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## **EFN REPORT ON CONTINUING PROFESSIONAL DEVELOPMENT IN NURSING**

### **Introduction**

This report on Continuing Professional Development (CPD) in nursing is part of EFN Education Policy and should be seen in the light of the Bologna Process, the Directive on Mutual Recognition of Professional Qualifications and the future Qualification Framework. This report has to be linked to the following EFN position statements such as:

- EFN Position Statement on the Bologna Process (EFN 2004)
- EFN Education Policy Statement (EFN 2002)
- EFN Position Statement on the Directive on Mutual Recognition of Professional Qualifications (EFN 2004)
- EFN Position Statement on the Working Time Directive (EFN 2005)
- EFN ICN Joint Statement on Tuning (EFN 2006)

The demand from consumers, service providers and educators for highly-skilled nurses who can respond to and influence changing needs and practice demands has occurred within a political change in health system reform debated in different European and International Institutions.

In the context of quality of care and patient safety in Europe, it is imperative that all nurses become active participants in the development of knowledge and practice. It is very important that the nurse has the individual responsibility to be accountable and able to lead quality improvement organisations.

The demand for quality, accountability and efficacy of practice has highlighted the need for health professionals to demonstrate that they are keeping abreast of new knowledge, techniques and developments related to their profession. Nurses have to be able to contribute to the provision of best practice and the clinical, scientific development of the nursing profession.

As a profession, nurses have always been engaged in continuing professional development. Implicit in this is the assumption that nurses will maintain, develop and enhance competence through CPD. The need for nurses to maintain and update their knowledge and skills is seen as essential for achieving and maintaining quality in service provision, and is in keeping with a broader recognition that lifelong learning, embracing both formal and informal post-basic education, is an ongoing requirement for all nurses.

If the development of competences is to have a formal value in relation to career development, promotion, job change and salary, it needs to be documented. It could be achieved through creating an individual standardised CPD portfolio. In order for the individual nurse or work place to structure activities of informal as well as formal learning, it is important to relate to a common guide or framework.



### **Definition of Continuing Professional Development (CPD) as part of Life-Long Learning**

CPD is a continuous process of personal growth, to improve the capability and realise the full potential of professional people at work. This can be achieved by obtaining and developing a wide range of knowledge, skills and experience, which are not normally acquired during initial training or routine work, and which together develop and maintain competence to practice.

There are a number of reasons why undertaking CPD is desirable, including:

- A demonstration of ability to give safe, evidence-based care, fulfil the duty to patients, and maintain the trust of the public;
- A desire to develop professional knowledge and skills;
- A condition placed on continuing membership of a professional body;
- A demonstration of professional standing to clients and employers; and,
- An aid to career development or a possible career change.

CPD encompasses a wide range of learning activities, formal, informal and incidental learning. It can range from study days to develop skills and knowledge in particular areas of nursing to longer programmes of study that lead to an academic award. Other activities, for example, in-service education programmes, reading, journals and clinical supervision are valuable opportunities for learning. Contact with colleagues and other professionals can result in incidental learning. The informal and incidental learning can be formalised through reflection, evaluation and recording in a portfolio.

CPD should be constituted of a balance between formal, structured learning on the one hand and unplanned learning in the workplace on the other. The emphasis should be on self-directed learning and learning outcomes rather than quantitative input.

CPD is the life-long learning in which nurses engage in the context of their working lives. Society at large changes rapidly and keeping abreast requires individuals to learn and develop constantly. Learning takes place as part of day-to-day life and is a life-long activity.

### **DG Sanco - High Level Group – Health Care Professionals**

The High Level Group on health care and medical services was established in 2004. The High Level Group has taken forward work through working groups involving interested Member States on particular topics, with regular reporting of their work to the full High Level Group.

The Health Professionals Group members are: BE, EE, FR, HU, LV, LT, NL, PL, GE, SW and the UK. The UK and HU co-chair. The High Level Group also made arrangements to involve observers from the EEA/EFTA states and contributions from civil society: the Standing Committee of European Doctors (CPME), the European Federation of Nurses Associations (EFN), the European Hospital and Healthcare Federation (HOPE) and the European Health Management Association (EHMA).

The mandate of the Health Professionals Group is to look primarily at the potential impact of migration of health professionals around the European Union. It has decided to concentrate, at least initially, on doctors and nurses, where three major areas of work have been chosen:

- Evidence of migration amongst the health professions;
- Recruitment practices; and,
- Quality aspects with regard to CPD.

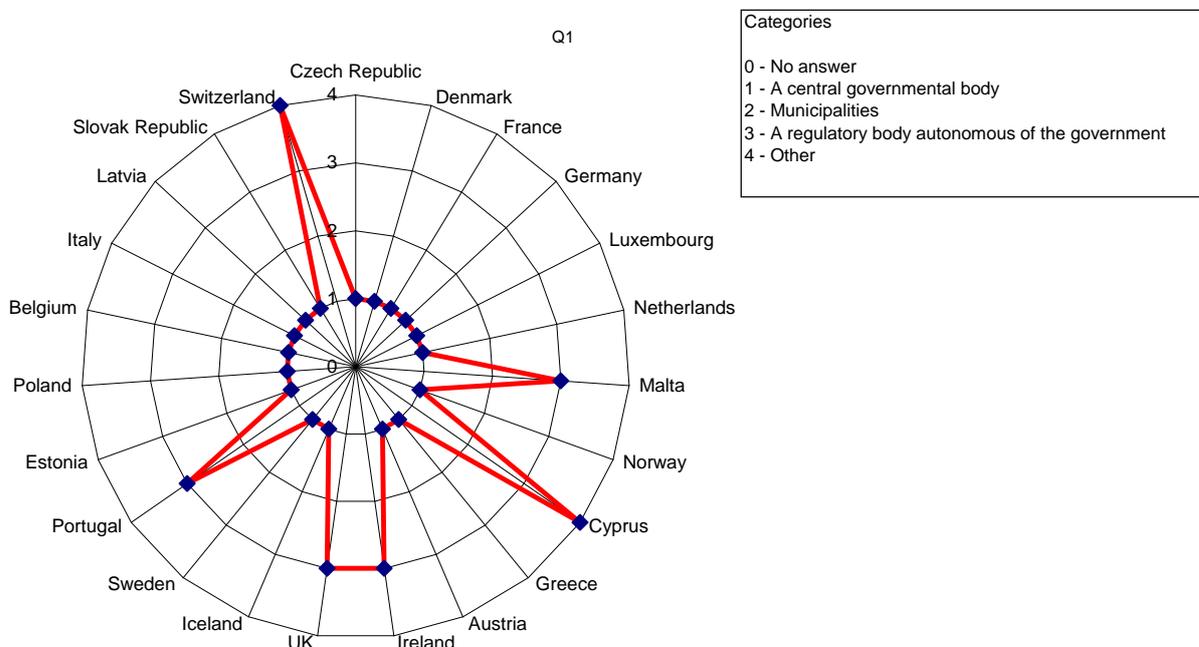


**EFN Questionnaire on CPD**

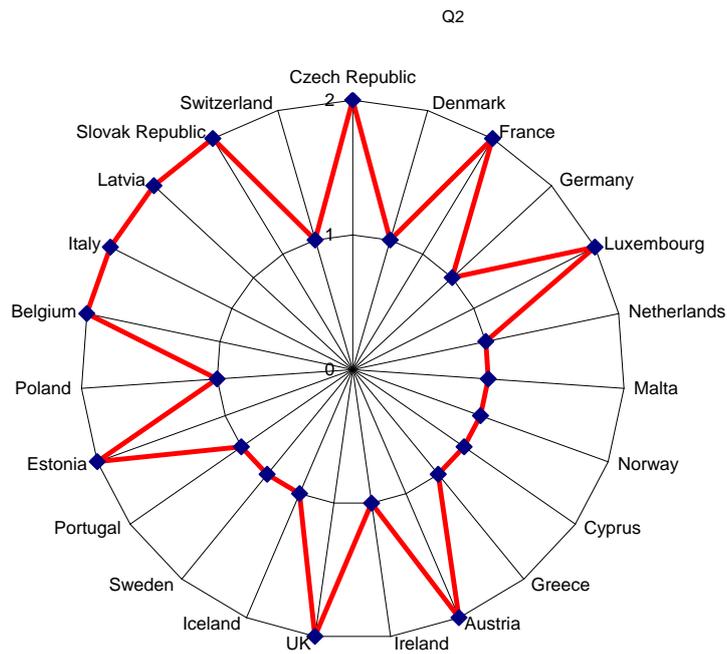
1. Who establishes the competences required to become a nurse?
2. Is CPD compulsory in your country?
3. Is there a legal requirement of a minimum number of study days per year to continue to practice as a nurse?
4. Do nurses have an annual appraisal?
5. Is there an agreed plan between nurses and their manager that includes their professional development needs for the coming 12 months?
6. On average, how many study days (sd) or credits (C) per year does a nurse take in your country?
7. Does the nursing regulator require nurses to provide evidence that they are professionally up to date?
8. How is CPD funded in your country?
9. Is there a demand for cross-border recognition of CPD undergone in neighbouring countries?
10. Are you satisfied with the level of CPD available to nurses in your country?

**Feedback from EFN Members**

Q1 - Who establishes the competences required to become a nurse?

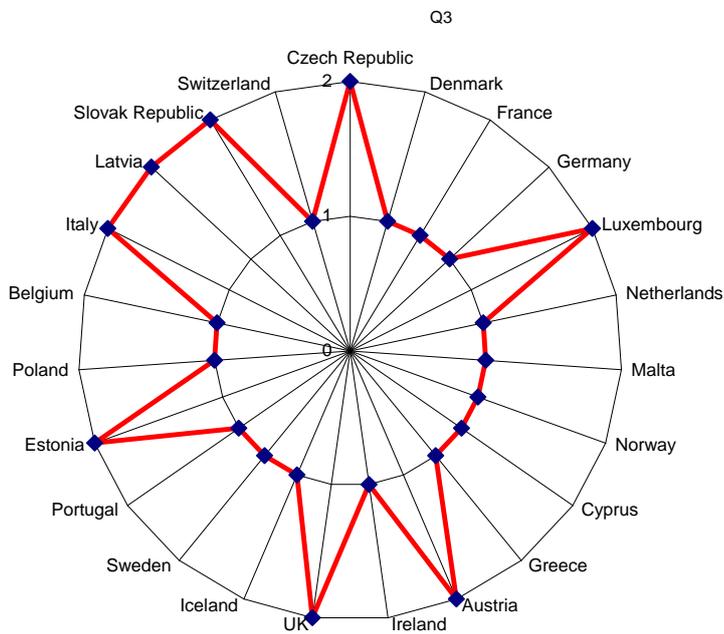


Q2 - Is CPD compulsory in your country?



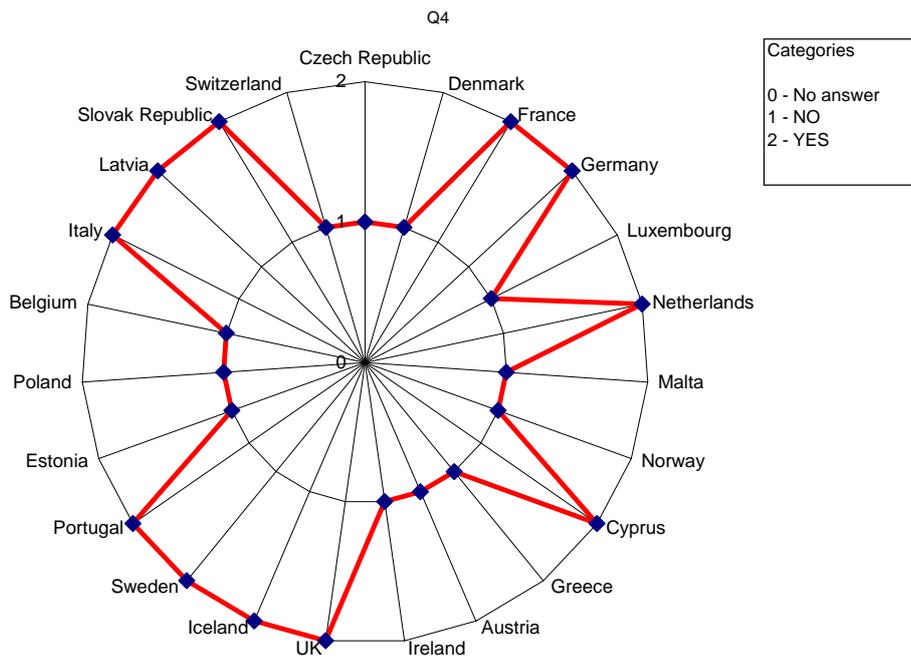
Categories
0 - No answer
1 - NO
2 - YES

Q3 - Is there a legal requirement of a minimum number of study days per year to continue to practice as a nurse?

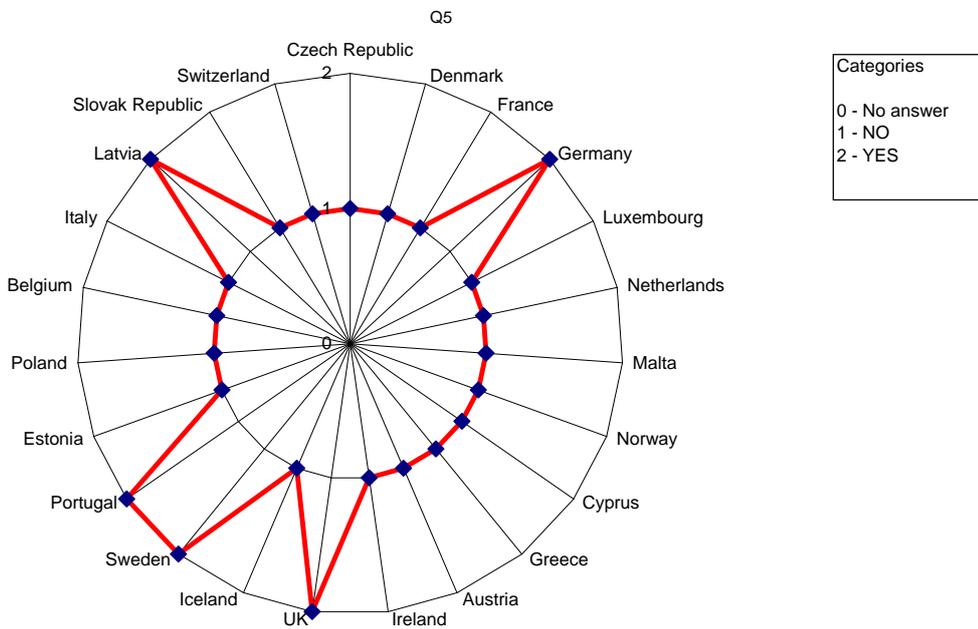


Categories
0 - No answer
1 - NO
2 - YES

Q4 - Do nurses have an annual appraisal?



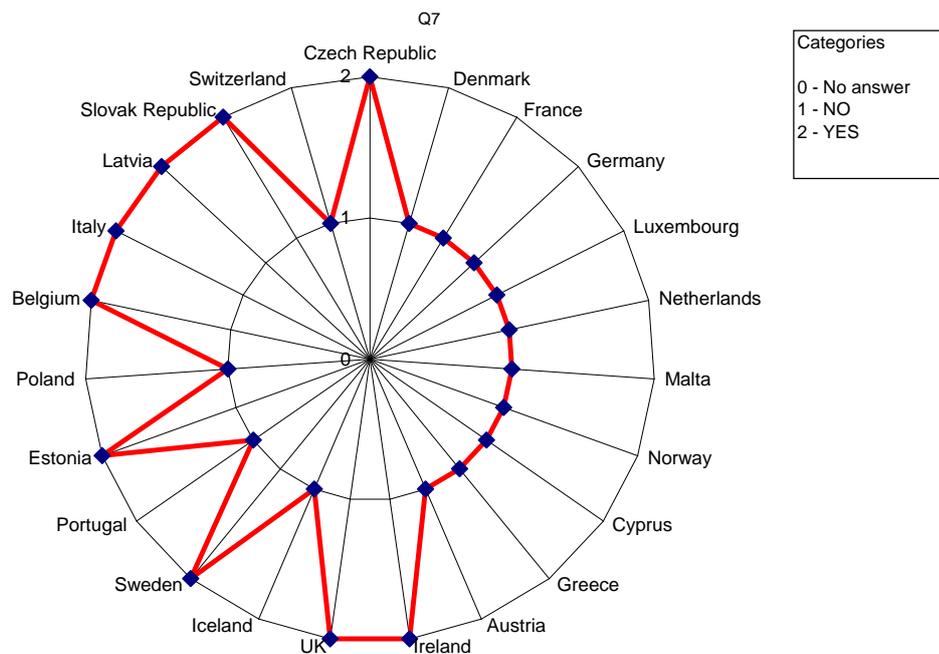
Q5 - Is there an agreed plan between nurses and their manager that includes their professional development needs for the coming 12 months?



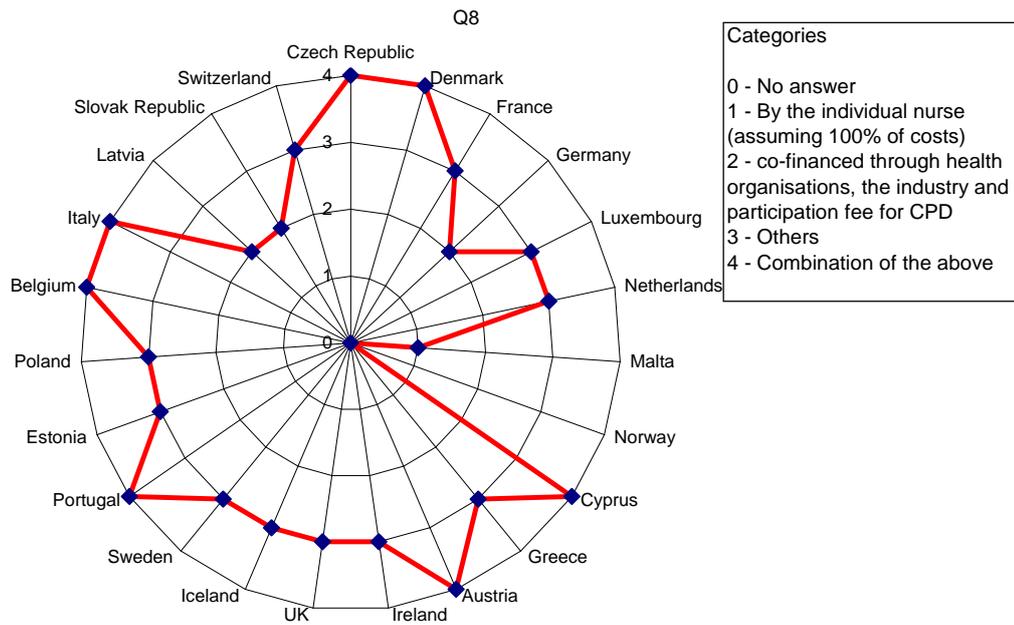
Q6 - On average, how many study days (sd) or credits (C) per year does a nurse take in your country?

CPD QUESTIONS/EFH MEMBER	Q6
Czech Republic	40 credits in 6 years
Denmark	NONE
France	NONE
Germany	NONE
Luxembourg	5d/y
Netherlands	variety
Malta	3 days per year
Norway	NO
Cyprus	50%
Greece	NO
Austria	40 hours in 5 years
Ireland	2 days per year
UK	3 days per year
Iceland	3 days per year
Sweden	NO
Portugal	105 hours per year
Estonia	60 hours per year
Poland	3 days per year
Belgium	more then 3 days per year
Italy	more then 3 days per year
Latvia	30 hours per year
Slovak Republic	100 credits in 5 years
Switzerland	NONE

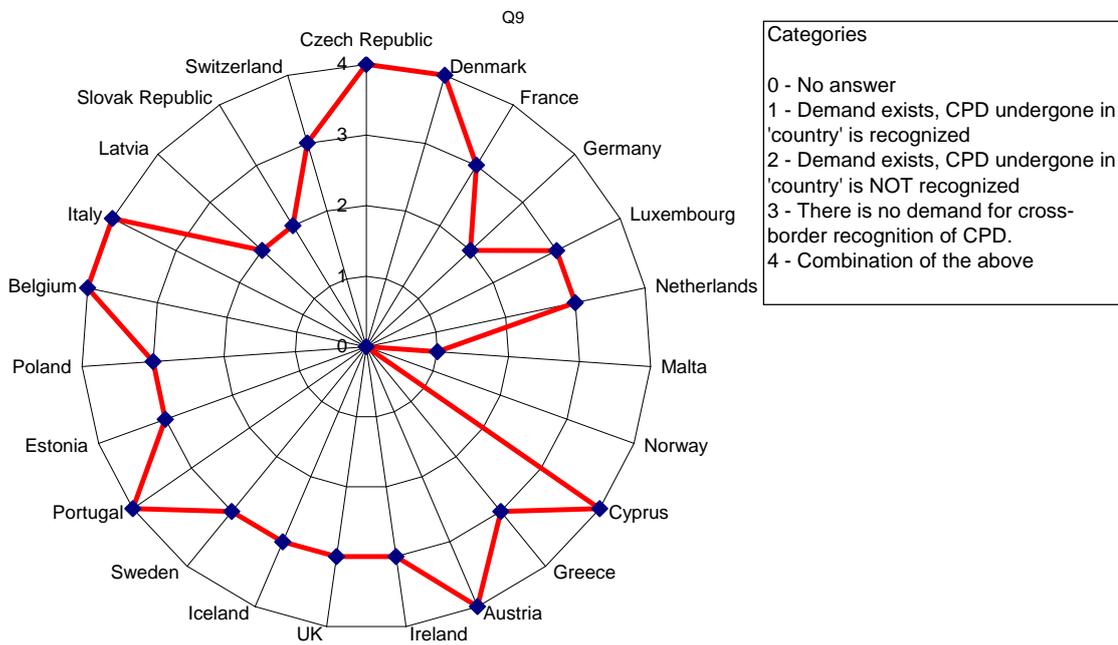
Q7 - Does the nursing regulator require nurses to provide evidence that they are professionally up to date?



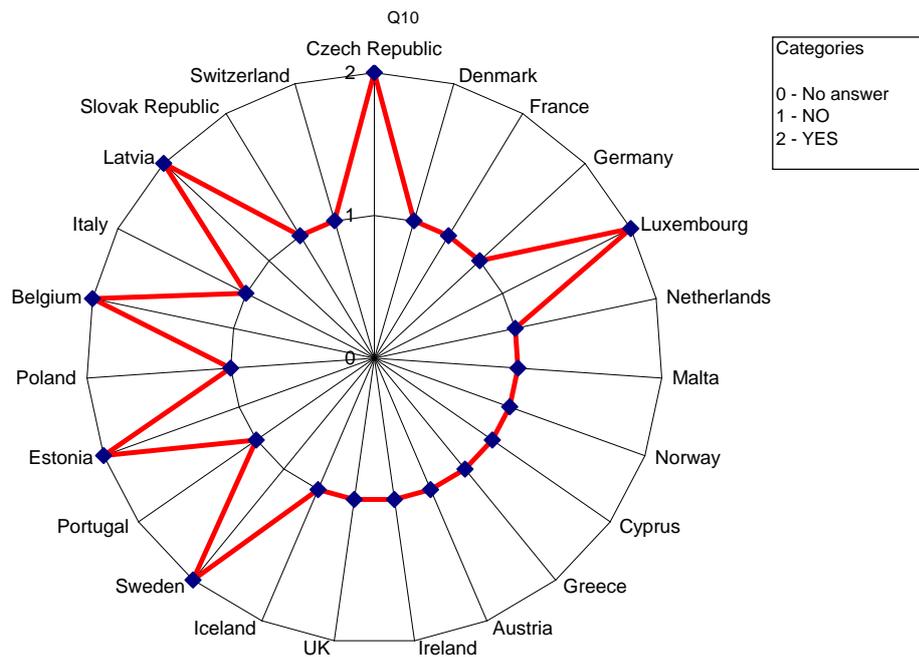
Q8 - How is CPD funded in your country?



Q9 - Is there a demand for cross-border recognition of CPD undergone in neighbouring countries?



Q10 - Are you satisfied with the level of CPD available to nurses in your country?



**Conclusions:**

1. Only six National Nurses Associations are happy with the Continuous Professional Development situation in their Country (Sweden, Estonia, Belgium, Latvia and Czech Republic);
2. Continuous Professional Development plays a significant role in cross-border mobility;
3. The funding of Continuous Professional Development represents a mixture of possibilities throughout Europe. The individual nurse, the employer and the government play a role in funding CPD;
4. In nine Member States the nursing regulator requires nurses to provide evidence that they are professionally up to date;
5. In the EU Member States, there are different ways of expressing CPD (hours, credits). The Bologna process is far from being implemented;
6. In five Member States agreed plans between nurses and managers exist that include their professional development needs for the coming 12 months;
7. In eleven EU Member States nurses have an annual appraisal;
8. In eight EU Member States a legal requirement of a minimum number of study days per year to continue to practice as a nurse exists;
9. In eleven EU Member States CPD is compulsory. There seems to be no evidence of better patient safety in countries with mandatory continuous education and recertification. It is very important that nurses have the individual responsibility to be accountable and be able to lead quality improvement;
10. In the EU there is a wide variation in who establishes the competences required to become a nurse. In most EU Member States it is the government.



## **EFN Members Country Report on CPD**

### **Austria**

Since 1997 nursing has been defined by a new Federal law (Law.No. I Nr.108/1997 - GuKG). There exists a training for nursing assistance with a duration of one year. The diploma training takes three years and is finished without a final examination qualifying for university entrance.

There are 3 technically different diploma trainings: General health care and nursing; paediatric nursing (from birth to 14 years); and psychiatric health care and nursing.

After the diploma there are 4 stages of further qualification:

- 1) Advanced training (§ 63 GuKG) - the applicant has to document 40 hours/5 years;
- 2) Further training (§ 64 GuKG) – special knowledge can be enhanced and a supplementary job title may be obtained (e.g. wound management);
- 3) Special training (§ 65 GuKG) - duration 1-2 years, specializations for certain areas (intensive care, dialysis, management ...); documents acquired in the EEA (European Economic Area) for successfully completed special training are acknowledged (§ 30 GuKG); and,
- 4) Since 2005 the regular studies of nursing science can be studied in Austria.

The permit to practice is effected by the diploma. There is no official registration. Membership of the professional association is voluntary.

### **Belgium**

The competences required to become a nurse are established by the Ministry of Health and the Ministry of Education which is advised by the National Council on the Art of Nursing, the Technical Commission on the Nursing Art and ten Provincial Medical Commissions. These bodies regulate nursing in the following areas: access to the profession, practice, agreement of titles and qualifications and professional conduct

The nursing practice is regulated by the Federal Law: Law of 20 December 1974 modified by the Law of 10 Augustus 2001 about the Exercise of the Art of Nursing, and Royal Decree of 18 June 1990 about technical nursing activities. Nursing is also regulated by the hospital law and a number of Royal Decrees: Decree of 18 January 1994, Decree of 20 April 1994, Decree of 13 July 1994, etc.

For all practitioners, licensing and registration are regulated by the Ministry of Social Affairs, Public Health and Environment and issued by Provincial Medical Commissions. The Medical Commission has the power to withdraw the right to practise. In addition all diplomas have to be approved by the Federal Ministry of Public Health.

The licence (Visa) is issued for life but the nurse has to, normally, renew the registration of his/her title or qualification every three years in the Province where he/she is employed.

The Flemish, French and German Regional Ministries for Education are responsible for the approval of training in their regions.

Clinical supervision is undertaken by the hospital or any other field of work providing the apprenticeship.

The National Council of Nursing Art called "Conseil National de l'Art Infirmier or Nationale Raad voor Verpleegkunde" is the Advisory body to the Ministry of Public Health. It prepares projects and

documentation relating to the practice, exercise and education (in collaboration with Regional Ministries of Education) of nurses and submits them for discussion, approval and legislation to the Ministry of Public Health.

The Commission of Agreement of the National Council of Nursing Art accredit the titles and qualifications (basic and post-basic training). The Technical Commission of Nursing Art is the advisory body to the Ministry of Health for all the matters of nursing technical practice (legal nursing acts).

The National Council of Midwives has existed since 1991 and is the Advisory body to the Ministry of Public Health; it prepares projects and documentation relating to the practice, exercise and education (in collaboration with Regional Ministries of Education) of midwives and submits them for discussion, approval and legislation to the Ministry of Public Health.

Actually, there are no nursing research departments financed, but research is carried out by nurses for their graduate examination theses and their university diploma theses in nursing management. Some nursing research is also undertaken in University hospitals.

The Law makes it compulsory on hospital nursing departments to evaluate the quality of nursing care and to report it annually.

The improvement of the quality of patient care and the appropriate financing of nursing care are two important objectives of the Ministry of Public Health. A nursing minimum data set has been compiled and is used in all general hospitals, its purpose is to improve clinical effectiveness and determine budget allocation.

It is a current project to use the Nursing Data Set (Version 2) not only in hospitals but also in all sectors of health.

The Ministry Conference of Public Health (6 December 2004) drew up new legislation on general titles of nurses and midwives (Bachelor level), training and recognition for the new function of nursing assistant and also particular professional titles and particular professional capacities (qualification) in post basic level in the continuous professional training in higher school or in Life Long Learning for adults.

## **Cyprus**

According to the Nursing and Midwifery Laws 1988-2005 (Article 20) the Council of the Association examines (among others) and proceeds to such actions as it deems expedient regarding:

- (a) The promotion and protection of the status of the profession;
- (b) The setting up of any committees which will assist in the better carrying out of its competences; and,
- (c) The promotion and improvement of the standard of nursing and health in the Republic.

All CYNMA activities concerning the promotion of CPD are related to the above provisions of the legislation. Yet, there must be a specific reference either as amendment of the Law itself or establishment of certain regulations in relation to the establishment of a system of CPD. CYNMA board is working in close cooperation with the Nursing and Midwifery Council towards this aim. We are now examining some proposals to be forwarded to the Parliament. All are under consideration therefore we believe that it is out of the scope of this questionnaire to describe them here.

In Cyprus it is a regulatory body named NURSING AND MIDWIFERY COUNCIL who establishes the competences required to become a nurse. It has been established according to the Nursing and Midwifery Legislation. It has nine members all of whom are nurses and midwives. Four of the members are elected during the CYNMA's General Assembly and five are appointed by the Council of Ministers. The five appointed members should represent Mental Health Nursing, Midwifery, Nursing Education, Community Nursing/Health Visitors and General Nursing. There is no limitation on the four elected members apart from being members of the Professional Association.

In Cyprus, only nurses working for the government (Public Employees) have annual appraisal according to the regulations of the Public Service. In the Private Sector, this may be done in some but not all Health Care Institutions/Organisations.

It is estimated that more than 50% of the Nursing population attend Seminars, Conferences, Congresses, workshops, etc. All do it on their own initiative.

In Cyprus, CPD is funded by the individual nurse (who assumes 100% of the costs) and the Professional Associations, the Ministry of Health, Private Health Institutions/Organisations.

### **Czech Republic**

Law No. 96/2004 Coll. on the conditions for obtaining and recognition of fitness for pursuit of non-medical health professions and for pursuit of activities connected with health-care provision and on the amendment of some related laws has been effective in the Czech Republic since 1 April 2004.

A non-medical health care professional can now pursue his/her profession without professional supervision only in the case that he/she has a certificate issued by the Ministry of Health. Following the first period, when this certificate has been issued for 4-6 years based on the length of practice to all individuals who had this competence prior to the coming into effectiveness of the new Law, the Ministry of Health will renew the validity of the certificate every 6 years. In order to get the certificate renewed the applicant will have to submit evidence about gained professional education, about health fitness and about a clean criminal record.

Further, the applicant has to document that during the last 5 years he/she pursued his/her profession for a minimum of one year in the range of at least 20 hours/week or of two years in the range of 8 hours/week. Besides that, he/she must document having gained 40 credit points for participation in life-long education activities. In case he/she fails to produce the above-mentioned evidence of practice and further education, the certificate will be renewed only on the basis of passing an examination verifying fitness for pursuit of the profession without professional supervision in accordance with up-to-date knowledge of the profession. Otherwise he/she can no longer pursue the profession without professional supervision.

Life-long education is organised differently in the individual EU countries, but the ways of gaining new information should always follow contemporary methods of adult education. Stress should be placed especially on various forms of self-study and obtaining practical experience during practice periods at accredited workplaces. Life-long education must not be only a formality.

What is important is the result, not the form. In the development of curricula professional associations must participate and each worker should prepare his/her own plan of education which should concentrate on improvement of knowledge in those parts of his/her profession which are not a routine part of the work of the given professional.

In Czech Republic the regulation No. 423/2004 Coll. came into force. It specifies the number of points that can be obtained for the individual types of educational activities. The point system of evaluation may be formal and completely inadequate regarding evaluation of observation of the duty of life-long education. Collecting the points can become a mere indicator of quantity, or the time spent at educational events, and not of quality - information and skills gained. The wrong system must naturally give raise to misleading results.

### **Denmark**

So far, mandatory CPD has not been introduced in Denmark. You cannot practice as a nurse in Denmark without a nursing education and an authorization. The graduate nurse is responsible for keeping her education updated, and the employers have a duty to provide supplementary education.

In Denmark there are several options open to nurses in regard to postgraduate education. Danish nurses have gained access to further education at academic level, i.e. Master of Nursing Science, Master of Clinical Nursing and a PhD Degree in Nursing. In addition to these academic programmes Danish nurses opt for degrees within other scientific disciplines such as social sciences, politics, pedagogy etc.

Apart from the academic degrees, Danish nurses have the following options:

- The nurse speciality education (i.e. ICU-nurses, nurse anaesthetists, infection control nurses, psychiatric nurses and oncology nurses). The nurse speciality educations are regulated by the National Board of Health and are developed in collaboration with DNO. The title "specialised

nurse", however, is in general not a protected title, but in order to obtain an employment as a nurse anaesthetist or a children's health visitor, a postgraduate education is required;

- Extensive postgraduate education (i.e. perioperative nursing, emergency care nursing, ophthalmic nursing, etc.). The extensive postgraduate educations are primarily offered by university hospitals or DNO. DNO has developed the framework programmes for most specialities.

In collaboration with the Danish regions/hospital owners, DNO has carried out a survey with the purpose to of discovering the extent of nurses' needs for further or specialist education.

Three types of questionnaires were sent to 850 nurses in general medical wards and oncology departments. Separate questionnaires were sent to ward nurses, charge nurses and nursing officers with budget responsibilities.

The overall findings were:

- Only one in five nurses obtain the further or nurse specialist education that they professionally need;
- In 2004 only 55% of the nurses participated in any form of educational activity;
- About 70% of the charge nurses and nurse managers had one or more ward nurses in their ward, who they considered in need of extended postgraduate or further education, in-service training or a conference;
- The three greatest barriers for nurses in obtaining the necessary professional education were:
  - Insufficient budgets;
  - That locums are not an option;
  - The wards are far too busy and cannot spare any nurses.

At present DNO is considering repeating the survey in collaboration with the Local Government Denmark in order to investigate the level of education within the field of community nursing.

### **Estonia**

According to the Health Care Services Organization Act (passed 09.05.2001), health care workers are doctors, dentists, nurses and midwives who may render medical services if the Health Care Board has issued them a registry certificate about their competence. The registration is necessary just once; periodic re-registration is not required. Until 2002 national evaluation of nurses' and doctors' competence was used, based on the Ministry of Health and Ministry of Social Affairs regulations. Since then, vocational unions have the right to conduct periodic evaluations. The principles and system of evaluation of medical specialists was developed in 2002, of nurses and midwives in 2003. Competence evaluation is voluntary for health care workers. Nevertheless, employers are required to provide 300 hours of training for all personnel in a five-year period according to the regulation Health Care Services Quality Control Requirements of the Minister of Social Affairs.

Training of nurses is carried out in educational and health care settings licensed by the Ministry of Education and Ministry of Social Affairs or institutions accepted by the Estonian Nurses Union.

### **France**

C'est en juillet 1971 que le législateur a rendu obligatoire pour chaque employeur de payer une taxe sur la masse salariale permettant de financer la formation continue en France. Depuis, plusieurs amendements à cette loi ont été promulgués et la dernière en date (2004) prévoit un compte épargne formation que chaque employeur du secteur privé doit tenir à jour. Les salariés ont la possibilité de suivre 20 heures de formation par an ou de cumuler ces heures jusqu'à 6 ans.

Dans le secteur de la santé, plusieurs statuts cohabitent:

- (a) Le statut de la fonction publique ou dans la majeure partie des cas les infirmières suivent en moyenne 3 ou 4 jours de formation par an
- (b) Le statut privé ou les infirmières ne suivent pas beaucoup de formation

- (c) Le statut des travailleurs indépendants ou un dispositif de financement de la formation a été mis en place en 1995. Après des débuts difficiles, les infirmières indépendantes commencent à suivre régulièrement des formations. La moyenne se situe à plus ou moins 2 jours par an.

Dans le cadre de l'évolution de notre système de santé, les pouvoirs publics souhaitent introduire l'évaluation des pratiques professionnelles pour l'ensemble des professionnels de santé. Avec ce dispositif, la formation continue deviendrait obligatoire. On ne sait pas encore la quantité minimale qui serait imposée dans l'année et par personne.

Globalement, la France souhaite que la formation continue se développe mais il n'y a pas toujours adéquation entre souhaits et moyens. Le métier d'infirmière impose une remise à jour des connaissances régulières et les pouvoirs publics devront augmenter les budgets.

Il reste à souligner qu'un certain nombre d'infirmières françaises autofinancent leur formation ce qui représente un lourd investissement en temps et en argent pour cette catégorie qui ne bénéficie pas de salaires élevés. Leur démarche n'en est que plus louable.

### **Germany**

There is no legal requirement for CPD in Germany. However, legislation requires that health and care institutions safeguard quality and the qualification of employees would be part of this. CPD is considered a necessity for good quality of care and for professional and career development. Therefore, CPD is supported in many ways (e.g. part of EFQM or similar). However, recently support for continuing education by employers has decreased because of budget restrictions. It is considered to be the responsibility of each individual nurse. Since the implementation of diagnosis related groups (DRG) for hospital funding, employers focus on process optimization; this implies a requirement of standardisation and education which is multi-disciplinary. In the field of community nursing services, the health and long term insurance companies supervise quality of care and qualification of nurses.

There is a range of specialisation in nursing (intensive care, psychiatric nursing, theatre nursing, etc.). Legal responsibility for the framework of specialisation is a regional responsibility. The majority of Lander (states) in Germany have laws or regulations on the specialisation. Recently there has been an initiative of Voluntary Registration of Nurses. This initiative is a lobbying approach to obtain a legal requirement for registration of all practising nurses.

### **Greece**

Continuing Professional development is not yet officially organised in Greece. A central government body, which in our case is the Ministry of Health, establishes the competences required to become a nurse. But there is no compulsory CPD in our country. In our Professional Organisation eight Nursing specialities are included, two of which provide a kind of Accreditation through the courses that they are offering to nurses. These specialities are Oncology Nursing and Intensive Care Nursing. As a Professional Organisation, we are working on the idea of establishing an accreditation body in co-operation with the Ministry of Education and we hope that we will succeed soon. We are planning to ask for help and advice from ICN on the subject.

### **Iceland**

In Iceland there are no regulations that require nurses participate in Continuing Professional Development (CPD).

The ethic code of the Icelandic nurses' association places an emphasis on the importance of CPD as a part of developing knowledge in nursing.

In a study conducted among 3127 members of the Icelandic Nursing Association, to which 39.9% replied, 14% of the respondents stated that they participate in CPD once a month. 31% stated they participate four times a year and 25% once a year. 17% do not take part in any CPD. The main reasons for not participating in CPD were the cost and being busy at work. In the light of the results of this study, the Icelandic Nurses Association is currently seeking to define its role in CPD for its members.

Icelandic nurses seek their CPD to their employer, to a professional section within the Icelandic Nursing association or to the Universities in Iceland. The Universities of Iceland and of Akureyri offer diploma and masters programmes in various fields of nursing.

Nurses in Iceland are required to attend an annual appraisal. Therefore they can link their CPD with their wages.

The Icelandic Nurses Association has a funding system where nurses can obtain financial help for their CPD.

## **Ireland**

Nursing in Ireland is governed by a statutory body entitled the Nursing Board (an Bord Altranais) which was established by the Nurses Act of 1950 and amended under the 1985 Act with responsibility for the regulation of nurses, education and training, maintenance of standards, competence, registration and fitness to practice.

In 1997 a commission was set up by the government (as a direct result of a threat of industrial action by the INO) to examine nursing and provide recommendations for the future. The commission published a very comprehensive report in 1998. This report was accepted by both government and unions and all of its 200 recommendations are being addressed. There are a number of specific recommendations related to CPD which include the establishment of an independent statutory agency with the responsibility for post-registration professional development of nursing and midwifery. This body, which is called the National Council for the Professional Development of Nursing and Midwifery, was set up in 1999 to:

- Monitor the on-going development of nursing and midwifery specialities taking into account changes in practice and service needs;
- Establish guidelines for the creation of specialist nursing and midwifery posts by health service providers;
- Determine the appropriate level of qualification and experience for entry into specialist nursing and midwifery practice;
- Accredite specialist nursing and midwifery courses;
- Support additional developments in continuing nurse education by health boards and voluntary organisations;
- Assist health service providers by setting guidelines for the selection of nurses and midwives who might apply for financial support in seeking opportunities to pursue further education; and,
- Liaise with bodies in other jurisdictions in relation to the professional development of nursing and midwifery.

The work of this body is on-going. The commission report also recommended that each nurse be granted two days study leave each year and that the Nurses Act of 1985 be amended to allow for the re-establishment of the regulatory body separate from the National Council which would allow the nursing profession to have greater control over its own destiny.

A new nurses and midwives act is currently being drawn up and is expected to be ready towards the end of 2006. It is recommended by the commission that the new act entitle the Nursing Regulatory Board to "require any nurse/midwife to satisfy it as to her or his relevant competences, failing which the board could require an update on skills or knowledge as a condition of retention of the name on the registrer".

Through negotiation in 1999, the INO succeeded in getting course funding for any nurse who wished to undertake a degree course part-time or post-graduate diploma relevant to work. The study leave entitlement is at the discretion of the employer.

A recent study undertaken on CPD showed that 53% of respondents participated in in-service education on a yearly basis. This does not include those who participate in other courses outside their work area e.g. in university/third level college.

A medicine's bill is currently in the final stages of progress through the government which will allow nurses prescribing rights.

In Ireland, it is the nursing board (an Bord Altranais) who establishes the competences required to become a nurse.

In Ireland, the annual appraisal is informal – not mandatory and may not apply to all nurses.

The study days (sd) or credits (C) per year a nurse takes varies according to the length of the course and the employer. All nurses are entitled to two days per year but any nurse undertaking a part-time course which is longer than six months would get a minimum of five days but may get all required study leave for attendance at the course.

Under the nurses/midwives act currently being drawn up the nursing regulator will require that the nurse provides evidence that they are professionally up to date.

In Ireland, funding is a mix. Some courses are 100% financed by the Department of Health and some are co-financed by employers and individuals.

### **Italy**

In Italy, CPD is organised through the National Programme of Continuing Education in Medical Professionalism of the Health Professional and is defined by three characteristics:

- Obtaining theoretical knowledge (to know)
- Having technical or manual ability (to do)
- Developing capacities to communicate well and relate (to be)

It is very difficult, in changing times, to maintain all these three aspects updated and to be competent. For this reason, Continuous Education Programmes are organised for health professionals. Each professional is autonomous in his/her updating. By law, a National Commission established since 1992 (.16-ter, comma 2, DL 130 12. 1992, n.502) was integrated by legislative Decree n.229 (June). To participate in programmes is a deontological and compulsory norm of every professional. CPD takes place through conferences, courses, specific education promoted by different entities and recognised through a national credit system. It is regulated by law. Only those professionals in post-basic education are exempted from the yearly credits continuing education. Each event is evaluated by an independent commission in credits as a measure of commitment and time that each health professional has devoted to the updating and implementing better the quality of his/her professionalism. During the first 5 years of the implementation of the system credits have been defined with a compulsory advancement divided as follows:

- 2002: 10 credits (minimum 5 max 20);
- 2003: 20 credits (minimum 10 max 40);
- 2004: 30 credits (minimum 15 max 60);
- 2005: 30 credits (minimum 15 max 60);
- 2006: 50 credits (minimum 25 max 100).

Credits are given through an internet system by professionals on a voluntary basis and independently. Evaluators are nominated by the Ministry on the advice of Professional Associations or Statutory Body. In the Central Commission each health profession is represented. Accredited events are of two categories: Residential Educational Activities and Long Distance Activities.

### **Latvia**

The Register of Nurses has been established in 1994. This register operates as a regulatory mechanism for these professions. Those who meet the national requirements (for example, people who have acquired nursing training comparable to higher professional education) are entitled to work in the capacity of nurses and midwives.

Re-registration takes place every five years. Re-registration is based on a certain amount of continuing educational activities.

In the case where a nurse has not worked in practice for more than five years, the practice rights have to be re-established by passing a Register Examination.

A registered nurse after three years of practice and additional continuous education may sit for a certification exam and acquire a certificate - rights of specialists' practice in the speciality for five years. After five years a nurse/midwife needs re-certification.

### Nursing Regulation and Continuing Professional Development system in Latvia

	<b>Register</b>	<b>Certification</b>
<b>Acquirement conditions</b>	State examination <ul style="list-style-type: none"> <li>Practice nurse (registration for the first time)</li> <li>Register examination (for those who haven't worked as a nurse more than 5 years)</li> </ul>	<ol style="list-style-type: none"> <li>Registered nurse;</li> <li>Practice in the speciality not less than 2 years;</li> <li>100-612 educational hours (content depends on the speciality)</li> <li>Certification examination.</li> </ol>
<b>Application time</b>	<b>5 years</b>	<b>5 years</b>
<b>Renewal conditions</b>	150 educational credits/ hours (post basic education courses)	<ul style="list-style-type: none"> <li>150 educational credits/ hours (post basic education courses);</li> <li>not less than 60 credits have to be in the speciality;</li> <li>not less than 25 credits have to be in emergency care;</li> <li>experience in speciality.</li> </ul>
<b>Rights</b>	Rights to practice in the nursing profession	Rights to practice in one of the nursing specialities
<b>Normative acts which regulate the process</b>	Regulation of Cabinet of the Ministers (Register)	<ul style="list-style-type: none"> <li>Regulations of the Cabinet of the Ministers (Certification)</li> <li>Regulation of Ministry of Health (Certification)</li> <li>Regulation of Speciality</li> </ul>
<b>Responsible institution</b>	Professional Educational Centre for Health Care Workers (Ministry of Health)	Latvian Nurses Association

The Nurses registration and certification process in Latvia was started in 1995.

The certification function was delegated to the Latvian Nurses Association in 1998. Now we certify nurses in 19 nursing specialities. For the effective work with the information in the Register a computer programme was developed. With the assistance of this programme it is possible to maintain, update, analyse, and compare data about registered health care professionals and those professionals who have rights to practice. All information about educational activities, including titles of the programmes, time of the courses and information about educators is provided by the Education Department of the Professional Educational Centre for Health Care Workers (Ministry of Health). The entity of this computer programme is accessibility to the information from any position.

The Latvian Nurses Association works closely with the Professional Educational Centre for Health

Care Workers (Ministry of Health) in fields of registration and certification. We have the local CT network and use the joint data base.

### **Luxembourg**

Loi du 26 mars 1992 sur l'exercice et la revalorisation de certaines professions de santé - Articles 12, 13 et 14.

Nous ne connaissons aucun cas où le Ministère de la Santé aurait refusé de prolonger une autorisation d'exercice à une infirmière qui n'a pas suivi de manière régulière les formations continues par la loi précitée, de même nous ne connaissons aucun cas où un hôpital aurait été pénalisé pour ne pas avoir offert/payé le nombre d'heures de formation continue annuelle prévue par la loi précitée. Par contre nous avons connaissance de faits que certains hôpitaux n'utilisent pas leur budget annuel de formation continu.

Il n'existe pas de compte-rendu officiel accessible à l'ANI sur le nombre de formations continues organisées respectivement sur le nombre d'infirmières ayant fréquenté les formations organisées resp. sur le nombre d'infirmières ayant absolvé le nombre d'heures de formation prévues par la loi.

Êtes-vous satisfait avec le niveau de DPC disponible aux infirmières dans votre pays?

OUI, par rapport à la législation, donc par rapport à l'aspect théorique qui prévoit une formation continue annuelle de 40 heures.

NON, par rapport à la pratique courante: il semble que certains hôpitaux ne se conforment pas à la législation, c'est-à-dire que le budget mis à la disposition des hôpitaux n'est pas utilisé par certains hôpitaux. L'Etat n'exerce donc pas de contrôle régulier sur le budget de la formation continue des hôpitaux et ne fait pas respecter les lois qu'il a édictés et les infirmières ne réclament par leur droit.

### **Netherlands**

The current 'Act on professions in healthcare' (Wet BIG), aims at transparency in the professional activities in healthcare in order to protect the patient. This act emphasizes the professionals own responsibility. The professional is allowed to exercise his/her profession if he/she is adequately 'capable' (knowledge, skills and competencies)

Nurses have to be registered with the Ministry of Healthcare (the BIG register).

The Act also mentions periodic registration (art. 8). It demands a work experience of at least 1840 hours in a five year period. There is only a qualitative (focussed on content) demand if the applicant lacks working experience. There is a two year limit on not having worked at all in these five years. The Act has a equality indication for nurses who have to keep up their professional skills, but who do work at the bedside (i.e. nurse teachers and managers)

The demand for periodic (numerical) registration will start in 2007. The first registration will therefore take place in 2012.

The Act leaves the system for quality assessment up to the professionals and their organisations themselves.

The general association of nurses in the Netherlands, the AVVV has developed a system for quality registration including continuous professional development. The AVVV states that nurses are the central professional force in healthcare. The quality of health care lies in their hands.

The AVVV has developed additional requirements on professional development in order to be registered as a nurse. This will make the quality of health care provided transparent for patients, employers and healthcare insurance companies.

The system for quality registration prescribes criteria for Continuing Professional Development, accreditation and the nature of education and training offered.

The AVVV provides a (digital) portfolio, which both gives the professional nurse guidance for CPD and a system to register activities in the field of CPD. Furthermore this system will create uniformity.

The digital portfolio gives standards for the number of credits a nurse should have on a yearly basis.

What forms of education and training are provided, accredited, how they could be planned, what number of credits they give and formats for training programmes that can be developed in the nurses own workplace.

The AVVV aims at including personal development plans and training and education within professional development as a claim in the social dialogue between the social partners in the Netherlands

This system for quality registration and Continuing Professional Development will have no legal framework. However, when the accreditation by the nurses' own professional organisation is recognized by all social partners it will have a very definitive impact.

The system for quality registration will be operational at the end of 2006.

The system will be accessible for all nurses who are working in the Netherlands and all foreign nurses who plan to work here.

## Norway

The matter of Lifelong Learning in Norway is, and has been, a political issue for many years. In 1996 the Norwegian Parliament – Stortinget – commissioned the Government to present a report to the Parliament for a Lifelong Learning Reform. It came in 1997 with the following main elements :

- Right to full or part-time study leave of a maximum of 3 years, after at least 3 years of work, employed at least 2 years by the same employer;
- Documentation of formal and non-formal learning in working life and in the education system;
- No requirements concerning general study competence for supplementary studies and further education programmes at colleges and universities;
- Internet-based and interactive supplementary studies and further education programmes shall be developed;
- Funding shall be provided for the development of further education programmes for enterprises; and,
- Better funding schemes for supplementary studies and further education programmes.

Several attempts at funding the intentions have failed. Why is it so difficult? A lack of formal returns on investment in education is often mentioned. The individual's financial ability to leave work for unpaid studies is also an important matter.

But learning is still taking place. A survey from 2003 shows that 14% of all employees had received training related to their work in the last 4 weeks, but only 24% think that the wage system at the workplace stimulates learning. Only 1% of these were enrolled in formal education - either supplementary studies or further education.

Full-time studies are usually free, whereas fees are charged for customized courses and part-time studies

There is also the matter of inadequate information of employee rights, and the need is not felt.

Where are we today? The focus for developing policy is :

- From individual-orientated learning to learning organizations;
- Management-administrated and management-planned competence building and innovation;
- Favourable conditions for utilising new knowledge;
- Moving from a division of labour regulated by formal education to one based on competence;
- Required knowledge-based practice and responsible professional standards of quality;
- Flexible learning methods and e-learning;
- Funding options; and,

- Economic return on investment in education.

### **Poland**

The Continuing Professional Development issues are regulated by the Act of 29 July 2005 on the profession of nurse and midwife and the Minister of Health Regulation of 29 October 2003 on post-diploma education. According to the Act on the profession of nurse and midwife, a nurse has a right to Continuing Professional Development. The above-mentioned Minister of Health Regulation defines forms, duration and requirements for particular types of CPD. The Code of Nursing Ethics also states that a nurse is responsible for his/her own professional development. However, there are no formal legal regulations on nurses' appraisal. We are now in a process of developing a system of credits and conditions of nurses' appraisal. It is planned to carry out the assessment every three years to prolong the registration.

### **Portugal**

The vast majority of Portuguese nurses work in institutions in the public sector and although CPD is not compulsory by law, the "environment" where they work has the same effect. If the nurse does not engage regularly in CPD, he/she will not be able to progress in the professional career: horizontally and vertically. The driving force in horizontal development is the appraisal system, and in the vertical are the competitions that they enter to access other categories with higher pay. This is also valid for the nurses that work in the private sector but the rules are not so clear and they vary across the institutions.

CPD for nurses is provided by a large number of institutions and is available in several formats. Care providing institutions, universities and professional organizations regularly promote CPD. Study days, conferences and seminars are the most frequent but short courses, and post graduation, masters and doctorate programmes are also available.

In Portugal, there is a national accreditation agency and most of these programmes are accredited. The CPD supply is varied but does not follow a defined strategy. Mainly it responds to the needs of the moment.

All care providing institutions should develop a CPD strategy for in-service education that is provided free of charge to their professionals. Naturally these actions respond to the needs they identify. In the vast majority, nurses have to attend the events and, in some cases, there is a record of attendance. A number of them have a final evaluation, namely the ones that confer an academic degree.

Along with this kind of CPD, there is the one which the individual nurse carries on her/his own, i.e. the necessity to write for professional journals, and keep updated.

### **Slovak Republic**

Continuing Professional Development has been available for a long time in the Slovak Republic. The criteria of Continuing Professional Development are provided by the Ordinance No. 366/2005 about the criteria and technical appraisal of Continuing Professional Development which has been effective in the Slovak Republic since 24 June 2005.

The criterion of Continuing Professional Development of health care professional in relevant health care professions is to acquire a number of credits in accordance with the Ordinance 366/2005.

The Continuing Professional Development is appraised periodically every fifth year and starts from the date of registration, which is valid from 2002.

Examples are given below about according credits in the Slovak Republic for Continuing Professional Development of health care professions, but not in full version because of changes. These changes concern the position of education in getting credits, which will be more comprehensive. After consolidation, we will be able to send you the full Ordinance.

#### **Part A.**

If the health care worker has worked in an authorised job at her/his qualification at least 4 years in

the last five years, he/she receives 50 credits.

### **Part B.**

If a health care worker attends a single educational activity arranged at the local level, longer than one hour but shorter than 3 hours, the participant will get one credit.

If a health care worker attends a single educational activity arranged at the county level, longer than 3 hours but shorter than 6 hours, the participant will get 2 credits.

If a health care worker attends a single educational activity arranged at the county, region or national level, for at least 6 hours, the participant will get 1 credit. If this educational activity is longer than one day, nurses and midwives will get 7 credits for first day of attendance, 5 credits for second day of attendance and 3 credits for every other day of attendance at the activity.

For training teaching, the teacher will receive 10 credits and the co-author 5 credits. If someone repeats that same education dossier, he/she does not receive credits.

If an active health care worker attends a single educational activity arranged at the national or international level, longer than one hour, the participant will receive 15 credits.

For an active attendance in a poster session, the author will get 10 credits and the co-author 5 credits. If someone repeats that same educational dossier, he/she will not receive credits.

For an active attendance in a poster session at the international level, the author will receive 15 credits and the co-author 10 credits. If someone repeats that same educational dossier, he/she will not receive credits.

If attending professionally accredited scholarships in his/her profession, the participant will receive 2 credits per day, up to a maximum of 30 credits.

For a publishing activity from 3 to 50 credits are available, depending on the role in the publication (author, co-author, home or international syndication).

## **Sweden**

Our R.N Education is nowadays regulated according to the Bologna - and it is the same for all registered health care personnel educated at University level. The Agency for higher education, a governmental body, has the responsibility for quality control of all University education.

In Sweden, we have a common regulatory body for all registered health care personnel, and this is a governmental body.

We have several laws which regulate both the education and the registered health care professions. In addition to this, we also have collective agreements which include Continuing Professional Development.

## **Switzerland**

En Suisse, aucune réglementation nationale ne régit le développement professionnel continu. Seule la formation professionnelle est sous la surveillance de l'Etat fédéral, mais pas les obligations en lien avec l'exercice professionnel.

Le découpage en 26 cantons ayant chacun leur loi de santé publique et la responsabilité de la police sanitaire rend difficile l'obtention d'une réglementation uniforme et l'application d'un système de régulation. Parfois, des réglementations spécifiques à une spécialisation exigent des temps de formation post diplôme par ex. pour l'obtention d'un numéro de concordat donnant droit à remboursement par les caisses-maladies.

## **United Kingdom**

Under rule 11(c) of the *Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004*, nurses are required to apply for re- registration every three years. They have to complete 'The Notification of Practice Form' (NOP) and pay a fee in order to maintain their registration.

The NOP requires the applicant to confirm that they have undertaken at least 5 days (35 hours) of learning activity relevant to their professional practice in the last 3 years. This is called the PREP

standard and applicants are required by the regulatory body to keep a portfolio of CPD which should record all their learning experiences over the periods between periodic re-registration. This may include study days, experiential learning, coaching, reading etc and is defined as 'Any activity that maintains or develops professional competence'. The portfolio should be available for scrutiny should the regulator ask for it.

Nurses renew their registration every three years under this system but from this year (2006) nurses whose registration is due for renewal this year will now pay their fees annually. Therefore a 'retention fee' will be due at the end of the 1<sup>st</sup> and 2<sup>nd</sup> years of the registration period to maintain registration.

In 2005, the NMC consulted on a 'Proposed Framework for the standard for post registration nursing' with most responses supporting such a framework. Within the proposals was the recognition of an 'advanced practitioner' who, it is likely, will have a separate recording on the professional register. It is suggested that some form of assessment of on-going competence of this practitioner will be required rather than the current declaration and portfolio of professional practice and the NMC is currently addressing the possible ways that this may be carried out.

The RCN Congress in 2005 passed a resolution that nurses should have the same rights to CPD as doctors as it was agreed that the current arrangements are insufficient and subject to individual employers' willingness or otherwise to support CPD. The RCN is asking for a set number of days per year over and above the statutory/mandatory training required.

The regulatory body (autonomous of the government), the Nursing and Midwifery Council establishes the competences required to become a nurse.

It is recommended, under a newly implemented pay structure and knowledge and skills framework, that nurses have an annual appraisal but it is not mandatory. Most employers appraise as a matter of good practice. On average, nurses have to undertake and record their CPD (minimum 5 days) over the 3 years prior to their registration as laid down by the NMC. This does not have to be study day attendance and much wider learning is encouraged. In addition to this, nurses undertake 'on the job training', but this is flexible, based on local needs and the individual nurse's career pathways.

CPD is funded by a mixture of the employer and/or the nurse or both, although there are wide variations as to how much employers will fund.

The emphasis in the UK is on nurses being fit for practice 'at the point of registration'; therefore cross border nurses are evaluated against this. Once on the register all nurses must meet the same requirements.