



**EFN Workforce Matrix on
the Three Categories of Nursing Care
and key principles for the development of HCAs**
EFN Country Report

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1. Rational for the Matrix

Health policy opinion formers and researchers have long argued that current data collected at national level on the health workforce tend to be fragmented, incomplete, and not comparable nationally and internationally. An updated and comprehensive picture on the nursing profession is needed.

In 2016, the EFN members decided to develop an “EU Nursing Workforce Matrix 3+1” to be used at EU level, by collecting qualitative and quantitative data on three categories of nursing care at EU level, composed of: general care nurse, specialist nurse and advanced practice nurse (APN). Furthermore, the EFN matrix also recognises the important role of Healthcare Professionals (HCAs) and the leading role of nurses in their supervision the development of HCAs. The document sets out the principles that should underpin the training and development of HCAs in each member state. These principles might include: regulation, the leadership role of nursing in the development of HCAs, effective training and CPD for HCAs, and the need to exchange best practices. Although there is a clear distinction between HCAs and the three categories of nurses, it is crucial for nurses and EFN to shape the debate on HCAs, as it goes forward.

In order to have a more accurate understanding of the existing nursing care categories and the HCAs in the different countries, the EFN members collected data country per country on the entry-level education, qualification and competences for each category. All information collected was gathered into a comprehensive country per country report and an analysis was carried out by an independent researcher, with the aim of identifying commonalities and differences of the three categories and the HCAs among the countries.

Importantly, as EFN is a member of [ESCO](#) (an EU platform which defines and categorises skills, competences, qualifications and occupations in a standard way, using standard terminology in all EU languages within DG EMPL), the database includes the three categories of nursing care and the HCAs and definitions and competences have been included according to what is established by EU legislation ([EU Directive 2005/36/EC](#), amended by [2013/55/EU](#)) and complemented by the information provided by the EFN members. The EFN started a process to identify and define the potential skills and competences required for each category, and that information has been used to complement the ESCO platform. Moreover, the EFN has completed a matrix and filled it in with key competencies that are based on the EFN report analysis.

Furthermore, with the evolution of the nursing profession with the advancements in technology, evidence-based research and new care options, and the increasing and changing health needs of the patients and citizens of Europe require nursing to take the leadership on advanced practice roles to support safe and effective health service delivery, the EFN reviewed the EFN matrix in June 2023, to make the category on advanced practice nurse more up to date.

Set in 2018, the EFN Working Group on Advanced Practice Nurse (APN)¹ dedicated to advance practice developments in APN, has been working on this since then, with a major step forward in 2021 – with data being collected from EFN members; in 2022 – with the analysis of the data as a meta-analysis. The research identified a significant level of variation in how those countries that reported having an APN framework define what an APN means and how it is regulated at education and practice level. This development led to the approval of an EFN Policy Statement on EU Advanced Practice Nursing² at the EFN April 2022 General Assembly, at the discussion and approval of 5-year short/medium/long term strategy on APN looking respectively at educational, workforce and quality & safety aspects (*only available to the EFN Members*), and at the review of EFN Matrix core competencies for an advanced practice nurse. In 2023 – a revision of EFN Workforce Matrix 3+1, especially the development of APN in the EU and Europe was undertaken based on the meta-analysis findings. A roadmap toward developing APNs is under development.

The Matrix below is a flexible working document that will be updated according to upcoming available data collected, information and EU projects' outcomes. It is not exhaustive but provides a helpful overview of the required education, types of skills and competencies that might be expected within each category, whilst recognising that individual member states may encourage the development of additional skills and competencies not listed in the matrix.

2. The EU Political Workforce Agenda

The EFN believes that with incomparable data and unfit-for-practice methodologies, it is difficult to design nursing workforce policies and establish an evidence-based workforce science. Recognised as lead in this crucial topic for the nursing profession, the EFN engaged in the public consultation³ launched by the European Commission with the Green Paper on the EU Workforce for Health, published in December 2008⁴. In 2010, the EFN, together with other stakeholders, moved workforce up to the EU political agenda by lobbying the European Parliament towards the launch of a written declaration on the EU Workforce for Health (n° 40/2010).⁵ The written declaration was embedded into a European Parliament event, bringing upfront personal testimonies from health professionals and patients, who experienced professional and citizens' mobility challenges. This event was the crowning moment of European Parliament's support the design of European Union initiatives on EU Workforce for health planning and forecasting and the design of an EU Action Plan.

¹ https://efn.eu/?page_id=15936

² <http://efn.eu/wp-content/uploads/2022/04/EFN-Policy-Statement-on-APN-April-2022.pdf>

³ EFN response to the Green Paper on EU Workforce for Health, available at: http://www.efnweb.be/wp-content/uploads/2011/11/EFNResponseDG_SancoGreenPaperonEUWorkforceforHealth26032009.pdf

⁴ Green Paper on the European Workforce for Health, available at:

http://ec.europa.eu/health/ph_systems/docs/workforce_gp_en.pdf

⁵ Written Declaration on the EU Workforce for Health (n° 40/2010), available at:

<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+WDECL+P7-DCL-2010-0040+0+DOC+PDF+V0//EN&language=EN>

Following the EFN political efforts in the European Parliament, the Council conclusions in December 2010⁶ re-launched the dossier and provided a pathway for the 2011 and 2012 EU Presidencies to create several policy initiatives on the EU Health Workforce challenge. The European Commission responded with the Action Plan on the EU Workforce for Health in 2012⁷ and the Joint Action (EUHWF) in mid-2013.

The Joint Action on EU Workforce for Health compromised several work streams of which the quantitative data collected (WP4) through the Joint Questionnaire of WHO–Eurostat–OECD causes professional concerns as the measurement tool does not recognise compliance with EU legislation (Directive 2005/36/EC). The categories for the nursing profession currently used in the OECD–WHO–Eurostat Joint Questionnaire to collect data at national level are based on the ISCO–08 code. Using the ISCO 08–code for nursing care will lead to inaccurate data collection, inappropriate comparison of the nursing workforce and finally, to an unrealistic planning for the future. The EFN therefore argues that the ISCO–08 code is mismatching occupations and qualifications, creating confusion on the terminology and leading to unreliable data collection to plan and forecast the EU health workforce.

To have a coherent approach of workforce planning and forecasting methodologies across the different EU-led initiatives, the EFN positioned to advocate for the 3 categories in nursing care, providing clarity on the nursing care categories in Europe and building on developments on this topic by the International Council of Nurses (ICN). These 3 categories will provide clarity to not only collect comparable data for planning and forecasting (OECD, Joint Action, ILO, ...), but also provide clarity on the European skills/competences, qualifications and occupations for the future health workforce developments (ESCO – DG Employment). Next to the 3 categories in nursing care, it is important to take HCAs into account and the leadership of nursing in their development.

3. Sustainable Healthcare Systems in the EU

The European Union currently has to cope with demographic decline, low natural growth and the ageing of part of its population, and although Member States are individually striving to respond to a growing demand for quality, safety, equity and access, they are challenged to be innovative with regards to the sustainability of their healthcare system (EFN Position Statement on Investing in Health, 2014⁸). In order to move towards sustainable health care, it is essential to plan the health workforce and the skills mix/skills needs, key elements to set the correct staffing levels needed to deliver high quality and safe care (Social Investment Package, 2013⁹; EFN Position Statement on Skills Needs, Skills Mix and Task Shifting in Nursing, 2012¹⁰). Only

⁶ Council Conclusions, December 2010, available at:

http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/118280.pdf

⁷ European Commission, Action Plan for the EU Health Workforce, available at:

<ec.europa.eu/social/BlobServlet?docId=7622&langId=en>

⁸ EFN Position Statement on Investing in Health, available at: <http://www.efn.eu/wp-content/uploads/EFN-Position-Paper-on-Investing-in-Health.pdf>

⁹ European Commission, Social Investment Package, available at: <ec.europa.eu/social/BlobServlet?docId=9282&langId=en>

¹⁰ EFN Position Statement on Skills Needs, Skills Mix and Task Shifting in Nursing, available at: <https://efn.eu/wp-content/uploads/EFN-Position-Statement-on-Skill-Needs-Skill-Mix-and-Task-Shifting-in-Nursing-2008-Rev-Oct.-2012.pdf>

by identifying these skills, together with the exchange of innovative, implemented and cost-effective practices, it will be possible to achieve long-term solutions, resulting in the best patient outcomes (Aiken, 2012).

Furthermore, the COVID-19 pandemic that hit the world so hard from 2020 to 2022 has clearly shown that the healthcare systems in the EU and Europe experienced major difficulties in terms of staffing levels, recruitment and retention and resilience of the nursing workforce. The nursing workforce shortages are now present in all Member States, and in all different sectors of the healthcare ecosystems¹¹.

Within a context of growing and changing healthcare needs, health system reform, and new and more exigent requirements of care, a broader understanding of the different roles and professional categories in the nursing care is needed, next to having a clear picture of the exact and comparable numbers of the entire nursing workforce. This is the reason why the EFN has been working to get valid, reliable and professional relevant data upon which good nursing workforce policies can be developed at national level, based on the support given by EU and International Organisations.

4. Three Qualification Categories in Nursing Care

Since the EFN members agreed on the classification, they engaged to collect data country per country on the entry-level education, qualification and competences for each category with the aim of having a more accurate understanding of the existing nursing care qualifications developed in the 28 EU Member States, to then better plan and forecast the nursing workforce. Based on these data, the EFN analysed the quantitative and qualitative data collected. Recognising the importance of HCA, data on their education, skills and competences was also collected.

The first category, the registered nurse, is legally set by EU law, Directive 2005/36/EC, chapter 3 of the Acquis Communautaire. Several Member States faced already infringement procedures as they wanted to downgrade the registered nurse education. Those educational programmes fulfilling the Directive 2005/36/EC minimum requirements as set in the Article 31 are listed in the Annex V of the Directive.

As set out in the modernised Directive (October 2013), the education and training of nurses responsible for general care shall comprise a total of at least three years of study and shall start after 12 years of general education. The nurse education may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4.600 hours of theoretical and clinical training (2.300 hours of clinical training). The modernised Directive 2005/36/EC includes a list of measurable learning outcomes, competencies, highlighting the independence of the nurse profession.

¹¹ EFN Policy Statement on EU Care Strategy, available at: <https://efn.eu/wp-content/uploads/2022/11/EFN-Policy-Statement-on-European-Care-Strategy-Oct.2022.pdf>

The Art 31 of the Directive sets out these competencies:

- To independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in order to improve professional practice;
- To work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired;
- To empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired;
- To independently initiative life-preserving measures and to carry out measures in crises and disaster situations;
- To independently give advice to, instruct and support persons needing care and their attachment figures;
- To independently assure quality of and to evaluate nursing care;
- To comprehensively communicate professionally and to cooperate with members of the other professions in the health sector;
- To analyse the care quality to improve the own professional practice as a general care nurse.

Concerning the second qualification category, the specialist nurses, there are different specialities and length of education across Member States, but the common trend is that the specialist education starts after achieving the qualifications of a registered nurse, through postgraduate studies. In some cases, in addition to having already a qualification as registered nurse, nurses are requested to prove professional experience of 2 years before entering the studies of the specialisation. Most specialist nurses are disease-specific (oncologic nurse, diabetes nurse, etc.), life circle-specific (paediatric nurse, geriatric nurse, etc.) or sector-specific (community care nurse, operating room nurse, intensive care nurse, etc.), but the following ones are the most common: Anaesthesia and intensive care, Community Nursing, Nursing Management, Perioperative Nursing, Mental Health Nursing, Paediatric nursing care, Operating room nursing, Emergency Nursing, Long-Term Care Nursing.

The most advanced nursing professional qualification refers to the Advance Practice Nurse (APN), namely a registered nurse who has acquired further knowledge and expertise, clinical judgment, skilled and self-initiated care, and research inquiry. This level is a highly qualified workforce demanded for in clinical practice.

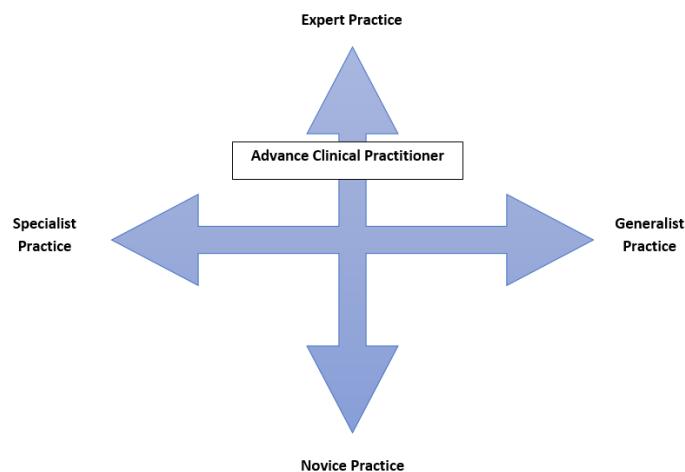
The APN profile has become more and more important, especially in the case management of chronic conditions that is proven to succeed in delivering a more sustainable and cost-effective care. APN are particularly important in relation to the current societal challenges that healthcare systems are facing due to austerity measures. The EFN welcomed therefore the

study conducted by the OECD in 2010, providing an overview of the advance nursing practice (Delamaire & Lafortune, 2010)¹².

However, the competences and titles of nurses practising beyond initial preparation as a nurse in general care differ across countries in Europe. With advances in healthcare and life expectancy, rising public expectations and increasing numbers of patients with comorbidities, nurses' scope of practice has expanded to address these needs. All EU member states have nurses working in some specialist areas of practice whether cancer nursing, perioperative nursing, diabetes, or primary care and many have nurses operating at advanced level, even if they are not formally identified as such.

The 35 national nurses' associations of EFN agree there are common principles for defining and differentiating specialist and advanced practice as nurses take on important roles in enhancing service delivery and improving health outcomes of diverse client groups.

- Advanced practice describes a level of practice rather than a specific role.
- Advanced practice encompasses both direct clinical practice and research, education, management and leadership.
- Advanced practice builds on and adds to the competences that all nurses attain after completing their initial education and recognises nursing expertise as a continuum.
- Specialist practice describes a depth of competence in a particular clinical domain. The two are not mutually exclusive and some specialists may practice at an advanced level in their field.



NATIONAL NURSES ASSOCIATIONS ACROSS EUROPE SUPPORT:

- the development of nationally agreed standards for programmes of preparation for advanced practice. This is important both for patients and the public;
- the formal recognition and accreditation of nurses practicing at an advanced level at national level;
- exploring potential for national frameworks for regulation of advanced practice.

¹² OECD, Nurses in Advanced Roles, available at: https://www.oecd-ilibrary.org/social-issues-migration-health/nurses-in-advanced-roles_5kmbrcfms5g7-en

Advanced practice nursing sits at the apex of the care continuum¹³ and has a key role to play in promoting high-quality care, such as through intensive follow-up for patients with chronic illness or Long-COVID symptoms, while at the same time containing provider-related costs. In addition to improving the quality of care, avoiding unnecessary complications and hospitalisations, evidence-based practice, development of advanced roles can lead to better recruitment and retention rates in nursing at a time when provider burnout is running high.

The survey conducted by the EFN in 2021¹⁴ next to its members, shows that there is a high level of variation in how implementation across the 20 EFN member countries which reported having an established APN framework¹⁵. This goes from the definition adopted by the country to the level of training required to qualify and practice as an Advanced Practice Nurse. For instance, only 14 of the 20 countries with an established APN framework adhere to the definition provided by the International Council of Nurses¹⁶, with the rest either adopting the EFN 'Workforce Matrix 3+1' definition (EFN, 2016) or developing their own definitions of APN. 11 EU countries reported the existence of a national legislation establishing minimum educational requirements.

National bodies that provide recognition to APN				
Country	Regulatory body	Professional body	Government body	Regional body
Albania	X		X	X
Austria				
Denmark				
Estonia	X	X		
Finland	X		X	
France	X		X	
FRY Macedonia				
Hungary				
Iceland	X			
Ireland	X			
Lithuania			X	
Malta	X		X	
Netherlands	X	X	X	
Norway			X	
Poland			X	
Slovakia	X	X	X	X
Slovenia				
Sweden				X
Switzerland		X	X	
UK		X		

Country	Level of education needed to qualify as an APN nurse			
	Nursing education for general care practice	General nursing training	Postgraduate certificate	Diploma
Albania				X
Austria	X	X		X
Estonia			X	
FRY Macedonia			X	
Poland	X			
Slovenia	X	X		

Entry requirements for participants of APN education programmes varied across countries.

¹³ EFN article on "Advanced practice nursing in long-term care" (2023). Available at: <https://efn.eu/wp-content/uploads/2023/04/OAG38-P-Raeve-ATL-026.pdf>

¹⁴ EFN APN Report Executive Summary (2016). Available at: <https://efn.eu/wp-content/uploads/2023/07/APN-Report-Executive-Summary.pdf>

¹⁵ EFN Article on "Advanced practice nursing in Europe – Results from a pan-European survey of 35 countries" (2023). Available at: <https://efn.eu/wp-content/uploads/2023/08/Journal-of-Advanced-Nursing-2023-De-Raeve-Advanced-practice-nursing-in-Europe-Results-from-a-pan-European-survey-of.pdf>

¹⁶ International Council of Nurses (2020). Advanced practice nursing guidance 2020. Available at: https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

Country	60 ECTS	120 ECTS	160 ECTS	Other
Albania				N/A
Austria				90 ECTS
Denmark				210 ECTS
Estonia				90 ECTS (after having completed 210 ECTS at the bachelor's level)
Finland				Master's equivalent to 120 ECTS Master's level 90 ECTS Restricted right to prescribe 45 ECTS
France		X		
FRY Macedonia	X			
Hungary		X		
Iceland		X		
Ireland				130 ECTS
Lithuania		X		
Malta			X	
Netherlands				240 ECTS and only possible with a completed bachelor's degree in Nursing
Norway		X		
Poland		X		
Slovakia				N/A
Slovenia				180 ECTS
Sweden		X		
Switzerland				Minimum 90 ECTS
UK			X	180 UK credits on top of 360 UK credits (Registered Nurse - Adult, Children, Learning Disability or Mental Health)

Credit requirement for APNs

Core competencies:
1) To have a minimum of master's degree with a protected role/ title and ongoing continued professional development at advanced level.
2) Autonomous practice, built on nursing principles and clinical expertise. This includes building a partnership with people and enabling person-centred care. Have authority and responsibility for complex clinical decision-making for individual patients, families, and communities.
3) Advanced nursing practice which includes excellent communications skills, with a holistic, ethical, equality view of each patient's health and care needs, coordination of care, critical thinking, self-reflection, decision making, planning, treating and evaluation which may include non-pharmaceutical and pharmaceutical prescribing. Also, skills relating to digital services and nursing informatics.
4) Clinical expertise and capability to autonomously assess, judge and having diagnostic reasoning skills to evaluate care and interventions.
5) Guide, counsel, educate and delegate to other health professionals about latest practice interventions, act as a mentor and role model, and actively engage in knowledge, transfer with patient communities
6) Initiate and Lead – policy making, development and facilitation, innovation, and strategic change.
7) Research development in nursing and quality improvement that includes initiating, leading, fostering implementation and dissemination of evidenced based practice.
8) Perform health promotion, prevention, and risk reduction.

At the April 2022 EFN General Assembly, the EFN members adopted the EFN Policy Statement on Advanced Practice Nurse¹⁷ calling upon the EU Institutions and other health stakeholders to join efforts and make rapid progress in developing advanced practice nursing in the EU and Europe.

With Europe fighting its way out of the COVID-19 pandemic, it is important to remember that making timely progress in the development of advanced practice nursing will rely on genuine collaboration between policymakers, educators, employers, and frontline nurses to ensure that any initiatives are fit for purpose. Engaging frontline staff and advanced practice nurses will be fundamental to the journey forward.

¹⁷ <https://efn.eu/wp-content/uploads/2022/04/EFN-Policy-Statement-on-APN-April-2022.pdf>

	General Care Nurse (RN)	Specialist Nurse (SN)	Advanced Practice Nurse (APN)
Definition <i>(in line with ICN definitions and modernised Directive 2005/36/EU, Directive 2013/55/EU)</i>	A regulated health care professional who works autonomously and in collaboration with others and who has completed a nursing education programme and is qualified and authorised in his/her country to practise as a general care nurse. Has successfully completed a programme of education approved by the nursing board/council; has passed the required assessments established by the nursing board/council for entry into the profession; continues to meet the standards of the nursing board/council (ref. art 31, modernised Directive 2005/36/EC)	A nurse prepared on advanced level/ higher level, and authorised to practice as a specialist with the expertise in a particular field of nursing.	An advanced practice nurse is authorised for practice at an advanced level of nursing and healthcare delivery. The specific characteristics of the role are shaped by the context and/or country in which they are accredited to practice.
Work Development	<u>Modernised Directive 2005/36/EC: Art 31</u>	<u>EFN Country Report on 3 Categories in Nursing Care</u>	<u>EFN Country Report on 3 Categories in Nursing Care + ENS4Care WP4 + OECD + EFN survey on APN (2022) and report (2023)</u>
Core Competences	<ul style="list-style-type: none"> To independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in order to improve professional practice. To work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired. To empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired. To independently initiate life-preserving measures and to carry out measures in crises and disaster situations. To independently give advice to, instruct and support persons needing care and their attachment figures; To independently assure quality of and to evaluate nursing care. 	<ul style="list-style-type: none"> To analyse complex clinical problems with the use of relevant knowledge, diagnose, initiate and evaluate treatment for patients in a multi professional arena, within the field of specialisation following agreed protocols. To operate within an extended practice role in order to carry out advanced treatment, diagnostic and invasive interventions as related to the field of specialisation. To identify health promotion and education needs for patients within the field of specialisation and develop and implement strategies as appropriate. To keep abreast of technological developments and educate nurses, other health professionals and patient groups about advancements in the field of specialisation. To further develop the communicative skills and be able of formulating and communicating complex clinical issues to patients, relatives and other health professionals, to identify health, health-related and nursing needs of patients and develop 	<ul style="list-style-type: none"> To have a minimum of master's degree with a protected role/title on ongoing continued professional development at advanced level. Autonomous practice, built on nursing principles and clinical expertise. This includes building a partnership with people and enabling person-centred care. Have authority and responsibility for complex clinical decision-making for individual patients, families, and communities. Advanced nursing practice which includes excellent communications skills, with a holistic, ethical, equality view of each patient's health and care needs, coordination of care, critical thinking, self-reflection, decision making, planning, treating and evaluation which may include non-pharmaceutical and pharmaceutical prescribing. Also, skills relating to digital services and nursing informatics. Clinical expertise and capability to autonomously assess, judge and having diagnostic reasoning skills to evaluate care and interventions.

	<ul style="list-style-type: none"> • To comprehensively communicate professionally and to cooperate with members of the other professions in the health sector. • To analyse the care quality to improve the own professional practice as a general care nurse. 	<p>appropriate care and treatment plans in a multi-professional arena.</p> <ul style="list-style-type: none"> • To lead and coordinate the treatment of patients in the field of specialisation to ensure continuity and fullness of care. • To evaluate and undertake audit of the field of specialisation to ensure the delivery of quality and safe nursing care. • To think critically and contribute to the continuous development of the field of specialisation and research-based practice, through participation in professional development and research programmes. 	<ul style="list-style-type: none"> • Guide, counsel, educate and delegate to other health professionals about latest practice interventions, act as a mentor and role model, and actively engage in knowledge, transfer with patient communities. • Initiate and lead - policy making, development and facilitation, innovation, and strategic change. • Research development in nursing and quality improvement that includes initiating, leading, fostering implementation and dissemination of evidenced based practice. • Perform health promotion, prevention, and risk reduction.
Transversal skills	<p>Thinking skills and competences: "creative & entrepreneurial thinking", "critical thinking", "learning", "planning own work", "problem-solving", etc.</p> <p>Language skills and competences: "mother tongue", "foreign language", etc.</p> <p>Application of knowledge: "health, safety, working environment", "ICT", "Numeracy & Maths", etc.</p> <p>Social Skills and Competences: "Leading & Managing Others", "Working with Others", etc.</p> <p>Attitudes and Values at Work: "Values at work", "Working attitudes", etc.</p> <p>Knowledge: legislation, forensics, policy, patient rights, ethics, social system, human behaviour, assessment and evaluation, documentation, health and safety, patient safety, quality assurance, best practice, standards methodology of science and research basic sciences (e.g. health, natural): physics, chemistry, anatomy, physiology, psychology, hygiene management, planning and organisation, economic and ecological principles, society, culture, environment, public health, epidemiology, ICT, tools to access information, CPD/Lifelong learning</p> <p>Skills: communication (verbal and non-verbal), writing, reporting, handling documentation, counselling, observation, assessment and evaluation, analysing, planning, empowerment, language (own and foreign), problem solving, critical capacity, reflection, conflict resolution, role distance, frustration tolerance, self-determination and self-reflexion capacity, professional self-perception, understanding and planning a research process, information of patients/clients, leading, organising, management, (inter)cultural competence, working with people, leading and organising groups, protecting vulnerable people</p> <p>Attitudes: empathy, compassion, sensitivity, courtesy, ethics, interest in people, teamwork, interdisciplinary work, sensitive listening responsibility, taking into account cultural and regional needs, lifestyles and values, active citizenship, respecting human and civil rights, social justice, contributing to the further development of the profession, LLL - Lifelong learning, CPD – Continuous Professional Development – further training obligations</p>		
Qualification (minimum common requirements)	<p>Registered nurse for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one-third and the duration of the clinical training at least one half of the minimum duration of the training</p>	<p>A Specialist Nurse has a post-graduation education within a clinical specialty of nursing. The duration of the education will depend on the scope of practice and the degree of autonomy. The education must consist of a solid theoretical base in connection with supervised clinical education. Learning outcomes must be defined in relation to scope of practice, which may in addition be expressed with ECTS credits.</p>	<p>An Advanced Practice Nurse has post registration education at master level or equivalent. Advanced practice courses should be a minimum of a full master's degree (EQF level 7 in minimum) - This could be a Master of Science or equivalent and include leadership, research and educating as well as clinical competencies such assessment, diagnostic reasoning, non-pharmaceutical and pharmaceutical prescribing inc health promotion.</p>

5. Qualifications of Healthcare Assistants

With regard to the healthcare assistants (HCA), there are differences in terms of regulation and education across Member States, but they are all supporting nursing activities under the supervision of a registered nurse. Their education starts after 8, 10 (Netherlands) or 13 (Ireland) years of general education, it normally lasts from 9 months (Bulgaria) to approximately 3 years and 9 months (Denmark), and is situated at the upper secondary vocational school level. The competencies differ enormously and are all (with the exception of Denmark) related to provide basic nursing care (with patient contact) and support the registered nurse. Additionally, in some Member States the figure of healthcare assistants is not formalised, resulting in different nominations of the title “nurse”. For instance, in Finland, those titles include professionals whose education has started before the minimum 10 years of general education and consequently not complying with the minimum requirements established for a registered nurse as set out in Directive 2005/36/EC. This title therefore is falling in the category of healthcare assistant as the role and responsibilities undertaken correspond more closely to that category. Unfortunately, there is no EU regulation for the healthcare assistants in place determining their minimum education requirements.

The EFN welcomed the launch of the “DG SANTE Contec study”, whose objective was to gather information about the current situation of the healthcare assistants in each participating Member State and to discuss the possible improvement of the qualifications, with particular emphasis on cross-border mobility. The ‘Contec’ study results were made available in November 2013 where different stakeholders were asked to reflect on the recommendations. This made clear the European Commission, mainly DG SANTE, were pushing for a common platform within the modernised Directive 2005/36/EC, leading to the free movement of healthcare assistants within the EU. Nevertheless, due to the enormous variability of curriculum content and hours allocated to the training programs, it is crucial to look at the different legislative frameworks for the employment and duties of HCAs, next to the scope of the skills and competences required (EFN Position Statement on a European Sector Council on Employment and Skills for the Nursing and Care Workforce, 2013¹⁸).

In the October 2015 EFN General Assembly, the EFN members adopted the EFN Position Paper on the principles underpinning the development of Health Care Assistants (HCAs):

The education and development of healthcare assistants (HCAs) is an increasingly important issue for patient care across Europe. Healthcare systems are relying more and more on HCAs carrying out an ever-increasing number of duties, due to more pressure on health budgets and increased task shifting. Nurses play a crucial role in the supervision of HCAs and ensure an effective line of accountability between the registered nurse and the HCA. As the representative voice of nurses across Europe, it is important for the EFN to set out its position in relation to the development of HCAs in the future, further to our work on developing three nursing categories which this work has important links to.

¹⁸ EFN Position Statement on a European Sector Council on Employment and Skills for the Nursing and Care Workforce, available at: <http://www.efnweb.be/wp-content/uploads/2013/09/EFN-Position-Statement-on-the-development-of-a-European-Skill-Council-Final102012.pdf>

The central and unique role of nurses and nursing remains crucial to safe and effective care. Nurses have a primary role in the provision of care and Governments must continue to support this primary role by providing more nurse education and more nurses.

HCA s are not nurses and cannot replace the care that nurses currently provide, but they do have constant contact with patients. For this reason, it is crucial the division between the role of nurses and the role of HCAs is clearly defined.

Across the EU and Europe there are very different approaches to the role, regulation and employment of HCAs. The recent EU study, '*Development and Coordination of a Network of Nurse Educators and Regulators*' which sought to map approaches to healthcare assistants across the EU, clearly demonstrated these vast differences. In some EU Member States there is statutory training for HCAs underpinned by regulation, others have a distinct difference between the type of roles supporting registered nurses ranging from licensed practical nurses to regulated HCAs (often in the care home sector), and in others still, there is no formal requirement for training and HCAs are expected to carry out practical clinical and healthcare activities with very little training.

Due to these differences in the regulation of HCAs, the EFN calls for a new EU approach. Due to the fact that the regulatory environments and the expectations on the role of HCAs vary widely among the Member States, the development of an EU common training platform is unlikely to become a mechanism for mutual recognition. Rather than focusing on a common EU education and training platform for HCAs, the EFN believes that EU activity will be better placed in focusing on the common challenges to the development of HCAs in each member state. The EFN would instead emphasise that future EU work should focus on taking forward some core principles which would underpin the development of HCAs in individual Members States and ensure the right system architecture is in place across the EU for regulation. It is necessary to develop a framework underpinning the training and development of HCAs in each Member State, as this is not the case in all countries.

To enable the effective development of HCAs in the future, EFN calls on the Commission and Member States to support the following principles:

- **A clear articulation of the line of accountability between a registered nurse and a health care assistant.**

Registered nurses have primary accountability for the overall nursing care of their patients and this accountability is not transferrable. They are accountable for their decisions to delegate activities to others including HCAs and must ensure that the person to whom they delegate has appropriate knowledge and skills, understands their instructions and is adequately supervised and supported to provide safe and compassionate care. Whilst not accountable for the decisions and actions of the person to whom they have delegated the activity, registered nurses must confirm that any delegated activity meets the required standard. Registered nurses must be supported by management should they have concerns about the conduct or competence of the HCA they are supervising.

- **A commitment to comprehensive and consistent frameworks to ensure HCAs can deliver safe and effective care and to ensure public protection in each Member State.**
In the context of the HCA always reporting to and being supervised by a Registered Nurse, the EFN calls on all Member States to have a comprehensive framework to ensure HCAs can deliver safe and effective care. This must be underpinned by a clear and consistent structures if concerns are raised about performance or conduct to ensure public protection, and assurance for receivers of care and organisations delivering care.
- **A robust quality assurance system for all HCA programmes carried out in individual Member States**
The nature and quality of HCA programmes varies across Europe, particularly for those programmes which have no statutory underpinning. The EFN calls for consistent standards of education and training in each member state for HCAs, to provide confidence to patients and assurance to nurses that any HCA has a core level of knowledge and skills that will be applicable in all care settings. The level of HCA educational programmes is distinct and separate from the education and training required to become a registered nurse.
- **A commitment to continuing education and training for all HCAs**
HCAs will often receive formal education and training at the start of their career. The nature of what an HCA is expected to undertake, and the skills and knowledge required will alter as care continues to change. It is therefore vital that if HCAs are to remain an important part of the health workforce, then there must be a commitment by all Governments to update their learning and development throughout their career. This commitment must stand alongside the need for the continuing professional development of nurses in each member state, which must also be enhanced
- **Exchange and facilitation of best practices at EU level**
The EFN members have many good examples of effective training and development of HCAs and of best practise working relationships between nurses and HCAs. The EFN calls on the Commission to facilitate the exchange of best practice in relation to HCA development throughout the EU.

Healthcare Assistant (HCA)	
Definition (in line with ICN definitions and modernised Directive 2013/55/EU)	An auxiliary that assists the nurse directly in nursing care in institutional or community settings under the standards and the direct or indirect supervision of the general care nurse.
Work Development	EFN Country Report on 3 Categories in Nursing Care + Recommendations CONTEC
Specific Competences	<ul style="list-style-type: none"> • To work under the delegation and supervision of nurses to support nursing care and administration • To support nurses with the preparation and delivery of diagnostic and treatment interventions. • To monitor basic patient vital and other signs and progress as indicated by the nurse and report to her/him as appropriate. • To support patients and citizens with activities of daily living, including hygiene, comfort, and mobilisation and feeding needs. • To convey routine information to patients/citizens and relatives. • To communicate promptly and accurately with nurses and other health professionals in ensuring the delivery of quality and safe patient care. • To work together with nurses and other health professionals in supporting the delivery of basic patient care. • To identify what is normal concerning patient and citizen wellbeing through experience and instruction, and report that which is out with normal to nurses.
Transversal skills	<p>Thinking skills and competences: "creative & entrepreneurial thinking", "critical thinking", "learning", "planning own work", "problem-solving", etc.</p> <p>Language skills and competences: ""mother tongue", "foreign language", etc.</p> <p>Application of knowledge: ""health, safety, working environment", "ICT", "Numeracy & Maths", etc.</p> <p>Social Skills and Competences: "Leading & Managing Others", "Working with Others", etc.</p> <p>Attitudes and Values at Work: "Values at work", "Working attitudes", etc.</p> <p>Knowledge: legislation, forensics, policy, patient rights, ethics, social system, human behaviour, assessment and evaluation, documentation, health and safety, patient safety, quality assurance, best practice, standards methodology of science and research basic sciences (e.g. health, natural): physics, chemistry, anatomy, physiology, psychology, hygiene management, planning and organisation, economic and ecological principles, society, culture, environment, public health, epidemiology, ICT, tools to access information, CPD/Lifelong learning</p> <p>Skills: communication (verbal and non-verbal), writing, reporting, handling documentation, counselling, observation, assessment and evaluation, analysing, planning, empowerment, language (own and foreign), problem solving, critical capacity, reflection, conflict resolution, role distance, frustration tolerance, self-determination and self-reflexion capacity, professional self-perception, understanding and planning a research process, information of patients/clients, leading, organising, management, (inter)cultural competence, working with people, leading and organising groups, protecting vulnerable people</p> <p>Attitudes: empathy, compassion, sensitivity, courtesy, ethics, interest in people, teamwork, interdisciplinary work, sensitive listening responsibility, taking into account cultural and regional needs, lifestyles and values, active citizenship, respecting human and civil rights, social justice, contributing to the further development of the profession, LLL - Lifelong learning, CPD – Continuous Professional Development – further training obligations</p>
Qualification (minimum common requirements)	To be completed

6. Qualification versus Occupation

Health policy experts and researchers have long argued that current data tend to be fragmented, inconsistent, incomplete, and not comparable nationally or internationally. That is why an updated and comprehensive picture on the nursing profession is needed. Questionnaires for data collection used until now are mixing qualifications with occupations which are based on the ISCO-08 code and have been an unclear process of data collection for respondents. They do not represent the reality and lead to inaccurate data, inappropriate comparison of the nursing workforce and to an unrealistic planning for the future. Therefore, the EFN proposes that if we really want to look into gaps in the data analysis, we should focus on using the 3 category list of qualifications for nursing care and healthcare assistants, as these are the elements needed for planning purposes (i.e. Directive 36 does not say anything where you need to work – hospital or not – but tells you who is a nurse and not a nurse). If data collectors report inadequately, next to the categories based on the qualification, an additional list of occupations related to the qualification list could be foreseen to have a clearer framework. However, the differences between qualifications and occupations must be made clear since the beginning of the data collection.

Furthermore, the categories used to classify the professions need to be well defined and usable for statistical analysis. Due to their clear structure from a lower to a higher qualification level (Likert scale), the 3 categories proposed by the EFN are suitable to be used by statisticians and economists to conduct analysis which are trustworthiness. The trustworthiness of any policy design depends on the data collected and analysis done to inform policies (Marshall & Rossman, 1999; Robson, 1993). In order to obtain correct data, it is essential to have congruence between the findings and what was observed, building the necessary credibility on the research process and outcomes (Robson, 1993; Marshall & Rossman, 1999; Silverman, 1993). Additionally, as the European Union is open to further enlargement, the findings should always be transferable and used for future EU accession countries (Seale, 2002). With this regard, the collection of data needs to be accurate at the point that a high level of confidence is ensured (Verma & Mallick, 1999). Finally, a detailed description of the research process is crucial in order to make the study objective, not allowing too much space for ambiguous interpretations (Marshall & Rossman, 1999).

Based on the statistical and economical short falling in using the ISCO-08 code in the OECD-WHO-Eurostat Joint Questionnaire, the EFN argues professionally and politically that the Joint Action on EU Health Workforce needs to deploy the EFN three categories in Nursing Care to describe the nursing workforce and to collect comparable data, namely:

- **Registered Nurse** – A regulated health care professional who works autonomously and in collaboration with others and who has completed a nursing education programme and is qualified and authorised in his/her country to practise as a general care nurse. Has successfully completed a programme of education approved by the nursing board/council; has passed the required assessments established by the nursing board/council for entry into the profession; continues to meet the standards of the nursing board/council (ref. art 31, modernised Directive 2005/36/EC).

- Specialist Nurse – A nurse prepared on advanced level/ higher level, and authorised to practice as a specialist with the expertise in a particular field of nursing.
- Advanced Practice Nurse – An advanced practice nurse is authorised for practice at an advanced level of nursing and healthcare delivery. The specific characteristics of the role are shaped by the context and/or country in which she/he is accredited to practice.

The separate role below the level of ‘Nurse responsible for general care’ is:

- healthcare assistant

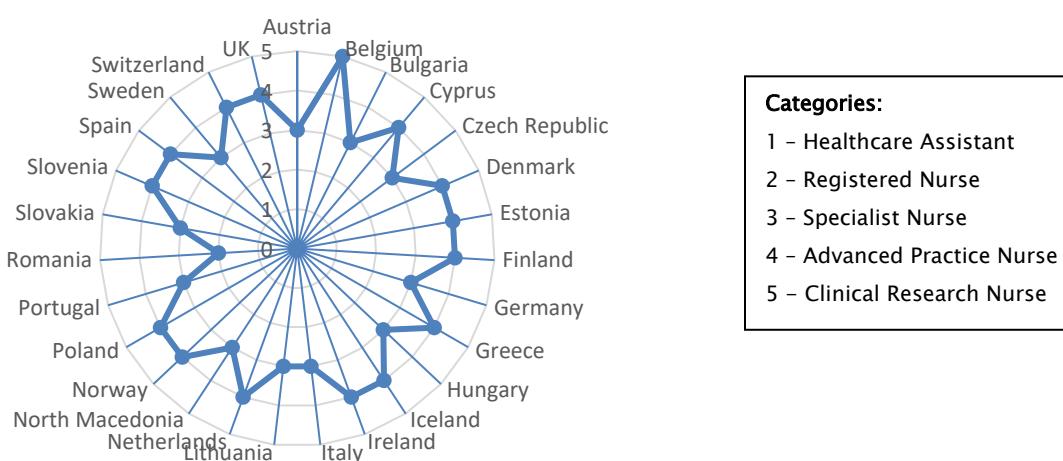
Future work should examine the principles that should underpin the training and development of healthcare assistants and recognise the leading role that professionally qualified nurses have in defining this role going forward.

For taking comparable data collection and analysis seriously, the EFN calls on the OECD, Eurostat and WHO to replace the categories currently used within the OECD–WHO–Eurostat Joint Questionnaire for the nursing profession that are based on the ISCO–08 code, with the proposed EFN four categories, in order to collect reliable data to plan and forecast the nursing workforce for the next decades. Only by using a terminology that can be understood at EU level, it will be possible to plan and forecast the future nursing workforce.

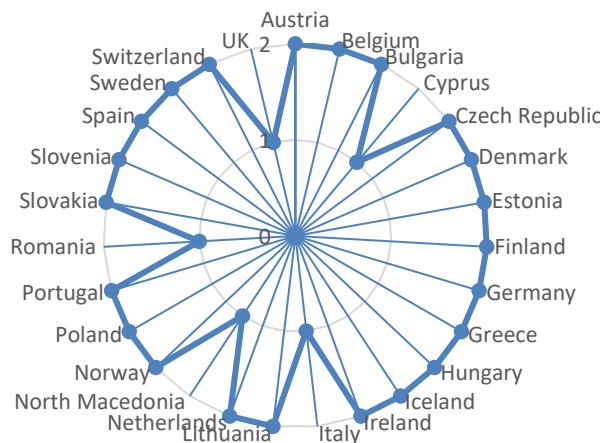
7. Main conclusions from EFN Members data

Based on the EFN work in ESCO, the EFN members collected data on the 3 categories and the Healthcare Assistants through the EFN Tour de Table, a tool to exchange best practices between EFN members. It is important to map the 4 qualification levels in all EU Member States and beyond, next to focussing down on specificities for each category. Based on the EFN members reporting, four questions could be addressed which can be helpful to design future EU policies:

1 – Which is the highest qualification level recognised in your country?



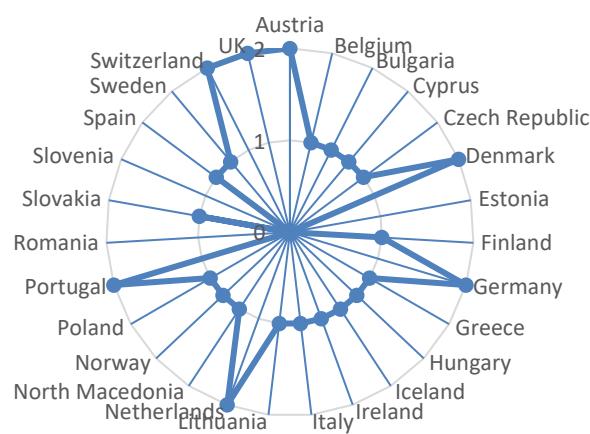
2 – Are the Healthcare Assistants regulated in your country?



Categories:

- 1 – NO
- 2 – YES

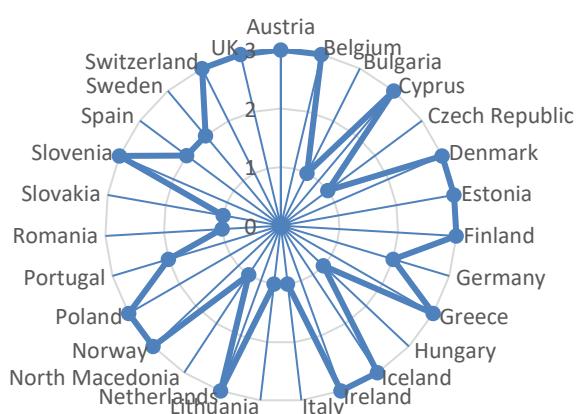
3 – Which is the entry level of the Specialist Nurses?



Categories:

- 0 – There are no Specialist Nurses
- 1 – Diploma
- 2 – Diploma + Work Experience

4 – Do Advanced Practice Nurse exist in your country?



Categories:

- 1 – NO
- 2 – NO, but similar figures exist
- 3 – YES

8. EFN Members input country per country

The EFN has received feedback from the following EFN Members, and we encourage members to continue updating this overview (*Last change: January 2024*).



AUSTRIA

Healthcare Assistant

- Entry Level: minimum of 9 years general education; minimum age of 17
- Qualification: The education of healthcare assistance takes at least one year (1600 hours).
- Competency list: HCA work under the supervision of a registered nurse.
The Austrian health care law (GuKG §83) accurately defined following fields of action:
They support nurses while performance nursing measures. They collaborate at therapeutic and diagnostically performance.

Certified Healthcare Assistant

- Entry Level: minimum of 10 years general education; minimum age of 17
- Qualification: The education of healthcare assistance takes at least two years (3200 hours).
- Competency list: HCA work under the supervision of a registered nurse.
The Austrian health care law (GuKG §83a) accurately defined following fields of action:
They support nurses while performance nursing measures. They collaborate at therapeutic and diagnostically performance.

Registered Nurse

- Entry Level: minimum of 10 years general education
- Qualification: There are different options in the education to graduate as a nurse.
 - a. Three years of nursing school. (Expires 31/12/2023)
Qualification: Diploma in general nursing (Registered Nurse)
 - b. Three years of University of applied Sciences
Qualification: Bachelor degree and qualification as a Registered Nurse
- Competency list: The Austrian health care law (GuKG §14) accurately defined three fields of action:
 - A) sole responsibility
 - B) jointly responsible
 - C) interdisciplinary

The sole responsibility (A) defined following fields of action:

- i. nursing anamnesis
- ii. nursing diagnosis
- iii. care planning
- iv. performance of nursing measures
- v. care evaluation
- vi. counselling, instructing and supporting persons receiving care and their reference persons in finding their individual way of coping with health and disease
- vii. psychosocial support

- viii. documentation of the nursing process (identification and determination of care needs, care planning, organisation, implementation and documentation)
- ix. organisation and management of care needs
- x. instruction and observation of support personnel
- xi. instruction and supervision of nursing trainee
- xii. participation in nursing science

Specialist Nurse

- Entry Level: completion of education as nurse plus sometimes two years of practice.
- Qualification: you need the qualification as a nurse and the successful graduation for studies of the specialisation as it is mentioned in the Austrian health care law (GuKG §63 – 73). The duration of the studies depends on which specialisation you choose. The study of the specialisation has to be completed at the time performing the activity within five years. We have specialist nurses for intensive care, anaesthesia, operating room, psychiatry, renal replacement therapy, hospital hygiene, children and adolescent.
- Competency list: details differ of which specialisation you choose. In-depth knowledge of medical aspects and nursing knowledge base of the field of specialisation.

Advanced Practice Nurse

- Entry Level: It varies depending on the university. The different entry level requirements range from Bachelor of Science, and no obligatory practical experience, to a diploma in nursing with several years of practical experience.
- Qualification: Master of Science (ANP)
- Competency list: APN is now under development following the development of an APN masters programme. Formal competencies are currently under discussion and have not yet been specified by the legislator. The ICN APN definition has been adopted.



BELGIUM

Since 2022, a complete reform of the «Art of Nursing» and Nursing Profession has been underway in Belgium. It concerns the titles, qualifications, levels of training and functions of global so called « Belgian Art of Nursing Practitioners ». It significantly modifies the Belgium description in the EFN Matrix 3 Report.

The current structure (December 2(023)) is now as follows:

Health Care Aids (Aide-Soignant) – vocational education – Level 4 CEC EU

- Entry Level and curriculum: 1 full time year post-secondary education (60 credits – 900h theory and practice in clinical settings hospitals and elderly homes + home care in 2014). Education and title delivered in specific higher schools or after the 1st fulfilled year of professional nurse or bachelor nurse in nursing schools
- Qualification: Diploma of “Aide Soignante” delivered by Community Ministry of Education (flamish and French) – and officially registered by Federal Ministry of Health – official actualized list of registered Aide Soignant available on web site of Federal belgian Ministry of Health (www.health.belgium.be)
- Competency list: 2006 Royal Decree for the title and functions of “Aide Soignante”
 - Activities fully supervised by nurse in structures units with autonomy of delegation of nursing tasks by nurse to Aide Soignante according to patient situation

- Limited list of official tasks (hygiene and comfort care of patients, prevention of risks in daily activities and patient security – logistics tasks in care units) in hospitals and elderly homes, extension to home care in 2014 after pilot test between 2010–2013 – under strict nurse control

Nursing Care Assistants (Assistant en Soins Infirmiers) – Vocational education – Level 5 CEC EU – New name and new Education program – in replacement of Brevet General Nurse / Diploma Nurse vocational level

- Entry level and curriculum: 3 full time years of Education (180 Credits) – (post-secondary professional education) – **NOT Euro conform** for minimum required for European General Nurse free circulation recognition in EU
- Qualification: Brevet – Assistant en Soins Infirmiers (French name) – Basis Verpleegkundige (Flemish name) – delivered by Community Ministry of Education (Flemish and French) – and officially registered by Federal Ministry of Health – Federal Public Service / Public Health department (Ministry of Health) – www.health.belgium.be
- Competency list: Official recognized title, qualification, definition, functions and technical tasks by federal law and royal decrees 20 September 2023) – for General Nursing Care
- Entry level and curriculum: 3 full time years of Education (180 Credits)

Note – Qualification : Brevet Nurse (French Belgian part) or Diploma Nurse (flemish Belgian part) – Level 5 CEC EU – delivered by Community Ministry of Education (flemish and French) – and officially registered by Federal Ministry of Health – education programs and titles – are no more delivered but droits acquis, y compris Euro conform for those who acquired these titles before (functions and technical tasks defined by federal law and royal decrees since 1974 (law actualized in 2001 and extended tasks in 2006)

Vocational « Nursing Care Assistant » with specific qualification (in discussion) ? – Before reform, there were some possible specializations for Brevet Nurse – maintained or suppressed ??

- Entry level and curriculum: part-time specialisation in clinical specifics qualifications/expertise areas (150h education) for Actually 6 specific clinical qualifications/expertise (with financial salary supplement)
 - Nurse with specific expertise in mental health and psychiatry
 - Nurse with specific expertise in geriatrics
 - Nurse with specific expertise in wound care
 - Nurse with specific expertise in palliative care
 - Nurse with specific expertise in diabetology
 - Nurse with specific expertise in pain management

Bachelor Nurse (ex Graduate Nurse) – Bachelor Responsible for General Nursing Care (IRSG – Euro Conform) – Registered Nurse – Higher Education – (Bachelier Infirmier Responsable des Soins Généraux) – Level 6 CEC EU

- Entry Level and curriculum: 4 full time years of education (240 credits – Bac+4 – post secondary education) – Higher Education – College and Schools of nursing with links to Universities
- Qualification: **Bachelor Responsible for General Nursing Care (IRSG) – Euro Conform – Registered Nurse** – officially registered by Federal Ministry of Health – official actualized list of registered Bachelor Nurse (ex. Graduate Nurse) available on web site of Federal Belgian Ministry of Health – www.health.belgium.be
- Competency list: Official recognized title, qualification, definition, functions and technical tasks by federal law and royal decrees since 1974 (actualized in 2001 and coordinated law in 2015) with definition and function of nursing tasks delegations to Nursing Assistants and Health Care Aids) in 2023

Bachelor Specialised Nurse (with specific specialized Titles) – in Discussion about modifications of the list – no agreement actually – Level 6 CEC EU

- Entry Level: 1 full time year specialized bachelor education (60 credits) after Bachelor General Nurse (Bac+4) (official list of specialisations recognised, actualised and registered by Federal Ministry of Health)
- Qualification: Specialised Bachelor Nurse with specific full Title
Actually 11 recognized clinical nursing specialized bachelor domains (with financial salary supplement)
 - Nurse in Paediatrics and neonatology (legal text published)
 - Nurse specializing in mental health and Psychiatry (legal text published)
 - Nurse specializing in public health
 - Nurse specializing in geriatrics (legal text published)
 - Nurse in intensive care and emergency (legal text published)
 - Nurse in Oncology (legal text published)
 - **Infirmier spécialisé en assistance opératoire et instrumentation / Infirmier spécialisé en anesthésie / Paru sous appellation abrégée « Soins péri-opératoires » / published 2014**
 - Infirmier spécialisé en imagerie médicale (ongoing);
 - Infirmier spécialisé en stomathérapie et soins de plaies (ongoing)
 - Infirmier spécialisé comme perfusioniste (ongoing)
 - Nurse in stomatherapy and wound care (on going)
- Note – A specialized title and education at non university Higher education level exist and is mandatory and required for function of "Head Nurse of Unit in Hospital" (since 2006) (Infirmier Cadre de Santé (3 years part-time education (total equivalent of 1-year full time education – 60 Credits)

Advanced Practice Nurse – (Infirmière de Pratique Avancée) – Master level / Level 7 CEC EU

- Function and title officially approved by law in 2021 – completed in 2023
- Entry Level and curriculum: 2 full time years of education (120 credits – University MASTER level – post Bachelor General or Specialized Nursing Care) – officially registered by Ministry of Health
- Qualification: Master in Nursing Sciences (Universities/Schools of Nursing) – Master in Public Health with Nursing Sciences orientation – mandatory and required for Head Nurse of Nursing Units and Director of Nursing Department in hospitals (also authorized to be APN by derogation) – Law 2023.
- Competency: aligned to the EFN core competencies including independent nurse prescribing with access to a full formulary.

Clinical Research Nurse (Infirmier Chercheur Clinicien) – Doctorate level – Level 8 CEC EU

- Entry Level – curriculum and qualification – Doctorate level – (in Nursing Sciences and Public Health Nursing Orientation) – full time or Part time years of PhD research thesis after Master in Nursing Sciences at University – law 2023
- Competencies: Official recognized title, qualification, definition, functions – sectors and functions to be defined for teaching at Master Level and for research in nursing care to optimize Quality of care and Nursing profession at high levels leadership functions – law 2023



BULGARIA

Healthcare Assistant

- Entry Level: We have started to educate healthcare assistants from 2012. The entry level is after minimum 8 years of education (primary) The length of the educational courses is 9 months.

- Qualification: As it is in the definition
- Competency list: They are delegated to perform part of the nurses' duties on the basic care for the patients, but they always work under supervision of the nurses. They work mainly in the hospitals, in the private home care, in the elderly care services.

Registered Nurse

- Entry Level: According to the Directive 36/2005 EU – after 12 years of secondary education.
- Qualification: bachelor degree, master degree from the nursing faculties in the Medical university.
- Competency list: As it is in the definition of EFN, ICN and the Directive 36/2005 EU. We have special regulations from the Ministry of Health on nurses' competency list.

Specialist Nurse

- Entry Level: after registered nurse
- Qualification: bachelor or master degree
- Competency list: we have 11 nurses' specialities with larger special competences in the certain field of the nursing practice. Their field of expertise is autonomous. Very often they act as educators or tutors of newly graduated nurses.

Advanced Practice Nurse

- Entry Level: We don't have Advanced Practice Nurse. It is still under discussions in the MoH and under development, meaning standards, scope of practice, and regulatory mechanisms are not yet fully established.



CYPRUS

Healthcare Assistant

- Entry Level: Graduates from secondary education (Cyprus educational system: 6 years Primary and 6 years secondary)
- Qualification: Small numbers who are hired in clinical areas of the hospitals (8–10%). They never provide nursing care alone. And all nursing tasks allocated to them are always supervised by a registered nurse.
- Competency list: Healthcare assistants are working in hospitals. In elderly homes it is "Carers" who perform certain tasks similar to those undertaken by healthcare assistants. No special training in place in neither of these positions.

Registered Nurse

- Entry Level: General access requirements 12 years of education (6 primary and 6 secondary)
- Qualification: University Graduates, Nursing Degree – BSc (In Cyprus is provided in 4 years)
- Competency list: As described in the EU directive 2005/36/EC

Specialist Nurse

- Entry Level: Registered Nurse
- Qualification: Post graduate courses in various subjects offered either at Masters Level or 12 –18 months in: Intensive Care, Community Nursing, Nursing Management, Peri-operative Nursing, Mental Health Nursing, Midwifery.
- Competency list: Exercise nursing within the respective field of speciality with higher responsibilities

Advanced Practice Nurse

- Entry Level: Registered Nurse
- Qualification: Master's programs in various APN specialities and is working with national stakeholders to formalise the role through regulation and registration. The role has not yet been formally established through legislation; however, there are already many graduated APNs in Cyprus. The APN master's program consists of 120 ECTS credits, and students must complete 400 hours of practical training during their studies.
- Competency list: Standards, scope of practice, and regulatory mechanisms are not yet fully established however, there is movement towards these being established.



CZECH REPUBLIC

Healthcare Assistant

- Entry Level: The applicant has completed primary education of at least 9 years, is in good health condition, has passed the admission requirements (the applicant possesses relevant abilities, knowledge, interests).
- Qualification: Secondary education completed by leaving examination ("Maturita")
- Competency list: Can work in inpatient and outpatient health care facilities, home care facilities, as well as in facilities of social care, works under the supervision of a registered nurse/midwife/physician. Can provide nursing care: hygienic care, prevention of decubitus ulcers, monitors vital and other signs, participates in wound care, assists with food and drink intake, prepares clients for procedures, assists with these procedures, assists with rehabilitation, performs sterilization and disinfections, participates in admission, transfer and discharge of a client, administers medication (except IV, epidural administration, and IM administration to children younger than 3 years), collects specimens, works with client's documentation.

Registered Nurse

- Entry Level: The applicant has completed secondary education (the applicant successfully passed the leaving examination "Maturita", after at least 12 years of previous education; such applicant can enter any University program), is in good health condition, has passed the admission requirements (the applicant possesses relevant abilities, knowledge, interests)
- Qualification: Bachelor in Nursing, awarded if the student successfully passed the final examination after 3 years of tertiary education at a University, which is fully compatible with Dir. 2006/35/EC; or General Care Nurse with Diploma, awarded if the student successfully passed the final examination after 3 years of tertiary education at a Higher Professional College (Vyšší odborná škola in Czech language), which is fully compatible with Dir. 2006/35/EC. The final examination consists of a defence of a final project/theses, examination in the following subjects: nursing, nursing in clinical fields, humanities (in the Bachelor program) and defence of a final project/theses, examination in the following subjects: nursing, nursing in clinical fields, humanities and foreign language (in the diploma program)
- Competency list: The graduate has competency to independently: identify and satisfy the needs of clients of all ages, support health and prevent illnesses, educate client and colleagues, competency to cooperate with other health care professionals, carry out measures ordered by physicians; competency to participate in research and CPD; carries out competencies in management of nursing care.

Specialist Nurse

- Entry Level: The requirements for enrolment into specialization education are:
 - Qualification as a nurse responsible for general care or Qualification as midwife
 - Application for admission into a selected specialization education program.
- Qualification: In order to graduate from the specialization program, the student has to work for defined period in the field of the selected specialization, attend the required theoretical and practical courses and pass the final examination.
- Competency list: In the Czech Republic there are currently 9 specializations available for general care nurses:
 - 1) Intensive care nursing
 - 2) Perioperative nursing care
 - 3) Paediatric nursing care
 - 4) Paediatric intensive care nursing
 - 5) Community nursing care
 - 6) Nursing care in internal medicine
 - 7) Nursing care in surgery
 - 8) Nursing care in psychiatry
 - 9) Perfusiology

and 3 specializations are available for midwives:

- 1) Intensive care in midwifery
- 2) Perioperative care in midwifery
- 3) Community care in midwifery

Accredited facilities are responsible for the provision of the specialist education, the recommended duration is between 18–24 months, and it consists of 560 hours of theoretical and practical education (50% theory and 50% practical). The content of the specialization education is divided into basic and special modules. The nurse/midwife specialists have certain advanced competencies relevant to their specialty.

Advanced Practice Nurse

This category doesn't currently exist in the Czech legal system, even though it is increasingly being talked about among the experts



DENMARK

Healthcare Assistant

- Entry Level: After finishing primary and lower secondary school education, you will be able to go on to get an upper secondary education. (vocational education) The total duration of the education and training programme 3 years, 3 months and 21 days, with 98 weeks of on-the-job training. Danish vocational education and training programmes are alternating programmes, which means that the education and training activities alternate between education and training at a school and on-the-job training in an enterprise. The training programme is a vocational education programme which is placed in:
 - The Danish qualification framework for life-long learning at level: 4
 - European Qualification Framework (EQF) at level: 4
- Qualification/Competencies: Social and healthcare assistants work on hospitals, in the mental health field, in home care organisations, and at nursing homes. In home care organisations and on hospitals, the social and healthcare assistants carry out healthcare services and rehabilitation as

well as health-promoting and disease-preventing activities in cooperation with e.g. nurses, occupational therapists, and physiotherapists, they guide the social and healthcare helpers, and will often work in management as well. Within the psychiatric sector, the social and healthcare assistants create a rehabilitating and stimulating environment for citizens with psychiatric disorders, who live in institutions or in their own home.

Of note is that in Denmark social and health care assistants often have a quite independent function especially in primary care settings. To some degree the assistants can be compared what in other countries are called practical nurses. In Denmark we also have social and healthcare helpers – a shorter vocational education of 1 year and 8 months, with 36 weeks of on-the-job training (EQF 3)

Registered Nurse

- **Entry Level**: General access requirements to higher education in Denmark are 12 years of education including one of the following secondary school leaving examinations or comparable qualifications:
 - studentereksamen (STX) – Upper Secondary School Leaving Examination
 - højere forberedelseseksamen (HF) – Higher Preparatory Examination
 - højere handelseksamen (HHX) – Higher Business Examination
 - højere teknisk eksamen (HTX) – Higher Technical Examination
- **Education**: The Danish nursing education is a general education. The education lasts for 3½ years and consists of a theoretical and a clinical part. The clinical education takes place at approved clinical placement institutions in hospitals and in the social and health care services outside hospitals. The nursing programme corresponds to 210 ECTS of which 90 ECTS cover clinical part. Nursing education is based on academic disciplines within nursing science, medical science, science, humanities and social science. The planning of the clinical part of the education is made by the individual schools of nursing. The nursing programme is completed with a bachelor's project
- **Qualification**: After graduation you are entitled to use the title Bachelor of Science in Nursing. The Danish nursing education is planned on the basis of the Academic regulations as a pursuant to the Ministerial Order on the Bachelor of Science in Nursing Programme. Ministerial Order on the Bachelor of Science in Nursing Programme, Act no. 978 of 23 June 2022
- **Competency list**:
 - 1) independently manage the organisation, assessment, adjustment and documentation of care and treatment courses in interaction with patients and citizens across professions, sectors and institutions in the entire healthcare system,
 - 2) independently take responsibility for and handle clinical decision-making and, within a framework delegation, prescribe medicine in stable, acute and complex care and treatment processes, as well as involve the patient, relatives and other professionals,
 - 3) participate empathetically, ethically and reflexively in nursing situations and patient/citizen situations characterized by different cultural, professional, political, economic and societal perspectives, as well as intervene within the framework of applicable codes and legislation nationally and internationally,
 - 4) independently handle and support patients, citizens and relatives in mastering the individual's life situation in care, care and treatment for health challenges and disease contexts of a rehabilitative, palliative, health-promoting and preventive nature,
 - 5) handle clinical leadership independently as well as ensure and develop quality that supports the coherence experienced by patients and citizens in a unified healthcare system and in the patient's and citizen's home,
 - 6) handle and integrate national and international practice, development and research knowledge in arguments for and reflection on nursing care,
 - 7) independently handle technologies in the implementation and development of care, care and treatment,
 - 8) independently take responsibility for and apply educational interventions in guidance, teaching and dissemination to patients, citizens, relatives and professionals,

- 9) independently engage in situational communication in various contexts, including engaging in equal, dialogue-based and value-creating relationships with citizens, patients and interprofessional collaboration partners,
- 10) manage independently to enter into interprofessional and cross-sector collaboration and, based on a holistic perspective, support the citizen and the patient as a central and active actor in the individual process,
- 11) handle and assume responsibility for profession-relevant technology, including information and communication technology in the relevant context,
- 12) handle and assume responsibility for quality assurance and quality development,
- 13) handle and assume responsibility for seeking out, evaluating and interpreting empirical evidence, theory and research methods as well as participating in innovation, development and research work and
- 14) show responsibility and keep professionally up-to-date based on an understanding of and identification of own learning processes and development needs.

Specialist Nurse

In Denmark we have 8 Specialist Nursing training and education programmes (Certified Registered Nurse Anaesthetist, Critical Care Nurse (intensive), Cancer Nurse, Mental Health Nurse, Hygiene Nurse, Health Visitor, Specialist in Community and Primary Health Care Nursing, Acute Nurse (starting 2024)) The training program is linked to an employment within the specialty. They vary in length from 30 weeks (Hygiene Nurse) to 2 years (Nurse Anaesthetist).

- Entry Level: Admission requirements are in addition to a Danish authorization at least 2 years of clinical experience.
- Qualification: When ended their education they are entitled to use the protected title "specially trained nurse" in the above areas.
- Competency list: Different and depending on which of the 8 specialist educations.

Advanced Practice Nurse

The APN education was established in Denmark in 2019 – in summer 2021 the first APN nurses graduated. The definition is aligned to the ICN APN definition, however, currently there is no dedicated regulatory framework.

Entry level is a bachelor degree and APN education is a master's degree at the University with a duration of 2 year (120 ECTS) or a part time pathway. DNO is still focusing on lobbying for increasing the number of advanced nurses and also introducing APN nurses to other settings in the health care system. Furthermore, we are lobbying for a protected title.



ESTONIA

Registered Nurse

- Entry Level and curriculum: minimum of 12 years general education. Completion of the nursing curriculum within 3.5 years (210 credits of which 90 EAPd practice). There are two healthcare colleges in Estonia that teach nurses. Both colleges have curricula divided into modules, which differ slightly in their structure, but the learning outcomes of the curriculum are similar and meet the established requirements. Both higher education institutions are also regularly accredited by an international commission.
- Qualification: Bachelor degree. Before starting to work as a nurse, it is necessary to register your diploma in the register of healthcare workers – <https://medre.tehik.ee/search/employees> managed by the Health Board.

- Competency List: The curriculum is based on the European Directive 2005/36/EC on the recognition of professional qualifications, amended by the Directive 2013/55/EU. In addition, under the leadership of the Estonian Nurses' Union, nursing experts have also described the nurse's basic competencies https://www.ena.ee/wp-content/uploads/2023/05/BC_nurses_OK.pdf, which we are currently updating. The job title of nurses is protected by law, the rights and obligations of nurses derive from various legal acts, and nursing practice manuals have been developed for certain areas, mainly in primary healthcare.

Advanced Practice Nurse

- Entry Level and curriculum: Bachelors' degree in nursing or midwifery. Completion of the APN curriculum within 1.5 years (90 credits of which 10–15 EAPd practice). There are two healthcare colleges in Estonia that teach APNs. The curricula are slightly different, while the learning outcomes are similar.
- Qualification: master's degree in health sciences or equivalence. Usually studies part time alongside clinical practice. As part of the study, each student chooses one of the four nursing specialties: public health nursing, clinical care nursing, intensive care nursing and mental health nursing. Before starting to work as a APN, it is necessary to register your diploma in the register of healthcare workers- <https://medre.tehik.ee/search/employees> managed by the Health Board.
- Competency List: In 2020, under the leadership of the Estonian Nurses Union, the basic competencies of APN were confirmed, which are superior to APN specialties. They are available on the website https://www.ena.ee/wp-content/uploads/2023/05/BC_APNs_OK.pdf. The regulation of nursing care specialities protects the status and training of APNs. : Health Care Organization Act (new legislation in 2025). Aligned to the EFN core competencies including nurse prescribing with access to a limited formulary.



FINLAND

Healthcare Assistant

- Entry Level: Closest to that in Finnish system is maybe the practical nurse diploma. After the comprehensive school level (9 years), the 120 credit unit training programme takes three years to complete. The curriculum includes 20 credits core subjects, 50 common vocational studies of the qualification, 10 credits free-choice studies, as well as 40 credits specialist vocational studies of each study programme.
- Qualification: There are nine different study programmes:
 - emergency care
 - children's and youth care and education
 - mental health and substance abuse welfare work
 - nursing and care
 - oral and dental care
 - care for the disabled
 - care for the elderly
 - customer services and information management
 - rehabilitation.

In Finland, the profession of a licensed practical nurse (LPN, licensed vocational nurse, state enrolled nurse in English, *lähihoitaja* in Finnish) is regulated by law. However, even a person without LPN training can perform duties of an LPN if the person has related education, experience and professional skill. If a person works without authorisation, then he/she is not allowed to use the occupational title of a licensed practical nurse. However, most Finnish employers hire only those who have been authorised by Valvira to use the occupational title of a LPN.

- Competency List: The training includes a minimum of 29 credits of on-the-job learning in practice. The practical nurse diploma can also be taken in the form of a competence-based qualification. However, practical nurse examination requires preparatory training. If the student has no prior diploma in social welfare and/or healthcare, the preparatory training requirement is at least 80 to 120 credits. Professional competence is demonstrated through competence tests taken in normal work-related tasks. The diploma includes four separate competence tests. Competence tests shall be arranged according to each part of the qualification, so as to enable assessment of the achievement of the objectives central to occupational proficiency.

Another option is to describe here the profession of Nursing assistant/Care assistant in Finland (hoiva-avustaja in Finnish):

- labour market training
- 8 months training, no diploma but provides skills useful for caring the elderly, persons with disabilities, and in home care services. No medication skills.
- National Supervisory Authority for Welfare and Health (Valvira): care assistant cannot be alone on duty or in the position of independent responsibility.
- Care assistant can be included in staff resourcing only to the extent that their work includes meeting clients' basic needs, such as helping washing and eating.
- Please note that there has been discussion on the need of the profession: labour unions see generally that it is unnecessary and jeopardizes patient safety

Registered Nurse

- Entry Level: Nurses receive their education at Universities of Applied Sciences (also called Polytechnics). Students apply for Universities of Applied Sciences (UAS) studies in a national application system. The UASs determine the admission criteria and arrange student selection and entrance examination at their discretion. The entry requirement for UASs is a certificate from an Upper Secondary School or the Matriculation certificate, a vocational qualification, or corresponding foreign studies, i.e. completion of general or general and vocational education of 12 years.
- Qualification: Completing the nursing studies, consisting of 210 – 270 ECTS credits, lasts from 3.5 to 4.5 years. Registered nurses require 210, public health nurses and paramedics 240, and midwives 270 ECTS. In Finland, the nurse's profession is regulated by law and working requires authorisation from Valvira, the National Supervisory Authority for Welfare and Health. Unauthorised work as a nurse is prohibited. When Valvira authorises a nurse she/he is added to the Central Register of Health Care Professionals (known in Finland as *Terhikki*). After being certified and registered the person can practice his/her profession. We don't have a re-registration system.
- Competency List: The training requirements are based on knowledge, skills and competences. The nurse's education consists of basic and professional studies, practical training to enhance professional skill, a thesis, demonstration of maturity, and elective studies. Professional expertise consists of special knowledge of nursing care, including ethical know-how, health promotion, decision-making within nursing, guidance and teaching, collaboration, research and development work and management, multicultural nursing, societal activities, clinical nursing and pharmacological treatment. Nurse education is a Bachelor degree education. The curricula for UAS nurse education will be renewed during the 2014 throughout Finland.

Specialist Nurse

- Entry Level: Universities of Applied Sciences (UAS) organize 30–60 ECTS specialist training in various clinical fields, but these are not regulated, and there is not any national recommendations for the contents. Since beginning of 1990s' it has not been possible in Finland to anymore graduate as specialized nurse.
- Competency List: In Finland only public health nurses (total 240 ECTS), paramedics (total 240 ECTS) and midwives (total 270 ECTS) could be seen as sort of specialized nurses. They are all bachelor level degrees. Licensing is granted, upon application, by the National Supervisory Authority for Welfare and Health to nurses, midwives and public health nurses. The practice of these professions is restricted to licenced professionals only.

The Finnish Nurses Association together with Tehy, the Finnish Union of Professional Health and Social Care Personnel, and its other five affiliated professional unions have introduced the process of Clinical Practice Nursing Certification with an aim to encourage nurses to further develop their competencies in evidence based clinical nursing, and to promote the possibility to advance also on clinical career. Association can allow the Certification based on an application in various clinical fields for clinically highly competent nurses. The applicant has to demonstrate the required merits in following areas 1. Working experience, 2. Formal education, and 3. Cooperation and developmental work. One can also apply for Certification in nurse informatics. The requirements are all together worth 200 ECTS. The Certification needs to be updated in every five years.

Advanced Practice Nurse

APN is under development and there is some progress towards full implementation including regulation.

- Entry Level: The Finnish higher education system consists of two complementary sectors: Universities of Applied Sciences (UAS, also called Polytechnics) and Universities. The mission of Universities is to conduct scientific research and provide instruction and postgraduate education based on it. UASs train professionals in response to labour market needs and conduct R&D which supports instruction and promotes regional development in particular.

For further education, a nurse can apply for Master's degree studies at UAS. The requirement for Master's degree studies in UAS is a Bachelors' level UAS degree and at least three years of work experience. The UAS Master's degree is worth 90 ECTS and takes about 1.5 – 2 years

There are five universities in Finland that offer Master's degree studies in nursing sciences. As an entry level one needs to be a registered nurse (or to have some other degree in health care on equivalent level). Department of Nursing Science at the University of Turku offers a possibility to study clinical nursing science and the administration and management in health care as a minor subject, nursing science being the main subject. The studies consist of two separate degrees, together worth 300 ECTS. The degree of the Bachelor of Nursing Science is a lower academic degree (180 ECTS) and the degree of the Master of Nursing Science is a higher academic degree (120 ECTS). Registered nurse needs to accomplish about 80 ECTS for the Bachelor degree and 120 ECTS for the Master's degree, i.e. all together about 200 ECTS.

In addition to Master's degrees, universities confer postgraduate Licentiate and Doctoral degrees. That trail for Licentiate and Doctoral degrees is also possible after completion of Master's degree at the University of Applied Sciences.

- Competency List: We have in Finland nurses working in various advanced clinical roles. Nevertheless, we have not traditionally used the concept of APN as in Anglo-Saxon countries. The Ministry of Social Affairs and Health has in 2009 developed a four-category model to define the different expert roles of nurses in Finland: 1. Nurses in Clinical Care, 2. Specialized Nurses in Clinical Care, 3. Clinical Nurse Specialists, 4. Specialists in Clinical Nursing Science. However, the systematic nationwide development of these roles is still in the developmental stage. We are in the middle of the developmental work in Finland to e.g. define how is APN, as defined by ICN, recognizable in Finnish health care system.

As examples for nurses with advanced level of competency one could mention e.g.:

- Clinical Nurse Specialists with Master's degree from University
- Nurses with Master's degree from University of Applied Sciences, varying titles in working life. We have some local experiments to educate APNs with advanced clinical competencies based on ICN criteria as a Master's degree at UAS, but not yet a nationwide system for this.
- Nurses that have taken specialist supplementary training on different clinical fields and have advanced professional roles in nursing, e.g. case managers, midwives carrying out clinical examination after delivery.
- Nurses that have the limited right to prescribe, requires 45 ECTS further training (education started in 2010). The studies encase clinical nursing, pathology, clinical pharmacology and studies on legislations and regulations. The competence is recorded by the National Supervisory Authority for Welfare and Health.

- Nurses having the Clinical Practice Nursing Certification awarded by the Finnish Nurses Association



GERMANY

Healthcare Assistant

- Entry Level: minimum 9 years general education
- Qualification: because of our federal system, responsibility of Laender (states), there is quite a variety of qualifications and training programs. There are 2-year as well as (more traditional) 1-year programs regulated by the states.
- Competency list: HCA work under the supervision of a nurse. They support patients in their activities of daily life, are responsible for cleanliness, distribution of meals etc.

Registered Nurse

- Entry Level: minimum 10 years general education
- Qualification: 3-year program vocational education or 3-year programs in universities with Bachelor degree. Three branches; general nurse; paediatric nurse; nurse for the care of elderly
- Competency list: General Care Nurse
 1. to execute the following tasks on their own responsibility:
 - a) identification and determination of care needs, care planning, organisation, implementation and documentation,
 - b) care evaluation, securing and further improving the quality of care,
 - c) counselling, instructing and supporting persons receiving care and their reference persons in finding their individual way of coping with health and disease,
 - d) initiation of life-saving emergency measures pending the arrival of the physician,
 2. to execute the following tasks in a context of collaboration:
 - a) self-reliant implementation of physician-ordered measures,
 - b) measures of medical diagnosis, therapy or rehabilitation,
 - c) crisis and disaster response measures
 3. to work together on an interdisciplinary basis with other professionals and, in the process, develop multidisciplinary and cross-professional solutions to health problems.

Specialist Nurse

- Entry Level: completion of education as nurse plus usually two years of practice.
- Qualification: because of our federal system, responsibility of Laender (states), usually two year part-time programs with a minimum of 720 hours of theoretical education plus defined placements in practice. We have specialist nurses for intensive care, anaesthesia, operating room, psychiatry, endoscopy, emergency room, oncology. In some states more specialisations do exist. There is quite a variety of specialisations which are not regulated (e.g. Pain Nurses, Wound Care Nurses).
- Competency list: details differ from state to state: in-depth knowledge of medical aspects and nursing knowledge base of the field of specialisation; otherwise similar to example from Denmark

Advanced Practice Nurse

- Entry Level: we do not have a defined role for APN's yet. However, we have several examples of good practice where nurses qualify as APN in hospitals (based on agreement between nursing director and medical head of departments. In ambulatory care there are nurses qualified for care of chronic wounds and counselling for patients with diabetes.

- A formal framework for APN is being explored. Country specific definition for APN not aligned to that of ICN. There are legal constraints to implement the full scope of practice as defined by ICN and political shifts are interrupting efforts.
- Qualification: specialisation (increasingly university degree – Masters).
- Competency list: depends on situation. Competencies are higher than for specialist nurses. Field of expertise is usually more specific than for specialist nurses. In no case they have official prescribing authority.



GREECE

Healthcare Assistant

- Entry Level: Since 2013: after 12 years of basic education. 2 years studies in Nurse Assistant Schools.
- Qualification: After training in basic patient's care, Nurse Assistants may choose to follow one of the next directions:
 - Operating Room Nurse Assistants;
 - Traumatology Nurse Assistants;
 - Oncology Nurse Assistants;
 - Intensive Care Unit Nurse Assistants;
 - Mental Health Nurse Assistant.
- Competency list: Nurse Assistants (NA) help in everyday practice but they do not have the right by law to provide nursing care without supervision by a nurse. They usually perform simple patient's care. NA's work in hospitals, in primary health care settings, in nursing homes and in maternity hospitals. Sometimes they unlawfully perform some nursing interventions even without supervision by nurses, but the tolerance of the health care system because of the shortage of nurses. They do not have administrative posts.

Registered Nurse

- Entry Level: after 12 years of basic education 4 years studies in Universities or Technological Educational Institutes
- Qualification: University Graduates, Nursing Degree – BSc or Technological Educational Institute Graduates, Nursing Degree – BSc
- Competency list: As described in the **Presidential Decree 351/1989** which are in accordance to the directive 2005/36/EC

Specialist Nurse

- Entry Level: Registered Nurse
- Qualification: there are two different pathways for Specialist Nurses:
 1. **Specialist Nurses** with post graduate studies in different fields offered at Master's Level (2 years courses) from Universities or Technological Educational Institutes. This specialization is ECTS based (i.e. MSc in Cardiology Nursing, MSc in Community Nursing, MSc in Pediatric Nursing, MSc in Transcultural Nursing, MSc in Oncology Nursing & Palliative Care etc....)
 2. **Specialist Nurses** with 52 weeks post graduate NHS hospital based theoretical (2 days/week) and clinical education (3 days/week) in the fields of Medical Nursing, Surgical Nursing, Mental Health Nursing and Paediatric Nursing. These nurses obtain a Certification of Title of Specialization upon completion of the training and successful oral exams.

Both of the aforementioned categories do not exactly apply to the role of the CNS as it is described in Item 4, Annex 4.8. "EFN Matrix on the 4 Categories of the Nursing Care Continuum"

(04/07/2014 EFN Workforce Committee) of the 101st EFN GA, because of the lack of autonomy in nursing around Greece, despite the certified theoretical knowledge.

Nevertheless, there are RN's trained for 6 months in specific Units such as Dialysis Units, Blood Donation Units, Catheterization Units, Endoscopy Units of specific hospitals. Their training is on job training without any kind of formal theoretical background. These nurses obtain a Certification of training upon completion of the training and they are considered as specialist nurses in Dialysis, Blood Donation, Catheterization and Endoscopies accordingly.

- Competency list:

1. **Specialist Nurses** with post graduate courses in various subjects offered at Master Level have the theoretical competency to practice beyond the level of a general nurse, although they are not autonomous for hands on practice (invasive interventions).
2. **Specialist Nurses** with 52 weeks post graduate NHS hospital based theoretical and clinical education have less theoretical competency than the aforementioned (1) specialist nurses to practice beyond the level of a general nurse, although they are not autonomous for hands on practice (invasive interventions). When and where possible, they preferably work in nursing departments related to their specialty.

Advanced Practice Nurse

There are very few RN's holding MSc degree in Advanced Practice Nursing (after PG studies in UK), yet there are not any APN's actively practicing APN in Greece as it is described in Item 4, Annexe 4.8. "EFN Matrix on the 4 Categories of the Nursing Care Continuum" (04/07/2014 EFN Workforce Committee) of the 101st EFN General Assembly because of the lack of autonomy in nursing and the medical dominance. There are broader discussions related to nursing however, these do not currently include APN.



HUNGARY

Healthcare Assistant

- Entry Level: they need only elementary/general education before becoming a healthcare assistant, they can do a healthcare assistant course or study it in an upper secondary school level.
- Qualification: they study for 1100–1440 hours, 50% theory, 50% practice
- Competency list: basic nursing tasks (feeding, changing diapers, etc.), measuring vital signs and blood sugar, documentation, basic level of first aid, helping the RNs to do examinations and interventions

Registered Nurse

- Entry Level: according to the directive 36/2005 EU, after 12 years of secondary education
- Qualification: bachelor degree, it takes 8 semesters, 50% theory and 50% practice
- Competency list: as written in the directive 36/2005 EU

Specialist Nurse

- Entry Level: completion of education as a nurse
- Qualification: we have at least 30 specialist trainings (intensive care unit, anaesthesia, pediatrics, ER, oncology, etc.)
- Competency list: tasks depend on the special fields

Advanced Practice Nurse

- Entry Level: completion of education as a nurse bachelor degree (240 ECTS)
- Qualification: Advanced Practice Nurse (MSc) in six specializations (anaesthesia, community care, emergency care, geriatric care, intensive care, perioperative care). Currently, APN training (120 ECTS) is conducted at four universities in Hungary. Between 2019 and 2025, 424 AP nurses graduated, predominantly with specializations in the field of emergency and community specializations. The least popular specializations were perioperative and anaesthesiology. A significant proportion of the graduated APN professionals have been employed in the domestic healthcare system.
- Competency list: Based on the current legislation, APN graduates have employment opportunities in several areas within the domestic healthcare system, including: Emergency Departments, Acute Primary Care Units, Unified Primary Care On-call Duty Service, General Practitioner Offices, and Clinical Care Areas.

In the meantime, a framework regulation (2025) has been introduced to systematize the general activities of nurses, aiming to facilitate the easier preparation of job descriptions. (13/2025. (IV. 17.) BM (Ministry of Interior) Decree on the framework of competencies of healthcare professionals related to the provision of healthcare activities .



ICELAND

Healthcare Assistant

- Entry Level: Certificate of Compulsory Education
- Qualification: Courses are at the upper secondary school level. The programme comprises 120 Icelandic credits which are divided between Academic Subjects: general theoretical subjects (40 credits) and vocation-specific subjects (46 credits); and Practical Studies: practical in-school training (3 credits) and work training in health care facilities for 16 weeks (16 credits).
- Competency list: Auxiliaries work in hospitals, nursing homes, primary health care and other health care facilities. Auxiliaries operate in the field of nursing under the management of the nurses in charge of the facilities, divisions or units concerned and are professionally responsible towards such nurse managers.

Auxiliaries are primarily involved in the general and specific care of patients and such nursing services which they are qualified and suitably skilled to provide. Any assessment of professional skills should take aim of what supplementary education the auxiliary may have.

Supplementary Education for Auxiliaries

A one-year supplementary study programme has been offered for auxiliaries in geriatric and psychiatric nursing. This programme provides enhanced knowledge in the areas of geriatric and psychiatric nursing but gives neither added professional rights nor rights to work independently.

Registered Nurse

- Entry Level: University Matriculation Certificate
- Qualification: BS degree in nursing, 240 ECTS, 4 years. The degree is internationally recognised and gives access to postgraduate programmes at master's level.
- Competence List: Icelandic nurses work autonomously and represent all aspects of nursing services provided in the country. They are in charge of nursing and legally responsible for their professional conduct. They are leaders in the field of nursing, encourage progress and are guided by the ethical code of nurses. Nurses are educated in the key subjects of health science as reflected by the needs of society at any given time. They have sufficient professional skills to provide general nursing services, as well as management and education, in most areas of health care. Nursing studies are

both practical and theoretical with a basis in natural sciences, the humanities, social sciences and nursing subjects. Nurses assess nursing needs, provide nursing diagnoses, set goals and determine treatment options for their patients follow and implement plans and evaluate treatment outcomes. Their work is grounded in evidence-based knowledge in the major disciplines of nursing and they justify their clinical and theoretical decisions by reference to research and knowledge development within the field of nursing. Nurses participate in prevention, health protection and health promotion. They have sound critical thinking skills, work independently and in collaboration with others on diagnosing and solving problems relating to sickness and health, share their knowledge and experience with colleagues and the general public, and use the best available information and computer technology for the benefit of their clients and colleagues. Nurses participate in, take initiative and manage the interdisciplinary work of health care professionals.

Specialist Nurse

- Entry Level: Applicants for specialist licences must have completed most of their postgraduate studies in the speciality or specialist field for which the application is made.
- Qualification: Master's or PhD degree and specialist recognition as specified by Regulation no. 124/2003. Specialist licences may be granted in the clinical specialities and clinical specialist fields of nursing.
- Competency list: Nurse specialists have an important leadership function when it comes to managing development and innovation in their specialist fields and they lead teams of professional colleagues. They have the clinical expertise to assess and provide care for clients and their families, share their knowledge and give advice to their colleagues and health science students, and encourage the acquisition of knowledge and development of critical professional thought. Nurse specialists take part in the INA's comments on parliamentary bills, parliamentary resolutions and other strategic proposals concerning health service issues and nursing in order to advance the views of nursing and have an impact on public policy formulation.

Advanced Practice Nurse

- Entry Level: Admission requirement is the completion of a fully accredited university programme in nursing (BS degree) or the area of health sciences and related subjects, normally with a first class rating from an acknowledged university.
- Qualification: Master's degree in nursing: the programme comprises 120 ECTS. Students select a speciality within the field of nursing. Final research project gives either 30 or 60 ECTS credits. The master's programme is based on the ideology of advanced nursing practice and emphasises clinical work, research and management. Master's degree in health sciences: the programme comprises 120 ECTS and consists of six 10 ECTS courses and a 60 ECTS research project. Also offered is a 40 ECTS diploma programme in nursing and health sciences.
- Competency list: The core competencies are aligned with the EFN APN competencies.
- Advanced Practice Nurse embrace the ideology of nursing and focus on providing services to individuals, families and even entire communities. Their nursing services are specialized. An important part of the work of Advanced Practice Nurse is providing guidance and counselling to their colleagues.



IRELAND

Healthcare Assistant

- Entry Level: 13/14yrs primary /second level education with Leaving Certificate.
- Qualification: HETAC 6.
- Competency list: Work under the direct supervision of the Registered Nurse. They do not function as Autonomous Practitioners.

Registered Nurse

- Entry Level: minimum of 13/14yrs primary & second level education with leaving certificate.
- Qualification: Bsc (Hons).Nursing.
- Competency list: As per Nursing and Midwifery Board of Ireland. See attached.

Specialist Nurse

- Entry Level: RGN (Bsc. Nurse)
- Qualification: Post Graduate Diploma in relevant Speciality. +/-Msc
- Competency list: As per Nursing and Midwifery Board of Ireland. See attached.

Advanced Practice Nurse

- Entry Level: RGN (Bsc.nurs) Post Graduate Diploma in Specialist area.
- Qualification: Msc combined with modules identified by Irish Nursing Board. Regulation of APN under the Nurses and Midwives Act 2011, supported by the Department of Health's *Graduate to Advanced Practice* policy. The ANP/AMP title is protected, and nurses or midwives holding these roles are registered on a separate register from staff grades with the professional body, ensuring clear role distinction and regulatory oversight.
- Competency list: The Nursing and Midwifery Board regulate APN, set the standards, approve programmes of study and maintain the register. The core competencies are aligned with the EFN APN competencies.



ITALY

Healthcare Assistant (OSS, Operatore socio sanitario, Social and Healthcare Assistant)

- Entry Level: Two years of high school (completed with admission to the 3rd), and 17 years of age.
- Qualification: Training courses last one year, for not less than 1000 hours. It is divided according to the following theory learning modules (minimum number of hours: 450): Motivation–orientation, basic knowledge, and basic technical skills.

Subject areas: a) socio-cultural, institutional and legal, b) psychological, c) health and hygiene, d) technical and operational.

Tutorials/practical stages – minimum number of hours: 550.

In addition to the basic qualification course modules, it is possible to attend in some Regions a supplementary training course for a maximum of 200 hours, 100 of which of practical training. Modules are targeted to: elderly, handicapped, psychiatric patients, terminally ill.

Social and healthcare assistants work in hospitals, home care or in mental homes. They deal mainly with adults under nurses or other health or social professionals' supervision.

- Competency list:
 - To assist the person, especially dependent or bedridden people, in daily activities of living.
 - To perform simple activities to support diagnostic and therapeutic acts
 - To collaborate in activities aimed at maintaining physical or psychological abilities, rehabilitation, functional recovery.
 - To perform activities of socialization for individuals and groups.
 - To assist health care professionals in caring for the sick and dying patients.
 - To take care of cleaning and environmental hygiene.
 - To collaborate in welfare interventions implementation.
 - To communicate appropriately with patients and their families.
 - To use information tools for recording of implemented activities.
 - To collaborate in verifying the quality of Services.

Nurses have mainly lost control of these courses, managed by other professionals, and at local, regional and national level no control on their number has been put in place (erosion of nursing profession).

Registered Nurse (Infermiere abilitato)

- Entry Level: Pre-registration Nursing training takes place at University, following the attainment of a high school diploma in accordance to the Directive 2005/36/EC. A mandatory access test is provided by Universities to select candidates from a general cultural point of view. However, selections are managed by entities without competence and knowledge of characteristics required to practice as qualified nurses. Nor attitudinal test or personal interviews are performed to avoid unfit and unsuitable candidate to start nursing courses. It is not yet well formalized the path through which registered nurses continues to meet the standards of the nursing board/Nurses Regulatory Body, because a competence list has not been formalized.
- Qualification: First level degree (according the Italian law). It should be equal in EU as a Bachelor's degree. The education lasts for 3 academic years and consists in theoretical and clinical work. The degree is gained through the acquisition of 180 ECTS (DM 22/10/2004, n. 270). Clinical training takes place in clinical areas of hospitals and in social and health care services in the community. No control is, actually, in place at regional or national level for accreditation of clinical placements sites, hospitals, or universities. Final examinations (practical test, and dissertation of a written work) make each graduate fit for practice as in the Evaluation Commission are present two members nominated by the local Nurses Regulatory Body.
- Competency list: The following are extracted by Italian law (DPR n. 739/94). The Italian national Nurses Regulatory Body did not develop a more specific competence list. Nurses participate in the identification of health needs of the person and the community, they:
 - c) plan, manage and evaluate nursing care interventions;
 - d) ensure the correct application of diagnostic – therapeutic procedures;
 - e) act either individually or in collaboration with other health care and social professionals;
 - f) use, where necessary, the work of healthcare Assistants;
 - g) perform in public or private health Services, in Hospitals or at home.
 - h) contribute to the training of Healthcare Assistants and they are responsible to update knowledge throughout their professional career and participate in research projects.

Specialist Nurse

- Entry Level: Bachelor's degree; clinical experience as a nurse is not required, but a limited number of places are available.
- Qualification: it is possible to continue with two-year studies at University and achieve a second level degree in Nursing (120 ECTS). There are also Master courses (level I Master's after 1st level degree; level II Master's after 2nd level degree in Nursing). They last generally one year (60 ECTS) in some clinical areas (e.g. intensive care, palliative care, elderly, pediatrics, wound care), management, research. PhD's are also available in the field of research.
- Competency list: Leadership and Management of Nursing Services, Leadership and Education of students, Deeper knowledge and training in specific clinical areas, Research. It has not been formalised how these clinical qualifications entitle to practice at a further level, nor an economic recognition of these competences is in place. In Italy this level of Nurse is prepared beyond the level of a nurse generalist, but it is not clearly formalized how he/she is authorized to practice as a specialist with advanced expertise in a branch of the nursing field.

Advanced Practice Nurse

In Italy such formalized competence is not present at the moment. However, it is under development. There are differing perspectives and ongoing discussions around the development of advanced practice nursing (APN) roles in Italy. The terminology used, particularly the confusion between "specialization" (which is sometimes referred to as the "clinical nurse specialist" role) and "advanced practice," has not helped to facilitate the changes and evolution of these roles.

The core issue seems to be a lack of clarity and consensus around the precise definitions and scope of practice for different advanced nursing roles, especially regarding pharmacology prescribing rights and the capacity of growing.



LITHUANIA

Healthcare Assistant (assistant of nurse)

- Entry Level: Secondary school, 12 years of education
- Qualification: Not less than 360 hours duration of the studies. At least 60 percent of studies should be development of practical skills. Training sessions must be led by nursing professionals with at least 3 years of work experience; after completion of the training program and passing an examination, the qualifications of nursing assistant is given and registered qualification certificate issued by the Ministry of Education.
- Competency list: The nursing assistant
 1. must be familiar with:
 - Human anatomy and physiology, pathology, hygiene, pharmacology;
 - Nursing theory and use it in practice;
 - extreme human conditions, and the ways to react
 2. be able to perform nursing manipulations technically;
 3. must know:
 - requirements of aseptic and antiseptic, be ready to make and use disinfectants according to Hygiene requirements
 - care of lethal conditions

All the standard of work of nursing assistant is described in specific document so called Medical Norm "Nurse assistant". Lithuanian text is available:

<http://www3.lrs.lt/pls/inter3/oldsearch.preps2?Condition1=99950&Condition2=>

Registered Nurse

- Entry Level: Secondary school, 12 years of education
- Qualification: General practice nurse qualification can be acquired in a higher education institution (college or university) after completion of nursing degree program. Bachelor in nursing diploma, qualification – general nursing practitioner. General practice nurse is engaged in the general practice of nursing in health care institutions which have a license for provision of general nursing practice services and/ or other personal care services provided in accordance with requirements of the national legislation.
- Competency list: The competencies of General practice nursing professional consist of knowledge, abilities and skills which are acquired during the studies. Professional qualification should be constantly improved, in regard to the ongoing nursing research and practice developments.

General practice nurse needs to know:

- national and international health policy;
- legal acts in health care;
- health care administration features;
- teamwork and team building principles in health care;
- principles of health promotion and disease prevention;
- nursing process, nursing models;
- occupational safety and health principles;
- hygiene requirements;

- structure of the human body, organs and organ systems;
- physical and mental developmental stages of the human being and their characteristics
- the most common symptoms of the diseases of the body systems, pathways and potential complications;
- medical devices, operation and management;
- procedures of collecting of the samples and transportation to the laboratory;
- The pharmacokinetics and pharmacodynamics of the basics medicines, drug storage rules and methods of use;
- Basic medical rehabilitation principles, methods, and tools;
- Applied nursing research studies and its performance.

General practice nurse should be familiar with:

- Impact of social, cultural, economic, historical, and (or) political factors on human health;
- professional ethics;
- human anatomical and physiological characteristics of a different of ages ;
- general body reactions to the disease ;
- pathological processes of the human body;
- biochemical and clinical studies;
- dietetic principles
- specialized health care and nursing;
- immunization impact;
- pain management;
- basic of thanatology.

General practice nurse should be able to:

- recognize the symptoms of the diseases , to know the spread ways and possible complications ;
- identify the care needs of individuals of different age;
- Mental health problems of patients with features of nursing
- pregnant women and nursing moms features ;
- Evaluate the indications and contraindications of nursing manipulations
- Prepare medical devices for disinfection and sterilization techniques.

General practice nurse should be able to:

- identify health care needs of the individuals at different age;
- create a customized care plan and adopt it;
- perform nursing actions:
 - to organize nurse workplace according to asepsis and antisepsis requirements;
 - to work with medical devices and perform their maintenance;
 - to prepare solutions for the cleaning and disinfection;
 - preparation, packaging sterilization of medical devices and storage;
 - to select nursing instruments;
 - to prepare the patient for diagnostic tests, to explain the diagnostic process and potential complications;
 - monitor vital signs of the patient,
 - take blood samples for diagnostic testing;
 - measure the level of glucose in the blood;
 - Investigate the blood group;
 - Collect samples of urine, stool, sputum, stomach content for diagnostic testing;
 - collect, process and send samples of biological material for diagnostic testing
 - Prepare the patient for the puncture procedure, send punktato sample for diagnostic testing;
 - Prepare the patient for biopsy and send a sample for diagnostic testing ;

- assess the patient's hygiene;
- hygienic care of the skin and appendages;
- Care about baby's umbilicus;
- wash the vagina, make vagina instillation;
- Wash ears and eyes of the patient;
- clean the nostrils;
- hygiene of oral cavity;
- wash the patient;
- change the patient's linen, bedding;
- carry bedsore prevention and care;
- change the patient's body position;
- transport the patient;
- measure, evaluate and record the temperature of the body;
- measure, evaluate and record the blood pressure;
- calculate, measure and record pulse rate, and respiratory rate;
- prepare for defibrillation and assist during the procedure;
- record electrocardiogram
- perform external cardiac massage and artificial respiration;
- measurement of vital capacity;
- extraction of respiratory secretions;
- restore the upper airway with oropharyngeal nazofaringial tube;
- prepare for oxygen therapy;
- maintain the tracheostomy tube;
- perform bladder cathetersation with soft catheter;
- maintain bladder catheter;
- monitor, assess and document the patient's urine output;
- washing the bladder, bladder instillation perform with soft catheter;
- injections (into the skin, subcutaneous, intramuscular, intravenous);
- prepare large doses of cytostatics for the infusion ;
- prepare injection / infusion with antibiotic;
- prepare for and conduct a drip infusion , change solutions ;
- prepare for and conduct blood and blood components;
- insertion of peripheral venous catheter ;
- maintenance of peripheral and central vascular catheters ;
- work with pumps and dispensers drops ;
- vaccination of children and adults, according to the law
- monitor and assess the patient's fluid balance ;
- feeding and watering the patient;
- organize food distribution for patient
- assessment of neonatal nutrition ;
- evaluate the condition of mother 's breasts
- gastric lavage of conscious patient;
- feed the patient through a tube stoma
- maintain enteric feeding tube
- preparation of parenteral nutrition solution
- giving an enema
- Insert the gas tube, and take care of it
- selection and use of bed dish
- using and changing diapers
- promote urination reflex
- maintain artificial body openings;
- distribute, administer hard (or) liquid forms of medications for the patient, monitor their effects, and secondary reactions of the body

- documentation of drug use
- insert vaginal, rectal suppositories
- instill drops into the eyes, nose, ears
- determine visual acuity
- determine the visual refraction
- assessment of peripheral vision
- measurement of intraocular pressure
- check the hearing by whisper, language and audio language
- perform anthropometric measurements
- usage of ointments
- stop external bleeding
- put compresses and wet lotions and damping
- preparation and use of therapeutic baths
- heat or cold applications
- bandage, wound care, removal of wound sutures
- put splints for immobilization, plaster bandages assist for trauma physician or surgeon;
- maintain drains
- prepare the patient for the operation;
- determine the intensity of pain using pain scales ;
- conduct the prevention of nosocomial infection
- provide the necessary information to the patient and his relatives when discharging patient home or to another health care institution
- to teach the patient and his relatives
- organize the arrange of the body of the deceased
- processing of medical waste
- according to your doctor appointments accurately and systematically perform the procedures (interventions)
- evaluate nursing outcomes
- work with health care professionals in a team
- provide emergency medical assistance
- Fill and manage nursing documentation, work with installed computer programs
- find, manage, store, organize and communicate the information
- to carry out applied research in nursing research, nursing education, and exercise practices;
- measure and record the state of consciousness;
- provide assistance for sick and vomiting patient;
- assist patients with walking difficulties to walk, use aids if required.

The information is from Medical Norm "General nursing practitioner", available in Lithuanian:
http://www3.lrs.lt/pls/inter3/dokpaiseska.showdoc_l?p_id=401304

Specialist Nurse

- Entry Level: Nursing Bachelor diploma
- Qualification: There are nursing specialisations:
 1. Community nursing,
 2. Anaesthesia and intensive care,
 3. Mental health nursing
 4. Operating room nursing
 5. Urgent health care specialist

General practice nurse or midwife acquires specialization in the institution of higher education (university or college). The appropriate document is issued by the institution. The length of studies depending on the specialization and varies from 480 to 960 hours of studies. General practice

nurse, in order to engage in special nursing care, must have a valid license to practice in general nursing and the nursing specialization acquisition document.

- Competency list: Basic competencies are the same as for general nursing practitioner plus the additional competencies of specialised area.

Advanced Practice Nurse

Now established With a definition that doesn't align to that of ICN. It refers to personal healthcare services delivered by a general practice nurse with a valid licence and a formal qualification in APN. The role is legally regulated and documented under the national *Law of Nursing Practice and Midwifery Practice*.

Education is a master's degree and 120 ECT's with a bachelor's degree in nursing as an entry level.

The competencies have a narrower focus compared to the EFN APN core competencies and prescribing legislation limited to a protocol dependent approach.

Workgroup at Ministry of Health of Lithuania continuous discussions about the possibility to prepare new specialists – advanced nursing practitioners – and incorporate in national labour market.



NETHERLANDS

Healthcare Assistant

- Entry Level: Minimum of 10 years of primary and secondary school.
- Qualification: HCA level 1 or 2, depends on education
- Competency list: The health care assistant provides basic care, support autonomously functioning.

Registered Nurse

- Entry Level: Minimum of 11 years of primary and secondary school.
- Qualification: Bsc
- Competency list: They help with the daily care, they perform nursing procedures, they are responsible for the implementation of the treatment plan, they work with physician and other professionals, they Observes and signals, they provide information to patients and family and they guide patients through difficult and uncertain times.

Specialist Nurse

- Entry Level: Bsc and two years working experience.
- Qualification: Msc
- Competency list: They balance between the nurse profession and the medical world. In addition to the four main tasks of a nurse–promoting health, preventing diseases, restoring health, within its own area of expertise. They have a treatment relationship with patients, are responsible for the activities undertaken within it carried out and submit if necessary, shall be responsible to colleagues, doctors and executives.

Advanced Practice Nurse

- Entry Level: Bsc and two years working experience in the area you want to specialize in.
- Qualification: Masters only pathway
- Competency list: independent consultation and physical examination, diagnosis and performs treatments. They write meds for. They coordinate the care for your patients. They answered questions from patients and provides information about operations. They performed medical procedures, such as the building of drips, insertion of umbilical vein line, performing a lumbar puncture or a mask balloon resuscitation. They are working with it to improve the quality of care.

This is done for example by you with research. They will keep you busy with knowledge transfer and advises other professionals. They give for example less to both nurses and physician assistants and sometimes even also to doctors. For example, they also give information to patient organisations.

- National definition is aligned with the ICN APN definition.
- In the Netherlands, the regulation of APN is governed by the *Healthcare Professionals Act (Wet BIG)*, which aims to promote and monitor quality in healthcare and protect patients from unsafe or incompetent treatment. The *BIG register* serves as the formal mechanism for registration. In addition, the professional body *Verpleegkundigen en Verzorgenden Nederland (V&VN)* plays a key role in monitoring the mandatory clinical hours and professional development credits required for ANPs to maintain registration. The Netherlands is notable for employing all three types of regulatory oversight: independent, government, and professional body involvement.



NORTH MACEDONIA

Healthcare Assistant

- Entry Level: 9 years of primary education and 4 years of secondary vocational or general education. The duration of the course for the health care assistant is 320 hours both of theory and practice.
- Qualification: This type of health care workers are auxiliary workers that get Certificate for their training
- Competency list: Work under the direct supervision of the Registered Nurse. They do not function autonomously. On national level they mainly are engaged in most simple tasks such as transportation of the patients and serving meals to the patients. Work mainly in hospitals.

Registered Nurse

- Entry Level: In the vocational secondary education schools for nurses the entry level is after finishing primary education (9 years). In the higher education for nurses (at the University) the entry level is after finishing secondary school (vocational or general high school).
- Qualification: Diploma in nursing
- Competency list: There is no difference in the competencies for nurses who have finished secondary nursing school and the nurses who have finished the higher education. Both types of nurses are working according to the ICN list of competencies.

Specialist Nurse

- Entry Level: After finishing higher nursing education. The education is 1 year in length (60 ECTS)
- Qualification: Diploma in relevant Speciality, such as in Specialist in Family Nursing and Patronage, Mental Health Nursing, Operating Theatre Nursing, Midwifery (Perinatal care and Primary health care, Geriatric and Palliative Care Nursing, Intensive Care and Reanimation, Anaesthetic Nursing. Specialist in Oncology Nursing is planned for next year.
- Competency list: They have special competencies in their field of practice.

Advanced Practice Nurse

We don't have Advanced Practice Nurse.



NORWAY

Healthcare Assistant:

- Entry level: After primary school (10 years), the most common path involves two years in a vocational study program (level 4 in EQF), and then two years as an apprentice at an institution in health and care services.
- Qualification: Successfully completing the education results in a professional certificate and authorization as a healthcare assistant. Healthcare assistants work in hospitals, home care, and nursing homes (geriatrics, dementia and psychiatry).
- Competencies: They provide basic nursing care for acutely and/or chronically ill, and patients with complex needs. Takes care of basic needs. Assists with personal hygiene, dressing, nutrition, and activities to maintain the user's functional level. Provides first aid if necessary. Prevents and implements measures within own area of competence and responsibility.

Registered Nurse

- Entry Level: 13 years of school: After primary school (10 year) it is 3 years of upper secondary education. It must include subjects that give entry to the university level.
- Qualification: Bachelor in nursing (3 year)
- Competency list:
 - Health, illness, and nursing
 - The nursing profession, ethics, communication, and collaboration
 - Scientific theory and research method
 - Professional leadership, quality, and patient safety
 - Service development and innovation
 - Technology and digital competence

The candidate is qualified to meet the basic needs of individuals, promote health, prevent, and treat disease, relieve suffering, and ensure a dignified death. The candidate must be able to take responsibility for and make independent, systematic clinical assessments, priorities, and decisions, as well as critically assess the effectiveness of nursing care and treatment. The education should contribute to the candidate developing strong skills in communication, guidance, and collaboration. Competence in quality improvement work should help to reduce unwanted incidents and variations, as well as ensure patient and user involvement. Provide nursing care to people of all ages from an individual, group and societal perspective. After completing their education, the candidate must be able to contribute to the sustainable development of the healthcare system in line with demographic and technological changes.

The quality of the clinical studies (50%) and how they work together with the theoretical studies is decisive for the overall study quality. The clinical studies must be designed so they ensure that the learning outcome is achieved. The clinical studies must be in line with directive 2005/36/EC on approvals of professional qualifications, with subsequent amendments including directive 2013/55/EU.

Specialist Nurse

- Entry Level: Bachelor in Nursing
- Qualification: Certification in a speciality (in the chosen specialization) at a master's level program.
 - After 90 ECTS you got a certification as a specialist nurse in: operating room nurse, public health nurse, nurse anaesthetist, intensive care nursing, geriatric nursing, cancer nursing, child nursing and acute care nursing.

- After 120 ECTS you got a master's degree (in the same speciality), and you are qualified to conduct research, quality work, and dissemination.
- For Midwives and nurses in mental health and substance abuse it is mandatory to study 120 ECTS and a master's degree
- Competency list after 90 ECTS: Varies according to speciality, but for all of specialities it applies:
 - nursing as a field and profession
 - Clinical nursing; assessment, decision-making, and action competence
 - Technology and digital competence
 - Professional leadership and collaboration
 - Quality work and patient safety

Scientific theory, research, and evidence-based practiceIn addition, all master's degree programs require competence in research, quality work, and dissemination.

Advanced Practice Nurse

- Entry Level: Bachelor in Nursing and three years' experience.
- Qualification: Master in Advanced Clinical Public-care Nursing (120 ECTS)
- Competency list: (aligned to the EFN APN core competencies.
 - Clinical assessment, decision-making, and action competence
 - Health competence, patient education, and guidance
 - Professional leadership and coordination
 - Knowledge-based professional development, service improvement, and innovation.

The master's degree is built on ICNs guidelines for APNs.

The education should provide comprehensive competence to address nursing-related issues at the individuals, group, and system levels primarily in communities' primary care. Professional practice is intended to occur in close collaboration with patients and their families, as well as with other professional groups, including the patient's physician and others in the interdisciplinary team around the patient. Furthermore, the study should offer in-depth knowledge of research methods and key scientific and ethical theories and concepts relevant to advanced clinical general nursing.

Otherwise, our APNs working in the communities and primary care (following ICN's guidelines) are currently the only ones with protected title (authorization). No current prescribing rights.



POLAND

Healthcare Assistant (From 2007/2008)

- Entry Level: **Minimum of 10 years** of primary and secondary school
High school diploma (Abitur is not required), one year study (two semesters)
A medical certificate with no contraindication to undertake a study in the medical profession
guardian of occupational medicine
Health Assistant is the person, who:
graduated from vocational school or post-secondary school and obtained professional hygienist title in hospital or title nursing assistants,
or
graduated from vocational school, public or non-public school rights of public or public post-secondary school or non-public school rights and obtained a degree of professional competence in the profession of medical caregiver.

- Qualification:
 - a) Identify and solve problems and caring person with a dependent with varying degrees of disease severity and age;
 - b) To help the person ill and dependent on meeting basic biological needs;
 - c) Assisting a person ill and dependent on the maintenance of social activity;
 - d) Activation of the sick person and to increase self-reliant life;
 - e) Providing a person ill and dependent physical safety and welfare;
 - f) Providing a person ill and dependent hygienic environment;
 - g) Perform personal hygiene;
 - h) Cooperate with a team of caring and therapeutic;
 - i) Assist the nurse in the performance of nursing procedures;
 - j) Use devices, accessories and tools to carry out personal hygiene;
 - k) Maintenance supplies and tools used in the performance of nursing procedures;
 - l) Popularization of healthy behavior.
- Competency list:
 - identify problems caring person ill and dependent
 - collaborate with the nurse in planning and implementing a plan of caring for a sick and a dependent;
 - assist the nurse in the performance of nursing procedures
 - to care for a sick person and a dependent according to your doctor or nurse
 - help a person ill and dependent on meeting the needs associated with maintaining body clean
 - make grooming a person ill and dependent
 - help a person ill and dependent on meeting the needs of nutrition, excretion, maintaining physical activity, the use of orthopaedic and rehabilitation equipment
 - helps a person ill and dependent on adaptation to life in the hospital and the changes associated with chronic illness or old age
 - helps a person ill and dependent in communicating with family welfare and therapeutic team and with other patients
 - provide emotional support to ill and dependent person and her family
 - first aid in cases when a health risk
 - disseminate health behaviors
 - document made grooming
 - Computer support utilities necessary work
 - To establish and run their own business

Registered Nurse

- Entry Level: .12 years General education, mature
- Entry Qualification: BSc (Dir 36/2005/WE)

I. GENERAL REQUIREMENTS

- Undergraduate degree in nursing last not less than six semesters.
- Number of hours and practice cannot be less than 4720.
- ECTS is not less than 180
- Studies have practical profile.
- Field of study is in the area of education in the field of medical sciences, health sciences and physical education.

According to the nursing standards act – delegated act (*Act on Professions of Nurse and Midwife* –Dz.U.2011.174.1039, Art. 52.) ROZPORZĄDZENIE MINISTRA NAUKI I SZKOLNICTWA WYŻSZEGO
http://www.dk.uz.zgora.pl/standardy/R_MNISW_9_maja_2012_lekarskiego_itp.pdf

II. GENERAL LEARNING OUTCOMES

Obtained a bachelor's degree nursing graduate undergraduate degree in nursing, which:

- 1) within the knowledge has:
 - a) detailed knowledge of nursing,
 - b) the general knowledge of other medical sciences
 - c) knowledge of regulations, ethical standards and professional conduct relating to the practice as a nurse;
- 2) the ability to be able to:
 - a) the use of existing knowledge to ensure safety and a high level of care,
 - b) provide benefits in terms of promoting, maintaining health and preventing disease,
 - c) perform a comprehensive and individualized patient care for disabled and dying,
 - d) alone to practice in accordance with the general principles of ethics and professional and holistic approach to the patient, taking into account the respect and the respect of their rights,
 - e) to organize own work, establish cooperation in health care and to initiate and support community action for health;
- 3) social competence:
 - a) communicate effectively and compassionately with the patient,
 - b) is aware of the factors affecting the reactions of their own and the patient,
 - c) is aware of the need for a permanent, lifelong learning.

First graduate degree in nursing is ready to embark on the second stage.

III. PRACTICAL

Developing practical skills in natural conditions is preceded by the evolution of these skills in simulated conditions – in the studios of nursing skills. Practical training may be based on the basis of their own universities or companies – therapeutic entity. The place of practical training – practical training and apprenticeships – to be divisions: Internal Medical, Surgical, Pediatric (Infant, Newborn Pathology), Neurological, Psychiatric, Emergency Medicine, Intensive Care, Long Term Care, Obstetrics and Gynecology in the multi-profile hospitals with regional, in centers, nursing home and school environment, and hospices. Practical classes are conducted under the guidance and direct supervision of a university teacher. Apprenticeships are carried out under the direction of a person driving practice (nurses), an employee of a business entity medicine. Supervision of the exercise of professional practice in the university tutor.

IV. CLASSES PRACTICAL AND PROFESSIONAL PRACTICE

During the practical training – practical courses and apprenticeships – in the basics of nursing care and specialized care undergraduate student acquires skills, including:

- 1) independent practice in accordance with the principles of general ethics and professional holistic and individualized approach to the patient with respect and respect for their rights;
- 2) identification of conditions and health care needs of the patient;
- 3) health promotion and health education of the individual and of society;
- 4) identification of patient care problems;
- 5) planning and administration of nursing care of the patient;
- 6) self-giving in particular the benefits of preventive, diagnostic, therapeutic and rehabilitative medical and performing rescue operations;
- 7) the establishment of cooperation with members of the care team in the prevention, diagnosis, treatment, rehabilitation and nursing;
- 8) independent judgments on the nature and extent of care and nursing services;
- 9) environmental organization hospital and home care;
- 10) organization and planning work on their own workplace;
- 11) prepare the patient for self-care and caregiver to care for the patient.

The curriculum is based on the Polish Law (standards UE)

- Competency list: not exist in the law

Specialist Nurse

- Entry Level: minimum nursing diploma (secondary Medical School, BSc and it is possible continuing education after master's degree in nursing (general nurse) they have the same competencies and title specialist (depend on name of specialization):

The programme comprises the following: comprehensive education block (11 modules) and specialist education block (depend on specialization). Nurses with PhD and MA degree can obtain an exemption from the Ministry of Health of all or parts of the specialization, depending on competencies – confirmed: courses, experience in practice.

The total number of hours is 900–1200 hours of instruction, including a “general block” – 330 hours. Number of hours per unit specialized for certain specialized annexes to the Regulation No. 2–27 (delegated act mentioned above). Modules in “General Topic in Nursing” consists from:

- I. Elements of psychology
- II. Selected issues on epidemiology and demography,
- III. Didactics with medical education
- IV. Sociology of family health
- V. Ethics, deontological philosophies and law
- VI. Research in nursing
- VII. Organisation and management with elements of economics of health protection
- VIII. Social policy and public health
- IX. Assessment of health condition and physical examination
- X. Nursing theories
- XI. Personal development
- XII. Computer science and statistics in nursing practice

Subject:

- 1) clinical examination
 - general condition,
 - main complaints, afflictions,
 - core disease,
 - history of the past diseases, history of the afflictions with functions of particular systems and organs,
 - family history
- 2) clinical examination: general health condition, mental condition, skin, subcutaneous tissue and lymph nodes, sensory system, mouth, throat, neck, chest and lungs, cardiovascular system and circulation, abdominal cavity, anal areas and sex organs, nervous system, musculoskeletal system, examination of a pregnant woman during her first check up and in advanced pregnancy, obstetric ultrasonography,
- 3) diagnostics: laboratory diagnostics, medical imaging, electrodiagnostic, cardiotographic and ultrasound examination,
- 4) health risk conditions: diagnosis, non-pharmacological treatment, qualified non-pharmacological treatment, pharmacological treatment
- 5) analysis of clinical, patient and additional examination results
- 6) health condition assessment of the patient; nursing diagnosis

Types of specialization:

- 1) Family Nursing
- 2) Occupational Nursing
- 3) Nursing in School

- 4) Social Nursing
- 5) Geriatric Nursing
- 6) Cardiology Nursing
- 7) Nephrological Nursing
- 8) Diabetes Nursing
- 9) Paediatric Nursing
- 10) Surgical Nursing
- 11) Operating Nursing
- 12) Anaesthesiology And Critical Care Nursing
- 13) Oncological Nursing
- 14) Psychiatric Mental Health Nursing
- 15) Long-Term Care Nursing
- 16) Neurological Nursing
- 17) Palliative Care Nursing
- 18) Emergency Nursing
- 19) Nursing On Health Promotion And Health Education

During last two years we are working on reduce the number of specialisation and PNA disseminate idea to change education for the second level - MA with specialisation, but it is difficult to enter due to the resistance of some bodies.

- Qualification: Certification in a speciality
- Competency list: Varies according to speciality

Advanced Practice Nurse

- Entry Level: We don't have in the regulations about APN, in this year one hospital was established APN according to internal regulations in the hospital - APN in wound care, entry level MA in Nursing, Specialisation and CPD course about wound care, without the re-accreditation system on the national level, only in the hospital
- Qualification: MA, specialisation, specialists courses (internal regulation on the hospital level)
- Competency list: working toward a clearer definition aligned to ICN, with some APN competencies already regulated by law, but without a fully aligned or adopted framework.



PORTUGAL

Healthcare Assistant

- Entry Level: 9 years of general education
- Qualification: Level 3 or 4 of the European Qualifications Framework with a 3 year of education
- Competency list: The Technical Health Assistant (Portuguese denomination) is a professional who assists in the provision of health care to clients in the collection and transportation of biological samples, in cleaning, sanitizing and transportation of clothing, materials and equipment, cleaning and sanitizing of spaces and logistical support and the different administrative units and health services, under guidance of the health professional. This referral of the Technical Health Assistant was approved in Portuguese law in 2010, but in the majority of health services the healthcare assistants does not comply with this. Before the approval of this law the criteria for entering the profession was defined by the health institution. It's common to find healthcare assistants that started working in health institutions without any training in the area.

It should be noted that, in November 2023, the Portuguese government concluded the process for the official creation of the career of Auxiliary Health Technician, officially created on 1 January 2024. This

career will initially include around 24,000 professionals who were previously working in NHS hospitals providing direct care in inpatient wards and emergency services. These professionals were previously included in the career of operational assistants. For the time being operational assistants in primary health care were not included, as they will have to be identified by the health units as being in the direct provision of care.

The **Auxiliary Health Technician career** will have two categories: Auxiliary Health Technician and principal Auxiliary Health Technician. The professionals who will be hired must have the minimum compulsory schooling and will undergo a 90-day probationary period, during which they will have to attend an integration programme.

Registered Nurse

- Entry Level: 12 Year – equal to the access to university level
- Qualification: Level 6 of EQF, and compliant with the Directive 2005/36/CE
- Competency list: The competency list complies with the Directive 2005/36/CE. In national law nursing care and interventions are defined in the following way:

Characterization of the nursing care – Nursing care is characterized by:

1. Having as ground an interaction between the nurse and patient, individual, family, groups and community;
2. Establishing a helping relationship with the patient;
3. Using scientific methodology that includes:
 - a) The identification of general health problems and particularly nursing problems , of the individual, family, groups and community;
 - b) Collecting and analysing of data presented in each situation;
 - c) Elaboration nursing diagnosis;
 - d) Elaborating and performing the plans for rendering nursing care;
 - e) Correct and appropriate prosecution of the necessary nursing care;
 - f) Assessment of the rendered nursing care and reformulation of the interventions;
4. Include, according to the dependency degree of the patient, the following forms of action:
 - a) Replace the functional competence in which the patient is totally incapacitated;
 - b) Help to fill in the functional competence in which the patient is partially incapacitated;
 - c) Guide and supervise by informing the patient on ways that change the behaviour in order to obtain healthy lifestyles or to recover health, accompany this process and introduce the necessary corrections;
 - d) Forward by directing to the appropriate resources, taking into account the existing problems, or promote the intervention of other health professional, whenever the problems identified cannot be solved only by the nurse;
 - e) Assess, by verifying the results of nursing intervention through observation, the answers of the patient, family or others and of the records made.

Nursing professional exercise

1. During the exercise of their functions, the nurses should adopt a responsible and ethical conduct and act on the respect of the rights and interests legally protected of the citizens.
2. The nurses' exercise of the professional activity has as main purposes: health promotion, illness prevention, treatment, rehabilitation and social reinsertion.
3. Nurses have an action of functional complementarity regarding other health professionals, but with equal level of dignity and autonomy in the professional practice.

The Law no. 95/2019, of 4 September, defines the concept of health professionals, with nurses being the professionals legally qualified to carry out nursing interventions, in their different domains, including the provision of nursing care to the individual, family, population groups and

community, at the three levels of prevention. As such, nurses adopt a responsible and ethical behaviour, act with respect for ethics and the legally protected rights and interests of citizens, and take responsibility for their decisions, for the acts they perform and for the tasks they delegate.

The Nurse's Act – Regulation no. 613/2022 of 8 July – (<https://www.ordemenfermeiros.pt/media/26674/regulamento-ato-do-enfermeiro.pdf> – in Portuguese), defines that the practice of nursing is reserved for those registered in the Ordem dos Enfermeiros, with a valid professional card and that are in good standing facing their Ordem, towards the development, quality and safety of the healthcare provided.

Nurses' interventions

1. Nurses' interventions are autonomous and interdependent.
2. Autonomous actions are those performed by nurses under their sole initiative and responsibility, according to the respective professional qualifications, either in clinical practice, management, teaching, training or consulting, with the contributions of nursing research.
3. Interdependent intervention are those actions performed by the nurses together with other technicians, according to the respective professional qualifications, to obtain a common goal, that result of action plans previously defined by the multidisciplinary teams in which they are integrated and of the prescriptions or guidance previously formalized.
4. For duly purposes of the preceding numbers and in concurrence with the nursing diagnosis, the nurses according to their professional qualifications:
 - a. Organise, coordinate, execute, supervise and assess nursing interventions on the three levels of prevention;
 - b. Decide on techniques and means to be used on rendering nursing care, empowering and maximizing the existing resources, creating trust and active participation of the individual, family, groups and community;
 - c. Use techniques proper to the nursing profession in order to maintain and recover the vital functions, namely respiration, nourishment, elimination, circulation, communication, cutaneous integrity and mobility;
 - d. Participate in the coordination and dynamization of activities inherent to the health/illness situation, regardless if the patient is hospitalized or receiving ambulatory or domiciliary care;
 - e. Proceed with the administration of the therapeutic prescription, detecting its effects and acting in concurrence, and in emergency situations they should act according with the qualification and knowledge they have in order to obtain the maintenance or recovering of the vital functions;
 - f. Participate in the elaboration and fulfilment of the protocols related with rules and criteria regarding the administration of treatments and medications;
 - g. Teach the patient on how they should administrate and use the medication or treatments.
5. Nurses conceive, fulfil, promote and participate in research projects that look for the progress of nursing in particular and of health in general.
6. Nurses contribute, during the exercise of their profession in management, research, teaching, training and consulting areas, for the improvement and evolution of the rendered nursing care, namely by:
 - a. Organizing, coordinating, performing, supervising and evaluating the nurses' training;
 - b. Assess and propose the human resources necessary for rendering nursing care, establishing rules and actuation criteria and proceeding with the evaluation of the nurses' performance;
 - c. Propose appropriate protocols and information systems to the provision of care;
 - d. Issue a technical opinion on facilities, materials and equipment used on providing nursing care;

- e. Cooperating on the elaboration of protocols between health institutions and schools, that enable and stimulate the trainees' learning;
- f. Participate on the evaluation of the population's needs and of the existing resources regarding nursing and proposing a general policy for the exercise, teaching and training of the nursing profession;
- g. Promote and participate in the studies necessary for the restructure, upgrading and valuation of the nursing profession.

So, according to Article 6(1) of the Nurse's Act, "the nurse's act consists of the diagnostic and prognostic assessment, prescription, execution and evaluation of the results of nursing interventions, techniques and therapeutic measures relating to the prevention, promotion, maintenance, rehabilitation, palliation and recovery of people, groups or communities, while respecting the ethical and deontological values of the profession."

Specialist Nurse and Advanced Practice Nurse

- Entry Level: 4 years higher education degree in nursing + at least 2 years of professional experience as a general care nurse.
- Qualification: Level 6 or 7 of the EQF. In some nursing schools the specialist nurse obtains the master degree and the professional title of specialist nurse (title protected by national law), while in others nursing schools the specialist course only allow the use of the professional title, but does not confer the master degree.
- Competency list: In Portugal there are 12 areas for specialization for nurses: community nursing specialist (which includes Community Nursing in Health and Public Health and Community Nursing in Family Health); medical and surgical nursing specialist (which includes Medical and Surgical Nursing to the Person in Palliative Care, Medical and Surgical Nursing to the Person in Critical Care, Medical and Surgical Nursing to the Person in Chronic Care, Nursing to the Person in Perioperative Situation); rehabilitation nursing specialist; infant health nursing and paediatrics specialist; maternal health nursing and midwifery specialist; mental health nursing and psychiatrics specialist.

There are common competences for all specialist nurses defined in Portuguese law. They are:

1. **Competences in the field of professional responsibility, ethical and legal:**
 - a) Develops a professional and ethic practice in its intervention field;
 - b) Promotes care practices that respect human rights and professional responsibilities.
2. **Competences in the field of continuous quality improvement:**
 - a) Plays a leading role in developing and supporting institutional strategic initiatives in the area of clinical governance;
 - b) Develop, manage and collaborate on programs of continuous quality improvement;
 - c) Creates and maintains a safe and therapeutic environment.
3. **Competences in the field of care management:**
 - a) Manages care, optimizing the response of the nursing team and its co-workers and the articulation in the multidisciplinary team.
 - b) Adapts leadership and resource management to situations and context aimed at optimizing the quality of care.
4. **Competences in the field of professional learning:**
 - a) Develop self-awareness and assertiveness;
 - b) Sustain its specialized clinical praxis in sound and valid standards of knowledge.

Each competence presented in the preceding paragraphs are completed with descriptive units of competency and assessment criteria that we don't copy to this document, but that we can provide if needed. Beside the common competences for all specialist nurses in Portugal, each of the 6 speciality areas has its specific competences, also published in Portuguese law. The Ordem dos Enfermeiros has a document already translated to English with these specific competences that can be provided if needed. Of note, in Portugal the specialist nurse is the highest qualification level recognised, the

diploma and work experience are the entry level to be recognized as specialist nurses by this institution that issues the professional title.

To summarise, the specialities in Nursing are:

- Specialization in Maternal health nursing and midwifery
- Specialization in mental health and psychiatrics nursing
- Specialization in rehabilitation nursing
- Specialization in infant health nursing and paediatrics
- Specialization in Community nursing – which includes:
 - Specialization in Community Nursing in Health and Public Health and
 - Specialization in Community Nursing in Family Health
- Specialization in medical and surgical nursing – which includes
 - Specialization in Medical and Surgical Nursing to the Person in Critical Care,
 - Specialization in Medical and Surgical Nursing to the Person in Chronic Care,
 - Specialization in Nursing to the Person in Palliative Situation
 - Specialization in Nursing to the person in Perioperative situation.

In Portugal, there is no APN as a profession. What we have is advanced nursing roles, which fall under the competences of specialist nurses and at the level of advanced added competences. These are not a different category, but additional skills acquired by specialist nurses.

Nurses are autonomous within the scope of their professional activity, as established in the Nurses Act mentioned above.

Furthermore, article 6(3) and (4) refer to the autonomy of nursing professionals' interventions as "autonomous interventions carried out by nurses, under their sole and exclusive decision and responsibility, in accordance with their professional qualifications, in the different fields of intervention."

Regarding to certification, advanced and differentiated competences can be awarded, namely:

- Differentiated Added and Advanced Competence in Stomal Therapy
- Advanced Added Competency in Psychotherapy
- Advanced Added Competency in Management
- Differentiated Added Competence in Extra-hospital Emergency
- Differentiated Added and Advanced Competency in Clinical Supervision
- Differentiated Added Competency in Occupational Nursing
- Differentiated Added Competency in Forensic Nursing
- Differentiated Added Competency in Nursing in Digestive Endoscopy
- Differentiated Added Competency in Prevention and Control of Infection Nursing
- Differentiated Added Competency in Sports Nursing
- Differentiated Added and Advanced Competence in Hyperbaric and Underwater Nursing
- Differentiated Added Competence in Oncology Nursing
- Differentiated Added Competence in Device Reprocessing Nursing
- Differentiated Added and Advanced Competence in Tissue Viability and Wound Nursing
- Differentiated Added Competence in Device Dialysis Nursing

These are not specialities that lead to the attribution of a professional title, but they are competences that nurses and specialist nurses acquire throughout their careers, which may at some point, and subject to certain requirements, be recognised. These are advanced nursing functions, which fall under the competences of specialist nurses and at the level of advanced added competence. These are not a different category, but additional skills acquired by specialised nurses. More information is available on the OE website <https://www.ordemfermeiros.pt/a-ordem/desenvolvimento-profissional/> (in Portuguese).

To summarise, the professional path of a nurse in Portugal is the following: General Care Nurse – Specialist Nurse, with nurses being able to acquire advanced added competence, as explained above.

The concept of APN is still under debate, with no official recognition or legislation yet. The national nursing association (Ordem dos Enfermeiros) is actively promoting political dialogue to advocate for APN recognition, despite significant resistance from the medical profession.



ROMANIA

Healthcare Assistant

There is no qualification for this profession

Registered Nurse

- Entry Level: General access requirements to non-university level of education are 12 years of education with or without final exam/ leaving certificate. General access requirements to higher education are 12 years of education with final exam/leaving certificate.
- Qualification: There are two level of qualification: non university level, 3 years duration (4600 hours), and university level with 3years (180 credits) to/or 4 years (240 creditis). The education consists of a theoretical and a clinical part.
- Competency list: They do not function as Autonomous Practitioners.

According to art.6 from Emergency Ordinance no.144 of 28 October 2008 on the profession of nurse, the profession of midwifery and nursing profession and the organization and functioning of the Nurses, Midwives and Nurses in Romania (issued by the Government of Romania, published in: Official Journal no. 785 of 24 November 2008).

Activities pursued under the professional title of nurse are:

- a) determining the general health care needs and provision of general health care for preventive, curative and rehabilitation;
- b) receiving treatment, according to medical prescriptions;
- c) to protect and improve health;
- d) development of programs and operations of health education;
- e) facilitating action to protect health groups considered at risk;
- f) research activities in the field of general health care by licensed nurses;
- g) participation in environmental protection;
- h) preparation of written reports on specific activities;
- i) organization and delivery of community health care services;
- j) participation of Nursing skills as trainers, the theoretical and general practice nurses in continuing education programs;
- k) prepare health professionals auxiliary to prepare future nursing education.

Specialist Nurse

There is no program of qualification for specialist nurse

Advanced Practice Nurse

There is no program of qualification for advanced practice nurse



SLOVAKIA

Healthcare Assistant

- Entry Level: minimum age of 14 years and completed elementary education of 9 years.
 - Length of specialized study: 4 years, full time
 - Total number of hours during the study is 4224 hours – 1920 hours general education, available hours in general education 128, vocational education 2176 hours

- Qualification: is defined according to the Regulation of the Slovak Republic Government No. 296/2010 Coll., on professional qualification to practice in health care, on further education of healthcare worker, on the system of specialisation fields, and on the system of certified occupations.
 - Professional qualification for the performance specialized work activities is obtained by the specialization study in a specialized field of care for the seniors.
- Competency list: is defined according to the Decree of the Slovak Republic Ministry of Health No. 321/2005 Coll., on a scope of practice in some health professions.
 1. Healthcare assistant under the coordination of nurse or midwife independently:
 - provides basic care within the scope of study and professional practice acquired knowledge, skills and standards in nursing and midwifery,
 - provides fulfilment of biological needs related to health, illness or dying,
 - works with information system of medical equipment/ healthcare device,
 - records in the documentation implemented procedures, based on the documentation shows for the needs of health insurances and statistics,
 - instructs a person about primary care related to fulfilment of biological needs,
 - collaborates with other health professionals,
 - performs environmental hygiene including disinfection and sterilization of medical devices, instruments, apparatus and appliances,
 - performs observance of the safe environment of a person including child and protection of intimacy in the providing of basic care,
 - performs first aid according to his/her professional knowledge and provides further professional help,
 - performs basic bedside care/makes a patient's bed
 - administers hygienic care to persons including children, except infants,
 - prepares operating field,
 - performs oral care including special care,
 - serves food to persons including children, except infants,
 - monitors the balance of fluid and maintains adequate hydration people including children, except infants,
 - provides care for the emptying of the colon and bladder persons including children, except infants,
 - prepares materials for dressings,
 - measures physiological function person,
 - administers activities to prevent immobility syndrome with positioning and exercises of sitting, standing and walking,
 - administers skin care expect for treatment of disorders of the skin integrity, which require the nurse or midwife,
 - applies packs, compresses and spas,
 - prepares and serves therapeutic teas,
 - administers care of permanent urinary catheters,
 - takes urine for biochemistry and examines including quantitative tests in general,
 - takes stool for biochemistry, parasitological and bacteriological examination
 - applies enemas and healing bath seat,
 - produces banding legs
 - applies medication to the skin and into the body cavities
 - applies hot and cold treatments/procedures
 2. Healthcare assistant performs in collaboration with the physician a fixation of fractures of the lower and upper limbs.
 3. Healthcare assistant under the coordination of nurse or midwife in medical institutional health care entities independently except for infants and children up to age of 18
 - takes capillary blood,

- applies insulin subcutaneously,
- applies low molecular weight heparin subcutaneously.

Registered Nurse

- Entry Level: minimum age of 18 and completed 10 years general education or qualification completion of an equivalent standard study.
In practice: – general education of 13 years: 9 years of primary/elementary school, 4 years of high/secondary school
- Qualification:
 - a higher vocational education as a trained general nurse in a relevant secondary health school in the Slovak Republic
 - Bachelor's degree in Bachelor's nursing program
Qualification is defined according to the Regulation of the Slovak Republic Government No. 96/2010 Coll., on professional qualification to practice in health care, on further education of health care worker, on the system of specialization fields, and on the system of certified occupations. Both these programs have to comply with the EU directive stating that the nursing studies have to take at least three years when studying full time and include 4600 hours, which are equally split into theoretical and practical training (professional nursing practice represents at least half of that hours).
- Competency list: is defined according to the Decree of the Slovak Republic Ministry of Health No. 364/2005 Coll., which stipulates the Scope of nursing practice provided by a Nurse independently and in Cooperation with a Physician and the Scope of midwifery practice provided by Midwife independently and in Collaboration with a Physician.
 - a. The scope of nursing practice provided by nurse independently.
The nurse:
 - identifies nursing care requirement of person, family or community and provides or performs fulfilment the needs related with health, illness or dying,
 - decides on the actions relating to the providing and management of nursing care according to identified needs of individual, family or community, to which provides nursing care,
 - participates in the implementation of the quality system and evaluates the quality of nursing care,
 - participates in the development of standards in nursing and nursing care,
 - organizes and ensures observance of interventions related to corresponding individual needs compatible with the treatment plan in the case of require if the individual medical care,
 - supports the promotion and advocacy of the needs and rights of person,
 - provides and performs activities related to the admission, release, transfer and death of the person,
 - leads the nursing documentation, controls and analyzes records in nursing documentation; uses records from nursing documentation for health insurances and statistic,
 - uses assessment scales in nursing,
 - ensures providing of continuous nursing care to the person after releasing from institutional health care to home nursing care,
 - provides nursing care for person at home environment and other natural social environment,
 - recommends health care and collaboration with other individuals and legal entities, where necessary,
 - educates the person, family or community about nursing care with an emphasis on self-sufficiency,
 - gives information about providing nursing care to person, family or community,

- carries out nursing research, monitors requirements for nursing practice research; and conducts research with results used in nursing practice,
- involves in the practical training in the study of nursing,
- manages and coordinates the work of nursing team, especially healthcare assistant and ensures adherence of the relevant hygiene regulations,
- collaborates with other health professionals,
- involves in protection, promotion and development of public health,
- ensures hygiene of the environment including disinfection and sterilization of medical devices, equipment, tools and equipment used in the providing nursing care and also performs disinfection and sterilization by the degree of difficulty,
- ensures observance of the safety environment of a person and the protection of intimacy in the providing of nursing care,
- recommends the use of non-prescription drugs, medical devices and dietary foods,
- measures, monitors and interprets the person observed numerical and clinical data of physiological functions and vital signs to the inevitable extent of providing nursing care,
- examines visual acuity by ophthotypes and auditory acuity in general,
- administers nursing rehabilitation and contributes to the prevention of disorders of immobility,
- evaluates and cares for disorders of skin and mucous membranes,
- applies poultices and compresses,
- removes/drains secretions from the respiratory tract,
- cares for drains, peripheral catheters and central catheters, epidural catheters, permanent urinary catheters, cannula and the stoma,
- provides nursing care to children independently, including newborns.

b. Nursing practice provided by nurse independently on the basis of physician indication

The nurse:

- prepares the person for diagnostic and therapeutic procedures and provides nursing care during these procedures and after them,
- measures physiological functions and vital signs,
- takes biological material,
- binds up and care for wounds with the exception that their healing process require the intervention of a physician,
- introduces gastric and duodenal probes, permanent urinary catheters in women and rectal tubes,
- applies oxygen therapy, enteral nutrition, enemas, spas,
- performs continuous abdominal peritoneal dialysis,
- gives drugs in all available forms; intravenously drugs and parenteral nutrition may be administered to a written authorization doctor,
- administers functional diagnosis

c. in the life-saving situations physician shall make a note of written authorization additionally to provide urgent health care without delay.

d. The scope of nursing practice provided by nurse in collaboration with the physician

The nurse performs nursing procedures related to diagnostic and therapeutic procedures that are performed by a physician:

- inserting the epidural catheter, urinary catheter for children and men,
- surgical procedures,
- endoscopic examinations,
- invasive procedures and non-invasive procedures,
- administering of contrast substances intravenously,
- administering transfusion medication and products.

Specialist Nurse

- Entry Level: after obtaining professional qualification for the performance of profession in the category of nurse, Bachelor's degree in the Bachelor's program of study in nursing, higher vocational education/higher professional study, in the past/end of 2000 – Secondary vocational school – General nurse. Or after obtaining master's degree in the Master's nursing program.
- Qualification: is defined according to the Regulation of the Slovak Republic Government No. 296/2010 Coll., on professional qualification to practice in health care, on further education of health care worker, on the system of specialization fields, and on the system of certified occupations. Annex 3 of this Regulation describes 12 specialization fields for nurses, 2 specialization fields for nurses with Master's degree. The nurse obtains the qualifications to specialized work activities with obtaining a diploma of specialization.
 - Length of specialized study: at least 1 year or 2 years
- Competency list: specific competencies for specialist nurse are not described in the legislative documents

Advanced Practice Nurse

The definition of APN in alignment with the International Council of Nurses (ICN), typically requiring a master's degree and advanced clinical competencies. Also required is successful completion of specialised studies, and a minimum of five years of relevant professional experience for recognition as an APN. Part time is the usual pathway, combining study and practice. Slovakia does not use the ECTS system.

Slovakia also employs a tripartite system of legislation, involving government, independent regulators, and professional bodies.

There is no prescribing legislation.



SLOVENIA

Healthcare Assistant

- Entry Level: 9 years of primary school, enter age is 15 years. we call this secondary school for practical nurses. In Slovenia, there are special secondary level vocational education facilities (schools) designed to educate health care technicians / practical nurses. This 4 year vocational and technical education complies with the content of level 5 of the European Quality Assurance Reference Framework. 3. There are approximately 2.150 hours of general secondary education, 1.500 hours of theoretical professional education, 714 hours of practical training at school and in practice (210 in school cabinets, 504 in health and social institutions – under supervision of school mentor), 304 hours of practical training in health care facilities and other interest activities with approximately 200 hours.
- Qualification: practical nurse / health care technician.
- Competency list: In Slovenia, there is a national document on specific nursing interventions performed by healthcare personnel.

[Z-Z_PoklicneKompetence_2021_splet_.pdf \(zbornica-zveza.si\)](https://zbornica-zveza.si/Downloads/Z-Z_PoklicneKompetence_2021_splet_.pdf)

This list contains 1.576 such interventions of which the RN is allowed to perform 100 %. The health care technicians / practical nurses can perform 88 % (521 interventions) of the basic nursing care interventions, 43 % (234) of special nursing interventions and 65 % (295) of other nursing interventions. In average health care technicians / practical nurses are allowed to perform 66,6 % of the 1.576 nursing interventions.

The RN is responsible for a holistic care approach, and she is the leader of the nursing team. All health care technicians / practical nurses work under supervision of RN and tasks may be delegated by them. Competences:

- Collaborate in diagnostic and therapist interventions by following doctors' and nurses' instructions;
- collaborate in health care of adult patients, children and young persons suffering from different disease and conditions in line with the work process method;
- collaborate in administer first aid, emergency medical aid and basic resuscitation procedures until the arrival of the doctor on the scene;
- collaborate in identify needs of patients and special needs persons and quickly adapt to working process conditions;
- cooperate in a group, communicate in writing and orally with co-workers, experts, patients and family members by using basic technical terminology;
- act responsibly and ethically towards patients, family members, other close relatives and co-workers;
- use contemporary ICT, work with resources, data and materials,
- collaborate in process dentistry documentation, prepare premises, apparatuses, instruments, materials, oneself, patients and therapists as well as assist in health care procedures in dentistry before, during and after diagnostic and therapy procedures.

Registered Nurse

- Entry Level: 12 years of basic education (9 years of primary school , 4 years of secondary general or professional school), entry age for study nursing in higher educational level on universities is 19 years.
- Qualification: diploma degree in nursing (180 ECTS, 3 years study program, 4600 hours/2300 in clinical area) – RN.
- Competency list: The general qualifications of profession include work in prevention, health, and education, processing the patient's needs for nursing care, performing tasks in the diagnostic and therapeutic processes, coordination, reporting and documenting, and conducting tasks connected with practice development. RN works in a team and assume responsibility for the nursing process and for the process of assigning a patient to members of a nursing team. Competencies:
 - the ability and knowledge to perform work according to modern nursing principles, with an emphasis on individuality, active participation, partnership and a holistic approach to patients as individuals, to their family or a group;
 - the ability to recognize the needs for nursing at the level of patients and the population, to set goals and to plan, implement, and evaluate them;
 - the ability to be part of a nursing team and to lead the team in practice, as well as the ability to act on all the levels of health care;
 - the ability to plan and implement assignments and duties in diagnostic and therapeutic patient treatment programs, according to qualifications;
 - the ability and knowledge to independently perform work in the field of health and education with the healthy and the ill populations;
 - the ability and knowledge to successfully communicate with patients and other members of the nursing and medical teams;
 - awareness of risk factors and risk population groups for the development of chronic diseases and diseases of the modern society, knowledge of a graduate's role in prevention, diagnosis and treatment of such diseases;
 - awareness of the health care and social issues brought on by an ageing society and a change in family values affecting the care of the elderly;
 - knowing and understanding the trends in nursing and its role in effective and high quality patient treatment that results in shorter waiting times, and the role of nursing as a connector between the primary, secondary and tertiary levels;

- professional competencies in the fields of public speaking and andragogical work, the ability to prepare materials for the layman population and the ill population, understanding the role of a RN today and in the future in terms of health education of the healthy and the ill populations;
- the ability to establish positive professional identity, and to understand and accept the way a nurse's profession is perceived;
- understanding the necessity of adjusting nursing procedures with the legislation and with legal, moral and ethical responsibilities in professional and personal lives;
- the ability to integrate new discoveries of related sciences (medical science, social sciences and natural sciences) and use them in relation to nursing in work as a RN;
- the ability to conduct research work in nursing and understanding its importance for the development of nursing;
- understanding the need for self-study and postgraduate study, understanding the importance of life-long learning.

Specialist Nurse

- Entry Level: IN DEVELOPMENT: we don't have this profile yet, we are in process for develop it, in NACIONAL STRATEGY OF NURSING 2011-2020 we have 10 specializations. We will develop specialization as postgraduate programme (60 ECTS, minimum 50% in clinical area). The holder of the study program for specialization will be higher educational institution with cooperation with Nurses and Midwives Association.
- Qualification: specialist in with advanced expertise in specific nursing area (oncology, gerontology, community nursing, wounds, pediatrics....).
- Competency list: we haven't developed them yet.

Advanced Practice Nurse

Slovenia bases its APN definitions on the European Federation of Nurses Associations (EFN) Matrix 3+1 framework, which integrates clinical, educational, leadership, and research domains.

- Entry Level: Entry level is diploma degree in nursing (180 ECTS, 3 years study).
- Qualification: Master degree in nursing since 2007. The master degree, 120 ECTS, 2 years study program. National legislation is in place with government led regulation. No prescribing legislation.
- Competency list: The program enables to develop knowledge and skills in:
 - the nature of theories, knowledge, philosophy, science, and expert practice in nursing;
 - modern discourse in the theory and development of nursing practice;
 - planning and implementation of research, including data collection and analysis;
 - complex evidence-based nursing practice;
 - ethical principles in the research and practice of nursing;
 - organization, management, leadership, and quality in nursing;
 - education and training for students, new employees in clinical nursing practice, and new mentors.

Intellectual competencies:

- critically assess the information available in specialist literature and other sources, forming conclusions based on these facts by applying deduction or induction;
- provide explanations or theories about clinical nursing practice through the processes of observation and discussion;
- prepare an appropriate plan for activities, solutions, or strategies in connection with a project or a study;
- discuss topical subjects, issues and challenges facing nursing and health care clinical practices with co-workers and university lecturers;

- reflect on the sensitive situations in clinical nursing practice, and on the contributions of each health care professional;
- study different best practice models or recommendations before adopting a decision for an action plan;
- make planning strategic by considering the predominant goals and circumstances.

Transferable competencies:

- demonstrate knowledge and skills by using information technology (compiling, storing, receiving, and sending information in various forms);
- get access to, obtain, interpret and use information and evidence in an appropriate way, including numerical data, searching for and obtaining information and evidence from various sources, their interpretation, analysis, synthesis, and evaluation, effective use of information and evidence for professional goals;
- demonstrate efficient communication skills, write specialist and research papers;
- collaborate with individuals and groups in different situations and environments in order to achieve common objectives;
- demonstrate personal organizational skills and personal responsibility level, recognize and efficiently use sources, recognize priorities among several projects, efficiently manage time, take initiative and demonstrate personal responsibility;
- contribute to change implementation management, help assess the needs for change implementation, recognize possibilities, decide for a specific option or strategy, be actively involved in its implementation and evaluation of effects;
- demonstrate the ability for critical thinking; use your intellectual capabilities in order to show the right judgment;
- reflect on actions and achievements in an appropriate way, and find ways in which to improve them, recognize the need for further professional development, think about your decision-making capabilities in a complex and unpredictable environment.



SPAIN

Healthcare Assistant

- Entry Level: Mid-Level Vocational Training Programme

TO PURSUE A MID-LEVEL VOCATIONAL TRAINING PROGRAMME THE CANDIDATE MUST:

- ✓ Hold a Secondary Education Certificate.
- ✓ Hold a Technician or Assistant Technician Certificate.
- ✓ Have successfully completed the second Bachillerato Unificado Polivalente course (mid-high school).
- ✓ Have successfully completed the mid-level vocational training programmes admission exam (there is a minimum age requirement of 17, effective on the year that the exam is undertaken).

- Qualification: /Competency list:

General Competency:

Provide the patient-client auxiliary care, and take responsibility for the sanitary conditions of their environment as a member of a nursing team in specialized and primary care centres, under the supervision of a registered nurse or, if appropriate, as a member of a healthcare team in healthcare provision derived from private practice, under appropriate supervision.

Competency Units:

- Prepare the materials and process the information of the practice/unit, in the relevant areas of competency;

- Provide nursing auxiliary care to the patient/client;
- Ensure the sanitary conditions of the patient's environment and of the healthcare materials/instruments that are utilised in the various practices/units/services;
- Collaborate in the provision of psychic care to the patient/client, perform the implementation of psychological support techniques and health education within their scope;
- Perform instrumentation tasks on dental health equipment.

Registered Nurse

- Entry Level: Primary and Secondary education (A duration of 12 years) *Prueba de Selectividad* (University admission Test)
- Education and training: The Nursing Degree is made up of 240 ECTS credits that are distributed in 4 academic courses, which are composed of 60 ECTS credits each. Each course is made up of 2 semesters of 30 ECTS credits. The Degree structure contains different types of subjects: Core subjects, Compulsory, Optional, Clinical Internships and Degree Final Project. In addition to achieving the objectives, skills and competencies established in European, national and regional regulations on the basic education for the nursing profession, registered nurses must:
 1. Have sound scientific education and training which, based on the basic sciences, contribute to the continuous development of the nursing sciences;
 2. Be capable of leading strategic processes of nursing care in the context of integrated patient care;
 3. Commit to a culture of quality and continuing improvement as the masterpieces for the development of the nursing profession;
 4. Be permanently educated and trained as well as committed to patient safety;
 5. Take on the new competencies and responsibilities that, according to the legislation, the nursing profession must put at the service of citizens;
 6. Access with the best possible conditions to postgraduate university education as well as to specialized healthcare training;
 7. Recognize the new information and communication technologies as key instruments to access life-long training;
 8. Commit to research and scientific evidence as the fundamentals of innovation and progress in care provision;
 9. Commit to the person, family and community respecting the culture, the diversity and committing to peace and solidarity by offering society at all times the best quality with the resources available.
- Competency list:
 1. To be capable in the field of nursing to provide technical and professional healthcare appropriate to the health needs of the people they care for, considering latest scientific developments and with the level of quality and safety established in the legal and ethical regulations applicable;
 2. To plan and provide nursing care aimed at individuals, family or groups oriented towards health outcomes and assessing their impact through clinical practice and healthcare provision guides describing the processes to diagnose, treat or care a health issue;
 3. To know and apply the nursing theoretical and methodological fundamentals and principles;
 4. To understand the interactive behaviour of the individual according to the gender, group or community within the social and multicultural context;
 5. To devise healthcare systems aimed at individuals, family and groups assessing their impact and making appropriate modifications;
 6. To base nursing interventions on scientific evidence and on the available means;
 7. To understand people without prejudices considering their physical, psychological and social aspects as autonomous and independent individuals ensuring respect for their opinions,

beliefs and values and ensuring the right to privacy through confidentiality and professional secrecy;

8. To promote and respect the right of participation, information, autonomy and informed consent in decision-making by the individuals recipients of care according to the way they live their health-illness process;
9. To promote healthy lifestyles and self-care supporting preventive and therapeutic behaviours;
10. To protect the health and wellbeing of individuals, families or groups recipients of care ensuring their safety;
11. To establish effective communication with patients, family, social groups and colleagues promoting education for health;
12. To know the code of ethics and conduct of Spanish nursing understanding the ethical implications of health in the context of a changing world;
13. To know the principles of social and healthcare funding and to make appropriate use of the available resources;
14. To establish assessment mechanisms considering scientific, technical and quality aspects;
15. To work with the team of professionals as the basic unit in which professionals structure themselves in a multidisciplinary and interdisciplinary manner as well as with the rest of staff of healthcare organizations;
16. To know the healthcare information systems;
17. To provide nursing care on the basis of integrated healthcare, i.e. multiprofessional cooperation, process integration and healthcare continuum;
18. To know the strategies to adopt comfort measures to address symptoms aimed at patients and their family in the provision of palliative care that contribute to relieving the situation of the ill in advanced and terminal stages.

Specialist Nurse

- Entry Level: Nursing graduate. In order to obtain the title of specialists on must:
 - a) Have the title of Nursing Graduate;
 - b) Access the relevant education and training and complete it fully following the programmes established;
 - c) Pass the evaluations established and honour the title's issuing rights.
- Qualification: Specialised nursing education and training is regulated and official in Spain.

The title of Specialist Nurse, issued by the Ministry of Education and Science, is official and valid throughout the State and is necessary to expressly use the denomination of Specialist Nurse, to practice the profession and to hold positions with such name both in public and private centres and facilities. The title of Specialist is official and valid throughout the whole territory of the State.

Education and training model:

- Two-year postgraduate course
- Full-time paid internship in healthcare centres
- Direct access to the Third Cycle (Doctoral thesis)

Catalogue of Specialties:

The following are the nursing specialties:

- a) Obstetric-Gynaecological Nursing (Midwife).
- b) Mental Health Nursing.
- c) Geriatric Nursing.
- d) Occupational Nurse.
- e) Medical and Surgical Care Nursing.
- f) Family and Community Nursing.
- g) Paediatric Nursing.

- **Competency list:** Specialised education and training in Healthcare Sciences is aimed at providing professionals with the knowledge, techniques, skills and attitudes for each specialty as the student takes on progressively the responsibility to autonomously practice the specialty.

Advanced Practice Nurse

In Spain this level is identified and coincides with the previously described level of Specialist Nurse. APN is under development with an ICN aligned definition. There is regional-level progress without national regulation, as the Ministry of Health continues its evaluation.

While advanced practice is not yet formally or normatively developed, the competency of nurse prescribing is incorporated for both general care nurses and specialist nurses, according to the Spanish specialisation system, which includes a residency-based training model. This highlights how prescribing rights may exist independently of formal APN frameworks.



SWEDEN

Healthcare Assistant

- **Entry Level:** After finishing primary school education for 9 year, you will be able to go on to get an upper secondary education which takes 3 years.
- **Qualification:** Social and healthcare assistants are working in hospitals, home care or in mental homes. They deal with different types of patients, children, youth, elderly and mentally ill. As social and health care assistant you are trained to see the totality of care and caring, and you can perform nursing tasks and employment guidance.
- **Competency list:** care and care work, medicine, psychology, ethics and the people's living conditions, care and care work, psychiatry. Vocational directions examples emergency care, geriatric care, psychiatry, children – and youth healthcare

Registered Nurse

- **Entry Level:** General access requirements to higher education on universities in Sweden are 12 years of education.
- **Qualification:** Swedish nursing education is a general education. The education lasts for 3 years and consists of a theoretical and a clinical part. The clinical education takes place at approved clinical placement institutions in hospitals and in the social and health care services outside hospitals. The nursing programme corresponds to 180 ECTS. Nursing education is based on academic disciplines within nursing science, medical science, science, humanities and social science. The planning of the clinical part of the education is made by the individual schools of nursing. The nursing programme is completed with a bachelor's degree.
- **Competency list:** After graduation you are entitled to get identification at the National Board of Health and Welfare and use the title Bachelor of Science in Nursing. For nursing students should view such knowledge and skills required for competence as a nurse – from the higher education ordinance (1993:100).

Knowledge and understanding

For nursing, students must:

- demonstrate knowledge of the scientific basis and knowledge of current research and development work as well as knowledge of the relationship between science and proven experience and the implications for professional practice,
- demonstrate knowledge in planning, management and coordination of medical and health work,
- demonstrate knowledge about conditions in society that affect children's, women's and men's health, and

- demonstrate knowledge of the relevant regulations.

Skill and ability

For nursing, students must:

- demonstrate the ability to independently and in collaboration with the patient and relatives identify care needs, establish a nursing plan and provide care and treatment,
- demonstrate an ability to manage medicines properly and be able to inform the patient about the effects and side effects,
- demonstrate an ability to identify the need for and implementation of health promotion and prevention,
- demonstrate ability to initialize method improvement and quality assurance,
- demonstrate an ability to apply their knowledge to handle different situations, events and issues on the basis of individuals ' and groups ' needs,
- demonstrate ability to inform and teach different groups and to implement mentoring information,
- demonstrate ability to orally and in writing present and discuss measures and treatment outcomes with stakeholders and in accordance with relevant regulations to document these,
- demonstrate ability to teamwork and collaboration with other professionals, and
- demonstrate an ability to critically examine, evaluate and use relevant information as well as to discuss new facts, phenomena and issues with different target groups, thus contributing to the development of the profession and business.

Assessment ability and attitude

For nursing, students must:

- demonstrate self-awareness and empathy,
- demonstrate ability to with an overall view of the human make the assessments based on relevant scientific, societal and ethical aspects with particular regard to human rights,
- demonstrate an ability to a professional approach towards patients and their significant others, and
- demonstrate an ability to identify their need for further knowledge and to continuously develop their skills.

Independent project (degree project)

For nursing, the student shall, within the framework of the course requirements have completed an independent project (degree project) worth at least 15 ECTS credits.

Miscellaneous

For nursing, also revised requirements apply to each College shall determine within the context of the requirements of this degree description.

Specialist Nurse

- Entry Level: You have to be a RN first. After that we have 11 postgraduate on the university specialization programs leading to licensure are offered in the following areas: Ambulance nursing (60 ECTS), nurse anaesthetist (60 ECTS), intensive care nursing (60 ECTS), operating room nursing (60 ECTS), medical nursing (60 ECTS), surgical nursing (60 ECTS), cancer nursing (60 ECTS), children and youth health nursing (60 ECTS), mental health (60 ECTS), elderly care nursing (60 ECTS), district nursing (75ECTS). Furthermore, the requirement for identification as a registered nurse issued by the National Board of health and welfare.
- Qualification:/Competency list: from the higher education ordinance (1993:100)

Target

For specialist nursing, the student should demonstrate the knowledge and skills necessary for independent work as a specialist nurse.

Knowledge and understanding

For specialist nursing with respective orientation to the student

- demonstrate knowledge of the scientific basis and insight into current research and development work as well as knowledge of the relationship between science and proven experience and the importance of the profession, and
- display in-depth knowledge in planning, management and coordination of medical and health work.

Skill and ability

For specialist nursing with respective orientation to the student

- demonstrate the ability to independently and in collaboration with the patient and next of kin to identify care needs and establish a nursing plan;
- demonstrate an ability to manage and evaluate nursing interventions,
- demonstrate ability to initiate, implement and evaluate health promotion and prevention,
- demonstrate the ability to integrate knowledge and analyze, assess, and manage complex issues and situations,
- demonstrate an ability to participate in and independently carry out investigations and treatments including end-of-life care, and
- view healthcare educational capacity.

Assessment ability and attitude

For specialist nursing with respective orientation to the student

- show self-awareness and empathy,
- demonstrate ability to with an overall view of the human make the assessments based on relevant scientific, societal and ethical aspects with particular regard to human rights,
- demonstrate an ability to a professional approach towards patients and their significant others, and
- demonstrate an ability to identify their need for further knowledge and to continuously develop their skills.

In addition, set certain goals for each direction

Advanced Practice Nurse

In Sweden APN is under development aligning to the ICN definition. It uses the designation AVS (Avancerad specialitetsjuksköterska), denoting the advanced specialist nurse. APN is characterised as a level of practice delivered exclusively by registered nurses with a postgraduate specialist degree (one-year master's degree) along with practical experience and expertise.

- Entry Level: for that Surgical nursing specialty master program you have to be a RN and have a specialist nursing education as above in surgical nursing
- Qualification/ Competency list: Advanced specialist nurse, you are expert in surgical nursing, provides support to colleagues, patients and next of kin and have skills and readiness for the mission as a teacher, scientist, leader and organizational developer. Your skill set includes an extended and in-depth knowledge to, within a well-defined area, be able to assume responsibility for solving complex health problems. You will also develop extensive knowledge and ability to stimulate the improvement of surgical care and the development of evidence-based nursing and its ability to evaluate practice and within statutory and professional boundaries to develop new professional roles.

Advanced specialist nurse with specialization in surgical care do you work in closed or open specialized surgical care and has a particular expertise in a specific surgical care area.

An advanced graduate diploma in specialist nursing, depending on their assignments have their own consultations, assessments, pre-and post operative as well as be responsible for the admission and discharge, etc. the possibilities are many, and they can develop within their own activities as needed. With nurses who have expertise for advanced tasks can also streamline the care chain.



SWITZERLAND

Healthcare Assistant

- Entry Level: 9 years of compulsory education completed.
- Qualification: There are two levels:
 - Eidgenössisches Fähigkeitszeugnis: National certificate after 3 years of vocational training based on a nationally regulated curriculum.
 - Eidgenössisches Berufsattest: National attestation of completing the first year of the above education program in 2 years with an option to do the additional 2 years later. This program is destinated to people which had limited learning capacities due to language or other challenges.
- Competency list: logistics, social care, administration, and contribution to nursing care under the supervision of a nurse.

Registered Nurse

- Entry Level: 12 years of formal education, three options:
 - Completed vocational training as a health care assistant (3 years);
 - Completed Vocational training as a health care assistant (3 years) plus professional baccalaureate (gives access to universities of applied science);
 - Other baccalaureate (gives access to universities) plus 1 year of practical experience.
- Qualification: Currently 1/3 of nurses finish their basic education with a bachelor's degree at a university of applied science (increasing proportion). In the French speaking part 100% of nurses finish their education with a bachelor degree. 2/3 of nurses finish with a diploma at a "Ecole superieur / Höhere Fachschule" (ISCED: 5B; EQF Level 6).
- Competency list: Bachelor's degree: Roles are formulated according to the Canadian Can MEDs Model:
 - Expert in Nursing care
 - Communicator
 - Teamworker
 - Manager
 - Health Advocate
 - Learning and Teaching Role
 - Member of the profession

In Switzerland the roles of all health professionals educated at university level are formulated according to the Can MEDs Model (physicians, pharmacists, dentists, nutritionists, physiotherapists, nurses, midwives, occupational therapists) as defining roles is more adequate in a holistic approach than working with competences or even lists of tasks. The report of the roles and competences can be found under:

http://www.kfh.ch/uploads/dkfh/doku/1_KFH__Projekt_Abschlusskompetenzen_FH_Gesundheit_sberufe_Abschlussbericht.pdf

Nurses with a diploma have their competences formulated in a plan d etudes care: http://www.udasante.ch/Soins_infirmiers.html

Depending on the cantonal (regional) law on health care, in most Swiss regions nurses can carry out their care independently, however to have it reimbursed by health care insurance, nurses need a prescription by a physician.

Activities delegated by physician must be prescribed by a physician.

Specialist Nurse

- Entry Level: a diploma or bachelor in nursing and for most specialities some work experience is required.
- Qualification: Specialist in xy nursing. Some education programs are regulated:
 - intensive care
 - anaesthetist nursing
 - Critical care nursing
 - hospital hygiene and infection control
 There are many other programs, not regulated, such as palliative care, psychiatric care, oncological nursing, paediatric nursing, renal care, etc.
- Competency list: example of “plan d'études cadre”: <https://efn.eu/wp-content/uploads/2023/08/Ex.-plan-detudes-cadre-Switzerland.pdf>

Advanced Practice Nurse

Established and definition is aligned with ICN.

In Switzerland, the *Pflegeexpertin APN* (Advanced Practice Nurse) is a registered nurse who has acquired expert-level knowledge and clinical competencies through academic education. These professionals are expected to take on advanced roles across various healthcare settings, providing direct patient care, clinical consultation, ethical decision-making, interdisciplinary leadership, and contributing to nursing research. The role is legally recognised and defined in both German and French; however, this recognition currently applies only at the cantonal (regional) level and is not yet established nationally. A corresponding legislative framework is being considered within the new national health professional law, which has not yet been adopted by Parliament. The law is expected to be revisited in autumn 2025."

- Entry Level: Bachelor of nursing (180 ECTS), 2 years of clinical experience (recommended, not mandatory)
- Qualification: Master of science (at least 90 ECTS).
- Competency list: based on the model of Hamric and are aligned with the EFN core competencies. Legislation is in place for dependent limited formulary prescribing.

The national health professional legislation is under review, while only the canton of Vaud currently recognises Nurse Practitioners by law.



UK

Healthcare Assistant

- Entry Level: Across the UK, there are no set entry requirements to become a healthcare assistant. Employers expect good literacy and numeracy and may ask for GCSEs (or equivalent) in English and maths. They may ask for a healthcare qualification, such as BTEC or NVQ. Employers usually expect candidates to have some experience of healthcare or care work. This could be from paid or voluntary work. There are sometimes apprenticeships in healthcare that can give the candidate the experience needed to apply for HCA posts.
- Qualification: The HCA training must include basic nursing skills and it should enable future HCAs to acquire a Care Certificate, the England specific credential that was launched in 2015. The Care Certificate is a defined set of standards that health and care professionals adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives

everyone the confidence that health and care professionals have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support in their own particular workplace setting.

The Care Certificate is based on 15 standards, which individuals need to complete in full before they can be awarded their certificate.

- Understand the HCA role.
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disability
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control
- Competency list: *Skills for Health* have produced a general practice nursing careers framework. HCAs in England, Wales and Northern Ireland usually work at levels 2 and 3 of the QCF.

HCA working at Level 2 will function under the supervision of a registered practitioner, but supervision maybe remote or indirect. They also undertake responsibility for routine clinical and non-clinical duties as delegated by a registered practitioner, including defined clinical or therapeutic interventions in the limits of their competence.

The Level 2 HCSW may be expected to respond to patient questions and report these back to assist in patient care evaluation. If they are highly skilled in a clinical activity such as phlebotomy, they may be asked support the development of this skill in other staff.

HCAs working at Level 3, is expected to exercise some autonomy within their delegated area of responsibility, to make non-complex decisions and report these back to assist in patient care evaluation, broader service development and quality assurance activities. They are also expected to answer simple patient queries and be flexible in supporting patients.

Source: https://www.skillsforcare.org.uk/Developing-your-workforce/Care-Certificate/Care-Certificate.aspx?gclid=EA1aIQobChMI8q7j_-iigwMVlodQBh2NVQ-XEAAYASAAEglptfD_BwE

Competence frameworks should be aligned to the NHS Knowledge and Skills Framework (KSF) and the National Occupational Standards (NOS) [work-based competences] to ensure that HCAs have the necessary knowledge and skills to provide safe and competent care. Variation in HCA knowledge and skill set depending on the specific work settings, has increased confusion around accountability and diverging standards of care. The RCN believes that supervisors and employers should undertake regular assessments to ensure that HCAs perform their role with right knowledge, skills and competence. A position statement outlining best practice in the education and training of health care assistants (Nursing support workers) has been produced by the RCN. For more details please see:

[Accountability and delegation | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk)

In October 2021 the Chief Nursing Officer (CNO) commissioned NHS Education for Scotland (NES) to undertake a review of career pathways for Healthcare Support Workers (HCSWs) working at levels 2-4 of the NHS Career Framework for Health. The aim of the commission was to scope and

recommend a nationally agreed framework to support definition of Healthcare Support Worker (HCSW) roles, career progression and development through education and training, with a focus on how HCSWs support registered staff.

Phases 1 & 2 focused on NMAHP roles which resulted in the production of the Development & Education Framework for Level 2-4 NMAHP HCSWs and the Framework for the Administration of Medicines by Level 3 & 4 HCSWs in Scotland. The focus of the commission in phase 3 relates to Healthcare Science support workers.

Following stakeholder consultation which closed 29.07.2022, the framework has been updated to reflect the feedback received. Please note that the framework will in due course be incorporated into the NMAHP Development Framework. In the meantime, we do not want to delay the use of the framework by health boards. Please download the framework from the link below.

[Development and Education Framework for Levels 2 – 4 NMAHP Healthcare Support Workers \(DOCX\)](#)

[Development and Education Framework for Levels 2 – 4 NMAHP Healthcare Support Workers \(PDF\)](#)

Nursing associate (England only)

- Entry Level: To begin training as a Nursing Associate, a GCSEs grade 9 to 4 (A to C) in maths and English, or Functional Skills Level 2 in maths and English is required. Candidates will also need to demonstrate their ability to study to level 5 foundation degree level and commit to completing the Nursing Associate Apprenticeship programme. In the absence of these qualifications, candidates will be expected to undergo a numeracy and literacy assessment as part of the recruitment process. Most education providers will request that the individual achieves a level 2 literacy and numeracy qualification before starting the programme. Functional Skills Training and examination is free to any learner who does not hold Maths and/or English GCSE at C or above (or equivalent). NHS England has commissioned Basic Key Skills Builder (BKS) to give free access to BKS to all NHS trusts, community, primary and adult social care employers.

Source: [Entry requirements – Nursing Associates \(hee.nhs.uk\)](#)

- Qualifications: Nursing associates are members of the nursing team, who have gained a Foundation Degree, typically involving two years of higher education. They are not nurses; nursing is a graduate entry profession and those joining the nursing part of the NMC register require a degree. Nurses also develop additional skills and knowledge within a specific field of nursing. Nursing associates are a new profession, accountable for their practice. These proficiencies set out what pre-registration training will equip nursing associates to know and do. Once they are practising, nursing associates can undertake further education and training and demonstrate additional knowledge and skills, enhancing their competence as other registered professionals routinely do. The roles played by nursing associates will vary from setting to setting, depending on local clinical frameworks, and it may also be shaped by national guidance.

Source: [nursing-associates-proficiency-standards.pdf \(nmc.org.uk\)](#)

- Competencies: The NMC standards of proficiency for nursing associates were approved by our Council at its meeting on 26 September 2018. They set out the minimum standard of what nursing associates need to know and can do when they join our register. The standards for nursing associates are grouped under six platforms, which are important to understand because they:
 - represent the knowledge, skills and attributes that all registered nursing associates must demonstrate when caring for people of all ages and across all health and care settings.
 - reflect what the public can expect nursing associates to know and be able to do in order to deliver safe, compassionate and effective care.
 - provide a benchmark for those who plan to return to practice after a period of absence.

The six platforms:

- Being an accountable professional
- Promoting health and preventing ill health
- Provide and monitor care.

- Working in teams
- Improving safety and quality of care
- Contributing to integrated care

Source: [Standards of proficiency for registered nursing associates – The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/standards-of-profilency-for-registered-nursing-associates)

Registered Nurse

- **Entry Level:** In the UK, all pre-registration nurse education is undertaken at university level with entry requirements of 10 years of general education or equivalent. Typically, a minimum of five GCSEs at grade 4/C or above (possibly in English language or literature, maths and a science subject), plus two A levels or equivalent level 3 qualifications, such as a T level or BTEC for an undergraduate degree. Some universities may ask for three A levels or equivalent.

Alternative qualifications to A Levels include:

- A relevant T-level.
- Access courses, e.g., Access to Nursing
- Pearson BTEC Level 3 Diploma qualifications
- Scottish Highers/Advanced Highers
- OCR Cambridge Technicals
- International Baccalaureate (IB)

In case of a BTEC, the individual may need to achieve a certain level, for example a merit or distinction in the case of BTEC. It might be possible to combine academic qualifications with vocational qualifications. For example, an A level and a BTEC qualification.

Accreditation of prior learning (APL)

Some students may have previous relevant learning, including formal certified learning such as an access course or another degree, or practice-based learning that was part of another course or gained through paid or voluntary work. Evidence of this learning may contribute to meeting some programme requirements, assessed through the AEI's own APL process. Up to a maximum of 50 percent of the programme can be accredited in this way.

Nursing degree apprenticeships are available with some employers. Increasing opportunities for current healthcare support staff to apply for nursing associate apprenticeships are also expected. This can lead to nursing degrees or nurse degree apprenticeships.

- **Qualification:** In the UK, nursing education and training programmes are only run at our approved educational institutions (AEIs) based in health and social care settings. Courses usually take a minimum of three years, although entry routes are available which take into account your previous learning. Please read our section below about accreditation of prior learning (APL) for further information.

Nursing training takes place at an NMC approved educational institution, with half of the programme based in clinical practice with direct contact with patients and families. This could take place in the home, community, hospitals, and independent and voluntary sector organisations.

During the programme, students are taught to understand, promote and facilitate safe and effective patient care. They are taught when to call for assistance and implement emergency measures, often working with other health professionals.

Promoting health and wellbeing is an important role for nurses. Students learn and are assessed on how to provide unbiased information and communicate effectively with a range of patients, families and other healthcare professionals.

Source: [Becoming a nurse – The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/becoming-a-nurse)

- **Competency list:** The Standards for competence for registered nurses were published in 2014 as a reference for nurses throughout their careers. These standards outline the requirements that nurses must meet when they qualify. They also detail the standards that must be consistently maintained throughout their careers. In order to stay on the register, nurses must keep their knowledge and skills up to date.

Professional values competencies that all nurses will demonstrate.

- Practise with confidence according to The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.
- Practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumption, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.
- Support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.
- Work in partnership with service users, carers, groups, communities and organisations.
- They must manage risk and promote health and wellbeing while aiming to empower choices that promote self-care and safety.
- Fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.
- Understand the roles and responsibilities of other health and social care professionals and seek to work with them collaboratively for the benefit of all who need care.
- Be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.
- Practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.
- Appreciate the value of evidence in practice, be able to understand and appraise.
- research, apply relevant theory and research findings to their work, and identify areas for further investigation.

Source: [nmc-standards-for-competence-for-registered-nurses.pdf](https://www.nmc.org.uk/-/media/assets/standards-and-guidance/standards/standards-for-competence-for-registered-nurses.pdf)

Specialist Nurse

Nurses work within specialities across various levels of nursing practice; enhanced, advanced and consultant levels (<https://www.rcn.org.uk/Professional-Development/Levels-of-nursing>). There are many types of specialist nurses in the UK. They will have undertaken post graduate education after initial registration within a specific area. These courses are usually taught at degree or master level at universities, could be a post graduate certificate, diploma or full degree. There are two types of post-registration specialist training programmes either registered or recorded with the NMC.

To work as a specialist nurse, you'll need to complete the below steps:

- Obtain an undergraduate nursing degree or apprenticeship.
- Register with the Nursing and Midwifery Council
- Gain experience within your preferred specialised area
- Obtain a postgraduate qualification.

- Obtain postgraduate training.
- For some roles, obtaining the necessary nursing teaching qualification.

They are Specialist Community Public Health Nurses (SCPHN) and specialist practice qualifications-nurses:

1. Specialist Community Public Health Nurses (SCPHN)

SCPHNs are specialists in public health who do not have a predetermined field of SCPHN practice. They may work in roles across a wide range of sectors and settings, applying their specialist public health knowledge and skills to the people, communities and populations they serve.

Source: [nmc_standards_of_proficiency_for_specialist_community_public_health_nurses_scphn.pdf](https://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-of-proficiency-for-specialist-community-public-health-nurses_scphn.pdf)

- Entry level: To become a SCPHN the individual must already be registered with us as either a nurse or a midwife. Nurses and midwives who take an approved SCPHN programme, and achieve the standards of proficiency, can then join the specialist community public health nurses' part of the register. These standards of proficiency define the principles of practising as a specialist community public health nurse. The context in which someone practises using these principles defines their scope of professional practice. The scope of practice may be within a specific area of practice. Some areas of practice are identified on our register, including health visitors (HV), school nurses (SN), occupational health nurses (OHN) and family nurses (FHN). This indicates that the programme someone completed focused on a particular area of practice. Other people will be on the register as SCPHNs without a field of practice identified – they may work in more generic public health roles.
- Qualifications: The nurse must complete a NMC approved SCPHN course at a degree level. Programmes are required to have an overall length of 52 weeks (of which 45 are programmed weeks). They may be delivered full-time, or part-time. The course is 50% practice and 50% theory across the whole programme. Qualification: entry onto the SCPH part of the NMC register. For a list of the standards please visit: <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-of-proficiency-for-specialist-community-public-health-nurses.pdf>
- Competency list: The NMC has set out the ten recognised public health competencies. These ten key areas of public health practice (National Occupational Standards) form the basis of the development of standards for those responsible for establishing public health registers. They encompass the following areas:
 - Surveillance and assessment of the population's health and wellbeing
 - Promoting and protecting the population's health
 - Developing quality and risk management within an evaluative culture
 - Collaborative working
 - Reducing inequalities by developing programmes and services
 - Policy development and implementation
 - Working with and for communities
 - Strategic leadership for health
 - Research and development
 - Ethically managing self, people and resources.

For a full description of the competencies please visit: <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-of-proficiency-for-specialist-community-public-health-nurses.pdf>

2. Specialist Practice Qualification – Nurses

Specialist practice qualifications are annotations to our register. They indicate that a registered nurse has successfully undertaken an NMC approved SPQ programme that meets our standards in a particular area of practice. To undertake a specialist practice qualification, the individual must be a first level registered nurse.

- Entry Level: Registered Nurse qualification, first level initial registration with the NMC.
- Qualifications: 1 year full time degree level programme concentrating on: clinical nursing practice; care and programme management; clinical practice development and clinical practice leadership. Made up of 50% theory and 50% practice. Qualification: Specialist Practice Qualification which is recorded on the NMC register. The increasing number of specialist titles and the varied meaning of those roles have reduced clarity and increased UK wide inconsistencies in the training, education and competences required for a nurse to practice at a specialist level. For example, a Theatre Nurse Specialist working in a hospital setting needs to complete a year-long degree programme to practice in this speciality area. However, within theatre nursing there are several specialist areas, for example Orthopaedic Surgery, ENT surgery, Gynae Surgery, Paediatric Surgery, Neonates Surgery etc. and training programmes vary across nursing educators and healthcare providers for these specialisms.
- Competency list: The NMC has produced standards and guidance for specialist practice, requiring specialist nurses to exercise higher levels of judgement, discretion and decision making. For a list of competence please visit: <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForSpecialistEducationandPractice.pdf>

Advanced Practice Nurse

Advanced practice is a level of practice, rather than a type of practice. They are educated at master's Level in clinical practice and have been assessed as competent in advanced nursing using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients including referral and discharge.

Source: [RCN Professional Development Framework Advanced Level Nursing | Publications | Royal College of Nursing](#)

- Entry Level: Registered nurses working at this advanced level must meet the following standards:
 - Active registration with the NMC, Bachelor nursing degree. Minimum of one year post graduate experience.
 - Regulation: Whilst currently there is no national regulation the Nursing and Midwifery Council has started work to introduce regulation and there will be a new annotation on the national register for advanced level nurses. Implementation is expected by 2028/9.
- Qualification: Be educated to master's level (180 level 7 points (Scottish equivalent of level 11)). This education will include the following core areas:
 - therapeutic nursing care
 - comprehensive physical assessment of all body systems across the lifespan
 - history taking and clinical decision-making skills.
 - health and disease, including physical, sociological, psychological, and cultural aspects.
 - applied pharmacology and evidence-based prescribing leading to a prescribing qualification (if applicable for speciality/ area of practice)
 - management of patient care
 - public health, epidemiology, health
 - education and promotion
 - research and service development
 - organisational, interpersonal and
 - communication skills
 - accountability – including legal and
 - ethical issues
 - quality assurance
 - political, social and economic influences on health care
 - pathophysiology and genomics
 - leadership skills
 - theories and models of teaching and learning.

- **Competency list:** The RCN has been instrumental in developing educational competencies for Advanced Practice Nurse based on leadership and consultancy skills, patient-centred care, autonomous and self-directed, collaborative working, chronic disease management, prevention and health education. Nationally agreed competences for advanced practice vary across the four UK countries. The Department of Health in England has agreed on 28 national competences for advanced practice classified under four main themes:
 - clinical/ direct care practice
 - leadership and collaborative practice
 - improving quality and developing practice
 - developing self and other

For the full list of competences, please see:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121738.pdf

The Scottish Government in 2008 published a toolkit approach to advanced practice and outlined national competences. For full list of competencies please see:

<http://www.aanpe.org/LinkClick.aspx?fileticket=giFsLijjCRw%3D&tabid=1051&mid=2508&language=en-US>

The Welsh Government Assembly in 2010 produced some guidance on advanced practice in Wales.

For more details, please see:

<http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>

Nurse Prescribers

Nurses, Midwives, Pharmacists and other allied healthcare professionals (AHPs) who have completed an accredited prescribing course and registered their qualification with their regulatory body, are able to prescribe. For nurses the two main types are:

Community Practitioner Nurse Prescribers (CPNP)

These are nurses who have successfully completed a Nursing and Midwifery Council (NMC) Community Practitioner Nurse Prescribing course (also known as a v100 or v150 course) and are registered as a CPNP with the NMC. The majority of nurses who have done this course are district nurses and public health nurses (previously known as health visitors), community nurses and school nurses. They are qualified to prescribe only from the Nurse Prescribers Formulary (NPF) for Community Practitioners. This formulary contains appliances, dressings, pharmacy (P), general sales list (GSL) and thirteen prescriptions only medicines (POMs).

Independent Prescribers (IP)

Independent prescribers are nurses who have successfully completed an NMC Independent Nurse Prescribing Course (also known as a v200 or v300 course) and are registered with the NMC as an IP. They are able to prescribe any medicine provided it is in their competency to do so. This includes medicines and products listed in the BNF, unlicensed medicines and all controlled drugs in schedules two – five.

Those who have successfully completed the supplementary part of the prescribing course are also able to prescribe against a clinical management plan. Supplementary prescribing is described by the Medicines and Healthcare products Regulatory Agency (MHRA) as: "a voluntary partnership between an Independent Prescriber (IP-er) and a supplementary prescriber (SP-er)," (e.g., nurse, pharmacist) "to implement an agreed patient-specific clinical management plan (CMP) with the patient's agreement."

- **Entry Level:** The entry requirements for NMC-approved prescribing programmes have changed under our new standards for prescribing programmes. Under our old standards, readiness for entry onto a prescribing programme was largely determined by how long someone had been on the register. For a V150 community prescriber programme, it was a minimum of 2 years; for a V300 independent, it was a minimum of 3 years. However, basing entry requirements on the period of

time someone had been on the register did not guarantee that they were suitable to complete further training in prescribing theory and practice. Under the new standards, readiness for entry onto a prescribing programme is now determined by whether the individual can evidence the necessary skills, knowledge and experience to undertake the programme.

- Qualifications: Under the new Future Nurse proficiencies, newly qualified nurses will have a higher level of proficiency in skills such as assessment, diagnostics, care planning and management, pharmacology and leadership. These are all important skills for prescribers. However, if the individual has qualified under the new standards, it shouldn't be considered an automatic step to go straight onto a V100/150 community prescribing programme, or onto a V300 independent prescribing programme after a year. Candidates need to prove to the approved education institution (AEI) delivering the chosen prescribing programme that the person is capable of safe and effective practice at a level of proficiency appropriate to the programme undertaken and the intended area of prescribing practice. The individual also needs to show that you have the necessary skills in clinical and health assessment, diagnostics, care management and the planning and evaluation of care.
- Competencies: The NMC have produced standards of conduct and performance that nurses who hold prescribing qualifications are required to meet in their practice as a registered nurse prescriber. For a list of the standards please visit: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/new-vi/standards-for-prescribing-programmes.pdf>

Source: [Becoming a prescriber – The Nursing and Midwifery Council \(nmc.org.uk\)](#)

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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 36 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.



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