liberals) have a whole system of CPD, self-reflection, etc. which is managed by ASI and curacasa have to follow these rules to keep their license. This is not the case for employed nurses, except the mentioned specialists. Curacasa system of quality development, incl. CPD: <https://www.curacasa.ch/page/153>

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

National legislation for health professionals: <https://www.fedlex.admin.ch/eli/cc/2020/16/fr>

Article 16b: approfondir et développer leurs compétences de façon continue tout au long de la vie.

No "ordonnance" existing to put this law into practice, no evaluation, except some nursing specialist associations (anesthetists) and some other professional associations (e.g. midwives) have this compulsory for their membership and evaluate within their association.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

Such a process is not existing for general nurses at national level. Employers and the legal system have to act when there is a problem with competences.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Due to the lack of nurses and a difficult financial situation (deficits) in many health institutions, the support (cost of courses and the time of participation accept as working hours) for CPD of employed nurses has been reduced dramatically

8. Do employers have an obligation to facilitate nurses to undertake CPD?

No. All attempts to have such a law have been refused by the majority of Swiss Parliament

9. Who pays for the nurses to follow CPD?

No general rule, when there were more resources to allocate some employers paid for the CPD of their employees.



UK

1. Is there an obligation for nurses to do CPD in order to keep their nursing license?

Nurses are required to undertake Continuing Professional Development (CPD) to maintain their nursing registration. The Nursing and Midwifery Council (NMC) state that nurses must complete at least 35 hours of CPD every three years as part of their revalidation process. Out of these 35 hours, at least 20 hours must involve participatory learning, which includes activities that involve interaction with other professionals.

2. Which body is responsible for assigning or accrediting credits for CPD?

In the UK, there isn't one body that is responsible for assigning or accrediting credits for CPD. Universities for example provide CPD courses that offer academic credits. The Royal College of Nursing (RCN) is a key body that provides accreditation for a variety of externally produced educational programs and resources, ensuring they meet high standards of quality and relevance for professional development. There are also other accrediting bodies around the UK, including other Royal Colleges.

3. What system do you use to assign CPD credits, taking into account that it is not always taught by universities (ECTS, other...)?

The Royal College of Nursing (RCN) uses a rigorous quality assurance process to quality assure all professional learning resources that the RCN develops. On top of this the RCN Accreditation service uses a quality standards process to assign accreditation to various educational programs and resources. This system allows for a structured and recognised approach to providing accreditation for externally produced professional development resources, ensuring that the CPD activities are meaningful. Accredited programs can use the RCN Accredited mark, which signifies a commitment to high-quality education and continuing professional development. The RCN also collaborates with universities, such as Coventry University, to provide CPD courses that offer academic credits. These credits are typically awarded at either Level 6 (Bachelor's) or Level 7 (Master's) and are equivalent to 20 academic credits.

4. Are nurses (and midwives) registered, who registers nurses (state, chamber, association), is it mandatory?

It is mandatory for all practicing nurses, midwives, and nursing associates across the UK, to be registered with the NMC. The Nursing and Midwifery Council is the independent regulator for nursing and midwifery professions in the UK.

5. Do you have continuing education defined in any legislation, how it is carried out, and who carries out the evaluation?

In the UK, the Nursing and Midwifery Council set the standards for revalidation, the process by which nurses and midwives remain on the NMC register. The NMC is governed by the Nursing and Midwifery Order 2001. Nurses and midwives must complete 35 hours of CPD every three years, with at least 20 hours of participatory learning. Registrants are required to keep and produce accurate records of their CPD activities. The NMC evaluates CPD through revalidation every three years, requiring evidence of CPD activities, reflective accounts, and third-party confirmation.

6. What are the actions when a nurse has not met the assessment requirements or has not participated in the assessment process?

In the UK, if a nurse or midwife does not meet assessment requirements or fails to participate in the revalidation process, the NMC takes several actions. Failure to revalidate will mean that a nurse or midwife cannot renew their registration and cannot legally practice until requirements are met.

- Remediation and Support: The NMC may offer additional training, supervision, or mentoring.
- Fitness to Practise: Serious concerns can lead to an investigation, potentially resulting in suspension or removal from the register.
- Employer Involvement: Employers often support nurses in meeting CPD and revalidation requirements.

7. What are the challenges (if any) faced by nurses in fulfilling CPD activities due to nursing shortages or What are the challenges (if any) that nursing workforce shortages is putting in fulfilling nurses CPD?

Nursing workforce shortages in the UK create several challenges for nurses in fulfilling their CPD activities:

- Time Constraints: Increased workloads and longer shifts leave limited time for CPD.

- **Funding Issues:** Budget constraints limit access to training and development opportunities.
- **Access to Training:** Fewer staff make it hard to attend CPD sessions.
- **Increased Patient Demand:** Higher patient-to-nurse ratios reduce flexibility for professional development.

8. Do employers have an obligation to facilitate nurses to undertake CPD?

In the UK, there is no legal requirement for employers to provide time for CPD related learning. However, the NMC emphasises that employers have a responsibility to support their staff in meeting CPD requirements, even without protected time. Employers are encouraged to facilitate CPD by providing resources, opportunities, and support to ensure nurses can fulfil their professional development needs.

9. Who pays for the nurses to follow CPD?

In the UK, funding for nurses' CPD can come from various sources.

- **NHS/Government Funding:** Provided by the strategic workforce bodies across the UK (for example Health Education England (HEE), and Health Education and Improvement Wales (HEIW) managed through NHS regional and country offices.
- **Employer Support:** NHS and social care employers may provide time, resources, and financial support.
- **Individual Contributions:** Nurses may sometimes need to contribute personally for CPD activities and additional training.

EFN Members



ALBANIA

Ms Blerina Duka - President & Official Delegate

Albanian Order of Nurses

www.urdhriinfermierit.org



AUSTRIA

Ms Elisabeth Potzmann - President

Austrian Nurses Association (OEGKV)

www.oegkv.at

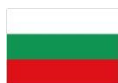


BELGIUM

Mr Yves Mengal - Delegate (FNIB) | **Ms Deniz Avcioglu** - Official Delegate (UGIB)

Fédération Nationale des Infirmières de Belgique | General Nursing Union of Belgium

www.fnib.be | www.ugib.be



BULGARIA

Ms Milka Vasileva - President & Official Delegate

Bulgarian Association of Health Professionals in Nursing (BAHPN)

www.nursing-bg.com



CROATIA

Ms Tanja Lupieri - President & Official Delegate

Croatian Nurses Association (HUMS)

www.hums.hr



CYPRUS

Mr Stavros Vryonides - President & Official Delegate

Cyprus Nurses and Midwives Association (CYNMA)

www.cyna.org



CZECH REPUBLIC

Ms Zuzana Tomášková - Official Delegate

Czech Nurses Association (CNA)

www.cna.cz



DENMARK

Ms Dorthe Boe Danbjørg - President & Official Delegate

Danish Nurses' Organisation (DNO)

www.dsr.dk



ESTONIA

Ms Gerli Liivet - Official Delegate

Estonian Nurses Union (ENU)

www.ena.ee



FINLAND

Dr Heljä Lungrén-Laine - President

Finnish Nurses Association

www.sairaanhoitajaliitto.fi



FRANCE

Mr Maxence Gal - Deputy Delegate

Association Nationale Française des Infirmiers & Infirmières Diplômés ou Etudiants (ANFIIDE)

www.anfiide.com



GERMANY

Mr Peter Tackenberg - Deputy Delegate

German Nurses Association (DBFK)

www.dbfk.de



GREECE

Dr Eleni Kyritsi-Koukoulari - President

Hellenic Nurses Association (ESNE)

www.esne.gr



HUNGARY

Ms Tünde Minya - President & Official Delegate

Hungarian Nursing Association

www.apolasiegyesulet.hu



ICELAND

Ms Guðbjörg Pálsdóttir - President & Official Delegate

Icelandic Nurses Association

www.hjukrun.is



IRELAND

Mr Tony Fitzpatrick - Delegate

Irish Nurses and Midwives Organisation (INMO)

www.inmo.ie



ITALY

Ms Stefania Di Mauro - Official Delegate

Consociazione Nazionale delle Associazioni Infermiere - Infermieri (CNAI)

www.cnai.info



LATVIA

Ms Dita Raiska - President & Official Delegate

Latvian Nurses Association

www.masas.lv



LITHUANIA

Ms Ausra Volodkaite - President & Official Delegate

The Lithuanian Nurses' Organisation

www.lssol.t



LUXEMBOURG

Ms Anne-Marie Hanff - President

Association Nationale des Infirmières et Infirmiers du Luxembourg (ANIL)

www.anil.lu



MALTA

Mr Paul Pace - President & Official Delegate

Malta Union of Midwives and Nurses (MUMN)

www.mumn.org



MONTENEGRO

Ms Nada Rondovic – President & Official Delegate

Nurses and Midwives Association of Montenegro



NETHERLANDS

Ms Femke Merel van Kooten – President & Official Delegate

Nieuwe Unie'91 (NU'91)

www.nu91.nl



NORTH MACEDONIA

Ms Velka Gavrovska Lukic - President & Official Delegate

Macedonian Association of Nurses and Midwives

www.zmstam.org.mk



NORWAY

Ms Lill Sverresdatter Larsen – President & Official Delegate

Norwegian Nurses Organisation (NNO)

www.sykepleierforbundet.no



POLAND

Ms Grażyna Wójcik – President & Official Delegate

Polish Nurses Association (PNA)

www.ptp.net.pl



PORTUGAL

Mr Luis Filipe Barreira – President & Official Delegate

Ordem dos Enfermeiros (OE)

www.ordemenfermeiros.pt



ROMANIA

Ms Ecaterina Gulie - President & Official Delegate

Romanian Nursing Association



SERBIA

Ms Radmila Nešić - President & Official Delegate

Association Health Workers of Serbia

www.szr.org.rs



SLOVAKIA

Ms Jana Gelatiková - Official Delegate

Slovak Chamber of Nurses and Midwives

www.sksapa.sk



SLOVENIA

Ms Monika Azman – President & Official Delegate

Nurses and Midwives Association of Slovenia

www.zbornica-zveza.si



SPAIN

Mr José Luis Cobos Serrano – Official Delegate

Spanish General Council of Nursing

www.consejogeneralenfermeria.org



SWEDEN

Ms Sineva Ribeiro – President & Official Delegate

The Swedish Association of Health Professionals

www.vardeforbundet.se



SWITZERLAND

Ms Roswitha Koch - Official Delegate

Association Suisse des Infirmières et Infirmiers (SBK-ASI)

www.sbk-asi.ch



UNITED KINGDOM

Ms Patricia Marquis - Delegate

Royal College of Nursing (RCN)

www.rcn.org.uk

The [European Federation of Nurses Associations \(EFN\)](#) was established in 1971 and is the independent voice of the profession. The EFN consists of National Nurses Associations from 35 EU Member States, working for the benefit of 6 million nurses throughout the European Union and Europe. The mission of EFN 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.



For further information or copies of this report please contact:

The European Federation of Nurses Associations (EFN)

Registration Number 476.356.013

Clos du Parnasse 11A, 1050 Brussels, Belgium

Tel: +32 2 512 74 19 - Email: efn@efn.eu

Website: www.efn.eu