I. **Introduction**

This report on Continuing Professional Development (CPD) in nursing is part of EFN Education Policy and should be seen in the light of the Bologna Process, the Directive on Mutual Recognition of Professional Qualifications and the future Qualification Framework. This report has to be linked to the following EFN position statements:

- EFN Position Statement on the Bologna Process (EFN 2004);
- EFN Education Policy Statement (EFN 2002);
- EFN Position Statement on the Directive on Mutual Recognition of Professional Qualifications (EFN 2004);
- EFN Position Statement on the Working Time Directive (EFN 2005);
- EFN ICN Joint Statement on Tuning (EFN 2006).

The demand from consumers, service providers and educators for highly-skilled nurses who can respond to and influence changing needs and practice demands has occurred within a political change in health system reform debated in different European and International Institutions.

In the context of quality of care and patient safety in Europe, it is imperative that all nurses become active participants in the development of knowledge and practice. It is very important that the nurse has the individual responsibility to be accountable and able to lead quality improvement organisations.

The demand for quality, accountability and efficacy of practice has highlighted the need for health professionals to demonstrate that they are keeping abreast of new knowledge, techniques and developments related to their profession. Nurses have to be able to contribute to the provision of best practice and the clinical, scientific development of the nursing profession.

As a profession, nurses have always been engaged in continuing professional development. Implicit in this is the assumption that nurses will maintain, develop and enhance competence through CPD. The need for nurses to maintain and update their knowledge and skills is seen as essential for achieving and maintaining quality in service provision, and is in keeping with a broader recognition that lifelong learning, embracing both formal and informal post-basic education, is an ongoing requirement for all nurses.

If the development of competences is to have a formal value in relation to career development, promotion, job change and salary, it needs to be documented. It could be achieved through creating an individual standardised CPD portfolio. In order for the individual nurse or work place to structure activities of informal as well as formal learning, it is important to relate to a common guide or framework.

II. **Definition of Continuing Professional Development (CPD) as part of Life-Long Learning**

CPD is a continuous process of personal growth, to improve the capability and realise the full potential of professional people at work. This can be achieved by obtaining and developing a wide range of knowledge, skills and experience, which are not normally acquired during initial training or routine work, and which together develop and maintain competence to practice.

There are a number of reasons why undertaking CPD is desirable, including:

- A demonstration of ability to give safe, evidence-based care, fulfil the duty to patients, and maintain the trust of the public;
- A desire to develop professional knowledge and skills;
- A condition placed on continuing membership of a professional body;
- A demonstration of professional standing to clients and employers; and,
- An aid to career development or a possible career change.

CPD encompasses a wide range of learning activities, formal, informal and incidental learning. It can range from study days to develop skills and knowledge in particular areas of nursing to longer programmes of study that lead to an academic award. Other activities, for example, in-service education programmes, reading, journals and clinical supervision are valuable opportunities for learning. Contact with colleagues and other professionals can result in incidental learning. The informal and incidental learning can be formalised through reflection, evaluation and recording in a portfolio.
CPD should be constituted of a balance between formal, structured learning on the one hand and unplanned learning in the workplace on the other. The emphasis should be on self-directed learning and learning outcomes rather than quantitative input.

CPD is the life-long learning in which nurses engage in the context of their working lives. Society at large changes rapidly and keeping abreast requires individuals to learn and develop constantly. Learning takes place as part of day-to-day life and is a life-long activity.

III. DG Sanco – High Level Group – Health Care Professionals

The High Level Group on health care and medical services was established in 2004. The High Level Group has taken forward work through working groups involving interested Member States on particular topics, with regular reporting of their work to the full High Level Group.

The Health Professionals Group members are: BE, EE, FR, HU, LV, LT, NL, PL, GE, SW and the UK. The UK and HU co-chair. The High Level Group also made arrangements to involve observers from the EEA/EFTA states and contributions from civil society: the Standing Committee of European Doctors (CPME), the European Federation of Nurses Associations (EFN), the European Hospital and Healthcare Federation (HOPE) and the European Health Management Association (EHMA).

The mandate of the Health Professionals Group is to look primarily at the potential impact of migration of health professionals around the European Union. It has decided to concentrate, at least initially, on doctors and nurses, where three major areas of work have been chosen:
- Evidence of migration amongst the health professions;
- Recruitment practices; and,
- Quality aspects with regard to CPD.

IV. EFN Questionnaire on CPD

1. Who establishes the competences required to become a nurse?
2. Is CPD compulsory in your country?
3. Is there a legal requirement of a minimum number of study days per year to continue to practice as a nurse?
4. Do nurses have an annual appraisal?
5. Is there an agreed plan between nurses and their manager that includes their professional development needs for the coming 12 months?
6. On average, how many study days (sd) or credits (C) per year does a nurse take in your country?
7. Does the nursing regulator require nurses to provide evidence that they are professionally up to date?
8. How is CPD funded in your country?
9. Is there a demand for cross-border recognition of CPD undergone in neighbouring countries?
10. Are you satisfied with the level of CPD available to nurses in your country?

V. Feedback from EFN Members

Q1 - Who establishes the competences required to become a nurse?
Q2 - Is CPD compulsory in your country?

Q3 - Is there a legal requirement of a minimum number of study days per year to continue to practice as a nurse?

Q4 - Do nurses have an annual appraisal?
Q5 - Is there an agreed plan between nurses and their manager that includes their professional development needs for the coming 12 months?

Q6 - On average, how many study days (sd) or credits (C) per year does a nurse take in your country?

<table>
<thead>
<tr>
<th>CPD QUESTION/EFN MEMBER</th>
<th>Q6</th>
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<tbody>
<tr>
<td>Austria</td>
<td>40 hours in 5 years</td>
</tr>
<tr>
<td>Belgium</td>
<td>more than 3 days per year</td>
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<tr>
<td>Bulgaria</td>
<td>5 days per year</td>
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<tr>
<td>Croatia</td>
<td>-</td>
</tr>
<tr>
<td>Cyprus</td>
<td>2-4 days per year</td>
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<tr>
<td>Czech Republic</td>
<td>40 credits in 6 years</td>
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<tr>
<td>Denmark</td>
<td>NONE</td>
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<tr>
<td>Estonia</td>
<td>60 hours per year</td>
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<tr>
<td>Finland</td>
<td>NONE</td>
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<tr>
<td>France</td>
<td>NONE</td>
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<tr>
<td>Germany</td>
<td>NONE</td>
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<tr>
<td>Greece</td>
<td>NONE</td>
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<tr>
<td>Hungary</td>
<td>-</td>
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<tr>
<td>Iceland</td>
<td>3 days per year</td>
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<tr>
<td>Ireland</td>
<td>2 days per year</td>
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<tr>
<td>Italy</td>
<td>150 credits in 3 years</td>
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<tr>
<td>Latvia</td>
<td>30 hours per year</td>
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<tr>
<td>Lithuania</td>
<td>80 hours in 5 years</td>
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<tr>
<td>Luxembourg</td>
<td>5 days per year</td>
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<tr>
<td>Malta</td>
<td>3 days per year</td>
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<tr>
<td>Netherlands</td>
<td>variety</td>
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<tr>
<td>Norway</td>
<td>NONE</td>
</tr>
<tr>
<td>Poland</td>
<td>3 days per year</td>
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<tr>
<td>Portugal</td>
<td>105 hours per year</td>
</tr>
<tr>
<td>Romania</td>
<td>30 credits per year</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>100 credits in 5 years</td>
</tr>
<tr>
<td>Slovenia</td>
<td>-</td>
</tr>
<tr>
<td>Spain</td>
<td>3-4 Short-term programs/y</td>
</tr>
<tr>
<td>Sweden</td>
<td>NONE</td>
</tr>
<tr>
<td>Switzerland</td>
<td>NONE</td>
</tr>
<tr>
<td>UK</td>
<td>5 days per year</td>
</tr>
</tbody>
</table>
Q7 - Does the nursing regulator require nurses to provide evidence that they are professionally up to date?

Q8 - How is CPD funded in your country?

Q9 - Is there a demand for cross-border recognition of CPD undergone in neighbouring countries?
Q10 - Are you satisfied with the level of CPD available to nurses in your country?

VI. Conclusions:

1. Only eight National Nurses Associations are happy with the Continuous Professional Development situation in their Country;
2. Continuous Professional Development plays a significant role in cross-border mobility;
3. The funding of Continuous Professional Development represents a mixture of possibilities throughout Europe. The individual nurse, the employer and the government play a role in funding CPD;
4. In twelve Member States the nursing regulator requires nurses to provide evidence that they are professionally up to date;
5. In the EU Member States, there are different ways of expressing CPD (hours, credits). The Bologna process is far from being implemented;
6. In nine Member States agreed plans between nurses and managers exist that include their professional development needs for the coming 12 months;
7. In sixteen EU Member States nurses have an annual appraisal;
8. In eleven EU Member States a legal requirement of a minimum number of study days per year to continue to practice as a nurse exists;
9. In fourteen EU Member States CPD is compulsory. There seems to be no evidence of better patient safety in countries with mandatory continuous education and recertification. It is very important that nurses have the individual responsibility to be accountable and be able to lead quality improvement;
10. In the EU there is a wide variation in who establishes the competences required to become a nurse. In most EU Member States it is the government.
ANEXE I
EFN Members Country Report on CPD

AUSTRIA

Since 1997 nursing has been defined by a new Federal law (Law.No. I Nr.108/1997 - GuKG). There exists a training for nursing assistance with a duration of one year. The diploma training takes three years and is finished without a final examination qualifying for university entrance.

There are 3 technically different diploma trainings: General health care and nursing; paediatric nursing (from birth to 14 years); and psychiatric health care and nursing.

After the diploma there are 4 stages of further qualification:
1) Advanced training (§ 63 GuKG) - the applicant has to document 40 hours/5 years;
2) Further training (§ 64 GuKG) – special knowledge can be enhanced and a supplementary job title may be obtained (e.g. wound management);
3) Special training (§ 65 GuKG) - duration 1-2 years, specializations for certain areas (intensive care, dialysis, management ...); documents acquired in the EEA (European Economic Area) for successfully completed special training are acknowledged (§ 30 GuKG); and,
4) Since 2005 the regular studies of nursing science can be studied in Austria.

The permit to practice is effected by the diploma. There is no official registration. Membership of the professional association is voluntary.

BELGIUM

The competences required to become a nurse are established by the Ministry of Health and the Ministry of Education which is advised by the National Council on the Art of Nursing, the Technical Commission on the Nursing Art and ten Provincial Medical Commissions. These bodies regulate nursing in the following areas: access to the profession, practice, agreement of titles and qualifications and professional conduct.


For all practitioners, licensing and registration are regulated by the Ministry of Social Affairs, Public Health and Environment and issued by Provincial Medical Commissions. The Medical Commission has the power to withdraw the right to practise. In addition all diplomas have to be approved by the Federal Ministry of Public Health.

The licence (Visa) is issued for life but the nurse has to, normally, renew the registration of his/her title or qualification every three years in the Province where he/she is employed.

The Flemish, French and German Regional Ministries for Education are responsible for the approval of training in their regions.

Clinical supervision is undertaken by the hospital or any other field of work providing the apprenticeship.

The National Council of Nursing Art called “Conseil National de l’Art Infirmier or Nationale Raad voor Verpleegkunde” is the Advisory body to the Ministry of Public Health. It prepares projects and documentation relating to the practice, exercise and education (in collaboration with Regional Ministries of Education) of nurses and submits them for discussion, approval and legislation to the Ministry of Public Health.

The Commission of Agreement of the National Council of Nursing Art accredit the titles and qualifications (basic and post-basic training). The Technical Commission of Nursing Art is the advisory body to the Ministry of Health for all the matters of nursing technical practice (legal nursing acts).

The National Council of Midwives has existed since 1991 and is the Advisory body to the Ministry of Public Health; it prepares projects and documentation relating to the practice, exercise and education (in collaboration with Regional Ministries of Education) of midwives and submits them for discussion, approval and legislation to the
Ministry of Public Health.

Actually, there are no nursing research departments financed, but research is carried out by nurses for their graduate examination theses and their university diploma theses in nursing management. Some nursing research is also undertaken in University hospitals.

The Law makes it compulsory on hospital nursing departments to evaluate the quality of nursing care and to report it annually.

The improvement of the quality of patient care and the appropriate financing of nursing care are two important objectives of the Ministry of Public Health. A nursing minimum data set has been compiled and is used in all general hospitals, its purpose is to improve clinical effectiveness and determine budget allocation.

It is a current project to use the Nursing Data Set (Version 2) not only in hospitals but also in all sectors of health.

The Ministry Conference of Public Health (6 December 2004) drew up new legislation on general titles of nurses and midwives (Bachelor level), training and recognition for the new function of nursing assistant and also particular professional titles and particular professional capacities (qualification) in post basic level in the continuous professional training in higher school or in Life Long Learning for adults.

BULGARIA

In Bulgaria, in 2003 the Parliament adopted the first legal act for the recognition of the health care professionals – The Law for the professional organization of nurses, midwives and the allied health professionals. According to this Law, the Ministry of Health and the Bulgarian Association of health professionals in nursing (BAHPN) are the competent authorities to set out the nurses’ competences.

Formally the CPD is not compulsory, but it is strongly required by the employers. At the same time, according to the Law for Health, the Bulgarian association of health professionals in nursing (BAHPN) is responsible for the organization, for the implementation, for the control, for the registration and for the audit of the CPD. BAHPN has developed a system for crediting the CPD. Every nurse has to carry out different study activities in the course of 5 years, receiving 150 Credits. The evidence for the lifelong learning activities is the Certificate for professional qualification, issued by the BAHPN. If the nurse has not fulfilled these requirements, she/he is given the chance to do it in a year more, working during this period under supervision. The employers are happy to employ well qualified nurses and to give them better salaries.

In Bulgaria, the Medical Universities, especially the Nursing faculties propose special training in different specialities for nurses and midwives. They propose post –graduate education on master degree in Nursing management, Health management, Social sciences and PhD in Public health.

Nurses have an annual appraisal mainly in the University hospitals and in some private hospitals. There is an agreed plan between nurses and their employer for the CPD. It is usually developed by the head nurses of the hospitals for the coming new year, according to the hospital’s needs and to the nurses’ personal plans for qualification.

As regards study days or credits per year a nurse take, this depends on the personal qualification plans – it is about 5 study days a year on average. BAHPN and the employers require nurses to provide evidences, that they are professionally up to date. The Ministry of Health intends to put it into the legislation. CPD is usually self-funded. Sometimes the employers fund the nurses, who are carrying out specialization.

In Bulgaria there is not a demand for cross-border recognition of CPD undergone in neighbouring countries.

We are satisfied with the level of CPD available in Bulgaria. Of course, we have much to do to propose better opportunities and to convince the Ministry of Health to make the necessary amendments in the health legislation, in order to assure full recognition of the Credit system for the CPD. The result will be better salaries according to the acquired qualification level.

CYPRUS

The Cyprus Nursing and Midwifery Council is responsible in establishing the competencies to become a nurse. According to the Nursing and Midwifery Law, to be considered as a nurse you should:

- Have reached the twenty-first year of age;
- Be a citizen of the Cyprus Republic, husband or wife or child of citizen democracy, is ordinarily resident in Cyprus or a national of another Member State;
Hold a diploma in Nursing awarded by the School of Nursing Department of Health or the Department of Nursing of Health Sciences, Cyprus University of Technology or from universities, whose curriculum is approved by the Council or a diploma or certificate or other evidence courses, which are recognized by the KY.SA.T.S (The Cyprus Council of Recognition of Higher Education Qualifications) and approved by the Nursing & Midwifery Council;

Be a person of good character. To prove that the person must submit a certificate of clean criminal record.

Due to a very recent (2012) legislation amendment each nurse must make all necessary actions relating to continuing professional development to achieve the renewal of registration in the relevant register of nursing.

There is no a legal requirement of a minimum number of study days per years, although there is a minimum number of theoretical training hours (32 hours) and a minimum number of continuing education credits (20 credits) during the intervening 4 years before each renewal of professional license.

In Cyprus, only nurses working for the government (Public Employees) have a formal annual appraisal according to the regulations of the Public Service. In the Private Sector, this is may be done in some but not in all Health Care Institutions/Organisations.

There is no an agreed plan between nurses and their manager for the coming 12 months considering professional development.

Approximately a nurse takes 2-4 study days per year but still there is no obligation for the employer to give study days. In the Government sector permanent employees are allowed half of the time of the attended seminars/ conferences as Study Leave.

The renewal of professional license (Licence to Practice), which is held every 4 years, requires:

- Certificates of theoretical training at least 32 hours or 20 international units of continuing education
- Certificates of professional practice of at least 25 days or 180 hours in appropriate work, per year
- Certificates of pursue the occupation, including administrative or educational or research activities or prevention activities.

In Cyprus, CPD is funded either by the individual nurse (who assumes 100% of the costs), the Government through the Academy of Public Administration for seminars under their approval, the Professional Association (CYNMA), the Ministry of Health for the public sector, and Private Health Institutions/Organisations.

There is no demand for cross-border recognition of CPD undergone in neighbouring countries.

The level of CPD is unsatisfactory at the moment. Continuous professional development demands became an issue of concern for all Nurses since the Law amendments in early 2012

However, more organized efforts should be made, by the Cyprus Association of Nurses and Midwives, the Board of Nursing and Midwifery Council (REGULATORY BODY) and Nursing Administration in the Ministry of Health (Nursing services division) so as to increase the opportunities offered to nurses and Midwives for continuing professional development.

Much more important is the need for these efforts to involve the private health care sector as well, and to establish the obligation of employers to offer these opportunities to nurses and midwives but also to finance them partially or even totally.

CZECH REPUBLIC

Law No. 96/2004 Coll. on the conditions for obtaining and recognition of fitness for pursuit of non-medical health professions and for pursuit of activities connected with health-care provision and on the amendment of some related laws has been effective in the Czech Republic since 1 April 2004.

A non-medical health care professional can now pursue his/her profession without professional supervision only in the case that he/she has a certificate issued by the Ministry of Health. Following the first period, when this certificate has been issued for 4-6 years based on the length of practice to all individuals who had this competence prior to the coming into effectiveness of the new Law, the Ministry of Health will renew the validity of the certificate every 6 years. In order to get the certificate renewed the applicant will have to submit evidence about gained professional education, about health fitness and about a clean criminal record.

Furthermore, the applicant has to document that during the last 5 years he/she pursued his/her profession for a minimum of one year in the range of at least 20 hours/week or of two years in the range of 8 hours/week. Besides that, he/she must document having gained 40 credit points for participation in life-long education
activities. In case he/she fails to produce the above-mentioned evidence of practice and further education, the certificate will be renewed only on the basis of passing an examination verifying fitness for pursuit of the profession without professional supervision in accordance with up-to-date knowledge of the profession. Otherwise he/she can no longer pursue the profession without professional supervision.

Life-long education is organised differently in the individual EU countries, but the ways of gaining new information should always follow contemporary methods of adult education. Stress should be placed especially on various forms of self-study and obtaining practical experience during practice periods at accredited workplaces. Life-long education must not be only a formality.

What is important is the result, not the form. In the development of curricula professional associations must participate and each worker should prepare his/her own plan of education which should concentrate on improvement of knowledge in those parts of his/her profession which are not a routine part of the work of the given professional.

In Czech Republic the regulation No. 423/2004 Coll. came into force. It specifies the number of points that can be obtained for the individual types of educational activities. The point system of evaluation may be formal and completely inadequate regarding evaluation of observation of the duty of life-long education. Collecting the points can become a mere indicator of quantity, or the time spent at educational events, and not of quality - information and skills gained. The wrong system must naturally give rise to misleading results.

Nevertheless, we have moved on since 2004. The Czech Act 96/2004 Coll. is currently being revised and a new law will be proposed in early 2013. The system of CPD points/credits was already revised and some other changes are prepared again in order to make it more efficient and expressive of quality rather than sheer quantity of CPD activities available for nurses.

Annual appraisal is common now in many different types of Czech health care facilities. It is required by the commission accrediting facilities in the Czech Republic. Annual development plan is common now in many different types of Czech health care facilities. Although it may be still slightly formal in some facilities, other take it very seriously. It is required by the commission accrediting facilities in the Czech Republic.

**DENMARK**

So far, mandatory CPD has not been introduced in Denmark. You cannot practice as a nurse in Denmark without a nursing education and an authorization. The graduate nurse is responsible for keeping her education updated, and the employers have a duty to provide supplementary education.

In Denmark there are several options open to nurses in regard to postgraduate education. Danish nurses have gained access to further education at academic level, i.e. Master of Nursing Science, Master of Clinical Nursing and a PhD Degree in Nursing. In addition to these academic programmes Danish nurses opt for degrees within other scientific disciplines such as social sciences, politics, pedagogy etc.

Apart from the academic degrees, Danish nurses have the following options:

- The nurse specialty education (i.e. ICU-nurses, nurse anaesthetists, infection control nurses, psychiatric nurses and oncology nurses). The nurse specialty educations are regulated by the National Board of Health and are developed in collaboration with DNO. The title “specialised nurse”, however, is in general not a protected title, but in order to obtain an employment as a nurse anaesthetist or a children’s health visitor, a postgraduate education is required;
- Extensive postgraduate education (i.e. perioperative nursing, emergency care nursing, ophthalmic nursing, etc.). The extensive postgraduate educations are primarily offered by university hospitals or DNO. DNO has developed the framework programmes for most specialities.

In collaboration with the Danish regions/hospital owners, DNO has carried out a survey with the purpose to of discovering the extent of nurses’ needs for further or specialist education.

Three types of questionnaires were sent to 850 nurses in general medical wards and oncology departments. Separate questionnaires were sent to ward nurses, charge nurses and nursing officers with budget responsibilities.

The overall findings were:

- Only one in five nurses obtain the further or nurse specialist education that they professionally need;
- In 2004 only 55% of the nurses participated in any form of educational activity;
- About 70% of the charge nurses and nurse managers had one or more ward nurses in their ward, who they considered in need of extended postgraduate or further education, in-service training or a conference;
• The three greatest barriers for nurses in obtaining the necessary professional education were:
  - Insufficient budgets;
  - That locums are not an option;
  - The wards are far too busy and cannot spare any nurses.

At present DNO is considering repeating the survey in collaboration with the Local Government Denmark in order to investigate the level of education within the field of community nursing.

ESTONIA

According to the Health Care Services Organization Act (passed 09.05.2001), health care workers are doctors, dentists, nurses and midwives who may render medical services if the Health Care Board has issued them a registry certificate about their competence. The registration is necessary just once; periodic re-registration is not required. Until 2002 national evaluation of nurses’ and doctors’ competence was used, based on the Ministry of Health and Ministry of Social Affairs regulations. Since then, vocational unions have the right to conduct periodic evaluations. The principles and system of evaluation of medical specialists was developed in 2002, of nurses and midwives in 2003. Competence evaluation is voluntary for health care workers. Nevertheless, employers are required to provide 300 hours of training for all personnel in a five-year period according to the regulation Health Care Services Quality Control Requirements of the Minister of Social Affairs.

Training of nurses is carried out in educational and health care settings licensed by the Ministry of Education and Ministry of Social Affairs or institutions accepted by the Estonian Nurses Union.

FINLAND

The education and professional practice of health care personnel are strongly regulated by law. Nursing education in Finland is based on the directives issued by the European Union (2005/36/EU). The professional health care practice is also prescribed in the Act on Health Care Professionals and the Decree on Health Care Professionals.

Nurses in Finland are educated in the Polytechnics (also called Universities of Applied Sciences). They are municipal or private institutions, and authorised by the government. The authorisation determines their educational mission, fields of education, student numbers and location. Polytechnics have autonomy in their internal affairs. The polytechnics legislation will be updated by 2014. The Ministry of Education draws up the competency requirements for graduates of polytechnics. The competency requirements for graduates of polytechnics are based on EQF, The European Qualifications Framework. The bachelor level studies are on level 6 (all together 8 levels). In addition to the international guidelines, the contents for The National Qualifications Framework (NQF) for nursing, are based e.g. on the national health and social welfare agenda drawn by the Ministry of Social Affairs and Health.

Education and training providers have a statutory duty to evaluate their own activities and participate in external evaluations. Evaluation findings are used in the development of the education system and the core curricula and in practical teaching. The curricula in nursing education are competency based.

In Finland, the continuing professional education of health care professionals is mainly based on personnel’s voluntariness, and the employers’ liability. It is common that employees obtain education on their own initiative. Health care personnel shall follow ethical principles and approved methods of work. They are also obliged by legislation to maintain and develop their professional skills e.g.:

- **Act on Health Care Professionals**  
  *Section 18 Obligation to take part in further training*
  Health care professionals must maintain and improve their professional knowledge and skills required to carry on their professional activity and familiarise themselves with the provisions and regulations concerning them. Employers of health care professionals shall create opportunities for participation of the latter in necessary further training for the profession.

- **Primary Health Care Act (66/1972)**  
  *Section 41. (928/2005)*
  The municipality and the joint municipal board shall see to it that the primary health care staff, depending on the length of their basic education, how demanding their work is and their job description, take to a sufficient extent part in continuing professional education arranged for them. Further provisions on the content, quality, amount, provision, monitoring and evaluation of continuing education can be issued by decree of the Ministry of Social Affairs and Health.

- **Act on Specialized Medical Care (1.12.1989/1062)**
The Finnish Nurses Association has also published the recommendation for quality requirements for the continuing professional education. The association recommends at least 6 days/year for each nurse for continuing education. In Finland there is no legal requirement of a minimum number of study days per year to continue to practice as a nurse. Most nursing managers have appraisals with the employers. That is the recommendation.

Also, as regards agreed plan between nurses and their manager that includes their professional development needs for the coming 12 months, this varies in different working places. Mostly used is a form estimating work demanding. There both the nurses and the manager fill in the form. This form has been used in most public health sectors.

In Finland there are no statistics on how many study days (sd) or credits (C) per year does a nurse take. There is a discussion going on in the Finnish Parliament concerning the limits of the study days. Nursing regulator does not require nurses to provide evidence that they are professionally up to date. Also, CPD might be funded by the employer or the employee. There is no demand for cross-border recognition of CPD undergone in neighbouring countries.

The possibilities to have CPD vary within the different fields of specialisation. For some nurses the possibilities are good, but for some it is more challenging. We know that especially for nurses that have not permanent employment, it is sometimes very difficult to have the employer’s support for CPD.

### FRANCE

C’est en juillet 1971 que le législateur a rendu obligatoire pour chaque employeur de payer une taxe sur la masse salariale permettant de financer la formation continue en France. Depuis, plusieurs amendements à cette loi ont été promulgués et la dernière en date (2004) prévoit un compte épargne formation que chaque employeur du secteur privé doit tenir à jour. Les salariés ont la possibilité de suivre 20 heures de formation par an ou de cumuler ces heures jusqu’à 6 ans.

Dans le secteur de la santé, plusieurs statuts cohabitent:

(a) Le statut de la fonction publique ou dans la majeure partie des cas les infirmières suivent en moyenne 3 ou 4 jours de formation par an

(b) Le statut privé ou les infirmières ne suivent pas beaucoup de formation

(c) Le statut des travailleurs indépendants ou un dispositif de financement de la formation a été mis en place en 1995. Après des débuts difficiles, les infirmières indépendantes commencent à suivre régulièrement des formations. La moyenne se situe à plus ou moins 2 jours par an.

Dans le cadre de l’évolution de notre système de santé, les pouvoirs publics souhaitent introduire l’évaluation des pratiques professionnelles pour l’ensemble des professionnels de santé. Avec ce dispositif, la formation continue deviendrait obligatoire. On ne sait pas encore la quantité minimale qui serait imposée dans l’année et par personne.

Globalement, la France souhaite que la formation continue se développe mais il n’y a pas toujours adéquation entre souhaits et moyens. Le métier d’infirmière impose une remise à jour des connaissances régulières et les pouvoirs publics devront augmenter les budgets.

Il reste à souligner qu’un certain nombre d’infirmières françaises autofinancent leur formation ce qui représente un lourd investissement en temps et en argent pour cette catégorie qui ne bénéficie pas de salaires élevés. Leur démarche n’en est que plus louable.

### GERMANY

There is no legal requirement for CPD in Germany. However, legislation requires that health and care institutions safeguard quality and the qualification of employees would be part of this. CPD is considered a necessity for good quality of care and for professional and career development. Therefore, CPD is supported in many ways (e.g. part of EFQM or similar). However, recently support for continuing education by employers has decreased because of budget restrictions. It is considered to be the responsibility of each individual nurse. Since the implementation of diagnosis related groups (DRG) for hospital funding, employers focus on process optimization; this implies a requirement of standardisation and education which is multi-disciplinary. In the field of community nursing services, the health and long term insurance companies supervise quality of care and qualification of nurses.

There is a range of specialisation in nursing (intensive care, psychiatric nursing, theatre nursing, etc.). Legal responsibility for the framework of specialisation is a regional responsibility. The majority of Lander (states) in Germany have laws or regulations on the specialisation. Recently there has been an initiative of Voluntary Registration of Nurses. This initiative is a lobbying approach to obtain a legal requirement for registration of all practising nurses.
GREECE

Continuing Professional development is not yet officially organised in Greece. A central government body, which in our case is the Ministry of Health, establishes the competences required to become a nurse. But there is no compulsory CPD in our country. In our Professional Organisation eight Nursing specialities are included, two of which provide a kind of Accreditation through the courses that they are offering to nurses. These specialities are Oncology Nursing and Intensive Care Nursing. As a Professional Organisation, we are working on the idea of establishing an accreditation body in co-operation with the Ministry of Education and we hope that we will succeed soon. We are planning to ask for help and advice from ICN on the subject.

ICELAND

In Iceland there are no regulations that require nurses participate in Continuing Professional Development (CPD).

The ethic code of the Icelandic nurses’ association places an emphasis on the importance of CPD as a part of developing knowledge in nursing.

In a study conducted among 3127 members of the Icelandic Nursing Association, to which 39.9% replied, 14% of the respondents stated that they participate in CPD once a month. 31% stated they participate four times a year and 25% once a year. 17% do not take part in any CPD. The main reasons for not participating in CPD were the cost and being busy at work. In the light of the results of this study, the Icelandic Nurses Association is currently seeking to define its role in CPD for its members.

Icelandic nurses seek their CPD to their employer, to a professional section within the Icelandic Nursing association or to the Universities in Iceland. The Universities of Iceland and of Akureyri offer diploma and masters programmes in various fields of nursing.

Nurses in Iceland are required to attend an annual appraisal. Therefore they can link their CPD with their wages.

The Icelandic Nurses Association has a funding system where nurses can obtain financial help for their CPD.

IRELAND

Nursing in Ireland is governed by a statutory body entitled the Nursing Board (an Bord Altranais) which was established by the Nurses Act of 1950 and amended under the 1985 Act with responsibility for the regulation of nurses, education and training, maintenance of standards, competence, registration and fitness to practice.

In 1997 a commission was set up by the government (as a direct result of a threat of industrial action by the INO) to examine nursing and provide recommendations for the future. The commission published a very comprehensive report in 1998. This report was accepted by both government and unions and all of its 200 recommendations are being addressed. There are a number of specific recommendations related to CPD which include the establishment of an independent statutory agency with the responsibility for post-registration professional development of nursing and midwifery. This body, which is called the National Council for the Professional Development of Nursing and Midwifery, was set up in 1999 to:

- Monitor the on-going development of nursing and midwifery specialities taking into account changes in practice and service needs;
- Establish guidelines for the creation of specialist nursing and midwifery posts by health service providers;
- Determine the appropriate level of qualification and experience for entry into specialist nursing and midwifery practice;
- Accredit specialist nursing and midwifery courses;
- Support additional developments in continuing nurse education by health boards and voluntary organisations;
- Assist health service providers by setting guidelines for the selection of nurses and midwives who might apply for financial support in seeking opportunities to pursue further education; and,
- Liaise with bodies in other jurisdictions in relation to the professional development of nursing and midwifery.

The work of this body is on-going. The commission report also recommended that each nurse be granted two days study leave each year and that the Nurses Act of 1985 be amended to allow for the re-establishment of the regulatory body separate from the National Council which would allow the nursing profession to have greater control over its own destiny.
A new nurses and midwives act is currently being drawn up and is expected to be ready towards the end of 2006. It is recommended by the commission that the new act entitle the Nursing Regulatory Board to "require any nurse/midwife to satisfy it as to her or his relevant competences, failing which the board could require an update on skills or knowledge as a condition of retention of the name on the register".

Through negotiation in 1999, the INO succeeded in getting course funding for any nurse who wished to undertake a degree course part-time or post-graduate diploma relevant to work. The study leave entitlement is at the discretion of the employer.

A recent study undertaken on CPD showed that 53% of respondents participated in in-service education on a yearly basis. This does not include those who participate in other courses outside their work area e.g. in university/third level college.

A medicine’s bill is currently in the final stages of progress through the government which will allow nurses prescribing rights.

In Ireland, it is the nursing board (an Bord Altranais) who establishes the competences required to become a nurse.

In Ireland, the annual appraisal is informal – not mandatory and may not apply to all nurses.

The study days (sd) or credits (C) per year a nurse takes varies according to the length of the course and the employer. All nurses are entitled to two days per year but any nurse undertaking a part-time course which is longer than six months would get a minimum of five days but may get all required study leave for attendance at the course.

Under the nurses/midwives act currently being drawn up the nursing regulator will require that the nurse provides evidence that they are professionally up to date.

In Ireland, funding is a mix. Some courses are 100% financed by the Department of Health and some are co-financed by employers and individuals.

ITALY

In Italy, CPD is organised through the National Programme of Continuous Education in Medicine (ECM) for Health Professionals and is defined by three characteristics:

- Obtaining theoretical knowledge (to know)
- Having technical or manual ability (to do)
- Developing communication skills and ethical stance (to be)

Continuous Education Programs are organized for health professionals as it is very difficult, in changing times, to maintain all these three aspects updated. Each professional is autonomous in his/her updating. By law, a National Commission established in 1992 (art. 16-ter, comma 2, DL 30.12. 1992, n. 502) was integrated by legislative Decree n. 229 (June 1992). However, healthcare professions have not defined a set of competencies they have to keep up to date, and the whole system risks to be bureaucratic and formal in nature at the moment (furthermore one has to pay for many of these educational events too!). One can call it CPD, but it is Continuous education with no guarantee of real development or career progression.

ECM system imply the acquisition of educational credits gained by conferences and congresses participation (both residential and on the job), educational and training courses, e-learning/distance education. Credits are released by Providers. Providers are institutions or Associations or Professional Orders/Colleges which have gained accreditation by a national Commission. The process of becoming an accredited Provider is quite strict, and follows some principles according to a Permanent Commission State and Regions deliberation (5 November 2009). Annual educational programs of each Provider have to refer to a national set of objectives. Each health professional has to gain 150 credits per year in the period 2011-2013. This means gaining 50 credits each year, with a minimum of 25 and a maximum of 75 credits; the possibility to keep a maximum of 45 credits from the previous three-year period exists. Credits released by each Provider are sent to a Consortium which should manage a register of all educational credits for all health professions (named COGeAPS). Professional Orders and Colleges are to become the organisms certifying credits gained by their members in the three-year period.

LATVIA

The Register of Nurses has been established in 1994. This register operates as a regulatory mechanism for these professions. Those who meet the national requirements (for example, people who have acquired nursing training comparable to higher professional education) are entitled to work in the capacity of nurses and midwives.
Re-registration takes place every five years. Re-registration is based on a certain amount of continuing educational activities.

In the case where a nurse has not worked in practice for more than five years, the practice rights have to be re-established by passing a Register Examination.

A registered nurse after three years of practice and additional continuous education may sit for a certification exam and acquire a certificate - rights of specialists' practice in the speciality for five years. After five years a nurse/midwife needs re-certification.

### Nursing Regulation and Continuing Professional Development system in Latvia

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<th>Register</th>
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<td>1. Registered nurse;</td>
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<td>Register examination (for those who haven't worked as a nurse more than 5 years)</td>
<td>3. 100-612 educational hours (content depends on the speciality)</td>
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<th>Application time</th>
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<td>- 150 educational credits/ hours (post basic education courses)</td>
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<td>- not less than 60 credits have to be in the speciality;</td>
<td>- not less than 25 credits have to be in emergency care;</td>
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<td>- 1. experience in speciality.</td>
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<th>Responsible institution</th>
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<td>- Professional Educational Centre for Health Care Workers (Ministry of Health)</td>
<td>- Latvian Nurses Association</td>
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The Nurses registration and certification process in Latvia was started in 1995.

The certification function was delegated to the Latvian Nurses Association in 1998. Now we certify nurses in 19 nursing specialities. For the effective work with the information in the Register a computer programme was developed. With the assistance of this programme it is possible to maintain, update, analyse, and compare data about registered health care professionals and those professionals who have rights to practice. All information about educational activities, including titles of the programmes, time of the courses and information about educators is provided by the Education Department of the Professional Educational Centre for Health Care Workers (Ministry of Health). The entity of this computer programme is accessibility to the information from any position.

The Latvian Nurses Association works closely with the Professional Educational Centre for Health Care Workers (Ministry of Health) in fields of registration and certification. We have the local CT network and use the joint data base.

### LITHUANIA

State Health Care Accreditation Agency under the Ministry of Health is the institution responsible for licensure procedure of nurses. This agency operates as a regulatory institution for nursing profession. Licensing of the health professionals (mandatory) is one of the main activities of the agency.

CPD is compulsory in Lithuania. Renewal of licence of nursing practice (so called maintanence of the licence) takes place every 5 years. There is the legal requirement to undertake not less than 60 hours of continuing educational activities during 5 year period.
In the case where a nurse has not worked in nursing practice for more than three years during past 5 year period, she must undertake 100 extra hours of continuing educational activities during 5 year period (160 hours at all). Nurses do not have annual appraisal. The appraisal of professional qualification and renewal of the licence takes place every 5 years.

It depends on the internal policy of each healthcare institution, but in accordance to internal regulations of each healthcare institution it could be agreed plan between nurses and their manager that includes their professional development needs each year. Every nurse must take 60 hours of study courses per 5 year period (or 160 hours as explained above). Nursing regulator require nurses to provide evidence about the professional practice (confirmation for health institution about not less than 3 year of professional practice during past 5 year period) and the documents / certificates, which confirm certain number of hours of continuous professional development (60 hours per 5 year period).

CPD is funded partially by Ministry of Healthcare (up to 75 percent of total cost) and by the employers of nurses. Also nurses can pay individually if it is no agreement with the managers of health institution. Lithuanian nurses organisation organises courses of qualification improvement for the member nurses free of charge.

CPD undergone in neighbouring countries is usually recognised. The only requirement is to present certificate of undertaken courses translated (by the official translation authority) into national language.

In generally we are satisfied with the level of CPD available to nurses in your country. But there are number of problems associated with work organisation in healthcare institutions. In the case nurse leaves to CPD courses the workload increases for the other staff in the workplace. Also courses are expensive in the case nurses have to pay on for their own. Also there is a lack of compromises between nurses and the administration representatives which makes leaving of nurses to the courses problematic (e.g. in the case the workload at job place is high and the lack or nursing personnel limits the opportunity for nurses to go to the courses).

Lithuanian nurses’ organisation support the idea to organise CPD courses for nurses at the workplaces.

LUXEMBOURG


Nous ne connaissons aucun cas où le Ministère de la Santé aurait refusé de prolonger une autorisation d’exercice à une infirmière qui n’a pas suivi de manière régulière les formations continues par la loi précitée, de même nous ne connaissons aucun cas où un hôpital aurait été pénalisé pour ne pas avoir offert/payé le nombre d’heures de formation continue annuelle prévue par la loi précité. Par contre nous avons connaissance de faits que certains hôpitaux n’utilisent pas leur budget annuel de formation continu.

Il n’existe pas de compte-rendu officiel accessible à l’ANI sur le nombre de formations continues organisées respectivement sur le nombre d’infirmières ayant fréquenté les formations organisées resp. sur le nombre d’infirmières ayant absolû le nombre d’heures de formation prévues par la loi.

Êtes-vous satisfait avec le niveau de DPC disponible aux infirmières dans votre pays? OUI, par rapport à la législation, donc par rapport à l’aspect théorique qui prévoit une formation continue annuelle de 40 heures.

NON, par rapport à la pratique courante: il semble que certains hôpitaux ne se conforment pas à la législation, c’est-à-dire que le budget mis à la disposition des hôpitaux n’est pas utilisé par certains hôpitaux. L’Etat n’exerce donc pas de contrôle régulier sur le budget de la formation continue des hôpitaux et ne fait pas respecter les lois qu’il a édictés et les infirmières ne réclament par leur droit.

NETHERLANDS

The current ‘Act on professions in healthcare’ (Wet BIG), aims at transparency in the professional activities in healthcare in order to protect the patient. This act emphasizes the professionals own responsibility. The professional is allowed to exercise his/her profession if he/she is adequately ‘capable’ (knowledge, skills and competencies).

Nurses have to be registered with the Ministry of Healthcare (the BIG register).

The Act also mentions periodic registration (art. 8). It demands a work experience of at least 1840 hours in a five year period. There is only a qualitative (focused on content) demand if the applicant lacks working experience. There is a two year limit on not having worked at all in these five years.

The Act has a equality indication for nurses who have to keep up their professional skills, but who do work at the bedside (i.e. nurse teachers and managers).
The demand for periodic (numerical) registration will start in 2007. The first registration will therefore take place in 2012.

The Act leaves the system for quality assessment up to the professionals and their organisations themselves.

The general association of nurses in the Netherlands, the AVVV has developed a system for quality registration including continuing professional development. The AVVV states that nurses are the central professional force in healthcare. The quality of health care lies in their hands.

The AVVV has developed additional requirements on professional development in order to be registered as a nurse. This will make the quality of health care provided transparent for patients, employers and healthcare insurance companies.

The system for quality registration prescribes criteria for Continuing Professional Development, accreditation and the nature of education and training offered.

The AVVV provides a (digital) portfolio, which both gives the professional nurse guidance for CPD and a system to register activities in the field of CPD. Furthermore this system will create uniformity.

The digital portfolio gives standards for the number of credits a nurse should have on a yearly basis. What forms of education and training are provided, accredited, how they could be planned, what number of credits they give and formats for training programmes that can be developed in the nurses own workplace.

The AVVV aims at including personal development plans and training and education within professional development as a claim in the social dialogue between the social partners in the Netherlands

This system for quality registration and Continuing Professional Development will have no legal framework. However, when the accreditation by the nurses’ own professional organisation is recognized by all social partners it will have a very definitive impact.

The system for quality registration will be operational at the end of 2006.

The system will be accessible for all nurses who are working in the Netherlands and all foreign nurses who plan to work here.

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**NORWAY**

The matter of Lifelong Learning in Norway is, and has been, a political issue for many years. In 1996 the Norwegian Parliament – Stortinget – commissioned the Government to present a report to the Parliament for a Lifelong Learning Reform. It came in 1997 with the following main elements:

- Right to full or part-time study leave of a maximum of 3 years, after at least 3 years of work, employed at least 2 years by the same employer;
- Documentation of formal and non-formal learning in working life and in the education system;
- No requirements concerning general study competence for supplementary studies and further education programmes at colleges and universities;
- Internet-based and interactive supplementary studies and further education programmes shall be developed;
- Funding shall be provided for the development of further education programmes for enterprises; and,
- Better funding schemes for supplementary studies and further education programmes.

Several attempts at funding the intentions have failed. Why is it so difficult? A lack of formal returns on investment in education is often mentioned. The individual’s financial ability to leave work for unpaid studies is also an important matter.

But learning is still taking place. A survey from 2003 shows that 14% of all employees had received training related to their work in the last 4 weeks, but only 24% think that the wage system at the workplace stimulates learning. Only 1% of these were enrolled in formal education - either supplementary studies or further education.

Full-time studies are usually free, whereas fees are charged for customized courses and part-time studies.

There is also the matter of inadequate information of employee rights, and the need is not felt.

Where are we today? The focus for developing policy is:

- From individual-orientated learning to learning organizations;
- Management-administrated and management-planned competence building and innovation;
- Favourable conditions for utilising new knowledge;
- Moving from a division of labour regulated by formal education to one based on competence;
- Required knowledge-based practice and responsible professional standards of quality;
- Flexible learning methods and e-learning;
- Funding options; and,
- Economic return on investment in education.

### POLAND

The Continuing Professional Development issues are regulated by the Act of 29 July 2005 on the profession of nurse and midwife and the Minister of Health Regulation of 29 October 2003 on post-diploma education. According to the Act on the profession of nurse and midwife, a nurse has a right to Continuing Professional Development. The above-mentioned Minister of Health Regulation defines forms, duration and requirements for particular types of CPD. The Code of Nursing Ethics also states that a nurse is responsible for his/her own professional development. However, there are no formal legal regulations on nurses’ appraisal. We are now in a process of developing a system of credits and conditions of nurses’ appraisal. It is planned to carry out the assessment every three years to prolong the registration.

### PORTUGAL

The vast majority of Portuguese nurses work in institutions in the public sector and although CPD is not compulsory by law, the “environment” where they work has the same effect. If the nurse does not engage regularly in CPD, he/she will not be able to progress in the professional career: horizontally and vertically. The driving force in horizontal development is the appraisal system, and in the vertical are the competitions that they enter to access other categories with higher pay. This is also valid for the nurses that work in the private sector but the rules are not so clear and they vary across the institutions.

CPD for nurses is provided by a large number of institutions and is available in several formats. Care providing institutions, universities and professional organizations regularly promote CPD. Study days, conferences and seminars are the most frequent but short courses, and post-graduation, masters and doctorate programmes are also available.

In Portugal, there is a national accreditation agency and most of these programmes are accredited. The CPD supply is varied but does not follow a defined strategy. Mainly it responds to the needs of the moment.

All care providing institutions should develop a CPD strategy for in-service education that is provided free of charge to their professionals. Naturally these actions respond to the needs they identify. In the vast majority, nurses have to attend the events and, in some cases, there is a record of attendance. A number of them have a final evaluation, namely the ones that confer an academic degree.

Along with this kind of CPD, there is the one which the individual nurse carries on her/his own, i.e. the necessity to write for professional journals, and keep updated.

### ROMANIA

In Romania, the competences required to become a medical general assistant are established by the Ministry of Education.

The Continuing Professional Development issues are regulated by the Act 307 – 2004, and from 28 October 2008 by the Emergency Ordinary 144, concerning practicing the profession of Medical General Assistants and Midwives, and Medical Assistants, and the organization and functioning of Regulatory Body (Order of Medical General Assistants and Midwives, and Medical Assistants from Romania). The CPD is compulsory.

There are legal requirement of a minimum number of credits per year to continue to practice as a medical general assistant, midwife, and medical assistant. A medical general assistant or a midwife, or a medical assistant (Para clinic) must have 30 credits per year. The regulatory body require medical general assistants, midwives, and medical assistants to provide evidence that they are professionally up to date, and the national regulatory body have an evidence for all nurses from the country.

Although, Medical General Assistants and Midwives, and Medical Assistants pay fees to be register, and pay 1% monthly from their salaries, also they pay for courses, conferences..... organized by regulatory body. CPD is funded by each nurse.

Medical General Assistants and Midwives, and Medical Assistants renew their registration every five years.
We are not satisfied with the level of CPD available to nurses in our country. Regulatory body don’t understand their role. They organize some courses, but they don’t evaluate the needs of nurses for learning. Sometimes Medical General Assistants and Midwives, and Medical Assistants have no interest for these courses. Some of them, in some places from the country, pay directly to the regulatory body and obtain the certification with credits, without participating in the course. Also the regulatory body don’t agree all providers of continue education (Romanian Nursing Association and others institution). For this reason, in Romania all professional association of Medical General Assistants stopped their activities. The leaders of regulatory body are high salaries, and some of them are leaders in the Syndicate Sanitas.

In Romania there is an annual appraisal, at the level of the hospitals, but it is formal. There is not an agreed plan between Medical General Assistants and Midwives, and Medical Assistants, and their manager for a year. The employer don’t pay for continue education.

**SLOVAK REPUBLIC**

Continuing Professional Development has been available for a long time in the Slovak Republic. The criteria of Continuing Professional Development are provided by the Ordinance No. 366/2005 about the criteria and technical appraisal of Continuing Professional Development which has been effective in the Slovak Republic since 24 June 2005.

The criterion of Continuing Professional Development of health care professional in relevant health care professions is to acquire a number of credits in accordance with the Ordinance 366/2005.

The Continuing Professional Development is appraised periodically every fifth year and starts from the date of registration, which is valid from 2002.

Examples are given below about according credits in the Slovak Republic for Continuing Professional Development of health care professions, but not in full version because of changes. These changes concern the position of education in getting credits, which will be more comprehensive. After consolidation, we will be able to send you the full Ordinance.

**Part A.**
If the health care worker has worked in an authorised job at her/his qualification at least 4 years in the last five years, he/she receives 50 credits.

**Part B.**
If a health care worker attends a single educational activity arranged at the local level, longer than one hour but shorter than 3 hours, the participant will get one credit.

If a health care worker attends a single educational activity arranged at the county level, longer than 3 hours but shorter than 6 hours, the participant will get 2 credits.

If a health care worker attends a single educational activity arranged at the county, region or national level, for at least 6 hours, the participant will get 1 credit. If this educational activity is longer than one day, nurses and midwives will get 7 credits for first day of attendance, 5 credits for second day of attendance and 3 credits for every other day of attendance at the activity.

For training teaching, the teacher will receive 10 credits and the co-author 5 credits. If someone repeats that same education dossier, he/she does not receive credits.

If attending professionally accredited scholarships in his/her profession, the participant will receive 2 credits per day, up to a maximum of 30 credits.

For a publishing activity from 3 to 50 credits are available, depending on the role in the publication (author, co-author, home or international syndication).

**SPAIN**

In Spain the Universities Council, a political body defines educational concepts and strategies, and through the General Universities Secretariat carries out the academic coordination and formulation of academic proposals. This political body depends organically and functionally of the Ministry of Education.
The Technical Secretariat, in order to make national recommendations for educational programs including professional competencies, contents, and curriculum organization of programs for nursing, and other disciplines. For this purpose it establishes Specialized Commissions represented by professors and technical personnel from universities (i.e. Nursing Colleges/Schools); it also includes representatives of professional bodies such as the Spanish General Council of Nursing. It is mandatory by law without fail to referral the curricula, the final approved project proposed by the Specialized Commission to the Universities Technical Secretary, to the Spanish General Council of Nursing.

In Spain there is not a specific regulation determining the details of the compulsory nature for CPD processes that Chapter IV on Continuous Education of the Law 44/2003 “Ordering of the Health Professions” determines. The four Articles in Chapter IV state firstly the general principles of the continuous education –concept and objectives-, taking into account in the broadest sense the main purposes of CPD processes in order to ensure professional competences maintenance, providing knowledge and needed abilities according with science and technical advancement; training for the establishment of new technical and administrative procedures required for the provision of health services as well as to review problems and issues found in everyday practice; secondly, to institute the Continuous Education Commission in charge of the articulation and coordination of continuous education processes in the national territory; thirdly to recognize centres and professional activities for program accreditation and certification of competencies and activities of continuous education; and finally, it grants Diplomas of Accreditation and Diplomas of Advanced Accreditation. Currently it is required the specific development of this broad legislative statement in order to include the specific standards of compulsory nature, such as the frequency and credit system of continuing education for all national territory.

Nevertheless, certified CPD programs are likely to be essential requirement in processes of personnel recruitment and public assessment selection to obtain a position in the Spanish health public system. CPD is an instrument for promotion in the professional career. The General Council of Nursing is studying the viability of establishing a periodical credential confirmation process for nursing practice through specific and periodic accreditation of the general and specialized skills. The health centres where the Nurses perform their practice (hospitals, health centres and other institutions) individually maintain processes of evaluation of the professional work for purposes of career promotion. It may be a routine practice carried out by chief nurses in some institutions when they plan their yearly CPD institutional program. However at the General Council there is not actual evidence on this line. In general Nurses in the public and private institutions carry out an average of 3–4 CPD short-term programs per year.

In Spain CPD is funded by individual nurse and co-financed through health organizations, the industry and participation fees for CPD.

Nurses who are working outside Spain always demand from the General Council information on recognition of their practice and CPD processes for their foreign professional practice experience. Nevertheless, current regional regulation does not account for these practices.

The Spanish General Council of Nursing is a pioneering institution in this initiative and maintains a School of Health Sciences that provides CPD courses, workshops, and seminars all over the national territory.

The General Council of Nursing is satisfied with their own initiative accomplishments; In spite of this, the Spanish General Council trust to see in the near future advancement and specific standardization of the continuing education of nurses’ processes in all national territory.

**SWEDEN**

Our R.N Education is nowadays regulated according to the Bologna - and it is the same for all registered health care personnel educated at University level. The Agency for higher education, a governmental body, has the responsibility for quality control of all University education.

In Sweden, we have a common regulatory body for all registered health care personnel, and this is a governmental body. We have several laws which regulate both the education and the registered health care professions.

**SWITZERLAND**

En Suisse, aucune réglementation nationale ne régit le développment professionnel continu. Seule la formation professionelle est sous la surveillance de l'Etat fédéral, mais pas les obligations en lien avec l'exercice professionnel.

Le découpage en 26 cantons ayant chacun leur loi de santé publique et la responsabilité de la police sanitaire rend difficile l'obtention d’une réglementation uniforme et l'application d’un système de régulation. Parfois, des réglementations spécifiques à une spécialisation exigent des temps de formation post diplôme par ex. pour l’obtention d’un numéro de concordat donnant droit à remboursement par les caisses-maladies.
UNITED KINGDOM

The Nursing and Midwifery Council (NMC) sets the standard for nurse registration, regulation and revalidation as part of its core function. Post registration education and practice (PREP) standards were established by the NMC to ensure that all nurses renewing their registration completed a minimum level of practice and continued training.

PREP (CPD) requirements include:

- undertake a minimum of 35 hours (5 days) of CPD learning activity relevant to the nurse’s professional practice
- maintain a portfolio of CPD activity that records all learning experiences; this can include study days, experiential learning, coaching, reading etc. and is defined as ‘any activity that maintains or develops professional competence’
- comply with any audit requests should the regulator ask for it.

Under rule 11(c) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004, nurses are required to apply for re-registration every three years. They have to complete ‘the Notification of Practice Form’ (NOP), confirming that they have fulfilled their PREP practice and CPD requirements during the three year period between periodic re-registration and pay a fee in order to maintain their registration. The pay structure and skills framework recommend that nurses have an annual appraisal but this is not mandatory. Most employers appraise as a matter of good practice, however this has deteriorated over the years especially in light of current financial pressures and budget cuts.

Since 2006 nurses whose registration are due for renewal will now pay their fees annually. Therefore, a ‘retention fee’ will be due at the end of the 1st and 2nd years of the registration period to maintain registration.

In 2007, the RCN along with other professional associations published a joint position statement to influence CPD standards set by regulators and employers, placing ones on the regulator to raise the standards for CPD and the employer to secure protected training time for nurses to fulfil their CPD requirements. The RCN also called for CPD requirement to increase to a minimum of 6 days (45 hours) during the three year period instead of the current 5 day (35 hours) minimum requirement.

CPD is funded by the employer and/or the nurse or both, although there are wide variations as to how much employers will fund. The emphasis in the UK is on nurses being fit for practice ‘at the point of registration’; therefore cross border nurses are evaluated against this requirement as well. Once on the NMC register all nurses must meet the same requirements.

There is a lot of criticism with the current PREP audit system. It was reported that the NMC only scrutinises four per cent of CPD portfolios to determine if nurses meet PREP standards. The NMC uses a risk-based approach to review PREP evidence– for example if a nurse is given a caution or has a fitness to practice conviction, then the NMC will also call to review their PREP information. The NMC does not have the staffing capacity or necessary funding to carry out a random systematic search. The NMC will be setting up a new revalidation system in 2014 that will replace the current PREP standards.

The RCN is aware that not all nurses are able to maintain their CPD requirements, especially due to the current financial pressures, cuts to training budgets and nursing workplace shortages. This is a cause for concern. The RCN is willing to work closely with the NMC to ensure that an appropriate and proportionate revalidation system is established and is fit for purpose.