



EFN Policy Statement on EU Policy Developments of New Models of Care: Building Safe and Effective Healthcare Systems

For several years now, the European Observatory on Health Systems and Reforms and WHO Europe, supported by the European Commission (DG SANTE), have been pushing the European policy agenda towards health system reforms. However, this process has been very academic in nature, without sufficiently engaging frontline healthcare professionals, or their representatives. Going further, the European Observatory on Health Systems and Reforms announced that its top research priority for 2026 will be on “New Models of Care”.

Among these, 7 new models of care being proposed include: Population Health Management; Disease Management; Person-Centred Integrated Care; Primary care-based generalist-specialist collaboration; Transitional Care; Hospital-at-Home; and Case Management. While potentially effective – these new approaches need to be clearly evidenced in advance of widescale implementation, with the costs and impacts on patient outcomes and experience (including safety risks and continuity of care), assessed. Additionally, implementation science shows that success depends on many factors – including organisational readiness, leadership, and staff involvement/engagement if new models are to achieve their intended outcomes.

As a key safety pillar, registered nurse substitution cannot be considered as an option within the implementation of these new models of care, as substituting nursing staff with lesser qualified staff increases mortality rates and other negative indicators relating to patients’ safety and satisfaction, as well as the nurses’ own workplace safety and satisfaction (Aiken et al., 2014, 2025; Ball JE et al., 2014; Dall Ora C et al., 2022; Griffiths et al., 2018, 2019, 2023; Saville C et al., 2026).

With new models of care shaping the future of European healthcare, the EFN stresses that the nursing perspective must be integrated in all policy decisions affecting the profession, practice and patient safety. Therefore, the EFN calls on the EU Institutions and Member States to:

1. **Implement EU nursing education legislation;** Fully implement and uphold the minimum education and training requirements for general care nurses established in the Directive 2005/36/EC, updated by the Directive 2013/55/EU (at least 3 years of study or 4600 hours of which at least a third must be theoretical education and half must be clinical education). Lesser qualified staff cannot safely replace general care nurses without

harming patients' safety and care quality. The [EFN Competency Framework \(2015\)](#) is a publicly available resource which can guide policymakers in the implementation of the Directive 2005/36/EC.

2. **Use the EFN Workforce Matrix 3+1 in planning;** Integrate within EU and National nursing workforce planning policies the [EFN Workforce Matix 3+1 \(2023\)](#), which defines and distinguishes between the three categories of nursing care: General Care Nurses (Dir55 Nurses), Specialist Nurses, Advanced Nurse Practitioners, and recognises the importance of Healthcare Assistants. Underpinning the long-term planning of the nursing workforce on the EFN Workforce Matrix 3+1 will enable the nursing workforce to work to its full scope of practice while maintaining clear professional boundaries.
3. **Recognise the leading role of Advanced Practice Nurses (APNs) in the frontline development and implementation of new models of care:** APNs are pioneers in reinforcing the continuum of interprofessional care across settings, shifting care towards community care and prevention, supporting patients and citizens in achieving their health goals and, as such, creating a healthier population.
4. **Include nurses in decision-making;** Ensure adequate inclusion of the nursing representatives at both EU level and National level workforce planning, especially when the aim is to develop and implement innovative care models with unclear consequences for the daily workload of frontline nurses or for the safety and quality of patients care.
5. **Develop EU safe staffing legislation;** Develop an EU framework legislation on Safe Staffing Levels for nurses, with stipulated nurse-to-patient ratios, recognising unsafe staffing levels as an occupational hazard for healthcare professionals, anchored in patient safety outcomes and risk-based assessment. Ratios, which should be defined at national level in line with each Member State's unique experience and healthcare models, should be based only on EQF6 nurses or above, and should therefore not account for lesser qualified workers.
6. **Invest in a strong European nursing workforce;** Put in place adequate funding to support EU self-sufficiency in the development of a highly educated and trained nursing workforce as the backbone of the resilience of healthcare systems.

EFN calls on the European Institutions, WHO Europe, the European Observatory on Health Systems and Reforms, and the Member States to take into serious consideration these recommendations, and to fully engage frontline nurses and nursing leaders in the development and implementation of new models of care.

Further Readings:

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