



Bachelor - Master Structure – Nursing and the European Dimension

Plenary Address

by

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Members of the European Parliament,
Professors, lecturers, and teachers
Colleagues,

I am delighted to participate in today's European debate concerning the Bachelor-Master Structure. The first thing I would like to do is to convey best wishes, not only from the President of the European Federation of Nurses Associations but also from the nurses of the 32 Member States represented in EFN.

As a previous Nursing Minimum Dataset Coordinator – working closely with Prof. Walter Sermeus and Anita Simoens, it is a pleasure to present the European Policy Agenda, how nursing and nurses can influence this agenda and how nurses do influence the agenda. It goes without saying that the focus here will most notably be on the Directive on Mutual Recognition of Professional Qualifications and – it goes without saying - the Bologna Process.

It is my privilege to present the concrete ways in which nurses can help build and support nursing education in Europe. The concept of 'building' is interesting in this context and I use this concept intentionally. Why?

Because this concept integrates the notions of developing a concrete and solid plan and implementing it.

Because this is about the process of integrating a number of separate factors into a concrete and functional whole.

This whole in its entirety is much more than the sum of its individual parts. In many ways, this process is similar to the gradual 'building' of the European Union itself.

My presentation will consist of three parts:

1. a brief overview of EFN and its aims and objectives
2. a short outline of the Bologna Process with a few personal remarks
3. a 'listing' of a number of areas where nurses and their organisations can –and should- take action

1. A brief overview of EFN

First, I would like to provide you with some background of the EFN, the European Federation of Nurses Associations. In the early seventies the notion of mutual recognition of professional qualifications of doctors, nurses, pharmacists, midwives, architects, dentists

and vets -the so-called 'sectorial professions'- gained momentum. Minimum requirements for education of nurses were developed and agreed. These requirements are still forming the base of the so-called 'acquis communautaire'.

These developments led to a recognition of the importance to participate in European the process of policy development; in other words, it became important to have a voice at European level.

This realisation in turn led to the creation of EFN. Since then, EFN has developed into a powerful organisation, which brings together and represents the professional organisations of the 32 Member States of the EU and the Council of Europe.

EFN's main objective is to influence European policy. To this effect, EFN works with the three most important institutions of the EU: the Commission, the European Parliament and the Council of Ministers. These institutions view EFN as the official 'voice', the official contact point for policy matters and other EU initiatives which have a bearing on nursing. For example, within the Commission, EFN is in close contact with the Directorates General for Health and Consumer Protection, Internal Market and Research. Apart from cooperation with the EU institutions, EFN has strong relations with other European umbrella organisations for care professionals and relevant interest groups, such as the European Patients Forum.

Mission

EFN's mission statement reads as follows: "To strengthen the status and practice of the profession of nursing and the interest of nurses in the EU and Europe".

Three policy objectives flow from this statement:

- 1) Ensuring that nurses and nursing are a key element in the development of EU social and health policy and its implementation
- 2) Strategic support for a qualitative and equitable health service in the EU and Europe by means of developing a workforce of effective, competent and motivated nurses
- 3) Strengthening EFN representation in the EU and Europe and develop EFN's key role as a bridge between nursing associations and the EU institutions.

One clear example of an activity in relation to the first objective is EFN's active participation in the discussions surrounding the European Convention, more specifically concerning the social side of Europe, care for older people, and patient information and safety. Another example is our intensive campaigning in relation to the Directive on Mutual recognition of Professional Qualifications.

And this inevitably brings us to the Bologna Process. Without a doubt, this Process will lead to accreditation and the setting of standards, which will apply both to educational nursing institutes as well as to nurses and their services themselves. The Bologna Process is important in this context, because it will determine what product needs to be delivered and by whom this product will be delivered in practice. This in turn will automatically lead to a discussion of differentiation of the various professions and the individual roles and responsibilities of doctors and nurses.

In order to promote nursing and nurses as a strategic factor within the care system – the second objective -, EFN develops ethical guidelines for employing nurses – as well as keeping nurses in the workforce. Exchange of experience between Member States, learning from each other which strategies work and which ones do not work, is of the essence in this respect.

Bringing together the individual organisations of nurses, joining forces and speaking with one voice at European level is the scope of the third objective. If each individual organisation would like to have its own separate voice, promoting each individual point of view, there would not be much hope for leadership and effective policy influencing within our area. EU policy influencing needs a strong, united voice.

2. The Bologna Process

Many of you will be familiar with the Bologna Process. However, to refresh the memory, I will briefly outline the main milestones in the Process.

Paris, May 1998 - Ministers of Education of 4 large EU countries (France, Germany, Italy and the UK) sign the Sorbonne declaration in relation to the harmonisation of the structure of the European higher education system.

Bologna, June 1999 – launch of the Bologna Process with the signing of a Declaration by 29 Ministers of Education. This addresses the restructuring of higher education systems with the aim to create overall convergence at European level.

The Declaration states that the following objectives have to be attained by 2010:

- Adoption of a system of easily accessible and comparable degrees
- Adoption of a system based on two main cycles, undergraduate and graduate
- Establishment of an accreditation system of
- Promotion of mobility
- Promotion of European co-operation in quality assurance
- Promotion of the European dimension in higher education,

Prague, May 2001 - 32 Ministers of Education sign the Prague Declaration, adding three key themes to the Bologna Process:

- Life Long Learning
- involvement of students
- attractiveness and competitiveness of the European Higher Education Area

Berlin, September 2003 - Ministers of Education agree to:

- set a 2005 deadline for promoting effective quality assurance systems
- secure closer links between the European Higher Education area and the European Research Area
- take the necessary steps to enable the portability of national loans and grants
- stress the involvement of university and student organisations.

Also, seven more countries decide to join the Process, bringing the total number of participating countries to 40.

From this broad historic overview it is clear that developments in the area of higher education have been widespread and far reaching. European cooperation has improved enormously. However, some questions remain:

- How will this process promote excellency (and not only "quality") in the field of higher education and research?
- Will the reforms initiated in the frame of the Bologna process make European universities more attractive?

We need to concentrate on learning outcomes as well as on strengthening existing networks and promoting open access to relevant information.

Against this background, the European University Association (EUA) has indicated that the Heads of Higher Education Institutions (HEI) support the Bologna Process. According to EUA, the next phase of the Process should concentrate on the following priorities:

- maintain universities as a public responsibility
- consolidate research as an integral part of higher education
- improve academic quality by building strong institutions;
- further mobility and the social dimension
- support the development of a policy framework for Europe in quality assurance
- create of networking structures and mechanisms between Professional Higher Education Institutions, Universities and other higher education institutions
- improve and enlarge cooperation with stakeholders, especially students and business and industry
- firmly put the social dimension at the heart of the Bologna Process: equity in access as well as equal chances of completion of studies should be at its core

The next higher education summit will be held in **Bergen (Norway) in May 2005**.

EFN and nursing education

I would like to take the opportunity to outline EFN's views on nursing education – which is part of the activities we develop under our first strategic objective i.e. policy development and implementation. EFN, together with the International Council of Nurses and the European WHO, have agreed a number of principles regarding nursing education:

- Admission to training institutes should only be possible after finishing secondary school, under the same conditions as those applying to access to university
- The length of the training programme should be sufficient to guarantee the acquisition of specific competencies and shall not be less than three academic years (minimum bachelor level)
- There should be one European professional level of nurses only

- The curriculum should be based on and consist of research, skills and competencies
- The institutes' Director should be a qualified nurse

All these recommendations are in line with those of the Bologna Process.

In this context, there are a number of important issues for EFN members, such as

- the Bologna Process should adopt the ICN's general nursing profile requirements as a reference framework for nursing education. This may mean that the initial nursing training curricula need to be reformulated in various Member States
- In close cooperation with its members, EFN intends to develop joint efforts with the nursing education institutes in each country with the aim to create the best conditions for the implementation of Bologna Process
- EFN is to work with the European bodies to anticipate a new framework of mutual recognition of diplomas, continuing education and Life Long Learning (LLL)
- This process will be supported at European level; a 'meeting space' will be created where professional organizations and nursing education institutes may share and reflect on (future) strategies.

3. A list of actions

Our current situation, our current reality strongly underlines the fact that building nursing education and health systems should be part of our European activities and endeavours. These joint activities should focus on the following 10 areas of action:

1. Quality education
2. Exchange of experience, knowledge and best practice
3. Capacity building
4. Promoting evidence-based knowledge
5. Empowerment
6. Spending the health budget wisely
7. Investing in innovation.
8. Engaging in workforce planning.
9. Aiming for impact
10. Promoting the economic case for investment in nursing education.

More specifically:

Quality education

We need qualified nurses and quality nursing. It will be crucial to amend the European Nursing Directive, so that it reflects our professional point of view. We need to develop and implement standards and accreditation in the 25 EU Member States.

Capacity building.

There are many effective ways in which to build capacity. Today I would like to specifically refer to the need to invest in the knowledge of health professionals, sharing know-how, expertise and experience for the benefit of the broader health care constituency. Nursing education at various levels (baccalaureate, masters and doctoral) as well as continuing education are essential elements in the process of progressing the health policy agenda. We need this to guarantee a professional workforce that can help drive change and deliver quality.

Promoting evidence-based knowledge

Health promotion, illness prevention or illness care all have one great need in common: the critical need to harness evidence. Evidence provides the backbone to all activities and initiatives. The economic situation forces us to provide better care at lesser expense. Research can support solutions to this difficult and contradictory demand.

‘Empowerment’

Patients expect health professionals to be aware of the latest scientific developments and information. Technological developments increasingly enable patients to access this information themselves and to discuss this information, to call on us for our views. In these situations we have a variety of assets on offer.

We provide professional insight.

We provide the appropriate context for the information.

And –last but not least- we ensure a balanced approach.

This is where we – health professionals and patients – share our perspectives and determine a way forward together.

In this sense, nurses help empower the public. By making use of our knowledge of mind, body and spirit, we can equip patients with information enabling better self-care - and thus promote a healthier future.

Six million nurses across Europe carry out this important task every single day of the week in a wide variety of settings: acute care hospitals, screening clinics, long-term care facilities, schools, workplaces, and the streets of inner cities.

The same way we share information and strategies with patients, we also need to share experience, know-how and best practice with colleagues – within and across disciplines, and within and across borders.

Spending the health budget wisely

Health professionals have a responsibility: a responsibility to share success stories relating to spending the health care budget wisely. There are many success stories with regard to the provision of high-quality, cost-effective care. These can make a significant, positive contribution to the current policy debate.

Interestingly, it is precisely this cost-effectiveness in combination with the profession’s broad and diverse distribution within and across countries, and the sheer number of nurses – the single largest occupational health care group- that have generated interest in new roles for nurses.

Investing in innovation

All this leads up to one conclusion: we need to invest in innovation. Lack of innovation equals stagnation. Innovation entails creative and lateral thinking, taking a broader perspective and acting on curiosity. Most importantly for the health professions, it is about improving health care.

If we want to achieve our Europe of Health, we must foster and promote ‘outside the box’ thinking. We must stimulate and support a culture of innovation in health care.

Engaging in work force planning

Active engagement in workforce planning is a crucial element of this process. Each individual profession has its specific challenges. Effective human resource policies and an appropriate skill mix are important to the success of all professions, however. Our ability to provide quality care is clearly at stake here.

Professional mobility stimulates and supports the exchange of knowledge and skills, and can contribute to a more effective distribution of health professionals. We need to ensure freedom of movement to facilitate employment and equal opportunities on the one hand. On the other, we must also guarantee quality of care, educational standards and eliminate the EU’s disparities in access to and quality of health care.

Ultimately, we will need to explore the role and contribution of the health professions within and to Europe’s future social system, based on criteria such as competition, harmonisation, accountability, effectiveness and solidarity.

Promote the economic case for investment in health

And so I arrive at the final critical issue on my action list: the absolute imperative to promote the economic case for investment in health.

Quite simply put, a healthy society is more confident and productive. It is not burdened by excessive spending on invalidity and illness. And we need to remind citizens, businesses, policy makers and governments of this at every opportunity.

In conclusion, I believe that despite the many challenges we face in implementing the Bologna Process, this is clearly the way forward for all nurses. This journey is not just about building educational structures and alliances. In effect, we are helping to shape a new social landscape for a united Europe. This is undoubtedly an ambitious, demanding and truly exciting journey. And our trip is just beginning....

Thank you very much for your attention.