

**“Yesterday! Today...Tomorrow?
To Think Nursing Reflecting about a future”**

Mobility and Versatility of the Nurses: What Criteria?

by

Paul De Raeve

Secretary General, European Federation of Nurses Associations - EFN

XXVIII National Meeting of Nursing Students

24 May 2007, Ovar, Portugal

Dear Colleagues,

I am delighted to participate in the XXVIII National Meeting of Nursing Students with the theme "Yesterday! Today...Tomorrow? To Think Nursing Reflecting about a Future". The first thing I would like to do is to convey best wishes from the President of the European Federation of Nurses Associations, Annette Kennedy, the Vice-President of EFN, Antonio Manuel Silva, and from all National Nurses Associations of 30 Member States represented in EFN, to which the Ordem dos Enfermeiros and the European Nursing Students belong.

It goes without saying that the focus here will most notably be on National developments in Nursing and in specific on mobility and multidisciplinary, but we should talk also about the European perspective as EU legislation and initiatives to exchange best practice will influence the National political health agenda. And we are at the right moment to do so as the Portuguese government will take over the EU Presidency from July 2007.

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

Why?

Because this concept of "building" integrates the notions of developing a concrete and solid plan, implement it and measure its impact for the European citizens. In many ways, this process is similar to the gradual 'building' of the European Union itself. We have to remind ourselves that the European Union project is about peace-keeping and to obtain a sound economic, social and political continent. In 2004, ten Member States, of which 8 had been under influence of the former Soviet Union, joined the EU. In 2007, Romania and Bulgaria joined the EU, now consisting of 27 Member States. In the years to come, more Member States will join the EU.

Within this process of "building", the nursing profession has a crucial role to play, especially within the National and European policy-making process. My presentation will therefore highlight EFN history, EFN aims and objectives and concrete examples of policy impact at European level.

EFN Mission and Objectives

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 on. These requirements are still forming the base of the so-called 'acquis communautaire'.

These developments led to the recognition of EFN by the European Commission, the European Parliament and the Council of Europe and EFN role as pan European Organisation to give input in the European Policy making processes. In other words, EFN became important to have a voice, a United voice for Nurses at European level.

Since then, EFN has developed into a powerful organisation, which brings together and represents the professional organisations of the 30 Member States of the EU and the Council of Europe.

EFN 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 one of the official contact points 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, Employment, Development and Research.

Apart from cooperation with the EU institutions, EFN has strong relations with other European umbrella organisations for health professionals and relevant interest groups, such as the European Public Health Alliance, European Patients Forum, the European Women Lobby and many others.

Finally, I would like to stress the importance of EFN affiliatus status with ICN. Health has not only a local, regional, national or European dimension, Health is global.

Mission of EFN

EFN 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 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 active participation in the discussions surrounding the Open Method of Coordination, more specifically concerning the social side of Europe, the care for the elderly and patient information and safety.

Another example is EFN intensive campaigning in relation to the new Directive on Mutual recognition of Professional Qualifications (Directive 36), to be implemented by all EU Member States in October 2007. And this inevitably brings us to the Bologna Process. Without a doubt, this process will lead to setting standards, which will apply both to educational nursing institutes as well as to nurses and their services themselves.

Within the European Single Market, especially the 'Bolkenstein Directive' it is important to look at health in a different way as other services provided to European citizens. 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 health care system, the second objective, EFN developed ***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.

Policy Window Opportunities

If we want to be successful, EFN needs to be focussed within a complex policy-making environment. Therefore EFN will focus mainly on Patient Safety, Health Services and Education.

Many of you will be familiar with the Bologna Process. The Bologna Process aims to establish a European Area of Higher Education by 2010, at the same time we need to achieve the Lisbon Objectives. The objectives of the Bologna Process are:

- Adoption of a system of easily accessible and comparable degrees, bachelor, master and PhD
- Establishment of a European Credit Transfer System
- Promotion of mobility
- Promotion of European co-operation in quality assurance
- Promotion of the European dimension in higher education
- Life Long Learning
- Involvement of students
- Attractiveness and competitiveness of the European Higher Education Area

EFN, together with the International Council of Nurses, will advocate for 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; and
- The institutes' Director should be a qualified nurse

At this stage, it is important to underline that across Europe, not all nurses are educated to degree level at the point of initial registration and more ways to reach registered nurse status are possible. Whatever decision we make, it is important to measure the impact of the Bologna Process on the workforce composition. Furthermore, we should make sure that the ICN competencies for the Generalist Nurse are promoted at European level, in order to facilitate mobility, high quality of care and patient safety. Healthcare professionals' knowledge must be regularly updated, by developing continuous professional development. Member States should be urged to use Structural Funds to invest in continuous professional development and other health related issues.

Next to the Bologna process, the health services legislation to be developed in the coming year will be essential for patient safety within the enlarged European Union. Patient Safety is becoming, finally, high on the political agenda of the European Union.

For EFN, a key issue of any EU health service activity must be to promote and ensure high quality patient care. The common values and principles, universal access and solidarity, agreed on by the Council of Ministers, need to be taken into account. EFN considers health as a Service of General Interest.

It is important to have sufficient information on the movement of patients and professionals. There is a need to identify the competent authorities responsible for the supervision of health care services, so they can share information with each other and be aware of the situation in other Member States. There is a need to establish an independent point of contact in each Member State, who would act as a patients' ombudsman to advocate for all patients.

An EU initiative should also focus on European cooperation on a common reference programme for best practice and a European standard of quality of care and quality control. Therefore it is important to identify a common set of patient sensitive indicators, to gather information on quality of service and to put in place safeguards and mechanisms to address complaints. It is also necessary to develop clear lines of accountability for the continuity of patient care, and a clear system of information exchange, to assist patients to make informed choices about their healthcare.

Furthermore, EU workforce planning should be part of EU Health Services legislation. There is a need to know where EU health professionals are; how many doctors and nurses there are and how many are leaving the profession. Mobility, brain drain, is not only a national or European challenge, it is our global concern. EFN and ICN are permanent informing each other and will both use every policy window opportunity, at European and global level, to advocate for ethical recruitment guidelines and retention strategies to be implemented at Member State level.

Finally, EFN calls on the Commission to clarify the distinction between health and social care; in many Members States a large proportion of healthcare, especially care of the elderly, is delivered within the social care sector, which is excluded from the scope of the health services initiative. For EFN, there must be increased emphasis on health promotion and a shift from disease management to health management.

In conclusion, I believe that despite the many challenges the nursing profession is facing in the near future, we all need to be very optimistic. Nurses are recognised by the European citizens and policy-makers as strong, competent and hard working. Nurses can and will make changes possible in practice, so recommendations and guidelines are not only ending up on book shelves. Nurses provide leadership and are always eager to make change possible. Nurses are not just building new structures and alliances, in fact, nurses 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.