



“The Bologna Agreement and Student Futures”

by

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Dear Colleagues,

I am delighted to be in Edinburgh, for the first time, to address the ENSA AGM on the topic “Bologna Agreement and Student Futures”. I’m grateful to the European Nursing Students Association for their commitment and participation in the EFN General Assemblies and being active in EFN Committees work, especially the Professional Committee in which EU education policies are discussed before endorsement by the General Assembly.

I believe ENSA, together with the NNAs and EFN need to be more proactive in preparing solutions to the educational challenges and therefore I will come up with some concrete proposals in which ENSA and EFN can help build and support nursing education in Europe. The concept of building integrates the notions of developing a concrete and solid lobby plan.

My presentation consists of three parts:

1. EFN and Directive 36;
2. EFN and the Bologna Process; and,
3. EFN and ENSA joined actions.

1. EFN and Directive 36

Before discussing lobby issues, I want to remind you of EFN mission and objectives. The mission of EFN is "To strengthen the status and practice of the profession of nursing and the interest of nurses in the EU and Europe".

Three objectives support this mission:

- 1) Ensuring that nurses and nursing are a key element in the development of EU social and health policy and its implementation
- 2) Strategic support for a qualitative and equitable health service in the EU and Europe by means of developing a workforce of effective, competent and motivated nurses
- 3) Strengthening EFN representation in the EU and Europe and develop EFN key role as a bridge between nursing associations and the EU institutions.

The implementation of Directive 36 fits objective 1. The Directive on mutual recognition of professional qualifications of nurses gained momentum in the seventies and is still one of EFN top priorities. All member States need to comply with the minimum criteria as set out in DIR 36: *(1) the completion of a general education of 10 years, (2) the curriculum consists of at least three years of study and 4600 hours, with (3) 50% theoretical and 50% clinical training on a full-time basis, and shall (4) include at least the programme described in Annex V, point 5.2.2.* These requirements are the basis of the so-called 'Acquis Communautaire', within the context of the enlargement of the EU, but some "old member states" seems to have more difficulties to implement them. So, the Commission, DG Internal Market is bringing some Member States to the European Court of Justice. Since November 2007 the Commission has set in motion infringement proceedings against the following Member States for not implementing the Directive 36:

- April 2008: against Belgium, Czech Republic and Spain, for failure to transpose DIR 2005/36/EC into national legislation.
- April 2008: against Austria, Belgium, Cyprus, France, Greece, Ireland, Luxembourg and Spain, for failure to implement DIR 2006/100/EC. These countries have not yet updated their lists of professional qualifications to accommodate the corresponding Bulgarian and Romanian qualifications. The action follows a reasoned opinion sent to 22 Member States in October 2007. In the intervening period, therefore, 14 countries came into line; the eight listed remain non-compliant.

Furthermore, EFN needs to be very attentive as the trend exists to “consider re-examining” Directive 2005/36/EC again as the pressure stays high as the principal points at issue remain:

- the 3-cycle Bologna structure and the duration of minimum agreed training courses;
- The learning outcomes;
- recognition of prior learning and continuous professional development; and,
- a new accreditation system for the European Union: if national legislations permit, higher education institutions will be able to seek quality approval from agencies beyond their national borders.

This represents a significant challenge, which needs to be seriously examined against its feasibility. The Bologna Process is gathering momentum and that the European Parliament and the Council of Ministers are giving higher priority, which makes the Commission nervous. Add to the equation the upcoming healthcare services proposal and the Green Paper on mobility stressing the importance of Continuous Professional Development, and the political and professional pressure increases. Finally, the Commission looks at developing a sectoral accreditation system at European level in which EFN and ENSA needs to be pro-actively involved in, in my opinion a joined and strong answer is needed. If Recital 29 of Directive 36 is used to submit reasoned proposals, there is the prior condition that there exists strong consensus among professional, student, academic and regulatory bodies. ENSA and EFN need to jointly lobby and have a clear stand on what is good for the future of the practicing nurses.

2. The Bologna Process

So, the Bologna Process, and even the European Qualification Framework, is without doubt having an impact on the Directive 36. As you all know, the Bologna Process aims to establish a European Area of Higher Education by 2010 and the objectives of the Bologna Process are:

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

- Attractiveness and competitiveness of the European Higher Education Area.

The Bologna Follow-up Group has recently agreed a work programme which will be taken up in the next Ministerial Summit in Belgium, 2009. It has set up working groups on mobility, employability, qualifications frameworks, lifelong learning, the social dimension, data collection and stocktaking, and the position of the European Higher Education Area in the global context. Of particular interest to the sectoral professions is the agreement that the 46 Bologna signatory countries will develop national qualification frameworks, to be referenced against the Bologna 3-tier structure, by 2010. What is to follow in the post-2010 era will be the subject of a ministerial summit, to be held in Budapest and Vienna in the spring of 2010. The first preparatory discussions are taking place and in my opinion, ENSA is in a unique position to address nurses concerns, based on a joint position between ENSA, EFN and ICN. Even more challenging, but feasible is a joint position between the nurses, doctors and pharmacist student and EFN, CPME and PGEU. This would be the ideal model to influence future trends.

Therefore, I urge ENSA to focus on this topic, to develop a clear position, in collaboration with EFN and ICN and start lobbying to get into this policy arena through the European Students Unions. The nursing students have that privileged contact and I count on you to get into the Summit.

3. EFN and ENSA Actions

In my opinion, EFN and ENSA should focus on "representation" and "policy content" and lobby actions toward very specific priorities. But first we need to agree on what we want together. Nursing education at various levels as well as continuing professional development (CPD) are essential elements in the process of progressing the health policy agenda. We need this to guarantee a professional workforce that can help drive change and deliver quality. Furthermore, it is important expanding and facilitating student mobility, from a number of points of view: funding and finance, recognition, curricular reform and quality assurance. The Bologna Process has been implemented in a fragmentary fashion and in line with this preoccupation, the European Parliament services are asked to prepare a study on 'the Bologna Process: achievements in each Member State'. Let's move together into this political debate!

In conclusion, I believe that despite the many challenges we both face in implementing the Directive 36 and the Bologna Process, I believe we need to focus on content. But I strongly believe we can make change together. So, let's do it!

Thank you very much for your attention.
Paul De Raeve
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