

Caring and comparing

The European Federation of Nurses Associations' Paul De Raeve, Silvia Gomez Recio and Nina Kirk Olesen explore the challenges in modernising EU nursing education...

In times of cuts, recession and unemployment, nurses make the best of these times for change instead of throwing the baby out with the bathwater.¹

It was in 1965 when nursing was redefined as an independent profession distinct from medicine,² and since then, it has evolved at European level as part of the Single Market Act. Although different nursing education systems still co-exist around Europe, from secondary level institutions to a majority trend at university level, the Directive 2005/36/EC sets the minimum commonalities that nurses and six other sectorial professions must have in their education and training in order to freely move and perform their professional activities within the EU.³ This system of automatic recognition for nurses is acknowledged to be an important mechanism to upgrade nurses, mainly women, when entering EU accession negotiations as part of the *Acquis Communautaire*. Since the directive came into force, additional activities have been embraced by nurses and new roles have efficiently flourished, such as nurse prescribers and chronic disease case managers, to name a few.

This evolution aims to respond to the demands of an ageing population, and the complex and long-term care

of chronic diseases. As such, modernised nursing education becomes one of the cornerstones to make this paradigm shift in healthcare possible. The traditional curative approaches are finished and a new pathway based on integrated care is what enlightens the solutions for the sustainability of EU healthcare systems. In order to achieve that, nurses are required to update and upgrade their professional education to incorporate and define new knowledge, skills and competences to make the best out of the new opportunities that technology and mobility can offer them. Within this continuous reform of the health sector, the education of nurses becomes front line, as outlined in the modernised proposal of Directive 2005/36/EC presented by the Commission in December 2011.

Given the current efforts to make the workforce as mobile as possible within the single market for major growth and employability, member states must ensure that the qualifications and competencies acquired in their countries fit within the European labour market and match the education system of other countries without fault. Fitness to practice is key to providing the optimal skill mix required for integrated care.⁴ Furthermore, in the redesign of the nurses' curricula, the acknowledgement and attention to patient involvement must come first as nurses' education needs to fit patients' needs. In this context, the nursing and patient community welcomes the upgraded requirements for nurses and the need to update their training subjects, adding a set of competencies.

In moving towards an integrated approach to health and social care provision, there will also be an increasing need to regularly re-evaluate the skills and competences of the nursing workforce within a changing system. As such, the potential setting up of a sector council on skills and employment for the nursing workforce by the Commission is crucial, and the European Federation of Nurses Associations (EFN) will be actively involved in making this happen. The harmonisation of nursing competencies demands a transparent dialogue that engages all stakeholders, especially representatives of the nursing profession, regulators, patients, academics and governments.

Proactively, EFN members from 34 member states have agreed on a set of competencies covering the core and



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essential areas of clinical nursing practice, ethics, health promotion and education, decision-making, cooperation and teamwork, and last but not least, research and leadership. Each of them represents the reality and practice of nurses around Europe, evidenced in the already existing integrated care models proving to be more cost effective compared to the traditional existing ones. As such, nursing education is ready to embrace new demands emerging from societal challenges. Even beyond that, nurses are leading these cost-effective integrated care models, empowering patients and contributing to the delivery of high-quality, safe care, thanks to the investments and efforts nurses have made in fostering their education.⁵

However, are politicians ready to support the nursing education to be modernised so they can move freely at a high EU standard for clinical practice? The current political debates in the European Commission, Council and Parliament are jeopardising innovation. At national level, governments are downgrading nursing education by removing certain competencies from their practice and lowering their opportunities for continuing professional development (Italy, Slovenia, Slovakia, etc.).⁶ At European level, the tough opposition from Germany, Malta, the Netherlands and Luxembourg is hampering the desirable agreement of the Council to upgrade the nursing minimum requirements proposed by the Commission, which, in fact, has already existed for many years in most member states.⁷

The political oppositions, being blind to the terrible consequences that downgrading the nursing education

will have, need to be countered by the evidence to support a harmonised, secure and trustful framework within the Single Market Act. The future of a sustainable, empowered and safe healthcare will only be possible if delivered by a highly competent and motivated nursing workforce.

- ¹ EFN Report on the Impact of the Financial Crisis on Nurses and Nursing (June 2012), www.efnweb.be/wp-content/uploads/2012/05/EFN-Report-on-the-Impact-of-the-Financial-Crisis-on-Nurses-and-Nursing-January-2012-rev-June-2012-24-06-2012.pdf
- ² Klainberg M, Dirschel K M, Today's Nursing Leader: Managing, Succeeding, Excelling. Chapter 2: An overview of nursing history. Jones and Bartlett (2009)
- ³ Directive 2005/36/EC on Mutual Recognition of Professional Qualifications, Modernised proposal, Article 31, http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/modernising/COM2011_883_en.pdf
- ⁴ De Raeve, Nurses' Voice in the EU Policy Process, Kluwer (2011)
- ⁵ Lupari, A new model for community nurse. RCN Frontline First Innovation Campaign, <http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/innovation/entry/marina-lupari>
- ⁶ www.efnweb.be
- ⁷ EFN Evidence Report on 10 to 12 years, March 2012, www.efnweb.be/wp-content/uploads/2012/05/EFN-Evidence-Report-on-increasing-nursing-education-entry-requirement-from-10-12-years.pdf

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