



# Activity Report

*European Federation of Nurses' Associations*

## Working Year 2012

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## Abbreviations

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- **CIP** Competitiveness and Innovation framework Programme (CIP)
  - **CPD** Continuous Professional Development (CPD)
  - **DG** Directorate General (*of the European Commission*)
  - **DG CONNECT** European Commission Directorate General for Communications Networks, Content and Technology
  - **DG INFSO** European Commission Directorate General for Information Society and Media
  - **DG MARKT** European Commission Directorate General for Internal Market and Services
  - **DG SANCO** European Commission Directorate General for Health and Consumers
  - **DIR36/  
Directive 36** Directive on Mutual Recognition of Professional Qualifications (2005/36/EC)
  - **eID** eidentification
  - **EIP AHA** European Innovation Partnership on Active and Healthy Ageing
  - **EMPL** Employment and Social Affairs Committee of the European Parliament
  - **ICT PSP** Information and Communication Technology Policy Support Programme
  - **ENVI** Environment, Public Health and Food Safety Committee of the European Parliament
  - **EPSU** European Federation of Public Service Unions
  - **ESCO** European skills/competences, qualifications and occupations
  - **HAS-France** Haute Autorité de Santé - France
  - **HOSPEEM** European Hospital and healthcare Employers' Association
  - **IMCO** Internal Market and Consumer Protection Committee of the European Parliament
  - **MEP(s)** Member(s) of the European Parliament
  - **NNA(s)** National Nurses' Association(s)/Organisation(s)
  - **SmartCare** EU Project
  - **TAIEX** Technical Assistance and Information Exchange instrument (*managed by the Directorate-General  
Enlargement of the European Commission*)
  - **WP** Work Package
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## Foreword

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Dear EFN Members,  
Dear Colleagues,

2012 was an important milestone in the EFN future development! The EFN members voted on a new Constitution which will make the EFN more inclusive in the years to come. This shows that the EFN members are more than ever committed to EFN, This indeed can be a result of the financial and economic crisis, namely when nurses and their leaders ask the question: 'What do we get back for our fee?' For sure, what nurses' get back is a strong and united voice for nurses and nursing in the EU policy process.

Strategically speaking, the EFN's key lobby priority was given to the design of the Directive on Mutual Recognition of Professional Qualifications (Directive 2005/36/EC) and lobbying the European Commission, the Council of Ministers and the European Parliament to get the nurses' views included in the reviewed text of the Directive. And the EFN members and the EFN Professional Committee, in particular, made this all happen! Getting into the European Parliament is key to make the nurses' voice heard, but more important: politicians value the nurses' voice. Although the European Parliament Environment, Public Health and Food Safety (ENVI) Committee vote on 6 November 2012 on Anja Weisgerber report did not get the expected outcome, as they voted against upgrading the nursing requirement from 10 to 12 years, it gave us even more energy to keep on going for what the EFN believes and strengthened EFN members direct contact with their elected MEPs!

The EU workforce policy design is EFN's second key challenge. Therefore, the skill mix/skill needs will stay on the EFN agenda till DG Sanco and DG Employment commit to concrete outcomes benefitting the nursing profession.

The EFN's third policy focus is the EU cross-border healthcare. At least some dimensions of the EU legislation. The use of e-health solutions to support nurses' daily work is a priority to move to a more integrated care model supported and run by nurses. When it comes to the reform of healthcare systems, nurses will keep on leading 7/week, 24h/day the complex care process in making sure the patient stays central in the decision-making process. Nurses stay the best ally of the patient as nurses' advocacy can make things happen.

The EFN members' commitment in the development of political positions and policies, collecting data, often within short timeframes, providing good innovative practices and supporting colleagues when going through rough times at home, is what EFN is about. A united political voice, within an environment of solidarity and equity, where policies are designed based on scientific evidence is the way forward!

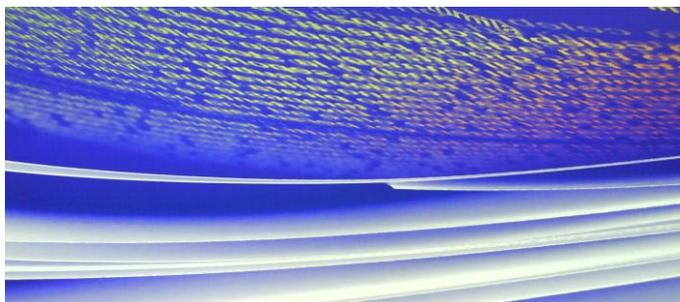
We look forward to an exciting, creative and innovative 2013!



Ms Unni Hembre  
*EFN President*



Mr. Paul De Raeve  
*EFN General Secretary*



## I. EFN KEY LOBBY PRIORITIES

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In line with the [EFN Strategic and Operational Lobby Plan 2009-2013](#), and building on the achievements of previous years, the EFN focused on four key policy areas in 2012: [Education](#), [EU Workforce for Health](#), [Patient Safety & Quality of Care](#), including [e-Health](#), and Nursing Research.

### 1. **EDUCATION (DIR 36)**

This year, the EFN's main priority was the modernisation of the Directive on Mutual Recognition of Professional Qualifications ([Directive 2005/36/EC](#)) aiming to consolidate and modernise the rules regulating the recognition of professional qualifications in the EU Member States. There have been many challenges along the way as the EFN has continued its lobby efforts to keep the minimum requirement of 12 years of general education for entry into nursing education. This year saw the tabling of amendments by MEPs, and the EFN had to act swiftly and strategically to ensure that the proposals and compromises being tabled were not undermining or hampering the nursing education or the profession as a whole.

On 25 April 2012, the EFN participated in a public hearing on the modernisation of the Directive, held in the European Parliament, which focused on several key issues: minimum training requirements; the importance of the 12 years entry requirement for nurses and the clarification on the duration of training made in the proposal; common training platforms and the principle of partial access; and the professional card. Taking part in the meeting, Ms Beata Cholewka, Polish Chief Nursing Officer, stressed that consolidating a single EU framework for professional mobility is one of the general objectives of the Directive. The EFN also hosted and organised two roundtables in the European Parliament, on [17 September 2012](#) and [16 October 2012](#) respectively, in order to encourage a debate on the key issues for nursing while raising the very serious concerns that the profession had in relation to this. Several EFN members attended the roundtables, showing the strong voice of the profession.

The three European Parliament Committees (IMCO, ENVI & EMPL) presented their reports in July 2012 and all of them included EFN amendments, further highlighting the value of the EFN's lobby efforts. The European Commission and MEPs also publicly acknowledged the [EFN evidence report](#) presented by the EFN in support of the increase from 10 to 12 years nursing education entry requirement. The debate has been and remains very intense and has divided the European Parliament with a majority in favour of increasing the requirements for nurses (IMCO and EMPL) and a minority reluctant to make the change (ENVI). A compromise proposing a transition period was presented in the [IMCO report](#) but this has not been well-received by the German opposition and was blocked almost immediately.

In an attempt to get support for the 12 years, the European Commission sent the [results of a survey on national minimum requirements](#) for entering nursing education to the MEPs. Although the results were confirming the EFN evidence report, in which the 12 years was shown as the overall trend, there remained strong opposition to the favoured 12-year requirement (i.e.: Germany, Netherlands, Luxembourg, Hungary, and Malta) due to perceived negative effects that this would have, in their opinion, on national educational systems and workforce provisions. These Member States voiced their opinions in the European Parliament and the Council, without ever really admitting what it is really about: money! This became more apparent when German MEPs and politicians tabled a compromise amendment proposing two levels of nurses: the lower-qualified 10-year nurses ("cheap nurses") and the better-qualified 12-year nurses ("expensive nurses"). It became very clear that the politicians who oppose the 12-year entry requirement are driven by a post-crisis reform mentality which focuses on short-term solutions rather than thinking about long-term consequences, such as threats to patient safety and quality of care. Therefore, if the minority blocking is successful in setting the criteria for harmonisation, it will undermine the efforts of 24 EU Member States who have already implemented the 12 years as a direct response to the demands of current healthcare systems. Those who claim that the 12-year entry requirement will make all nurses academics are blind to the actual consequences and the incremental cost that a lower qualified workforce will cause to the future of healthcare. This was expressed by the EFN on many occasions.

In spite of these challenges, the EFN continued lobbying the MEPs and the Council representatives, as well as tabling amendments to the rapporteurs of the relevant committees in the European Parliament. There may have been stumbling blocks and setbacks along the way, but the persistence and grit shown by the EFN and its members has not gone unnoticed by key politicians. During the [EFN roundtable](#) held in the European Parliament in September, discussions showed the willingness of permanent representations, MEPs and the European Commission to collaborate with nursing leaders in shaping the compromises that will ensure the right balance between mobility and high quality delivery of health care. “Our major concern as policy makers is to ensure that our policy goals when legislating in the Internal Market do not hamper the highest possible levels of quality and safety in healthcare provision to our citizens”, said MEP Phil Prendergast. MEP Bernadette Vergnaud, rapporteur of this file, emphasised with emotion the need to embrace the opportunities ahead to ensure that confidence is injected into the recognition of qualifications and in the healthcare system.

The EFN this year also agreed on and finalised common amendments with five other sectoral professions (the midwives ([EMA](#)), the dentists ([CDE](#)), the doctors ([CPME](#)), pharmacists ([PGEU](#)), and veterinarians ([FVE](#)),) which were tabled to the European Parliament. The outcome of these amendments was presented to Jürgen Tiedje ([DG MARKT](#)) in one of the many meetings EFN held with the Commission official in 2012. The continuous dialogue between EFN and Jürgen Tiedje has been crucial in exchanging views on the 12-year entry requirement, the update of Annex V, partial access, and delegated acts. In October 2012, an EFN expert group composed of several EFN members (Ulla Falk, Birgitta Wedahl, Carol Hall, Kirstine Rask Lauridsen, and Sheila Dickson) met with Jürgen Tiedje to present an EFN plan B (a list of 3 core legal sentences formulating what the nursing profession is about) and to emphasize the nurses’ support of the 12-year requirement, in spite of the resistance from some Member States. It was also made very clear to him that EFN wants the EFN list of 6 competencies to be taken forward by delegated acts in Annex V. Although he stressed that the 12-year requirement is blocked in the Council and Member States are willing to accept a set of 3 low-level competencies that the Germans are putting forward, the EFN made it very clear that this is unacceptable from a nursing point of view! A plan B was negotiated informally but following the outcome of the vote in the European Parliament (ENVI committee on 6 November 2012 and IMCO committee on 10 January 2013), it is crucial for the EFN members to focus all their efforts on following the process at national level since the decisions being made in the Council are coming directly from national ministries. The EFN Brussels Office will continue monitoring the developments very closely while preparing pro-actively for the Irish EU Presidency in 2013.

Also important for the EFN, the Continuous Professional Development (CPD) for the nursing profession is another key item followed very closely in 2012. Taking further the discussions on CPD, and seen that the European Parliament is strengthening it in the Directive 36, the EFN members decided to update the EFN report 2006 on CPD, and to analyse future strategies and developments, once the Directive 36 is approved. From a European Commission perspective and linked to the workforce discussions (DG SANCO), a study mapping the CPD for health professionals is expected to be launched in 2013. Aiming at collaboration in sharing good practices on CPD approaches, the Commission will focus on two major aspects for this study: whether CPD is compulsory in the EU Member States and whether it is connected with a renewal of the licence to practice.

## **2. EU WORKFORCE FOR HEALTH**

As Member States all over Europe continue to face common challenges in terms of ensuring and maintaining an adequate health workforce to meet the demands of increasingly complex and changing healthcare systems, it is crucial to have an adequate and sustainable [EU Workforce for Health](#). As nurses are the biggest occupational group in the healthcare sector in Europe, this issue has been a key priority for the EFN in 2012, particularly with regards to working, in cooperation with the European Commission and other EU Health stakeholders, on important skills initiatives in the move towards implementing the [Council Conclusions on the EU Workforce](#) and operationalizing the Commission’s [Action Plan for the EU Health Workforce](#) as part of the Employment package “[Towards a Job-Rich Recovery](#)”, adopted in April 2012.

The EFN this year completed negotiations on its involvement in the [Joint Action on Health Workforce Planning and Forecasting](#), which is expected to kick off in 2013. The EFN is an associated partner across all core work packages and attended several meetings in 2012 to discuss the budget allocation and content of the different work packages. The general objective of this Joint Action, which is being led by Belgium, is to help countries to move forward on the planning process of health workforce and to prepare the future of the health workforce by creating a platform for

collaboration and exchange between Member States. WP4 on “Data Planning” is being led by Hungary, WP5 on “Planning Methodologies” is being led by Italy, while the UK is taking the reins on WP6 on “Horizon Scanning”. WP6, in particular, is of interest to the EFN as it focuses on estimating future needs in terms of skills and competencies of the health workforce and their distribution.

Linked to this, the EFN was involved in a [Feasibility study on the establishment of a European Sector Council on Employment and Skills for the Nursing and Care Workforce](#) (Progress project). The aim of the study was to conduct a mapping exercise across Member States in order to identify existing national skills councils and to evaluate the willingness to contribute or take part in a potential council at European level. Member States were also consulted for their views on what the governance structure and priorities of such a council should be. Based on the outcome of the mapping exercise, partners in the project submitted a final report to the European Commission in December 2012, giving a positive recommendation to the setting up of the council. The EFN members decided in the General Assembly in Luxembourg in October 2012 that, in the event of a positive recommendation, the EFN should apply for a call for tender in April 2013 to run the secretariat of the council from Brussels. The EFN has pro-actively lobbied the Commission, indicating that the EFN is willing and able to do this while emphasising the importance of the council being nursing led. The EFN has also engaged EPSU and HOSPEEM throughout the process to ensure that social partners play an important role in the council, if it is set up.

Another crucial skills initiative at EU level was the selection of the EFN as an expert in the reference group on “Healthcare and social work” of the [ESCO](#) project (European Skills, Competences and Occupations taxonomy). ESCO consists of three pillars (skills, competences, and occupations) and also incorporates qualifications. With this initiative, the EFN will ensure that the taxonomy being used for the term ‘nurse’ is in line with the EFN position. For the EFN, this means ensuring that discussions on skills, competences, and qualifications for nurses are in line with the EFN’s documents and competencies that are currently part of the modernisation of Directive 36. Moreover, in building and maintaining solid alliances with other nursing groups in ESCO, the EFN can secure a strong and united front for the nurses around the ESCO table. That is why, prior to the ESCO meeting of 11-12 December 2012, the EFN took the initiative to bring together all the nursing representatives to the EFN Office to consolidate views and ensure that nurses speak with one voice.

### **3. PATIENT SAFETY AND QUALITY OF CARE & EHEALTH**

[Patient safety](#) is an issue of increasing concern and is among the highest priorities of the EU and EFN political agendas. In policy design in particular, safety and quality of care should be considered as the basic parameters for an effective healthcare sector, and nurses remain instrumental in initiating change and improvement, at local and national levels. The EFN has consistently lobbied for patient safety to be included as a core part of all health education and for concrete support for research and exchange of results between the EU Member States.

The EU’s [Joint Action on Patient Safety and Quality of Care \(PaSQ\)](#) kicked off on 24-25 May 2012 in Roskilde, Denmark, and in which the EFN is participating, will run for a period of 3 years. The joint action aims at building upon methods and tools developed by the EUNetPaS project (2008-2010), relevant international collaborations, and previous EU-supported patient safety projects. PaSQ’s general objective is to support the implementation of the [Council Recommendations on patient safety](#). More concretely, the Joint Action aims to strengthen cooperation between Member States, international organisations and stakeholders by creating a permanent collaborative network for collaboration so they can identify and exchange good practices on issues related to the quality of healthcare, including patient safety and patient involvement. A second coordination meeting for WP4 (“Identification of Safe Clinical Practices”), WP5 (“Identification of Safe Clinical Practices for immediate implementation”), and WP6 (“Identification of Good Organisational Practices”) took place in Madrid on 3-5 October 2012. In 2012, the EFN contributed to an extensive literature review and tested pilot questionnaires.

When talking about patient safety and quality of care, eHealth immediately comes to the forefront. At EU level, the introduction of [eHealth](#) services is facilitating access to healthcare, whatever the geographical location, thanks to innovative tele-health and personal health systems. [eHealth](#) is also breaking down barriers, enabling health service providers (public authorities, hospitals) from different Member States to work more closely together. Given the nurses’ role as key end-users, the EFN’s input to the governance of [eHealth](#) is essential as is the need to be part of the process when designing and implementing the [European e-Health Governance Initiative](#). The eHGI aims to provide political support to the eHealth Network set under the auspices of the Patient’s Rights in Cross-Border Healthcare Directive.

In 2012, the EFN has been continuing its work on the [Chain of Trust](#) project which is coming to an end on 31 January 2013, and which outcomes are expected to greatly contribute to the advancement of eHealth services from a user perspective. This year, two EFN members (Ordem Dos Enfermeiros and Hellenic Nurses' Association) hosted and organised a roundtable for the project, in their respective countries, which showed great leadership from the nurses on this key issue.

In addition to being involved in these EU projects, the EFN was called to be part of the [eHealth Stakeholder Group](#) which first meeting took place in Brussels on 29 March 2012. This group aims to support and discuss the EU's Digital Agenda and ongoing eHealth initiatives with the European Commission DG Connect (formerly DG Info). Key issues such as patient access to health records (continuity of care), the eHealth action plan, and innovation in eHealth were discussed. Looking to 2013, the EFN will continue to engage in important eHealth initiatives and meetings in order to give the nurses' views as end users and to bring to the forefront best practice guidelines on eHealth services.

#### **4. NURSING RESEARCH**

Nursing research has become a topic of great importance for the EFN in the past couple of years as nurses look to strengthen the delivery of evidence-based input in order to add credibility and political weight to the field from a research perspective. This year, the EFN took a real step forward in integrating nursing research into the EU policy arena.

In April 2012, the EFN General Assembly in Slovenia gave a mandate to the Delphi group to take further the feasibility study on the European Nursing Research Institute. After analysing three proposals, the Delphi Group chose 'Policy Action' to undertake it. Wes Himes, from Policy Action, presented the results of this Feasibility Study at the EFN General Assembly in Luxembourg in October 2012. The main conclusion and recommendation was to implement a new entity that would bridge evidence and policy-making while acting as a contact point for policy makers. The purpose of the institute would not be to do research but to analyse and compile what already exists in terms of nursing research in the EU Member States so that existing data can be converted into evidence-based advocacy for the EU policy-making process. The structure, governance and funding of a European Nursing Research Institute was also discussed and the EFN members agreed to move forward with this unique institute in Brussels which is expected to gain credibility over the years and become an added value in the EU policy-making process.

In the context of nursing research, the EFN has been closely monitoring the developments of [Horizon 2020](#), the EU's 8<sup>th</sup> Framework Programme for Research. Horizon 2020 is the financial instrument implementing the [Innovation Union](#), a [Europe 2020](#) flagship initiative aimed at securing Europe's global competitiveness. Running from 2014 to 2020 with an €80 billion budget, the EU's new programme for research and innovation is part of the drive to create new growth and jobs in Europe. Horizon 2020 provides major simplification through a single set of rules. It will combine all research and innovation funding currently provided through the [Framework Programmes for Research and Technical Development](#), the innovation-related activities of the [Competitiveness and Innovation Framework Programme \(CIP\)](#) and the [European Institute of Innovation and Technology \(EIT\)](#).

The main health objective of the proposed Horizon 2020 programme is to improve the lifelong health and wellbeing of all EU citizens. The aim is for activities to cover full cycle from research to market with a new focus on innovation-related activities, such as piloting, demonstration, test-beds, support for public procurement, design, end-user driven innovation, social innovation and market take-up of innovation. In addition to this, activities will be undertaken in such a way as to provide support throughout the research and innovation cycle, strengthening the competitiveness of European-based industries and the development of new market opportunities. For the EFN, Horizon 2020 is crucial for creating an evidence base for nursing research. Building on the EFN's engagement in the European Innovation Partnership on Active and Healthy Ageing and EFN members' input on cost-effective integrated care models, the programme presents an opportunity for the EFN to pioneer nursing research and become an innovation leader at EU level, particularly through the EFN's network of knowledge brokers. In this context, the time has never been riper for the introduction of a European Nursing Research Institute.



## II. EFN LEADERSHIP WITHIN THE EUROPEAN INNOVATIVE PARTNERSHIP

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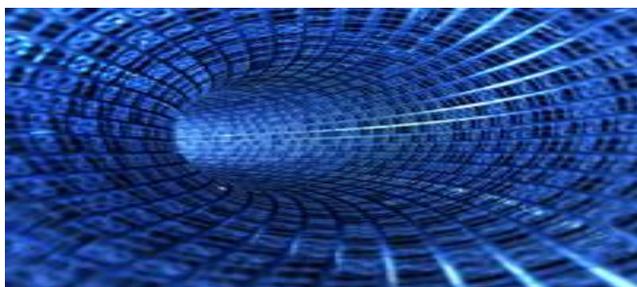
The [European Innovation Partnership on Active and Healthy Ageing](#) (EIP AHA) is a partnership organised under the EU strategy “[A Digital Agenda for Europe](#)” (May 2010), with the general aim of delivering sustainable development for a digital Single Market. Concretely, the partnership supports the deployment of the Key Action 13 of the “[Digital Agenda for Europe](#)” through the development of innovative products and services for longer and healthier lives. This is a very important issue the EFN will continue to follow closely, particularly given its relevance for integrated care, e-Health and Horizon 2020.

As a member of the EIP AHA Steering Group, and after the approval of the Strategic Implementation Plan in 2011, the EFN moved forward with the priorities selected in cooperation with EU Commissioners, specifically the transferability of integrated care models for chronic diseases at regional level. As such, the EFN attended a negotiation meeting on 23-24 January 2012, in Bucharest, in order to discuss potential funding streams for the implementation of Marina Lupari’s Integrated Care Model (from Northern Ireland) in the Covasna region in Romania. Although the region did not manage to obtain funding for the transfer of the model, the EFN showed its leadership within the EIP AHA and strengthened communication with key regions.

In August 2012, the [Maltese Union of Midwives and Nurses \(MUMN\)](#), a member of EFN, had a project on continuity of care approved (with the objective at reducing the number of patients in the corridors of Mater Dei Hospital – see [EFN Press Release](#)). The EU declared itself ready to fund Malta 1.2 million euros from the [European and Structural Cohesion Funds \(ESF\)](#) for this project which aims at implementing integrated care systems promoting continuity of care based on proactive and personalised community/home-based care, improving the health status and quality of life of the targeted population, and supporting the long-term sustainability and efficiency of the healthcare system in the region targeted. This shows the proactive and engaged attitude of EFN members and, hopefully, more EFN members will be successful in acquiring funding for similar projects in the future.

In addition to this, the EFN attended the “[CIP Workshop: Finding opportunities in ICT for Health, Ageing Well and Inclusion](#)” in Brussels on 17 February 2012 in order to discuss the 6<sup>th</sup> call for proposal of the ICT Policy Support Programme (ICT PSP) which was set up to provide funding to the area of “Care and Cure” under the EIP AHA. The ICT PSP aims to stimulate innovation and competitiveness through the wider uptake and best use of ICT by citizens, governments and businesses. The EFN presented the on-going work on the scaling up of Marina Lupari’s integrated care model and the importance of cost-effective models while the Spanish General Council of Nursing introduced the eNursing Platform, implemented in Spain, in order to attract partners who would wish to replicate the model. As part of this call for proposal, the EFN is partner of SmartCare, a European project on how eHealth can support the delivery of Integrated Care that is due to start in 2013.

The first draft of the Action Plan on Integrated Care was finalised in October 2012, and the EFN participated in its official launch at the “1<sup>st</sup> Conference of Partners of the European Innovation Partnership on Active and Healthy Ageing” in Brussels on 6 November 2012, together with other action plans developed in line with the priorities of the Strategic Implementation Plan (early diagnosis, adherence, fall prevention, and age-friendly cities).



### III. EU PROJECTS

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In 2012, the EFN's engagement in EU projects highlighted the core issues that are high on the EFN's, and indeed the EU's, political agenda. It has always been important for the EFN that nurses, patients, and healthcare systems gain from innovative eHealth applications. It is crucial that nurses are closely involved to ensure that developments are health-driven and not market-driven. Patient centeredness and empowerment should be at the very core of the process of developing eHealth initiatives for the benefit of patient safety and quality of care, and nurses' eHealth skills must be identified as important and integrated into all levels of education, including the Continuous Professional Development (CPD) programmes. In this context, the Joint Action on Patient Safety and Quality of Care as well as the Joint Action on Health Workforce Planning and Forecasting become instrumental in operationalizing key aspects of the delivery of nursing care for the benefit of nurses, patients and health care systems as a whole. The EFN's involvement in the Feasibility Study on the Establishment of a Sector Council on Employment and Skills for the Nursing and Care Workforce has also been crucial in gathering data from national skills structures to better understand the priority-setting when it comes to skills, competences, and the employment and education of nurses. This work will feed directly into ESCO (European Skills, Competences and Occupations taxonomy) as the EFN moves forward and extends its leadership within key EU skills initiatives.

#### A. CHAIN OF TRUST



The [European Patients' Forum \(EPF\)](#) has implemented, together with six other partners ([EFN](#), [PGEU](#), [CPME](#), [TIF](#), [NST](#), & [SUSTENTO](#)), an EU project co-financed by the [EU Public Health Programme](#) called "[Chain of Trust](#)" (CoT). Started in January

2011, this two-year EU project aims to assess the perspectives of the main end users of telehealth services, i.e. patients, doctors, nurses and pharmacists across the EU, to see whether and how views have evolved since the initial deployment of telehealth, and what barriers there still are to building confidence in and acceptance of this innovative type of services. The project is expected to end on 31 January 2013.

As a key partner in this project and in addition to several teleconferences held throughout the year, the EFN participated in several meetings, such as the 3<sup>rd</sup> Project Steering Committee Meeting in Oslo on 26-27 January and the 4<sup>th</sup> one in Brussels on 11 October. In addition to this, the EFN hosted an EU Nurses Focus Group on 17 January at the EFN's Brussels Office in order to discuss and agree on a set of political recommendations for an effective and wider implementation of telehealth. The EU Nurses Focus Group, which included nursing policy decision makers, experts and scientists, presented and discussed the CoT's main deliverables from the nurses' perspective. The group also exchanged views on national strategies on eHealth and the state of play on telehealth services at national and regional level to set the scene on how the political recommendations will be taken forward from a European and national perspective. Two national roundtables were held under the leadership of EFN members from Portugal (Ordem dos Enfermeiros) and Greece (Hellenic Nurses Association). The final conference will take place on 24 January 2013.

#### B. E-HEALTH GOVERNANCE INITIATIVE



The [e-Health Governance Initiative \(eHGI\)](#) three years project, which started in February 2011 to end in 2014, is led by high level representatives of the EU Member States and co-financed by the [European Commission](#) through two different instruments: Joint Action and Thematic Network. The [eHGI](#) is about making [eHealth](#) fit for practice and was

presented as a political initiative aiming to support the political work of the e-Health governance structure of the EU Member States in developing strategies, priorities, recommendations and guidelines on how to develop [eHealth](#) in Europe.

In 2012, the EFN contributed to the project by attending an eHGI workshop in Brussels on 4 April 2012 in order to develop a concept paper on eIdentification in advance of the [eHealth week in Copenhagen](#) in May 2012, in which the EFN also participated. It was clear and commonly agreed that the recommendations on eID need to build on existing

national infrastructures as this will facilitate the cooperation and collaboration between Member States, specifically within the eHealth network.

### **C. JOINT ACTION ON PATIENT SAFETY AND QUALITY OF CARE**

In 2011, the EFN was a key player in helping the coordinator (HAS-France) and the work package leaders in designing the process and content of the Joint Action prior to the European Commission's evaluation of the project. This Joint Action aims to strengthen cooperation between the EU Member States, international organisations and EU stakeholders on issues related to quality of healthcare. One of the main objectives is the creation of a permanent network for patient safety in Europe that will reflect principles of good quality healthcare, patient safety and patient involvement. By sharing experiences and solutions in patient safety and related aspects of quality of care, the EU Member States, the regions, and the healthcare facilities can benefit from the knowledge of the others. A selection of good practices will be made, with a preference for those that are relevant for most Member States and their respective healthcare systems. This work should also contribute to the establishment of national patient safety and quality networks or platforms involving all relevant national stakeholders. In the long run, this voluntary exchange of experiences may lead to a peer review system for quality management systems in healthcare. This approach will build on the work of [EUNetPaS](#) in which the EFN was actively involved.

In 2012, the EFN was represented at two key meetings related to this project. The first, a kick-off meeting held in Roskilde, Denmark, on 24-25 May, which helped frame the overall objective of the Joint Action and the activities to be undertaken in the coming years. The second, a coordination meeting held in Madrid on 3-5 October, which gave an overview of the state of play of the Joint Action as well as the various activities to be undertaken as part of the several work packages (WP), namely WP4 ("Identification of Safe Clinical Practices"), WP5 ("Identification of Safe Clinical Practices for immediate implementation"), and WP6 ("Identification of Good Organisational Practices"). This included discussions on a literature review, pilot questionnaires, a well-evidence based glossary of terms, in particular on patient involvement, and how this fits in to the overall framework and data collection procedure of the project. The next meeting is expected to be held in Berlin on 14-15 January 2013

### **D. FEASIBILITY STUDY ON THE ESTABLISHMENT OF A SECTOR COUNCIL ON EMPLOYMENT AND SKILLS FOR THE NURSING AND CARE WORKFORCE**

The European Commission DG Employment policy focuses on making sure people has the right skills to meet the employment challenges of the future. Studies by the European Commission and other institutions show that jobs will demand new and more advanced skills, as a result of technological or organisational change. The [Agenda for New Skills for New Jobs](#), a key tenet of the Europe 2020 strategy, calls for the development of labour market intelligence and skills governance, as well as closer cooperation between the worlds of labour and education. The Agenda includes the EU Skills Panorama which aims to develop the responsiveness of education and training systems to labour market demands and to improve transparency and mobility on the labour market. It should be the starting point for a more coordinated effort to reduce skills gaps and shortages. It should also contribute to existing networks and working groups at European level to analyse shared challenges and potential common solutions.

It is within this context that DG Employment has set up European Sector Councils as tools to analyse quantitative and qualitative trends in labour markets in order to eventually feed into the Skills Panorama by pooling together information to assess what skills will be needed in the future. A European Sector Council has been envisaged for the nursing and care workforce and the EFN, along with other stakeholders, participated in a feasibility study in 2012 in order to explore the setting up of this council. After analysing the results of a country mapping exercise, it was established that most Member States have a national authority dealing with nursing skills while the majority was also in favour of the setting up of a council at EU level. The study culminated in a report, based on the information received from national stakeholders, which provided final recommendations to the European Commission on how to move forward with a European Sector Council for the nursing and care workforce.

In addition to several teleconferences held throughout the year, the EFN attended three key meetings for this project: On 19 January 2012, the kick-off meeting was held in Brussels where the concept of EU sector councils was introduced and findings from an ECORYS feasibility study on sector councils at European level, focusing on the implications of a feasibility study and the potential impact of a European Sector Council, were presented. The project partners also discussed a proposed stakeholder mapping and dissemination strategy. On 19-20 June 2012, the EFN participated in a

mid-term workshop in Warsaw, Poland, organised to discuss the state of play and how to proceed with the second phase of the study. The challenges linked with identifying the organisations responsible for skills at national level was emphasised and the EFN agreed to take up the responsibility of collecting data from 12 Member States as part of the second phase of the country mapping exercise. The final workshop was held in Brussels on 12 December 2012 leading the majority of the partners, not EFN, to conclude 'that it is not the right timing for a European Skills Council'.

#### **E. JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING**

The [Joint Action on Health Workforce Planning and Forecasting](#) (which should be launched in 2013) will focus on the future health workforce shortage with the development of an EU guide as a collection of good practices on how donor and receiving countries can cooperate in order to find a mutually beneficial solution in terms of training capacities and circular mobility. Nevertheless, workforce planning needs broader horizon scanning at different levels for different purposes. Building on mobility projects such as [Prometheus](#) and [RN4CAST](#), in which the EFN was involved, it will be crucial to feed the outcomes of the Joint Action into other initiatives such as the 'skills panorama' and a European Skills Council for Nursing. The EFN is an associated partner in this Joint Action which is being led by the Belgian Ministry of Health. Other EU Member States leading a Work Package are: the UK, Hungary, Malta and Italy.

In preparation of the Joint Action, the EFN attended several meetings in 2012. On 11 January 2012, the work packages were presented to potential partners at a plenary meeting. The EFN, who had closely followed the negotiations with the work package leaders, noticed a positive change in mind-set towards more inclusiveness and broader collaboration with Eastern European countries, bringing crucial input from receiving and donor countries to provide the right balance with regards to health workforce patterns.

On 18 April 2012, the European Commission adopted a communication entitled "[Towards a job rich recovery](#)" establishing a set of concrete measures that will help job creation and how EU funds can be used to make long-term investments in human capital. This communication also included an [Action Plan for the EU Health Workforce](#) aiming to assist Member States in tackling major challenges and setting out actions to foster European cooperation and share good practices to help improve health workforce planning and forecasting, to anticipate future skills needs, and to improve the recruitment and retention of health professionals. This Action Plan was presented at the European Workforce for Health Working Group meeting in Brussels on 10 May 2012 along with other initiatives related to workforce planning and skills. The EFN was on hand to emphasise to the Commission the need to tackle issues now in the face of austerity measures and reform of health systems, keeping in mind the modernisation of Directive 36 and the overall impact on skills and competences.



## IV. BUILDING ALLIANCES

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Building alliances and creating partnerships with key organisations to work on particular issues/topics is very important for the EFN, as this is a means of strengthening civil society in the policy-making process in order to achieve successful policy outcomes. In 2012, the EFN continued to put emphasis not only on its political priorities but also its alliances to achieve concrete policy outcomes. Good working relations with key EU non-state stakeholders built up throughout the years is crucial and this has been truly evident through the strong collaboration with key partners such as the [European Public Health Alliance \(EPHA\)](#), [European Health Policy Forum \(EUHPF\)](#), [Health First Europe \(HFE\)](#), [European Patient Forum \(EPF\)](#), and the European Nursing Students Association (ENSA). Cultivating these relationships becomes central to achieving effective policy outcomes and it is therefore important for the EFN to participate in meetings with other EU health professionals/stakeholders in order to explore common synergies on health issues that form the basis for collective lobbying.

Key non-state partnership and dialogues that took place to advance the EFN lobby agenda were:

### 1. European Public Services Union (EPSU)

The EFN has always valued a solid partnership with social partners, particularly with regards to creating common positions, evaluating the implications of health policies for health care services, and monitoring the implementation of key legislation at national level. In 2012, the EFN and EPSU have been in continuous dialogue, sharing views and experiences on issues that are of key concern to both parties. The most important files were Directive 2005/36/EC and Workforce for Health in which the EFN and EPSU collaborated closely on the input provided to the Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for the Nursing and Care Workforce. 2012 also marked the signing of the [EFN-EPSU Memorandum of Understanding](#), further cementing the strong partnership between the two organisations.

### 2. European Public Health Alliance (EPHA)

The EFN has been actively engaged with [EPHA](#) by participating and sharing information on the EFN's work with other EU health stakeholders, who are also members of EPHA. For the EFN, the major added value of being a member of EPHA lies in its aim to promote and protect the health interests of all EU citizens and to strengthen the dialogue between the EU institutions, citizens and NGOs. The fact that EFN priorities are reflected in EPHA's lobby priorities and that EPHA supports the EFN in achieving its mission and objectives makes this partnership particularly strong.

In 2012, in addition to the monthly Policy Coordination Meetings, the EFN participated in the EPHA Annual Conference on ["Restructuring health systems: How to promote health in times of austerity?"](#), hosted by the [European Economic and Social Committee \(EESC\)](#), on 6 June in Brussels. The meeting, which aimed to assess how the current crisis and its policy responses impact on health systems and how the crisis could be managed in the future so as to promote better health outcomes for all, brought together trade unions, international national and regional authorities, social, health and environment civil society organisations, and EU decision makers. The EFN General Secretary was invited to give a speech on the nurses' view on ["The economic crisis, population and health"](#). He took this opportunity to remind that *"Investing in healthcare and healthcare professionals will improve the health of the overall population"* and to explain that *"For the EFN, promoting research, using innovative tools and providing technical support to very specific programmes of change to ensure the sustainability of healthcare systems in place is one of the many ways to invest in the people driving the healthcare system."*

Following recommendations made at the EPHA Annual Conference, the EFN also supported EPHA by attending an experts' roundtable on ["Can the G20 deliver stability and growth to the global economy in the face of the Euro crisis"](#) at the EU Office of Friedrich-Ebert-Stiftung, in Brussels on 28 June 2012, in order to explore how health can be brought to the economic political agenda.

### **3. Health First Europe (HFE)**

As a full member of [Health First Europe](#) - a non-profit alliance of patients, healthcare workers, academics, and healthcare experts and the medical technology industry - and member of its Advisory Committee, the EFN is working closely with [HFE](#). As an example of the activities undertaken in 2012, reference can be made to the EFN's attendance in the [Health First Europe Open Forum Debate on Patient Safety](#) held on 24 April 2012, in Brussels, under the Patronage and Sponsorship of MEP Christofer Fjellner (EPP, Sweden). This event brought together experts from the European Parliament, the European Commission, the German Coalition for Patient Safety, and the European Centre for Disease Prevention and Control, to discuss on HFE's recommendations for patient safety and healthcare associated infections, which calls on EU policymakers to strengthen the standards for patient safety in the EU Member States' healthcare systems, adopt measurable improvement targets for Member States on patient safety, and develop a European strategy to combat the incidence of healthcare associated infections. The discussions focused on the Cross-Border Healthcare Directive, building bridges between the EU Member States through knowledge brokers, health literacy, education and training, heavy workload for limited workforce, patient rights, and the economic pressure on healthcare providers and the importance of demonstrating cost-effectiveness. The EFN also supported HFE by attending meetings with Permanent Representations, Commission representatives, and MEPs in order to present HFE's recommendations and guidelines on Health Technology Assessment (HTA).

### **4. European Nursing Student Association (ENSA)**

The European Nursing Student Association (ENSA) is an organisation for co-operation between national nursing students' organisations or colleges of nursing in Europe. The purpose of ENSA is to bring together European nursing students and representatives from all countries across Europe. ENSA is an advisory body and follows its members' national policies. The main aims of ENSA are to: promote the highest possible standard of education for European nursing students so that, accordingly, the highest possible standards of nursing and health service for individuals are promoted and maintained, unrestricted by conditions of race, creed, colour, politics, and social status; promote further interest of nursing students and to encourage high professional ideals among them; promote and foster international understanding among nursing students; advise, if requested, on the creation and development of national nursing students organisations.

In 2012, the EFN cultivated its relationship with ENSA through ENSA's presence at the EFN Autumn General Assembly where Jens Dominik Roeder, ENSA President, and Anna Olsson, ENSA Vice-president, briefed the EFN members on ENSA activities, namely on their efforts to bring together the nursing students that feel committed to achieving ENSA's objectives. The EFN and ENSA also exchanged views and common concerns on the modernisation of Directive 36 and the EFN supported ENSA in the dissemination of a press release, in which ENSA emphasised the nursing students' support of the 12-year entry requirement. The EFN looks forward to continuing this strong collaboration in 2013 and welcomes Karin Hoekman as the new President of ENSA, elected in their General Assembly in Novi Sad, Serbia, in October 2012.



## V. EFN MEMBERS STRENGTH

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### 1. EFN Members representing EFN

This year, [Abbott](#) commissioned a research report from the [Economist Intelligence Unit \(EIU\)](#) investigating ways to extend healthy life years. The research report looks at new approaches to disease prevention, early intervention and management of chronic diseases. The EFN President, Ms Unni Hembre, was interviewed during the preparation of the [report](#), adding a vital nursing perspective to the results of the report, which were presented at a meeting "[Never too early: tackling chronic disease to extend healthy life years](#)" that took place in Brussels on 14 May 2012.

On 9 August, Ms Dorota Kilanska, from the [Polish Nurses Association](#), represented the EFN in the [launch of the European Association of the History of Nursing \(EAHN\)](#), in Kolding, Denmark. This new Association, bringing together individuals and Associations together in order to provide mutual support and opportunities for collaboration, is aiming at providing a European focus for the development of the discipline of Nursing History.

On 20-21 September, Ms Milka Vasileva, President of the [Bulgarian Association of Health Professionals in Nursing](#), represented the EFN in the [First Conference on Health Inequalities in the new EU Member States](#), held in Sofia, Bulgaria. The conference addressed, for the first time, the challenge of health inequalities in the South Eastern region from the perspective of the key actors in the health field (policy makers, patient leaders from the 12 new EU Member States, the candidate and acceding countries, and health professionals).

### 2. EFN participation in EFN Members' national events

In 2012, the EFN Brussels Office continued to foster contact with its members through key national events. It is extremely important for the EFN to develop its relationship with its members by getting a real sense of what is important to them at EU level, as well as at national level. Taking part in national events is indeed an ideal way of strengthening ties with the members but it is also crucial for understanding the key issues at stake in individual Member States and offering, in return, the EU-level perspective. The EFN appreciates these moments with its members and continues to urge them to organise and take part in national events that promote the nurses' voice in the EU.

Therefore, in March, the EFN General Secretary attended the [Finnish Nurses Associations' national congress](#) and gave a speech on the latest issues and developments for nursing at European level. While the EFN General Secretary focused mainly on Directive 36 and linking this to other priorities, there was also an opportunity for him to present the EFN's report '[Caring in Crisis](#)' at a press conference held at the end of the congress.

On 1<sup>st</sup> June 2012, in the context of the implementation of [Directive 2010/32/EC on sharp injuries](#), the EFN General Secretary attended the [3<sup>rd</sup> Biosafety Network Summit](#) in London, lending further support to Máximo González of the [Spanish General Council of Nursing](#), an EFN member, who co-chaired the meeting and presented an e-learning tool linked to accreditation.

In the context of Directive 36, the EFN General Secretary was invited to participate in the [Hauptstadtkongress](#) in Berlin on 13 June 2012 to support [DBfK](#) in the German debate on the 12-year entry requirement. In spite of the strong opposition, attending these high-level meetings sends a strong message to national governments that the nurses are following developments closely.

On 24-25 September, the EFN General Secretary participated in the [Norwegian Nurses Organisation](#) Centenary Jubilee & 9<sup>th</sup> National Nursing Conference on "Future of Nursing" aiming to examine the potential and challenges of the profession of nurses, on their identity, their working environment and their role in the health care system, that took place in Oslo, Norway. After an impressive performance in the Opera House, and a gala dinner, the opening of congress with several speeches made it clear where nurses and nursing should be heading in the future. This Celebration was also an excellent opportunity to meet the colleagues from Finland, UK, Croatia, Montenegro and Denmark and to explore the different stand focussing on innovation and e-health.

On 10 November, the EFN General Secretary participated in the "[salon national pour professions de santé](#)" organised in Luxembourg, by the [Association Nationale des Infirmier\(e\)s Luxembourgeois\(es\)](#), and made a presentation on the latest

developments on nursing and mainly on Directive 36 and the 12-year nursing education requirement. The EFN General Secretary encouraged the Luxembourg nurses to stand up in the next elections and to become politicians.

### 3. EFN Members' key Lobby Activities

#### ➤ Sharps Injuries

On 6 November 2012, the [Polish Nurses' Association](#) organised a seminar entitled "Our safety is patient's safety, too – 32/2010 EU Directive", which tackled the issue of safety in medical environment. The meeting brought together 100 nurses from Poland and nursing leaders from EFN members' Associations: Milka Vasileva from the Bulgarian Association of Health Professionals in Nursing, Jindra Kraciková from the Czech Nurses Association, and Maria Lévyová from the Slovak Chamber of Nurses and Midwives, to share their knowledge and experiences on the implementation of [Directive 2010/32/EU on sharps injuries](#). The participants agreed to cooperate on the implementation of the Directive into national legislation, and to draft a joint report to be presented to the European Commission on the government actions in this area, as well as an analysis of the implementation of the Directive and the impact of legal norms after 11 May 2012 on public health and safety of citizens health care workers.

#### ➤ South Eastern Nursing Skills

In 2012, the Croatian Nurses Association continued its work on [SENS](#) (South Eastern Nursing Skills) project aiming at the empowerment of professional nursing associations in EU candidate and EU potential candidate countries in the South Eastern Europe for the process of harmonization of nursing education in line with the Directive on Mutual Recognition of Professional Qualifications (Directive 2005/36/EC). Sixth regional conferences were organised in Sarajevo, Bosnia and Herzegovina, in February 2012 and in Dubrovnik, Croatia in June 2012, where the participants gained additional knowledge about the main features of the EU accession process in terms of nursing, as well as insights on the importance of lobbying as a tool in the process of negotiating with decision makers at the state level. Also, taking into account that higher education of nurses (vertical flow, mobility) guarantees the development of nursing in accordance with European practice, all members of SENS re-emphasised the importance of performing all necessary activities and investing extra efforts for appropriate training of trainers and mentors who must be positioned in high and vocational educational institutions in the region.

In 2012, the Croatian Nurses Association also contributed to organising and finding the key topics for [TAIEX](#) involvement in countries of the South Eastern region. Following this initiative, national nurses associations in Macedonia and Serbia initiated TAIEX workshops in their own countries on the nursing profession, and the establishment of a unified national nursing organisation at federal level in Bosnia and Herzegovina has been initiated. The cooperation in the field of nursing profession in the region has been strengthened with regular participation of nurses from Croatia, Bosnia and Herzegovina, Serbia, Macedonia and Montenegro in seminars, conferences and congresses held in all these countries (cross – participation and travelling).

### 4. EFN support to EFN Members national key concerns

Supporting the EFN members in their national key concerns is also an important part of the EFN lobby work. It is very important that the members have this support to go further in their daily national lobby work. Therefore, like in the previous years, the EFN supported its members in addressing their national challenges which were, in 2012, mainly linked to Directive 36 and regulation issues, ultimately affecting quality of health care and patient safety. Some EU countries governments have been taking political decisions that have a serious impact on the delivery of care. As an example:

In Italy, a decree will put at stake the future of nursing education and nursing as a whole. Thus, the [Italian Nurses Association](#) (*Consociazione Nazionale delle Associazioni Infermiere-Infermieri (CNAI)*), a member of EFN, has taken action and has published a [petition](#) which they hope will collect as most support as possible in their request for a full recognition of Nursing Science and creation of sufficient positions of Nurse Professors in University. The EFN has been in close contact with the Association and is [fully supporting this action](#). As support the EFN also sent out a [letter](#) on 11 July 2012 warning the Italian government not to downgrade nurses and nursing, emphasising that: nursing must be recognised as a single specific discipline distinct from other disciplines; university positions and careers for different

nursing areas should be developed; and university nursing departments should be led by well prepared and qualified nurse professors.

Also, following attempts by the Slovenian government to de-regulate the nursing profession, the EFN sent a [letter](#) in July 2012 in support of the [Nurses and Midwives Association of Slovenia](#), calling on the Slovenian Ministry of Health to keep the existing regulation system for all healthcare professionals, including the nurse assistants, and to include all representatives of nursing and midwifery care in Slovenia in any decision related to the healthcare system.

In Slovakia, the problem was linked to a new law - Act No. 62/2012 - on minimum wage claims of nurses and midwives. The Slovakian employers were putting nurses and nursing in a very dangerous position to avoid fulfilling this new law. Thus, the EFN sent a [letter](#) to the Slovak authorities on 23 July 2012, calling on the Constitutional Court of the Slovak Republic, all individual health care providers and social service facilities and the social dialogue partners and competent authorities to take all necessary steps to support and safeguard the legitimate interests of nurses and midwives in the Slovak Republic.

## **5. EFN Members visiting Brussels & the EU Institutions**

In 2012, several delegations, including Danish nursing students, the Polish Nurses Association, the Finnish Nurses Association, and Nieuwe Unie'91 (NU'91) (The Netherlands), visited the EFN Brussels Office in order to learn more about the EFN's daily activities and the role of the EU Institutions in relation to health policy. Also, on 11 October 2012, the EFN General Secretary met with the Belgian Nurses Association (FNIB) and nursing journalists from across Europe (Finland, Denmark, Netherlands, Norway, Sweden, Iceland, Switzerland, and the UK) to discuss the role of the EFN and the state of nursing in Europe.

The main topics presented on these occasions are: the EFN's key priorities and the EU lobby process, including Directive 36 and the challenges for nursing education, the EFN's participation in EU projects (Joint Action on Quality & Safety, eHGI, Chain of Trust, Joint Action on EU Health Workforce, Feasibility Study on a Nursing Skills Council, ESCO), and the importance of investing in the EU lobby process.

Similarly, several EFN members (such as: Finland, Ireland, Poland, UK) travelled to Brussels to meet with their MEP's and lobby on Directive 36.

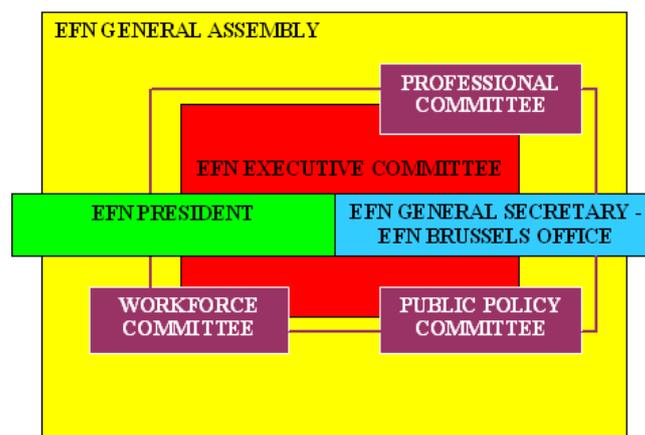
The EFN Brussels Office welcomes this initiative and pro-active attitude from EFN members. Not only as this increases the visibility and reputation of nurses at EU level but also because it shows that they are serious about their profession and the issues that affect it. The EFN members are encouraged to continue these efforts in 2013 in order to give the nursing perspective on key topics.



## VI. EFN GOVERNANCE

### A. EFN STRUCTURE

The EFN governance structure consists of the General Assembly, which includes 34 National Nurses' Associations, supported by the Executive Committee, the Professional, Workforce and Public Policy Committees, and the EFN Brussels Office.



### B. EFN GENERAL ASSEMBLY

As the EFN governing body, the General Assembly meets twice a year to discuss the important issues related to the EFN lobby work that can influence the nurses and the nursing profession at EU and national levels, to discuss and endorse key Policy and Position Statements, and to work on several EU projects.

The EFN General Assembly is constituted of:

- ↳ **Full Members** - drawn from the National Nurses' Associations from the twenty-seven EU Member States + Croatia, Iceland, Norway, Switzerland, the Former Yugoslav Republic of Macedonia, Montenegro, and Serbia.
- ↳ **Observers** - International Council of Nurses (ICN); World Health Organisation (WHO); and the European Nursing Students Association (ENSA).

To view the full list of the EFN Members, updated on regular basis, please visit the [EFN Website](#).

In 2012, the EFN General Assembly met on 19-20 April 2012, in Ljubljana, Slovenia, for the Spring General Assembly organised by the Nurses and Midwives Association of Slovenia, and on 4-5 October 2012, in Luxembourg for the Autumn General Assembly, organised by the Association Nationale des Infirmier(e)s Luxembourgeois(es) (ANIL), to discuss and decide on the following key points:

1. **EFN Constitution and Internal Regulation** – At the October 2012 General Assembly, in Luxembourg, the EFN Members voted and approved by a huge majority a new EFN Constitution and Internal Regulation.
2. **Nursing Research Institute** – In the last two EFN General Assemblies (April & October 2012), the EFN members discussed the recommendations of the Delphi Group and the results of the feasibility study undertaken by Policy Action. This issue will be further analysed and developed in 2013.
3. **Sharps Injuries** - For many years now, the EFN has been following the debate on Sharps Injuries very closely. With the Directive 32 adopted in 2010, and the deadline to implement it (until May 2013), the EFN members are more than

ever concerned about this. As a follow-up of these discussions, the Spanish General Council of Nurses, presented to the October 2012 EFN General Assembly the e-learning tool they have developed, which deals with European biosafety education, training and accreditation model. This educational project, which is not only for nurses but also for other healthcare professionals, is seen by the EFN members as a good e-learning tool that could be implemented in other EU Member States.

4. **Education - Directive 36** – Taking forward the review of Directive 36, the EFN members had the opportunity, in the EFN April 2012 General Assembly, to discuss and agree on EFN amendments to be tabled to the European Parliament and agree on the EFN proposed update of the Annex V of DIR36 for the Commission to take further with delegated and implementing acts. In the EFN October 2012 General Assembly, the EFN members discussed and agreed to keep the political pressure on Article 31 (minimum requirements for nurses education), and to push for 12 years of general education, 4.600 hours and 3 years – mentioning ECTS, and 1/3 theory & 1/2 clinical practice.
5. **Continuous Professional Development (CPD)** – Requesting to further explore the area of CPD, by taking into account what is the current practice in the EU Member States - is it compulsory/voluntary, and who pays for it - the employer or the nurse? -, the EFN members felt it was important to update the EFN 2006 report on CPD (reviewed version approved by the EFN October 2012 General Assembly). Finally, the EFN members agreed to keep the updated [EFN CPD report](#) as an internal document and to analyse future strategies, once Directive 36 is approved, to take forward the report and explore its further development taking into consideration other possibilities at European level.
6. **EU Workforce for Health** – As this is one of the key topics for the EFN and its members this is an issue being discussed in almost each EFN General Assemblies. In 2012, the EFN Members had the opportunity to discuss: the EFN engagement in the Joint Action on Health Workforce Planning and Forecasting, as well as the EU's Action Plan on Health Workforce, and agreed to collect best practice cases on the core areas of the EU's Action Plan and to identify experts/knowledge brokers (within NNAs or not) on data for health workforce planning, planning methodologies, and horizon scanning (skills & competences); as well as the European Skills Council and ESCO lobby process - It was decided that a Matrix on skills and competences should be further developed as it could be a useful tool, not only in ESCO, but for EFN members.
7. **Cost-Effective Integrated Care Models** - In the 'Tour de Table' organised during the April 2012 General Assembly, the EFN members had the opportunity to share their national key developments, challenges, concerns and priorities on the existing cost-effective integrated care models, which showed how new innovative ways of healthcare delivery are bringing benefits (in terms of patient outcomes and cost-effectiveness) to the health systems.
8. **EFN Policy & Position Statements** – Taking further the discussions on the "European skills/competences, qualifications and occupations" (ESCO) - an EU instrument for a multilingual European classification linking skills/competences, qualifications and occupations -, the EFN Members amended and re-adopted the [EFN Position Statement on "Skill Mix, Skill Needs, and Task Shifting in Nursing"](#), at the October 2012 General Assembly. All the EFN Policy & Position Statements are available on the EFN website: [www.efnweb.eu](http://www.efnweb.eu).
9. **EFN Reports** - The EFN Brussels Office also drafted and released a report on ["Caring in Crisis: The Impact of the Financial Crisis on Nurses and Nursing"](#) based on the input provided by the EFN members at the General Assemblies 'Tour de Table' discussions in 2009, 2010, and 2011.
10. **EFN Budget** – The EFN budget for 2013 was discussed and endorsed by the October 2012 EFN General Assembly, in Luxembourg.

### C. EFN COMMITTEES

Constituted in 2006, in order to prepare and facilitate the EFN lobby process towards the European Commission, the European Parliament and the Regional Committee of the World Health Organisation, the three EFN Committees meet twice a year during the EFN General Assemblies in order to discuss and produce recommendations to the General Assembly on the steps forward to achieve concrete outcomes related to specific issues:

- a. **Professional Committee:** In 2012, the Professional Committee led by Sheila Dickson, from the Irish Nurses and Midwives Organisation (INMO), discussed and provided recommendations to the EFN General Assembly on: Directive 36, specifically with regards to Annex V, the 12-year entry requirement, and CPD.

- b. **Workforce Committee:** In 2012, the Workforce Committee led by Antonio Manuel Silva, from the Ordem dos Enfermeiros (Portugal), discussed and provided recommendations to the EFN General Assembly on: the EU's Action Plan on Health Workforce and the accompanying Joint Action, a potential sector skills council for nursing, and ESCO.
- c. **Public Policy Committee:** In 2012, the Public Policy Committee led by Dorota Kilanska, from the Polish Nurses Association, discussed and provided recommendations to the EFN General Assembly on: the Feasibility Study on establishing a European Nursing Research Institute, e-learning tools on sharp injuries, and the implementation of Sharp Injuries Directive.

#### D. DELPHI GROUP

The Delphi group was established following a meeting in Copenhagen in 2008 where it was recognised that National Nursing Associations (NNA's) needed to reach a consensus on the collective priorities of European NNA's in relation to nursing research in Europe and reach agreement on the most efficient and effective means of realising these priorities. Therefore, the Delphi group was mandated to facilitate these objectives. Following a modified Delphi type approach to engage NNA's in reaching a consensus, 4 strategic priorities were identified: identify/develop nursing research evidence to underpin European Union (EU) lobbying for the benefit of nurses and nursing; lobby for the inclusion of a nursing perspective in all European national research agencies, ensuring that nurses are participating in national research development and budget setting; identify/develop research evidence to underpin nursing care for the benefit of patients and those living in Europe; identify support mechanisms for nurses in those countries with fewer professional development opportunities. The vision was that in the longer term there would be a nursing infrastructure / institute based in Brussels that was closely aligned to, but at arm's length from the EFN. To reach an agreement on the most efficient and effective means of realising these priorities and this vision, the Delphi group proposed that a feasibility study for a nursing research institute should be carried out.

In the 2012 Spring General Assembly in Slovenia, the EFN members gave a mandate to the Delphi group to take further the feasibility study on the European Nursing Research. The Delphi group met online and developed Terms of Reference (ToR) for the feasibility study. In June 2012, three expressions of interest were submitted to EFN - From Policy Action (Brussels-based company); from Dimitrios Zikos (Nurse/researcher from Greece); and Dr Leslie Gelling (Researcher from UK). After analysing the three proposals the Delphi Group decided that Policy Action should undertake the Feasibility Study.

The study results were presented at the Autumn EFN General Assembly in Luxembourg by Wes Himes (from Policy Action). The EFN members agreed that a European Nursing Research Institute is a unique opportunity. It was finally approved that the mandate given to the Delphi Group was therefore ended, with very good and up to the point results.

#### E. EFN EXECUTIVE COMMITTEE

The EFN Executive Committee is constituted by seven members: President, Vice-president, Treasurer and four delegates elected by the EFN Members National Nurses' Associations. They meet at least twice a year (in between each General Assembly) in order to discuss important issues for the EFN, to prepare recommendations for the General Assembly, and to follow up on General Assembly decisions. An extraordinary Executive Committee meeting usually also takes place the day before the General Assemblies to set up the last recommendations for the General Assembly.

##### a. Meetings

In 2012, the EFN Executive Committee met four times: on 18 January and 25 June in Brussels, for their regular meetings; and on 18 April, in Slovenia, and on 3&5 October, in Luxembourg, for their extraordinary meetings.

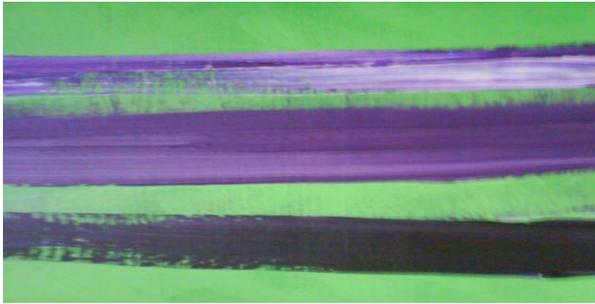
##### b. Elections

At the Autumn EFN General Assembly held on 4-5 October 2012, in Luxembourg, the EFN members elected the following members of the EFN Executive Committee: Vice-President - Ms Branka Rimac (Croatian Nurses Association) and two members of the Executive Committee: Mr Peter Carter (Royal College of Nursing), and Herdís Gunnarsdóttir (Icelandic Nurses Association), for a two-years mandate (2012-2014). As a result, the new Executive Committee is constituted as follow:

<b>President:</b>	Ms Unni Hembre	Norwegian Nurses Organisation, <i>Norway</i>
<b>Vice-President:</b>	Ms Branka Rimac	Croatian Nurses Association, <i>Croatia</i>
<b>Treasurer:</b>	Mr. Pierre Théraulaz	Association Suisse des Infirmières et Infirmiers, <i>Switzerland</i>
<b>Four Executive Committee Members:</b>		
	▪ Ms Dorota Kilanska	Polish Nurses Association, <i>Poland</i>
	▪ Ms Sheila Dickson	Irish Nurses and Midwives Organisation, <i>Ireland</i>
	▪ Mr Peter Carter	Royal College of Nursing, <i>UK</i>
	▪ Ms Herdís Gunnarsdóttir	Icelandic Nurses Association, <i>Iceland</i>

## F. EFN BRUSSELS OFFICE

The EFN Brussels Office, consisting of the General Secretary, the Secretary, two Policy Advisors, and one Intern, and supported by consultants in the area of Accounting, Social Security System, Web and IT management, , Legal Affairs and on specific policy areas, focused on implementing the EFN Strategic Lobby Plan 2009-2013. Having a proactive approach to setting the EU health policy agenda by influencing the major policy initiatives from the European Institutions, which in turn impacts on nurses and the nursing profession, is the core business of EFN. Translating this political journey into the 'language' of the EFN members, through the EFN Updates, Press Releases and Briefing Notes, bridges the distance between Brussels and the governmental capital of the Member States where national policies are developed. Informing and keeping the EFN members up to speed is essential in putting them in an advanced position vis-à-vis their national governments. But equally important is the engagement of the EFN members in the Brussels lobbying process 'to put a human face to policy-making'. As such, having an EFN Office in Brussels equipped with highly educated and motivated staff, and empowering members to exchange views on specific EU policy areas, thus enabling them to go back home with the capacity to influence national governments is, in fact, the 'raison d'être' of EFN.



## VII. COMMUNICATION

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For the EFN, it is essential that its members have the necessary information, knowledge and experience to take informed decisions on the key issues for the nursing profession, not only during the EFN General Assemblies, but also when an item is being discussed and/or needs urgent attention, decision and/or action. In order to be as reactive and proactive as possible, the EFN Brussels Office regularly provides the EFN members with up-to-date information on the most recent items discussed at EU level, through: updates, briefing notes, press releases, position statements, speeches, and articles. Most of these documents are made available to the public via the EFN Website: [www.efnweb.eu](http://www.efnweb.eu).

### ➤ EFN Website

The [EFN website](#) is used as a key communication tool to disseminate information to the EFN Members, the EU Health Stakeholders, and the public in general. Updated on a regular basis, the EFN Website reflects the on-going activities of EFN on the important issues related to the nurses and the nursing profession. In 2012, the EFN continued with the launch of a new website as a way of enhancing communication with its members and the EU stakeholders, through more effective, user-friendly, and interoperable channels.

### ➤ Bi-monthly EFN Update

Every two months, the EFN publishes its [Update](#), a **newsletter** that makes reference to the main information for nurses and the nursing profession within the European Union and to the key issues to influence the European Institutions. These 'Updates' keep the EFN Members, and other key EU health alliances, informed about the EFN policies, actions and relevant European initiatives.

### ➤ EFN Press Releases

Another way the EFN is using to communicate with the EU lobby arena is through its press releases. The [EFN Press Releases](#) provide the EFN members and other key EU health actors, with information on key issues that the EFN believes are important to share, at a certain key moment. Also, these are seen as a good way to reaffirm EFN views/position on a particular topic next to the EU Institutions and the EU stakeholders. In 2012, the EFN published press releases on several key issues, such as: Directive 36, Social Cohesion Funds, Nursing Education, and more general issues as the International Nurses' Day, and the World Health Day.

### ➤ EFN Position Statements

The [EFN Position Statements](#), highlighting the EFN/EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN's lobby work next to the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work. In 2012, the EFN members amended and re-adopted the [EFN Position Statement on Skill Mix, Skill Needs, and Task Shifting in Nursing](#).

### ➤ EFN Articles

Publishing [articles](#) is a good way for the EFN to increase the visibility of nurses and nursing at European level. It is crucial for highlighting the EFN's position on a range of key policy issues and to increase the impact of the EFN's messages and their potential influence on the policy design. In 2012, the EFN had four articles published: "[Caring in Crisis](#)" (published by *Science Omega*) which describes the impact of austerity budgets on nurses and nursing; "[WHO Global Code and Health Professionals' Mobility: A Lever for Stimulating Better Health Workforce Planning?](#)" (co-written with EPHA and published in *Science Omega*) which stresses the healthcare professional mobility in the EU; "[Caring and comparing](#)" (published by the *Public Service Review*) which highlights the challenges in modernising the EU nursing education; and "[Strengthening Nursing Education Saves Lives](#)", (published on EPHA website), also referring to the nursing education modernisation within the context of Directive 36 revision.

➤ **EFN Briefing Notes**

The [EFN Briefing Notes](#), available only to the EFN members via the members' section of EFN Website, provide specific information on key lobby topics that may influence the EFN members' national policies and daily lobby work. In 2012, the EFN has published several Briefing Notes on key items such as: Directive 36, Quality & Safety, and Horizon 2020.

➤ **Documentation to the General Assembly & Executive Committee**

And last but not least, prior to each General Assembly and Executive Committee meetings, the EFN Brussels Office provides the EFN members/Executive Committee all the relevant documents with the key items to be discussed in the respective meetings, in order for them to take informed decisions and make recommendations on the important issues to be taken forward by the EFN Brussels Office.



## VIII. CONCLUSION

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The EFN is definitely changing! Changing in numbers, in approach, in human resource capacity, and in achieving evidence based policies. But continuing as ever before in its advocacy role, in putting a human face to policy-making! EFN strength lies in being upfront, concrete and effective policy solution.

The EFN close link with the European Commission DG Internal Market, DG Connect, DG Employment and DG Sanco enables the take up of new opportunities, such as the establishment of a European Nursing Research Institute to provide the Commission with evidence to develop EU policies. 2013 will focus on getting this right and operational from 2014.

The EFN close link with the European Parliament creates policy debates, transparency and engagement. It is important to listen to different voices, going beyond the comfort zone of friends and alliances. The EFN members' engagement with their MEPs and the preparation in 2013 of the European Parliament elections to take place in 2014 are central, knowing the MEPs of the European Parliament ENVI Committee were not at all in favour of strengthening the nursing education for the coming years. Nurses and nursing are a huge voting constituency! So we should use it at full potential, and get more MEPs to Brussels who commit themselves to do more for nurses and nursing!

The EFN close link with the EU Council of Ministers is key for policy success. The EFN started investing into deeper relationships in 2012 and we will need to strengthen further these relationships in 2013! The Irish and Latvian EU Presidencies will get our full attention in the different policy areas, but mainly the Directive 2005/36/EC. We need to get closer to the working parties and Council Summits. Ambitious but needed!

Finally, the political leadership of EFN members is key to success! The EFN needs strong political leaders who enable engaging different views to finally decide as a strong nursing community in the EU and Europe. The way the EFN is governed is essential to respond to EU legislative challenges, including professional and healthcare challenges.

To conclude, I would like to highlight that it is important that the EFN creates policy window opportunities by being pro-active! This is what we always have done and we will keep on doing!

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The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 34 National Nurses Associations and its work has an effect on the daily work of 6 million nurses throughout the European Union and Europe. The EFN is the independent voice of the nursing profession and its mission 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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