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Consultation on Recognition of Professional Qualifications
European Commission
Internal Market Directorate General, Unit D-4
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Brussels, 15 March 2011

Concerning: Consultation on the Professional Qualification Directive

Dear Commissioner Barnier,

The European Federation of Nurses' Associations (EFN) welcomes the opportunity to participate in the consultation process on the Professional Qualification Directive. The EFN consists of National Nurses Associations from 34 European Countries, and aims to ensure a high quality and equitable health service in the EU by a strategic contribution to the development of an effective, competent and motivated workforce of nurses. It is within this vision that EFN answers the consultation.

EFN Position

The EFN emphasises the importance of the Directive on Mutual Recognition of Professional Qualifications for the free movement of nurses within the EU. The principle of automatic recognition is important in the Single Market. As a result of the financial and economic crisis globally, the health care sector is subject to cuts in salaries and posts, including frontline nursing services. Therefore, the move towards the Green Paper for the modernisation of the Directive, in relation to the health professionals, should provide the framework for the development of a high-quality care delivered by a competent health workforce of sufficient capacity and with the right skills to face future healthcare challenges by:

1. Guaranteeing the minimum requirements as set out in the Directive 36;
2. Updating the Annexe V with new topics to teach; with a possible exploration of potential additional competences;
3. Making the IMI system accessible to individual applicants to reduce bureaucracy;
4. Putting in place an EU Continuous Professional Development (CPD) framework to maintain a highly skilled and motivated workforce;
5. Making sure private and public nursing schools are peer reviewed; and,
6. Taking a more gender approach to the design of the Green Paper.

The reviewed Directive 36 will have an effect on the daily work of 6 million nurses throughout the European Union and Europe, knowing there is an urgent need for EU workforce planning (Council Conclusion December 2010). In order to create more highly skilled jobs in line with the ambitious flagships strategies of the EU, the nursing profession is in a very good position to drive change, making health systems more effective and efficient contributing significantly to the challenges of an ageing population.

Yours Sincerely,

Unni Hembre
EFN President

Detailed EFN INPUT

2. A CALL FOR SIMPLIFICATION

2.1 Why simplification

Question 1: Do you have any suggestions for further improving citizen's access to information on the recognition processes for their professional qualification in another Member State?

The EFN congratulates the Commission in developing the IMI system and believes this communication tool should become mandatory as the main source for the exchange information between Member States concerning Mutual Recognition of Professional Qualifications. Although the EFN realises that currently the IMI is exclusive for competent authorities, the EFN believes that having access to a specific section of the IMI system, not the whole system, relevant for any applicant individual nurse, must speed up the recognition process and the free movement of nurses within the EU. The IMI system must facilitate the administrative process in an online modality, taking into account the importance of the EU Digital Agenda.

The Green Paper, proposing revisions to the Directive 36, should propose making the IMI system mandatory for administrative cooperation between competent authorities/ National Contact Points, with the emphasis on partial access of the citizen to the IMI system to reduce paperwork and bureaucracy.

Question 2: Do you have any suggestions for the simplification of the current recognition procedures? If so, please provide suggestions with supporting evidence.

In line with our first recommendation, the simplification of procedures should include easier actions to submit the documents online and strengthen simple ways for competent authorities/ National Contact Points to communicate among each other, providing them with clear contact references within the IMI system. However, it is important to stress that these simplifications have to be done without compromising the evaluation of the applicant and as such patient safety. Therefore, the Green Paper should focus in bureaucratic simplification benefitting EU citizens.

2.2 Making best practice enforceable

Question 3: Should the Code of Conduct become enforceable? Is there a need to amend the contents of the Code of Conduct? Please specify and provide the reasons for your suggestions.

There are already recommendations endorsed by the group of coordinators for the Directive 36 and EFN believes the Code could, after an intensive evaluation and respecting the subsidiarity principle, be annexed to the Directive 36 serving as **guidelines** for competent authorities/National Contact Points. Nevertheless, the main obstacle to overcome is that the Code is not very well-known among Competent Authorities.

2.3 Mitigating unintended consequences of compensation measures

Question 4: Do you have any experience of compensation measures? Do you consider that they could have a deterrent effect, for example as regards the three years duration of an adaptation period?

The EFN believes that the current compensation measures must be kept and even reinforced as a benchmark to ensure safe and high quality of nursing and health care. The EFN emphasizes that the requirement of compensation measures is extremely important especially for those Member States where qualifications and roles differ within and between health professionals.

As regards the cases where the applicant does not comply with the requirements for automatic recognition, bridging courses, supported by the social cohesion funds, need to be promoted, on case by case basis, by the group of coordinators for the Directive 36. The example of the Polish nurses bridging courses could be used as a successful best practice supported by EFN.

Question 5: Do you support the idea of developing Europe-wide codes of conduct on aptitude tests or adaptation periods?

Having minimum criteria and common understanding at European level to fulfill the requirements of the aptitude tests or adaptation periods should reduce the current administrative burden and drive towards more harmonization and equity.

Question 6: Do you see a need to include the case-law on “partial access” into the Directive? Under what conditions could a professional who received "partial access" acquire full access?

The EFN strongly believes that the partial access to the nursing profession within the context and review of the Directive on Mutual Recognition of Professional Qualification is unacceptable.

The nurse responsible for general care benefit from automatic recognition because a set of minimum training conditions ensures the minimum education in order for a patient and citizen to know who is a nurse and who is not a nurse. Within the context of safety, this is essential. Furthermore, partial access would create a two tier system of professionals and promote systems of inequity for patients receiving nursing care. There is evidence to support the fact that better educated nurses result in improved patient outcomes^{1,2,3,4}. The EFN wants to maintain the principle of automatic recognition for the professionals who fully satisfy the minimum requirements as established on Art 31.

2.4 Facilitating movement of new graduates

Question 7: Do you consider it important to facilitate mobility for graduates who are not yet fully qualified professionals and who seek access to a remunerated traineeship or supervised practice in another Member State? Do you have any suggestions? Please be specific in your reasons.

For EFN, this point is not under the scope of the Directive 36 as it is addressed only to professionals who are fully qualified to practice the profession in one Member State and who wish to practice the same profession in another Member State. The Directive 36 concerns nurses who graduated, not student nurses. The mobility of nursing graduates who are not fully qualified professionals should be regulated under other EU legislation, not the DIR36.

Question 8: How should the home Member State proceed in case the professional wishes to return after a supervised practice in another Member State? Please be specific in your reasons.

For EFN this question is also addressing educational mobility issues and therefore is out of the scope of DIR36.

2.5 Facilitating movement between non-regulating and regulating Member States

Question 9: To which extent has the requirement of two years of professional experience become a barrier to accessing a profession where mobility across many Member States in Europe is vital? Please be specific in your reasons.

As the nursing profession education is regulated in all EU Member States, there is no need to amend the Directive 36.

Question 10: How could the concept of "regulated education" be better used in the interest of consumers? If such education is not specifically geared to a given profession could a minimum list of relevant competences attested by a home Member State be a way forward?

As the nursing profession education is regulated in all EU Member States, there is no need to amend the Directive 36.

3. INTEGRATING PROFESSIONALS INTO THE SINGLE MARKET

3.1 A European Professional Card

Question 11: What are your views about the objectives of a European professional card? Should such a card speed up the recognition process? Should it increase transparency for consumers and employers? Should it enhance confidence and forge closer cooperation between a home and a host Member State?

The EFN recognizes the potential positive use for the professionals who want to migrate of a European professional card. However, the EFN also acknowledges that economic, legal and technical challenges must be considered, due to the variety and number of regulatory bodies in the EU and Europe. Moreover, the introduction of the card could also involve a considerable administrative burden since it needs sound planning to ensure not only the protection of private data but also to minimize the risks of counterfeiting. The use of a European professional card and concerns

¹ Aiken, L. & Havens, D. (1999) Shaping Systems to Achieve Desired Outcomes. *Journal of Nursing Administration*, 29, 14-20.

² Buchan, J. (2000) Health Sector Reform and Human Resources: Lessons from the United Kingdom. *Health Policy and Planning*, 15, 319-325.

³ Aiken L et al. "Educational Levels of Hospital Nurses and Surgical Patient Mortality," *Journal of the American Medical Association*, 290(12): 2003.

⁴ Aiken L et al. "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," *Journal of Nursing Administration*, 38(5): 2008.

about personal information protection and costs for the individual professional (not only in issuing the card but also in keeping it updated) must be further deliberated. As part of the Steering Group on EU Professional Card, the EFN strongly recommends that these issues must be studied forward within the group. Nevertheless, the information contained in the card should besides be covered, registered and available via the IMI system.

Question 12: Do you agree with the proposed features of the card?

The EFN believes that the Steering Group on EU Professional Card is the right framework where these issues must be discussed.

Question 13: What information would be essential on the card? How could a timely update of such information be organised?

The EFN believes that the information potentially included on it could be details regarding the national regulatory authority, professional qualifications, education institution and preferably information on professional experience.

Also CPD information could be stored for accreditation. It should also be explored the potential link of that card with other EU cards already developed and implemented (the European Health Insurance Card, the European Model Driving License and Driver Qualification Card, etc.).

Question 14: Do you think that the title professional card is appropriate? Would the title professional passport, with its connotation of mobility, be more appropriate?

The EFN believes that the Steering Group on EU Professional Card is the right framework where these issues must be discussed and proposed.

3.2 Abandon common platforms, move towards European curricula

Question 15: What are your views about introducing the concept of a European curriculum – a kind of 28th regime applicable in addition to national requirements? What conditions could be foreseen for its development?

The EFN is hesitant to opt for European curricula as it is important to leave the requirements for educational frameworks to the Member States. The Health care sector is of national interest and therefore, each Member State must have the decision-making power over all national educational requirements for professionals in the Health care sector. This includes also any education in specialised midwifery and nursing.

Furthermore it is challenging to look at the different levels of nursing specialist's education, considering variations in duration, tasks, content and scope. At national level, minimum education requirements and curriculum are complicated so the national authorities' approval must be the basis for the development. Nevertheless, this development would imply the need for an EU coordinated accreditation system applied to all nursing schools, private and public, organising these specialities, next to the general care nurse education. However, there are specialist nursing groups who have considered developing common core curricula who might benefit from these proposals^{5,6}. The challenge is to look at existing levels of education for professional groups, and especially in midwifery and nursing and specifically the level specialist nursing education.

3.3 Offering consumers the high quality service they demand

Question 16: To what extent is there a risk of fragmenting markets through excessive numbers of regulated professions? Please give illustrative examples for sectors which get more and more fragmented.

The EFN is not answering this question.

Question 17: Should lighter regimes for professionals be developed who accompany consumers to another Member State?

Patient safety is a Europe wide concern and therefore, the EFN strongly opposes any kind of lighter regimes for health professionals of any kind.

⁵ WHO European Strategy for Nursing and Midwifery Education (*Europe Gerontological, Cancer, Occupational and Critical care nursing curricula, 2003*).

⁶ Federation of Occupational Health Nurses within the European Union (FOHNEU), 2002.

3.4 Making it easier for professionals to move temporarily

Question 18: How could the current declaration regime be simplified, in order to reduce unnecessary burdens? Is it necessary to require a declaration where the essential part of the services is provided online without declaration? Is it necessary to clarify the terms “temporary or occasional” or should the conditions for professionals to seek recognition of qualifications on a permanent basis be simplified?

The EFN believes that if the professional situation is included and currently updated by the individual professional in the IMI system, the excessive administrative burden linked to the declaration in case of temporary mobility or linked to the submission of the recognition application could be significantly reduced. As such, technology, the EU digital agenda, needs to support nurses' mobility. This should not however remove the requirement for health professionals practicing temporarily in another member state for prior notification and declaration with the relevant health regulator. For EFN the terms “temporary” and “occasional” could be differentiated and clarified, above all in terms of duration.

Question 19: Is there a need for retaining a pro-forma registration system?

The EFN believes that this procedure should be taken care of in the IMI system.

Question 20: Should Member States reduce the current scope for prior checks of qualifications and accordingly the scope for derogating from the declaration regime?

The EFN believes that there should be no reduction in the current scope for prior checks of qualifications.

4. INJECTING MORE CONFIDENCE INTO THE SYSTEM

4.1 Retaining automatic recognition in the 21st century

4.1.1 Automatic recognition based on education and training

Question 21: Does the current minimum training harmonisation offer a real access to the profession, in particular for nurses, midwives and pharmacists?

The EFN opposes any downgrading of the current minimum baseline criteria (Art 31), as the minimum education/training requirements have proven to be a valuable safeguard to quality and safety in healthcare. The minimum education/training requirements for nurses responsible for general care, as set out in the Directive under Article 31, are still considered as solid and relevant and have offered a real access to the profession of nursing and also have advanced the status of nurses across Europe.

In some countries the Directive has enabled the positioning of nursing education and women, in the Higher Education degree structure. In those MS joining the EU from 2004, after transposition of the Directive into national legislation, nurse education has moved into Universities and Colleges. In most EU Member States, the Directive 36 has been the cornerstone of massive educational reform raising the quality of nurse education and practice.

Quality nurse education is linked with improved patient outcomes and reduction in patient safety incidents, as described and referenced before. The minimum requirements are considered as a benchmark ensuring quality nurse education and a quality nursing workforce able to deliver safe patient care. Furthermore, these requirements should also be seen in relation to the Directive of patients' rights in cross-border healthcare. EU citizens have the right to know what they can expect from the professionals within the healthcare sector.

Question 22: Do you see a need to modernise the minimum training requirements? Should these requirements also include a limited set of competences? If so what kind of competences should be considered?

Regarding the admission requirements and the start of the nursing education, the EFN agrees with increasing the admission requirements to 12 years of general training. The EFN supports safeguarding the entrance requirement to the nursing education starting at minimum 18 years with a completion of 12 years of primary and secondary school.

Concerning the duration of the education/training, the EFN believes we need to stick to the current system, mentioning the reference to the number of 4600 hours. Reference to years is less relevant as it confuses optimal implementations. The 4.600 hours needs to be the verifying element in each nursing curriculum. Also, the number of hours and the % of theory and practice must remain.

Whether though the EFN strongly opposes any downgrading of the current minimum baseline criteria (Art 31) also recognises that the content of nurse education described in the Annex V of the Directive needs to be updated to

reflect current advancements in nursing such as new focus of healthcare oriented towards prevention; issues of chronic/long-term care; community based care; eHealth and ICT developments; patient safety; and research and evidence-based practice. Furthermore, within the Annex V, the Directive could contain requirements of knowledge about national healthcare laws, healthcare services and language skills.

As regards the introduction of a set of competencies for a general care nurse, the EFN expresses concerns about incorporating a list of competencies into the Annex V as the measurement of competencies (skills, knowledge and behavior) is challenging and could complicate the recognition process. As the re-launch of the Single Market Act is related to the Directive 36, with the ambition to promote growth and creating more jobs by simplifying the professional qualification recognition process, the EFN foresees a risk when including a list of competences as a tick box substitute the current minimum training requirements. The EFN recognises that in some Member States a list of competences is part of the National Nurses legislation, however, including them into the Directive could allow other professionals who are not fully qualified to fit into some items of the set of minimum competences and as such benefit from a possible "partial access" to the nursing profession. This is, within the context of mutual recognition of professional qualifications, unacceptable for EFN. Any exploration of the use of competencies in the annex would need to be in addition to the content and hours requirement and not as a replacement.

Question 23: Should a Member State be obliged to be more transparent and to provide more information to the other Member States about future qualifications which benefit from automatic recognition?

The EFN agrees with the views to disclose the content of the education and training to the competent authorities of the other Member States on a regular basis through the IMI system.

Question 24: Should the current scheme for notifying new diplomas be overhauled? Should such notifications be made at a much earlier stage? Please be specific in your reasons.

The EFN fully agrees that in case of new diplomas, in order to respond before changes in the education curricula, Member States should communicate prior to developing this new curriculum and title, the existence of this new diploma and the equivalence in case it exists, with previous diplomas recognized in order to facilitate the future compliance with the requirements of the Directive and allow free movement to professionals. It is therefore desirable that the competent authorities at all times are up to date with current education and curricula. Also, it is important to communicate clearly these minimum requirements so that potential migrants are also aware of what they need to achieve before they decide to move between countries.

4.1.2 Automatic recognition based on professional experience

Question 25: Do you see a need for modernising this regime on automatic recognition, notably the list of activities listed in Annex IV?

The Annex IV is not referring to the nursing profession.

Question 26: Do you see a need for shortening the number of years of professional experience necessary to qualify for automatic recognition?

The EFN strongly opposes shortening down the number of years of professional experiences necessary to qualify for automatic recognition. Thus, the EFN considers necessary to keep the requirement of three years of professional experience within the last five years when nurses responsible for general care want to benefit of automatic recognition in case they do not fulfill the requirements of minimum education/training requirements or the qualification under Annex V.

4.2 Continuing professional development

Question 27: Do you see a need for taking more account of continuing professional development at EU level? If yes, how could this need be reflected in the Directive?

The EFN believes a Continuing Professional Development Framework⁷ should be integrated in the Directive as part of Art 22. The fundamental principles of CPD including a commitment to patient safety and quality of care must be

⁷ "Continuing Professional Development (CPD) is the systematic maintenance, improvement and continuous acquisition and/or reinforcement of lifelong knowledge and skills of health professionals. It is pivotal to meeting the patient needs, health service delivery needs and the learning needs of individual professionals." Source: Civil Society Resolution on Continuing Professional Developments, European Federation of Nurses/Pharmaceutical Group of the European Union/European Region of the World Confederation for Physical Therapy; http://www.efnweb.eu/version1/en/documents/CivilSocietyResolutiononCPD17102006EN_001.doc

grounded in the European Union legislation, and followed through by Member States and the healthcare professionals working in the health system.

Significant investment in the education of health professionals is crucial to support the high quality of professional services. It is essential that patterns of career pathways are established and an extended career ladder is made available to all health professionals, in particular nurses, facilitating the successful introduction and implementation of new skills, skills mixes and new ways of working^{8 9}.

Putting CPD into the Directive as an incentive is essential for nurses and nursing with the ultimate goal to make nurses move more freely. However, due to the considerable variations on how Member States understand and organize CPD, CPD must become an incentive for both employers and employees. CPD cannot become one of the minimum requirements for mutual recognition of professional qualifications.

4.3 More efficient cooperation between competent authorities

Question 28: Would the extension of IMI to the professions outside the scope of the Services Directive create more confidence between Member States? Should the extension of the mandatory use of IMI include a proactive alert mechanism for cases where such a mechanism currently does not apply, notably health professions?

The tested IMI system by some sectoral professions has been proved to be useful to effectively exchange information between the network of competent authorities. Nevertheless, the EFN believes that all citizens, nurses, need to have access to the system, or at least to a limited section of the system, to communicate and process their application.

Question 29: In which cases should an alert obligation be triggered?

An alert obligation should be triggered in all the legal cases that the individual is taken off the national register which needs to be communicated urgently through the IMI system to all Member States. The cases presented in the consultation paper, such as cases of fake diplomas or sanctions, are relevant cases for EFN. In order to institute such a system there also needs to be clarity between competent authorities on what constitutes a disciplinary case – as these differ between member states. It also needs to be clear what appeals processes are in place for the individual nurse.

4.4 Language skills

Question 30: Have you encountered any major problems with the current language regime as foreseen in the Directive?

For EFN, language requirements should be justified and proportionate, in view of the activity that the professional wishes to carry out. Nevertheless, the employers need to stay responsible in determining whether health professionals are competent to carry out the particular role for which they are being recruited, including their ability to communicate effectively with colleagues and patients, and also, taking into account that writing and spoken skills in the nursing file. Reporting about the caring process to inform the clinical decisions is central to quality and safety. As such, we need to find a good balance between free 'movement' and 'safety and quality'. The EFN trusts the individual wanting to move, the employer investing in its employees and the regulator playing the gatekeeper role.

⁸ EFN Position Statement on Skill Needs Skill Mix and Task Shifting in Nursing:
<http://www.efnweb.eu/version1/en/documents/EFNPositionStatementonSkillNeedsSkillMixandTaskShiftinginNursing-EN-final112008.pdf>

⁹ Skill-Mix and Policy Change in the Health - Workforce: Nurses in Advanced Roles
OECD Health Working Paper no. 17: (DELSA/ELSA/WD/HEA(2004)8), James Buchan and Lynn Calman