



Activity Report

European Federation of Nurses' Associations
Working Year 2016



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Abbreviations

▪ AMR	Antimicrobial Resistance
▪ Art.	Article
▪ CED	Council of European Dentists
▪ CNO(s)	Chief Nursing Officer(s)
▪ CPD	Continuous Professional Development
▪ CPME	Standing Committee of European Doctors
▪ DG	Directorate General
▪ DG CONNECT	European Commission Directorate General for Communications Networks, Content and Technology
▪ DG SANTE	European Commission Directorate General for Health and Food Safety
▪ DIR36/DIR55 DIR36-55	Directive on Mutual Recognition of Professional Qualifications (2005/36/EC & 2013/55/EU)
▪ ECDC	European Centre for Disease Prevention and Control
▪ ECIBC	European Commission Initiative on Breast Cancer
▪ EMA	European Medicines Agency
▪ ENRF	European Nursing Research Foundation
▪ ENRF CWG	European Nursing Research Foundation Constitutional Working Group
▪ ENS4Care	EFN EU Project "Evidence Based Guidelines for Nurses and Social Care Workers for the deployment of eHealth services"
▪ ENSA	European Nursing Students Association
▪ EP	European Parliament
▪ EPC	European Professional Card
▪ EU	European Union
▪ EUHWF	EU Health Workforce
▪ EUNetPaS	European Union Network for Patient Safety Project
▪ Eurostat	Statistical office of the European Union
▪ HAS	Haute Autorité de Santé (Paris)
▪ HCA(s)	Healthcare Assistant(s)
▪ ICN	International Council of Nurses
▪ ICT	Information and Communication Technology
▪ IFSW-Europe	International Federation of Social Workers Europe
▪ IPC practitioner	Infection Prevention & Control practitioner
▪ JA	Joint Action

- **MEP(s)** Member(s) of the European Parliament
 - **mHealth** Mobile health - in reference to using mobile communication devices in healthcare
 - **MRPQ** Mutual Recognition of Professional Qualifications
 - **NNA(s)** National Nurses' Association(s)/Organisation(s)
 - **OECD** Organisation for Economic Co-operation and Development
 - **PaSQ** Joint Action on Patient Safety & Quality of Care
 - **PGEU** Pharmaceutical Group of the European Union
 - **SOLP** EFN Strategic & Operational Lobby Plan
 - **SORP** ENRF Strategic & Operational Research Plan
 - **UAB** Users Advisory Board (SmartCare project)
 - **WHO** World Health Organisation
 - **WP** Work Package
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Executive Summary

Taking forward the EFN mission, to promote and protect nurses and the nursing profession with particular reference to the EU, and the its Strategic and Operational Lobby Plan 2014-2020, the EFN strengthened its political position in 2016 towards the EU Institutions and key EU stakeholders to keep nurses and nursing high on the political EU agenda.

On EFN priority “Education”, now that the deadline to implement the Directive 2013/55/EU has passed, and that the European Commission started to check which EU countries have already implemented it or not, with some infringement procedures to start beginning 2017, for those who haven’t transposed the Directive into national legislation yet, the EFN top priority has been to lobby for the introduction of a Delegated Act to modernise Annexe V of the Directive 55, building on [EFN Competency Framework](#). The 18 January, the EFN supported the Commission introducing the Professional Card through the IMI system, as experimental phase, benefiting the free movement of nurses.

On “EU Workforce for Health”, the EFN continued to lobby to get an updated and comprehensive picture on the nursing profession and to make sure that the data collected is comparable and usable by EU policy-maker. To strengthen this process, the EFN developed its [Workforce Matrix 3+1](#), providing qualitative and quantitative data on the three categories of nursing care (general care nurse, specialist nurse and advanced nurse practitioner), and recognising the important role of Healthcare Assistants (HCAs) and the leading role of nurses in their supervision in the development of HCAs, aiming to support future scenarios of workforce configurations which keep on delivering high quality and safe care to those who need care. The EFN Matrix will be important for developments in the EU, in Europe and globally. Importantly, EFN Members use the EFN Matrix 3+1 in their lobby work at national level to influence the workforce composition and provide clarity to the different nurses’ roles and responsibilities.

On “Patient Safety and Quality of Care”, including Ehealth services, the focus went mainly to: 1/ Antimicrobial Resistance, with the EFN strengthening its collaboration with ECDC dealing with this topic, and the approval of an EFN [Policy Statement and Position Paper](#) on Nurses Combatting AMR, which will support the EFN in developing future strategies and evidence on the impact that nurses have on Antimicrobial Resistance; 2/ the European Semester, with a strong lobby work with the key policy makers, as the European Commission DG EMPL responsible for the European Semester, and the EU Stakeholders, and the approval of an [EFN Policy Statement and Position Paper](#), calling on the national and European policy-makers to acknowledge the importance of investing in health, with a more efficient health and social care funding allocation and better working conditions for the nursing workforce, building on existing integrated care ecosystems throughout the EU; 3/ Value of Health Systems, and the EFN engagement into the political debate with the relevant key players, raising the nurses’ voice to make change happen; 4/ eHealth, facilitating access to healthcare, whatever the geographical location, or innovative tele-health and personal health systems, in which nurses play a crucial role; 5/ eSkills, key for the healthcare professions, patients and (informal)-carers, to accompany the new technology facilitating health and social care services delivery; and 6/ Cross-Border Healthcare, knowing that highly qualified and motivated nurses, supported by their employers, and stimulating free movement, are key to modernise healthcare systems throughout the EU.

With all the work undertaken in 2016, we can conclude the EFN and its Members have created practical tools and trust, which is a key component for change. The nurses and the nursing profession in the EU are very visible, with a strong voice towards european and international organisation, position nurses and nursing prominently on the political agenda. The EFN and its members will continue pushing the EU Institutions and decision makers, in 2017, to get the right messages across and achieve the best outcomes for the nursing profession.

Foreword

Dear EFN Members,
Dear Colleagues,

2016 has been another difficult year for the nurses and the nursing profession, while the European health and social care systems continue to face many challenges, one of which is the uneven distribution of workforce, a topic that is being discussed for the last decade. Evidence from the EU Member States shows further deterioration in staffing levels, as short-term workforce planning and financial cuts' policies have contributed to the loss of thousands of nursing positions across the EU and Europe since 2008.

However, according to the European Commission's Employment Directorate, the healthcare sector is a priority as demand for labour is increasing. But when we talk about 'EU Workforce for Health' there has been minimum progress made by European and International Institutions to support frontline. We have many reports, but no concrete action to improve the situation of nurses' frontline. If we analyse the situation today in Europe, we can say that the European health professionals are experiencing increasing stress and insecurity, mainly due to some major challenges that the EU is facing, as: ageing population, longer life expectancy, chronic diseases, advances in technology, treatments and people expecting higher quality service, and governments downgrading the nursing education (to get a cheaper workforce) and cutting posts in nursing. And due to the economic and social situation the new trend for healthcare professionals, and mainly nurses, is looking for better job opportunities outside their home country and moving to another country to find a better job.

Within this policy context of the 'modernisation' of the European health and social care ecosystems, including the educational systems for the healthcare professionals (Directive 55), the political priority at EU level to boost productivity, growth and EU citizens' access to health and social services becomes a top political priority. Therefore, the EFN representing more than 3 million nurses in the EU, is in a unique position to call on the national governments, the EU Institutions and the policy makers to invest in the nursing workforce, in the best interest of maintaining and advancing the health of the EU population.

The 2016 Activity Report provides an overview of all the activities undertaken by the EFN and its members influencing the EU policy makers on professional topics of high importance for nurses and the nursing profession. As the independent voice for the nurses, EFN lobby work at EU level is of great importance and by following the principles of cooperation, expertise, and pragmatism, the EFN has managed to establish itself as a reliable partner for setting the EU health and social agenda, based on dialogue and innovation.

Wishing you a good reading.



Ms Marianne Sipilä
EFN President



Dr Paul De Raeye
EFN Secretary General

I. EFN KEY LOBBY PRIORITIES

In line with the [EFN Strategic and Operational Lobby Plan 2014-2020](#), and building on the achievements of previous years, in 2016 the EFN continued focussing on its three major key policy areas: [Education](#) (Under the lead of EFN Professional Committee), [EU Workforce for Health](#) (Under the lead of EFN Workforce Committee), and [Patient Safety and Quality of Care](#) (Under the lead of EFN Public Policy Committee), including [e-Health](#).

1. EDUCATION

↳ [Directive 36/55](#)

Being a crucial topic for the nurses in the EU, and beyond, the EFN continued focussing on the [Directive 2005/36/EC](#) on Mutual Recognition of Professional Qualifications (amended by Directive [2013/55/EU](#)), knowing that the two years transposition period of the modernised Directive are now over, with the deadline of 18 January 2016 for the 28 EU Member States to implement it at national level.

With the [EFN Competency Framework](#) guiding the nursing schools at national level and the EFN Workforce [Matrix 3+1](#) on the three Categories of Nursing Care and key principles for the development of Healthcare Assistants (HCAs), the EFN Members have created evidence based tools to make sure the Directive gets implemented correctly and making sure policy makers work towards the right workforce composition, providing clarity to the different nurses' roles and responsibilities.

But many Member States did not transpose the Directive into national legislation yet, and are far from transposing article 31 into the Nursing Curricula. Knowing that, the European Commission has decided to start [infringement](#) procedures. Those Member States who have not yet communicated to the Commission the complete transposition of the Directive into their national law will have a short period of time to do it and notify the Commission, who will then verify the correctness of the implementation. It is also worth noting that Member States that have informed the Commission about their transposition have not necessarily implemented the Directive correctly.

It is within this context that the EFN is reflecting on outsourcing to the ENRF the measurement of the (non-) compliance with the Directive based on an online questionnaire with a set of legal/professional questions, to be undertaken in 2017. The ENRF could collect and analyse the quantitative & qualitative data and present the report to EFN for than to be used as lobby tool towards the Commission and Member States, helping them to identify problems of the correct legal transposition from a different point of view, namely that of the nursing community.

Being a key concern for the nurses, and taking into account that with the current challenges of ageing, chronic diseases, etc. we need, more than ever, a highly qualified workforce making sure that patient safety and quality of care are maintained, the EFN is following this process very closely, and has been lobbying the EU Member States itself (as in Czech Republic or in Slovakia) to make sure that the legislative EU requirements are correctly and totally implemented at national level as this is crucial for the quality and safety of the health services delivered by nurses, and will be pro-active in getting civil servants, politicians and nursing schools moving.

Next to that, the EFN and its members continued pushing the European Commission, together with the European Nursing Regulators, for the review of Annexe V of the Directive through a [Delegated Act](#) to make sure that the Annexe V connects to Art.31 of the DIR55. It is essential that all nursing schools interpret the eight competencies mentioned in article 31 in the same way. This will build trust between the competent authorities signing off the Mutual Recognition of Professional Qualifications' requests and with a great impact on initiatives such as the European Professional Card. We need to make sure the education of nurses willing to move within the EU, based on MRPQ, is in compliance with article 31 and Annexe V of the Directive.

Therefore, in 2016 the EFN held several meetings with the European Commission representatives from DG GROW/DG Internal Market to discuss the preparation of a Delegated Act updating the Annex V, and has

involved as many stakeholders as possible in the process. The EFN Secretary General also presented the importance of a delegated act updating Annex V at the European Professional Card (EPC) conference, held on 18 April 2016, embracing future alliances with key stakeholders in the Directive 2005/36/EC area. As a result, a text that could replace the existing Annex V in the area of nursing has been developed by the EFN and agreed upon by a variety of stakeholders, including the European regulators network. The EFN will need to continue the pressure on the Commission and National Coordinators for the Directive to deliver ASAP a delegated act.

↳ **European Professional Card**

Introduced by the modernised Directive 36/55, the 18 January 2016 marked the entering into force of the [European Professional Card](#) (EPC), to be requested [online](#), and aiming to ease the free movement and allow, as a first step, some professionals (nurses, doctors, pharmacists, physiotherapists, real-estate agents and mountain guides) to practice their profession in another EU Member State, by simplifying the [procedure](#) for getting their professional qualifications recognised. Fully engaged in this policy process for many years, the EFN has been following very closely the preparation of the implementing acts for the establishment of the EPC, and the process of implementing it, which has been quite positive for nurses.

In this EPC lobby context, the EFN participated in several meetings throughout the year, providing the nurses' point of view on the subject, as: meeting with DG Internal Market and DG GROW representatives; Single Market Forum, in March 2016; European Professional Card (EPC) conference, in April 2016. The EFN believes that the European Commission needs to build trust between the competent authorities providing the EPC. It is important to keep in mind that the EPC is an innovative tool, and as such it is key to review the Annexe V of the Directive 55, through a delegated act, to make sure that the eight competencies of article 31 are interpreted in the same way in the 28 EU Member States and beyond. If not, we will get patchwork, and as such loose trust in the system. Finally, when it comes to the data collected through the EPC, the EFN is a defender of achieving comparable data, and believes the EPC is delivering this. Therefore, it is important that DG GROWTH, and the Unit in charge of EPC, has more resources to facilitate deployment. This will only have positive results, next to making also other institutions, as EUROSTAT, WHO, and OECD benefit from this important work.

↳ **Continuous Professional Development**

Being a key political topic for the European Commission, strengthened in the modernised Directive 36-55, CPD is an essential topic for the nursing profession. In 2016, the EFN continued to follow closely the debate and developments of Continuous Professional Development (CPD), and its lobby process next to the EU Institutions and key stakeholders, providing nurses' views and key concerns on the subject and making sure that EU nurses are able to update their knowledge, skills and competences regularly through CPD. The EFN will continue to follow this topic and keeping it high on the EU political agenda. EFN will explore with the other sectoral professions, how more progress can be made in 2017.

2. **EU WORKFORCE FOR HEALTH**

According to the European Commission's Employment Directorate, the healthcare sector is a priority as demand for labour is increasing. This is due to the combined effects of an ageing population, advances in technology, treatments and people expecting higher quality service and greater emphasis on preventative care. However, if we analyse the situation today in Europe, we see that due to the economic and social situation the new trend is moving to another country to work. Therefore, it is crucial to have good cooperation at European level in the appropriate planning for sufficient, motivated and highly qualified nursing workforce, as it can contribute to minimise the gaps between the needs and the supply of nurses, and guide EU Member States in scaling-up innovative workforce composition models. This in turn will have a positive impact on patient outcomes.

Recognised as lead on this crucial topic for the nursing profession, and acknowledging that the EFN brought this debate to the European Parliament in 2010 through the launch of a written declaration on the EU Workforce for Health (n°40/2010), the EFN has been lobbying intensively to get researchers and policy-makers to collaborate. The first key step has been to provide clarity on the three categories of nursing care (Registered Nurse, Specialist Nurse, and Advanced Nurse Practitioner) and to have key principles for the development of Healthcare Assistants (HCAs). As such, the EFN developed an [EFN Workforce Matrix 3+1](#) gathering quantitative and qualitative data from the EFN Members on the three categories of nursing care, and recognising the important role of HCAs and the leading role of

nurses in their supervision in the development of HCAs, taking into account the EFN [position paper](#) on Principles Underpinning the Development of HCAs, approved by the EFN General Assembly, in October 2016, in Madrid.

Of course, the coordination of education and harmonisation of skills competences and knowledge has one goal: the mobility of health care professionals. But the current challenges related to nurses' recruitment & retention, and the ongoing workforce planning and forecasting will not solve it, unless the health system significantly increases the number of training places for nurses and improve the programmes of retention in the nursing workforce. As such, the EFN will continue guiding countries that are losing their workforce. However, Member States have a responsibility to establish adequate workforce conditions to contain this migration flow. It is key to monitor the trends related to migration of nurses, and making sure the shortage of nurses is not misused to lower down the nursing education or develop new professions doing the nurses work. In this case, we will be robbing Peter to pay Paul. The EFN will watch these developments, call them even treats, in 2017, together with the allied professions.

Furthermore, in 2016, the EFN continued to be involved in key initiatives as the [Joint Action on Health Workforce Planning and Forecasting](#) – an EU project in which the EFN was a partner, aiming at creating a platform for collaboration and exchange between Member States to prepare the future of the health workforce planning and forecasting (*For more information, see 'EU projects', page 13*); the [Expert Group on European Health Workforce](#); European Health Workforce [Workshop](#) "Ticking the Boxes or Improving Healthcare and Patient Safety?(12/02/2016); the ASPHER meeting on Public Health Workforce (07/04/2016), dangerously thinking of creating new professions in public health; and has had close contacts with DG Employment, OECD, Eurostat, WHO and other key EU stakeholders and policy makers, throughout the year to make sure that we all have a common understanding on 'who is a nurse, and who is not a nurse', which remains a major challenge to achieve comparable data.

3. **PATIENT SAFETY AND QUALITY OF CARE**

[Patient safety and quality of care](#) are paramount health policy priorities and should continue to remain such. Identifying common ground for EU action is necessary in order to respect the free movement of people across Europe, including both patients and nurses. Patients deserve to receive quality and safe care, and nurses need to be able to work within safe and quality work environments, regardless of the European country in which they may find themselves. The EU has a key function in facilitating the free movement as the key pillar of the European Single Market.

Taking this topic further, the EFN continued its lobby work by participating in key events as: the Group on European Health Workforce [Workshop](#) "Ticking the Boxes or Improving Healthcare and Patient Safety? (12/02/2016); DG SANTE [event](#) "Towards better prevention and management of chronic diseases" (21/04/2016); [Innovative Health Systems Reform](#): How can we translate innovation into policy recommendations? (01/06/2016).

Also, Integrated care and continuity of care have been major policy items in the EU policy debate and are now being taken forward based on EFN Guidelines on eHealth services ([ENS4Care](#)), with key EU alliances. Furthermore, within the topic of quality and safety, EFN efforts to lobby the EU institutions on Antimicrobial Resistance (AMR) has been increased and successful. Many EFN members AMR experts have supported EFN in this continuous lobby work.

a. Antimicrobial Resistance

Antimicrobial resistance (AMR) is a professional and political concern that has been high on the European and global health agenda. The European Commission estimates that antibiotic-resistant bacteria have been associated with the death of 25.000 people in the European Union (EU). It is therefore crucial to reflect on the strategies to combat AMR and propose concrete recommendations in relation to the nurses' role in combatting AMR. The EFN welcomes all initiatives that strengthen civil society in combatting AMR, as the new EU Action Plan, and the [Joint Action](#); and the ["guidelines on prudent use of antimicrobials in human health"](#). In this context, the [EFN guidelines on e-prescribing](#) are key to make progress, to change the existing culture of prescribing. This culture is identified by many experts as a main difficulty to overcome in the future. Innovation is therefore key to make it all happen at frontline! We need to push for change and nurses, healthcare professionals, policy-makers but also the industry, play a crucial role in changing culture, in changing behaviour.

Taking this topic further the EFN participated with numerous experts for EFN members in numerous EU meetings, organised mainly by the ECDC and the European Commission DG Santé. Also discussed at the EFN General Assembly in October 2016, in Madrid, where members approved the EFN [Position Paper & Policy Statement](#) on

“Nurses Combatting Antimicrobial Resistance”, the EFN Members reminded that nurses are uniquely placed to contribute within public health, infection prevention, antibiotic stewardship and coaching roles, all of which are key to combat AMR. It is therefore regrettable the future Joint Actions will exclude European Stakeholders as partner in the JA. Call it a missed opportunity. The EFN will therefore in 2017 be watching the JA deliverables and governments concrete actions and push for the advanced role of nurses in Antimicrobial Stewardship, focussing on nurse medicinal product prescribing (medication reconciliation), building on the [guideline](#) developed in ENS4Care.

b. European Semester

The [European Semester](#) is a topic that has been high in the EU political agenda, and EFN members have been encouraged to follow up the Semester [country specific recommendations](#). To realise the vision of an integrated European health and social care ecosystem, the European Semester is perceived by the nursing profession as a mechanism for effective change, where nurses can play a crucial role as change agent, frontline. But governments need suggestions about existing good practices (as 120 practices collected in ENS4Care) in order to improve the health and social care ecosystem and guarantee the sustainability of innovation. Nurses' contribution to the European Semester, to strengthen universality, solidarity, equity, is therefore key for a successful European Union, including trust.

In 2016, the EFN has been following the debate closely by making contacts with key policy makers as the European Commission DG EMPL responsible for the European Semester, and other EU key stakeholders, and by participating in key meetings, as: European Semester 2016 meeting organised in February 2016, in Brussels, at the European Parliament, where the latest developments in the area of the European Semester were presented. Also discussed at the EFN General Assembly in October 2016, in Madrid, the EFN Members believe that this is an interesting development, in which NNAs should be engage, and transforming the Semester into a policy window opportunity for nurses and nursing. As such, members approved the EFN [Policy Statement & Position Paper](#) on Nurses' Contribution to the European Semester, raising that it is crucial that the EFN Members contact their 'Semester Officers' to get first-hand information about innovation led by nurses.

The EFN will continue focussing on these developments in 2017, by exploring more political opportunities to address EFN members' positive contributions to the European Semester, in order for them to be reflected in the Commission's Country Specific Recommendations: it is a question on making nurses and nursing visible.

c. Value of Health Systems

Sustainability of the health systems can be achieved by acknowledging the increasing health and social care needs to forecast the overall level of population health and well-being, especially in time of political and economic instability in the EU. In this context of the transformation of the “value of health systems” it is important the nursing profession clearly formulates how it defines a value-driven system, in contrast to a performance-measurement system leading to more cuts and always doing more with less. Although the Commission and researchers have a very economic approach towards value-driven health systems, it is key next to focussing on “costs” and “outcomes” to design ethical and qualitative indicators from a nursing perspective.

Therefore, being a key topic for the nurses and the nursing profession, the EFN has been following the political debate very closely, in 2016. Discussed at the EFN General Assembly, in October 2016, in Madrid, the EFN members suggested that some expert people who could give some stimulating input to the discussions, should be contacted and that the EFN Office should continue to engage in relevant political debates and raise the nurses' voice in the debate. This is also seen as an area for future research and as such being a research topic for the European Nursing Research Foundation (ENRF).

Effective implementation of structural reforms, as well as stronger European coordination, are needed to achieve a more robust economic recovery. In the last decade, the EFN has been contributing to the sustainability of health and social systems by moving the nursing education towards higher and university education and to build a highly qualified and motivated workforce of nurses working in EU health and social systems. To that end, the Directive on Mutual Recognition of Professional Qualifications, developed sustainability of the workforce categories underpinning nursing as a profession. Having a highly qualified and motivated workforce, Member States will be prepared to better respond to long term care needs and to build a sustainable health and social ecosystem.

As such, the EFN has the evidence that change can happen and that sustainable solutions for long term care can be implemented. We have tools and the champions' frontline to make change happen but change is impossible without investments in health and social care and innovation and enough political will. Seen as a mechanism for political commitment and bottom-up innovation, the EFN will continue in 2017 to work towards bringing the nurses views into the mainly economic and industry driven 'value-based health system' discussions, calling for a stronger focus on outcomes, to improve the quality of care for patients, strengthen public health interventions, and contributing to the wider economic goals and societal well-being.

d. Cross-border healthcare

Identified by the European Committee of the Regions (CoR) as one of its priorities for 2016, the EFN followed this development closely in 2016 through its alliances, mainly the Active Citizenship. Six years after the adoption of the CoR [opinion](#) on cross-border healthcare (CdR 348/2008) and two years after the deadline for transposing the directive into national law, it is important to have a look at where we [stand](#). As such, the EFN participated on some key meetings, as the "Cross Border Healthcare in Europe: Improving Transparency and Patient Mobility", held in June, which provided an overview on the state of the Cross-Border Healthcare Directive's implementation throughout Europe, as well as on the necessary actions that need to be taken to further raise awareness among patients and facilitate access to better and safer care in the EU. It was stressed that patients want to access cross-border health services when treatment is not available in their home country, when it is better managed elsewhere, or, as is the case in many border areas, when the nearest available care is in another Member State. Invited as keynote speaker, the EFN Secretary General expressed that modernisation requires investments, especially investments in people. Highly qualified nurses, motivated nurses, supported by their employers, and stimulating free movement is key to modernise the health and social care ecosystem. Topics such as workforce composition, the mobility of health care professionals, education and training, and eHealth are of high importance to the nursing profession and are greatly influenced by EU legislation.

e. eHealth

The work of nurses is changing as technology makes it possible to re-engineer health and social care ecosystems. New tools allow nurses to deliver care differently, in hospitals and in remote locations. At EU level, the introduction of [eHealth](#) services is facilitating access to healthcare, whatever the geographical location, or innovative tele-health and personal health systems. Given the nurses' role as key provider of care, the EFN input to the governance and management of eHealth services is essential when designing and implementing the structure ensuring continuity of care between sectors and across borders. Furthermore, given the continuous development of electronic applications connected to the healthcare sector, the need to educate and train health professionals to integrate eHealth & mHealth into daily practice by developing their eSkills in the basic nursing education and CPD is needed. Nursing students starting a Bachelor in 2016 are acquainted with mobile devices and the use of apps but this is not the case for all clinical practitioners.

In this context, next to meeting key EU policy makers, the EFN attended some key meetings in 2016, as: mHealth event "What is next for mHealth in Europe?", which brought together experts from the European Commission, patients and nurses representatives to discuss the implementation of the Code of Conduct on mHealth and its impact for the future development of mHealth in Europe; Webinar on EU-US eHealth/Health IT MoU Roadmap, which stressed that eHealth is going forward very fast and innovation and activity is coming from non-traditional players so there is need for best stakeholder engagement possible; Preparatory meeting for eHealth week of the Dutch Presidency. The EFN also continued to be involved in some key EU initiatives:

↳ EU Projects

- [SmartCare](#) aiming to enable the delivery of integrated care to older people to support them to live independent lives within the community by providing the necessary ICT tools. Guidelines and specifications for procuring, organising and implementing services based on integrated care (health and social services) were developed, next to two clinical pathways describing all the necessary steps, professionals and resources involved for coordinating two specific care processes, discharge and independent long-term living. *For more information, see 'EU projects' item, page 14.*

↳ Working Groups

- [eHealth Stakeholder Group](#), composed of representatives from the most important European organisations active in the eHealth field, covering a wide range of stakeholders: from patients,

consumers, healthcare professionals to the industry, and aiming to support the [EU's Digital Agenda](#) and ongoing eHealth initiatives with the European Commission DG Connect. It also gives good opportunities to the EU health stakeholders to set the political priorities to better address how to foster the use of ICT tools to support a more efficient delivery of health and social care.

Being a key political topic for growth, the EFN will continue in 2017 to engage and if needed lead some eHealth initiatives and/or contribute to developments, provide nurses' views as designers of innovative solutions in the caring process, and bring to the forefront good and cost effective practices on eHealth services in nursing care.

f. eSkills

Linked to eHealth, the necessity for the nurses, and all healthcare professions, patients and carers, to be equipped with the right eSkills to accompany the new technology facilitating health and social care services delivery, including e-services, is key. Without the right eSkills these technologies will not be fully integrated into existing health and social care pathways. There is an urgent need to embrace the entire health and social care workforce, and upgrading the eSkills of all health and social care professionals, managing and/or delivering care to patients and citizens, while following technological developments in a timely manner. The EFN members play a central role in these development, especially now the EU and US relationship is tested.

In the last years, the EFN has been very active in lobbying for the inclusion of eSkills in the education and the training of the nurses at both undergraduate and postgraduate level, as well as ensuring their Continuous Professional Development, and this was also the case in 2016, through participating in some meetings with key policy makers and EU Stakeholders, but also by submitting a project proposal on eSkills under H2020, which unfortunately, was not selected by the European Commission. In 2017, the EFN will continue this process of lobbying on this crucial topic for nurses in the EU lobby arena.

II. EU PROJECTS

A. JOINT ACTION ON PATIENT SAFETY AND QUALITY OF CARE



Co-financed by the [EU Public Health Programme](#) and coordinated by the [Haute Autorité de Santé](#) (HAS), this 48 months project has now come to an end. Building on the experience and network of the EU project [European Union Network for Patient Safety](#) (EUNetPaS), in which the EFN was also a partner this [Joint Action](#) was aiming to contribute to Patient Safety and good Quality of Care by supporting the implementation of the [Council Recommendation on Patient Safety](#), approved in 2009, through the cooperation between the EU Member States, the EU stakeholders and the international organisations on issues related to quality of health care, including Patient Safety and Patient Involvement, next to promoting the involvement of stakeholders through national platforms organised around [PaSQ National Contact Points](#) (NCPs) in every participating EU Member State.

Partner in the project, namely in WPs 4, 5, 6 and 7, the EFN believes that this Joint Action has reached its targets, by facilitating the exchange of Member States experiences to improve Patient Safety and Quality of Care at national or regional levels, and within healthcare organisations (HCOs). In the long run, this voluntary exchange of experiences may lead to a peer review system for quality management systems in healthcare, run by the Member States.

However, for many years, through the high-level group of patient safety and quality of care, to which EFN is an active member, the Commission pushes quality and safety off its political agenda, unfortunately. It is therefore key, the health professionals build strong alliances to lobby the Commission, European Parliament and Council.

B. JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING



Over the past three years the [Joint Action](#), of which the EFN was a partner, and which came to an end in 2016, aimed to improve the capacity for health workforce planning and forecasting by bringing [together](#) knowledge and expertise from all over Europe. Launched in April 2013, and bringing together 30 associated and 62 collaborating partners, the [Joint Action on Health Workforce Planning and Forecasting](#) (JA EUHWF), led by the Belgian Health Ministry, was seen as crucial to support evidence-based policy and to tackle the expected future health workforce shortage in Europe. Being part of the [Action Plan for the EU Health Workforce](#) - Part 1 "Improve workforce planning", as adopted by the European Commission in 2012, the project was aiming to help countries to move forward on the planning process of health workforce and to prepare the future of the health workforce by creating a platform for collaboration and exchange between Member States. This will help the EU Member States to take effective and sustainable measures in terms of healthcare planning and forecasting.

As associated [partner](#) in the project, the EFN participated in the last meetings organised in 2016, namely:

- ✓ **The third Joint Action conference "Planning and Educating Health Workforce without Borders"**, held in Varna (Bulgaria) which focussed on shortage of health care personnel; mobility and education; new skills needed to support health systems in the future, in the most cost efficient and quality effective way, taking into account patients' needs; and demographic change of health workforce, stressing the need for integrated care. The discussion was taken forward in the [WP7 "Sustainability" meeting](#) where the recommendations to the project sustainability proposal, business plan, and a Network of Experts were discussed.
- ✓ **WP7 (Sustainability) Expert Workshop**, held on 16 March, in Brussels, where the participants were asked to amend and make recommendations to the Sustainability Proposal, to ensure that the results, outputs, activities and benefits of the Joint Action can be sustained into the future. In February - March 2016, WP7 conducted an online Sustainability Survey, with the objective of gathering the views of Joint Action partners and other experts on how to sustain the results of the Joint Action after its official ending. Twenty-six people responded the Survey (Ministries, professional organizations, the academic sector and NGOs), with positive results and clear priorities for further actions, mostly in the field of data collection.

- ✓ **The closure event entitled “Towards sustainable health workforce for Europe”**, held in Mons, Belgium, on 3-5 May 2016, which provided a strategic overview of the work of the Joint Action and its key deliverables including tools, [handbooks](#) and guidelines of the planning methodologies of 7 countries.

The EFN believes that overall the Joint action has flagged key issues that impact on the health workforce, even if there were less concrete proposals in terms of what Governments plan to do at National level. The [results](#) provide mainly a source of academic research about the state of play of the EU Health Workforce and as such most deliverables are very theory based and academic. It is therefore important for the nurses and the nursing profession to know how the EU Member States are going to use these deliverables, recommendations, and which specific EU mechanisms could be used, set up, in order to solve the key challenges frontline is confronted with daily! The EU and its projects should reach out more to frontline to safeguard quality and safety. The Commission plans a second Joint Action but this is only to keep the network and website going, not really to start substantial changes. Looks like to Commission wants to get rid of this topic!

C. [SMARTCARE \(Joining up ICT and service processes for quality integrated care in Europe\)](#)



For more than three years, 23 [regions](#) and a total of 42 [partners](#) have worked towards making ICT-supported integrated care a reality. Launched in March 2013, this project funded under [the Information and Communication Technologies Policy Support Programme](#) aiming at joining up the Information and Communications Technologies (ICT) and service processes for quality integrated care in Europe came to an end in August 2016. The objective of [SmartCare](#) was to enable the delivery of integrated care to older European citizens to support them to live independent lives within the community by providing the ICT tools necessary to integrated care pathways between social and health services, as common access to home platforms, monitoring physical parameters, environmental and behavioural monitoring, as daily schedulers, medication management, falls prevention, exercises for cognitive faculties and coaching.

As partner in this project, namely in WP1 (*Requirements and integrated care pathway development*), WP2 (*Service Process Model*), WP3 (*Integration infrastructure Architecture and Service Specification*), WP8 (*Pilot evaluation*), WP9 (*Exploitation support and dissemination*) and WP10 (*Project management and performance monitoring*), and working with EFN members from the 35 EU Member States to encourage further uptake at national level, the EFN was also member of the Users Advisory Board (UAB) whose task was to make sure that the interests and needs of all users (elderly, patients, informal carers, nurses, other healthcare and social professionals involved in care and ICT) were properly taken into account during and after the project.

In 2016, the EFN participated, in last meetings and teleconferences organised, where the partners were updated on the latest developments and discussed the work still to be done until the end of the project, as the project deliverables to be submitted to the European Commission.

As a member of the [User Advisory Board](#) (UAB), the EFN participated in 2016 in the 2 last pilot site visits of the project aiming to evaluate the state of implementation of the SmartCare Integrated Care Pathways, from a user's point of view: to [Tallinn](#) (Estonia), on 2 February, where the group had the opportunity to visit patients' homes and the East Tallinn Central Hospital, which showed professionals having the consciousness of the need to work as a team in order to increase quality and improve patient outcomes, as well as of the added value of the actions of different professionals in every step of the process; and the Máxima Medical Centre in the [North Brabant](#), The Netherlands, on 20 May, which showed a multidisciplinary team with advanced roles for nurses that coordinate care and determine the sort of care that the patient needs. The EFN was happy to see pilots with a solid development, well thought through, next to a clear commitment of all stakeholders, and that has achieved a high level of integrated care through care coordination based on the case manager.

Finally, to close this adventure, the EFN participated in the [final conference](#) held in Trieste, on 6 July, which [made the final point](#) of the project through the presentation of the results of the evaluation of the [SmartCare](#) services, piloted in nine European regions; the lessons learned by the people developing, implementing and operating the frontline; the socio-economic and business aspects of up-scaling integrated care; and the project Guidelines for the implementation of integrated e-care services, for which the EFN has contributed by making sure the chronic care model and case management were taken up in the users' recommendation. However, deployment at local level necessitates stakeholder

engagement of the National Nurses Association, the nursing regulator and the nursing union, making sure the working conditions are safeguarded.

In many EU countries, integrated care is at its very early stage of development as bringing care closer to citizens is not yet perceived as contributing to the sustainability of health and social systems. However, national legislation should follow in merging health and social care, including their budgets. A good [example](#) is Finland (Eksote, South Karelia), where particular attention is given to enhancing the remaining resources of the elderly and supporting independent living. A nurse lead process, which also plays an important role in SmartCare project, is the service need assessment, aiming to analyse and determine a person's needs for care and various services, and ensuring that the person receives the right care and service in a timely manner. Service needs assessment is done as the first step in every contact between a patient/customer and nurses in advanced roles available 24/7, 365 days, to make sure this continuity is guaranteed. The primary objective in elderly care is to allow the elderly persons to live in their homes as long as possible.

For the past decade, the European Institutions, and the European Commission in particular, have been championing a range of initiatives and making steady steps towards improving the quality, safety and efficiency of health service delivery in Europe; however, success has been variable. But a renewed focus on delivering health and social care in the community implies an appropriately designed frontline community, as the nursing workforce, at the interface of health and social care services. This is instrumental in co-ordinating care pathways and promoting a healthier population that is empowered and fully engaged in policy decision making. The EU needs to engage more frontline, its citizens.

D. [EU Calls for Proposals](#)

Building on the successful thematic Network, ENS4Care, ended in December 2015, the EFN (and the ENRF) submitted, in February & April 2016, three project proposals to the European Commission calls for proposals, under H2020 & Erasmus+. Unfortunately, even if they all were well quoted, the competition was high and the proposals were not selected. The EFN will need to reflect in 2017 on their engagement in EU projects.

Brief overview of the project proposals:

- » **1° - Under H2020 - on eSkills** - for which EFN and ENRF applied with a unique consortium, building on the ENS4Care consortium. The project aimed at identifying the eSkills that health professionals need in order to improve healthcare and provide professionals the necessary skills to cope with an increasingly e-services environment.
- » **2° - Under Erasmus+ - on Skills** - aiming to identify needed skills in the area of integrated care (community care).
- » **3° - Under H2020 - on upscaling Integrated Care** – exploring care coordination model (case manager).

The EFN Secretary General, made contacts with possible key partners, as Microsoft representative, Elena Bonfiglioli, that Paul De Raeve met on several occasions, and who is very positive towards the work the ENRF is aiming to undertake. She is looking forward for the next developments. Also, in the context of the development of the two project proposals submitted under H2020 and Erasmus+ calls, Paul tried to build a strong consortium and therefore had several meetings with potential project partners who finally decided to join the journey, as: the European Hospital and Healthcare Federation ([HOPE](#)), representing hospitals; the European Union of General Practitioners ([UEMO](#)), representing general practitioners; the International Federation of Social Workers ([IFSWE](#)), representing Social Workers; the Pharmaceutical Group of the European Union ([PGEU](#)), representing community pharmacists; the European Foundation for Physiotherapy and Physical Activity of the European Region of the World Confederation for Physical Therapy / Physiotherapy ([EFPPA](#)), representing physiotherapists; the European Association Working for Carers ([Eurocarers](#)), representing the carers; the European Institute of Women's Health ([EIWH](#)), promoting gender equity in public health, research and social policies across Europe; the Medical University of Lodz ([MUL](#)), one of the largest state-owned medical universities in Poland; and the University of A Coruña ([UDC](#)), whose primary objective is the generation, management and dissemination of culture and scientific, technological and professional knowledge through the development of research and teaching. Knowing that good alliances can lead to successful outcomes, contributing to an efficient information flow, the EFN will continue looking to build reliable alliances with key EU health and social Stakeholders, and policy and decision makers, to ensure nurses and nursing stays high on the political agenda.

III. BUILDING ALLIANCES

Building alliances and creating partnerships with key organisations to work on particular issues has been the top priority for the EFN, as this is a means of strengthening civil society in the policy-making process and to get successful outcomes not only at EU level but also at national and local levels. In 2016, the EFN continued this process of building alliances and strengthening the ones already established with the key EU non-state stakeholders built up throughout the years, which is now providing consortia for the Horizon 2020 highly respected and influential to make innovation happen and implemented.

➤ Sectorial Professions' Organisations

For the last 15 years, the EFN has been collaborating very closely with the sectorial professions' organisations based in Brussels, working on common topics, as Patient Safety, Education (DIR 55), and Workforce, and participating in the same EU projects, as: PaSQ, JA Workforce, Smartcare, etc. In 2016, the EFN continued this good collaboration and exchange of views on key concerns, as: DIR55 implementation, Annexe V & Delegated Acts, Standardisation, AMR, eHealth, the EU Semester, how to influence the EU Presidencies' agendas, through regular meetings with: The Pharmaceutical Group of the European Union ([PGEU](#)), representing community pharmacists at EU level; The Standing Committee of European Doctors ([CPME](#)), representing the national medical associations across Europe; The Council of European Dentists ([CED](#)), representing the dentists and promoting oral health in Europe; The European Region of the World Confederation for Physical Therapy / Physiotherapy ([ER-WCPT](#)) representing the physiotherapy profession at European Level; The European Midwives Association ([EMA](#)), representing midwifery organisations and associations at EU level; and last but not least, the Architects' Council of Europe ([ACE](#)), representing the architectural profession at European level. The EFN is looking forward to continue, in 2017, this extremely important collaboration in the EU lobby arena.

➤ European Hospital and Healthcare Federation HOPE



Representing hospitals, [HOPE](#) aims to promote improvements in the health of citizens throughout Europe, fostering efficiency, effectiveness and humanity in the organisation and operation of hospital and healthcare services. As with the sectorial professions' organisations, HOPE has been collaborating closely with EFN in the EU lobby arena, over the years, in many topics: Education, Patient Safety & Quality of Care, including eHealth, workforce, including professionals' mobility, new skills, Cross-Border healthcare, just to name a few. In 2016, the EFN and HOPE were in close contact namely for the submission of the EU project proposal on Integrated Care not selected by the European Commission. The EFN is looking forward to continue this close collaboration with HOPE in 2017.

➤ Association of Schools of Public Health in the European Region



[ASPHER](#) is the independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. Over the last years, the EFN had the opportunity to provide nurses' views in their meetings organised in Brussels. In 2016, the EFN continued this good collaboration, namely by participating in their meeting on public health workforce, and by following up with Robert Otok, ASPHER Director of the Brussels' Office, on some common concerns as: patient Safety and workforce. The EFN is looking forward to continue this close collaboration in 2017.

➤ European Centre for Disease Prevention and Control



In 2016, the EFN has been following closely the work done by the [ECDC](#), aiming to strengthen Europe's defences against infectious diseases, on Antimicrobial Resistance, and strengthened EFN/ECDC close collaboration on the topic. The EFN, and the nurses' views, are considered as key in the debate. As such, and knowing that AMR stays high on the EFN policy agenda, the EFN will continue to follow closely the ECDC developments on this topic and develop this important collaboration.

➤ European Association Working for Carers



[EUROCARERS](#) brings together organisations representing carers and those involved in research and development. It aims to support carers, contribute to policy developments and collaborate with other interest groups at EU level. The role of carers is more crucial than ever due to demographic changes

and challenges to formal health and social care services throughout Europe and the introduction of ICT tools go to shape also their daily work. Over the last years, the EFN has been collaborating closely with EUROCARERS in the EU lobby arena, providing nurses' views and support when needed, and participating in their meetings organised in Brussels all over the year. In 2016, the EFN had the opportunity to explore with Eurocarers very active in the topic, the European Semester and the possibilities it could provide for the EFN and its members. The EFN is looking forward to continue, in 2017, this important collaboration.

➤ **European Institute of Women's Health**



The EFN sees this close collaboration as very important, as the [EIWH](#) aims to promote health throughout the lifespan, to ensure quality and equity in health policy and care and to campaign for gender-specific research. Including people and organisation with expertise and interest in women's health, is key for the EFN lobby work as 90% of nurses are women. Their active participation in the ENS4Care provided useful inputs to the discussions, focusing on the gender issue, and the EFN was aiming to have them again as partner in another EU project proposal, unfortunately not taken by the European Commission. The EFN is looking forward to continue this close collaboration with EIWH in 2017.

➤ **European Nursing Student Association**



Being an organisation for co-operation between national nursing students' organisations or colleges of nursing in Europe, the objective of [ENSA](#) is to bring together European nursing students and representatives from all countries across Europe. Having an observer status in EFN General Assemblies, in 2016, ENSA and EFN strengthened their relationship, namely through ENSA's presence at the October EFN General Assembly, where Julián Vadell Martínez (ENSA President) briefed the EFN members on ENSA role, priorities and activities; and meetings to discuss ENSA next steps. The EFN is looking forward to continuing this strong collaboration with ENSA in 2017.

➤ **European Union of General Practitioners**



[UEMO](#) represents the general practitioners in the EU, with the aim to defend the role of general practitioners in the healthcare systems, providing united views of the members (national, nongovernmental, and independent organisations). Their active participation in the ENS4Care provided useful inputs to the discussions, from a medical perspective, and the EFN was aiming to have them again as partner in another EU project proposal, unfortunately not taken by the European Commission. The EFN is looking forward to continue this very good collaboration in 2017.

➤ **European Quality Assurance Register for Higher Education**



Aiming to provide the public with clear and reliable information on quality assurance agencies operating in Europe, [EQAR](#) is a web-based and freely accessible register listing those agencies that have demonstrated their substantial compliance with a common set of principles for quality assurance in Europe. Taking into account the ongoing transposition of DIR55 into the EU Member States national legislation, the EFN met with Melinda Szabo (Project Officer) and Colin Tück (Director), to the accreditation system for DIR 55 & its Annexe V, see who at EU and National level is checking compliance with the Directive, knowing that the European Commission is starting to analyse it.

➤ **International Council of Nurses**



Representing the nurses worldwide, and having an observer status in EFN General Assemblies, the [ICN](#) has been collaborating with EFN on some nurses and nursing key topics for many years. In 2016, the EFN and ICN continued their very good collaboration, namely by having regular informal meetings with the ICN President, Judith Shamian, & CEO, Frances Hughes, to exchange views on key concerns, as Education, Workforce, and Patient Safety.

➤ **International Federation of Social Workers – Europe**



[IFSW-Europe](#) represents the social care workers' voice in the EU and Europe. Their active participation in the ENS4Care provided useful inputs to the discussions, making sure that the fundamental link between social and healthcare dimensions is taken into account, and the EFN was aiming to have them again as partner in another EU project proposal, unfortunately not taken by the European Commission. The EFN is looking forward to continue this very good collaboration in 2017.

➤ Knowledge4Innovation



[Knowledge4Innovation](#) (K4I) is an open, independent, non-profit platform with a wide variety of stakeholders including regions, cities and universities, research organisations, regions and cities, trade organisations and think tanks as well as technology platforms small and large companies.

Knowledge4Innovation is advocating for favourable framework conditions promoting innovation activities in Europe. The K4I Forum is supported by more than 30 Members of the European Parliament. The EFN is putting Health higher on the innovation agenda. As such, it believes that Knowledge4Innovation is a good platform for EFN to become a key player in innovation, and an ideal platform to keep health and social care high on the innovation and political agenda, making sure integrated care and continuity of care leads to better health outcomes for patients and citizens. In 2016, the EFN continued its very good collaboration, participating in several of their meetings, providing nurses' views on innovation and exploring how nurses can successfully contribute to the debate.

➤ Microsoft



[Microsoft](#) is very active in the health sector, working every day with health organisations, communities and partners around the world to help improving health systems. Microsoft acknowledges the value of nurses in healthcare and recognises nurses as the ones to engage with if the use of innovative technology in healthcare is to be successfully implemented. As such, and in view of fostering the collaboration between end-users and industry providers, the EFN continued, in 2016, to develop a strong collaboration with Microsoft, and participated in some of its meetings to provide the nurses' views on key topics, as: DIR 36/55, Patient Safety and Education. The EFN will continue and strengthen this close collaboration with Microsoft in 2017.

➤ Organisation for Economic Co-operation and Development



Aiming to provide a forum for governments to share experiences and seek solutions to common problems, [OECD](#) mission is to promote policies that will improve the economic and social well-being of people around the world. Taking that into account, the EFN kept in contact with the OECD in

2016, namely as regards Workforce, the European Professional Card, data collection and Eurostat-OECD-WHO Joint questionnaire, and participated in some of their meetings (as on Skill Mix – June 2016), to make sure that the nurses' views were taken into account in the debate. The EFN will continue and strengthen this close collaboration with OECD in 2017.

IV. EFN MEMBERS STRENGTH

1. EFN Members representing EFN

Expert Group on European Health Workforce Workshop - On 11 February, the EFN represented by Grazyna Wojcik (Polish Nurses Association and member of the EFN Executive Committee), participate in the [workshop](#) "Ticking the Boxes or Improving Healthcare and Patient Safety?" organised by the European Commission. Bringing experts in the area of continuous professional development (CPD), including representatives of regulatory, professional and educational bodies and the European Commission, the aim of the event was to share and discuss national experiences on CPD systems and ways to optimise CPD of health professionals to improve quality of care and patient safety, as a follow-up of the [EU study on CPD](#), developed by doctors (CPME), nurses (EFN), dentists (CED), midwives (EMA) and pharmacists (PGEU). A number of EU initiatives and legislation underline the importance of regularly updating and improving the skills of health professionals through CPD to improve quality of care and patient safety. The EFN believes that the healthcare professionals should be the starting point of any CPD strategy, focusing on whether changes are needed, what type of changes are required and what type of learning is valued the most. CPD is difficult to capture but we need parameters that would measure its effectiveness, especially when it comes to patient Safety. As for the first comprehensive study, DG Sante should use the Sectoral Professions as change agents, supported by the Public Health Programme.

EU AMR Action Plan Evaluation workshop – represented by Asija Delalic (UK), the EFN participated in the [workshop](#) organised on 16 February 2016 by RAND Europe, external evaluator commissioned by DG SANTE to carry out the evaluation of the EU Action Plan against the rising threats from Antimicrobial Resistance (AMR). The objective of the event was to inform the EU stakeholders on the evaluation progress, findings, conclusions and recommendations and to get some feedback from participants, who tackled the differences that countries have regarding the implementation of recommendations and guidelines from an EU perspective and how they are translated into their own national policies, next to the AMR monitoring and surveillance. Overall, there are evident data of improvement over the years, but there are still concerns about how to include more countries in research and dissemination of data. The main positive outcome was that the Action Plan was identified as a way that the European Commission has taken the political obligation to address the problem of AMR, identified as major threat with a global impact on health.

Third Joint Action Conference on Planning & Educating Health Workforce without borders – Being a partner in the Joint Action on Health workforce planning & forecasting, the EFN participated in the [conference](#) organised in Varna - Bulgaria, on 18-19 February 2016, represented by Milka Vasileva (Bulgarian Association of Health Professionals in Nursing & Member of the EFN Executive Committee). Bringing together 120 [participants](#) from different countries and different organisations, the meeting provided a good opportunity to exchange views and discuss key topics as health professionals' mobility, data monitoring based on the case studies of various European countries, and the effects of demography changing on health workforce needs, ageing consequences on health workforce, technology impact on health workers and financing health systems linked with the roles of health workers. The content also aimed at educational aspect of health professionals for future, especially coordination of education policies and convert of new skills of health professionals, with a lot of good practices reported from different partners during the parallel sections.

CC4HCA Workshop - Invited to participate in this meeting held in Brussels on 6-7 April 2016, the EFN was represented by Matthew Hamilton (RCN – UK). The workshop aimed at further [exploring](#) the desirability and potential content of a Common Training Framework (CTF) for healthcare assistants (HCAs) in Europe, bringing together competent authorities of all 28 EU Member States, and key EU health Stakeholders, and experts in the field. The participants took this opportunity to raise their concerns about the CTF and their views on the practicality of having a CTF for HCAs.

Final Consultation European Framework for Action on Integrated Health Services Delivery – Organised by WHO Regional Office for Europe on 2-3 May 2016, in Copenhagen, the EFN participated in this meeting, represented by Marianne Schulz (Danish Nurses' Organisation). Bringing together Member State National Counterparts, National Technical Focal Points and appointed CIHSD Focal Points; invited experts; partnered organizations; patient representatives, health and social care providers, civil society and special interest groups; staff from WHO offices in

countries and WHO Regional Office for Europe, the meeting provided the opportunity to discuss the final draft of the [European Framework for Action on Integrated Health Services Delivery](#) to be presented at the 66th session of WHO Regional Committee for Europe (September 2016).

Joint Action EU Health Workforce end of project congress - Being a partner in the [Joint Action](#), the EFN represented by Yves Mengal (FNIB – Belgium) and Susan Williams (RCN – UK) participated in the [closure event](#) entitled “Towards sustainable health workforce for Europe” held in Mons, Belgium, on 3-4 May 2016. The meeting provided a strategic overview of the work of the Joint Action and its key deliverables including tools, [handbooks](#) and guidelines of the planning methodologies of 7 countries. *For more information on this project, see p.13.*

European Antibiotic Awareness Day (EAAD) Technical Advisory Committee - Represented by Chanel Watson (INMO) and Jose Luis Cobos (Spanish Council of Nurses) the EFN participated in the Expert meeting, held in Stockholm on 23 June 2016, to provide input on the current [EAAD](#) toolkit for hospital prescribers, to ensure it is relevant to today’s healthcare practice, and suggest ways by which ECDC could update it. The EFN took this opportunity to raise the importance of recognising the role nurses and midwives play in combatting antibiotic resistance through traditional and advanced roles ([nurse prescribing](#)). It was agreed that a team approach (including nursing) to addressing antimicrobial resistance and promoting the prudent use of antibiotics is required, and that the material would need to be adapted to reflect other healthcare professionals, such as nurses and pharmacists.

10th International Hospital & Healthcare Management Conference – The EFN participated in this [event](#), held in Warsaw on 16-17 June 2016, represented by Dorota Kilanska (Poland) invited as main speaker on “Coordinated Health Care: challenges and opportunities 2016”. Dorota focussed on integrated care, and coordinated care from a nursing perspective. The meeting brought together representatives of the Polish Ministry of Health, experts, scientists and managers, to discuss the issues related to organization and cost-effectiveness of managed care, in times where patient care in Poland is quite uncoordinated.

WHO Regional Committee for Europe 66th Session - Marianne Schulz from the Danish Nurses’ Organisation represented the EFN in this [meeting](#) held in Copenhagen on 12-15 September 2016. The participants discussed key items as: Health in the [2030 agenda](#) for SDG in relation to Health 2020 - WHO will look at the interplay between Health 2020 initiatives and the SDGs; [Strengthening people-centred health systems](#) in the European regions, framework for action on integrated care - resolution adopted; [Strategy and action plan for refugee](#) and migrant health in the WHO European Region - resolution adopted; [Strategy on women health and wellbeing](#) - resolution adopted; [Action plan](#) to strengthen the use of evidence, information and research for policy-making in the European Union - first action plan of its kind in WHO. Aim (ensuring evidence in policymaking) and plan are fully supported by the Member States. The meeting brought together Health ministers and high-level representatives of the 53 Member States of the WHO European Region, partner organizations and civil society. The next regional committee meeting will run from September 11-14 in Budapest 2017.

ECDC meeting on AMR – Held in Stockholm on 16 September 2016, the EFN participated in this meeting, represented by Chanel Watson (INMO). This meeting was organised as a follow-up of the June meeting where a draft report was produced with proposals for guidelines on prudent use of antimicrobials in human medicine. The September meeting was aiming to present, review the document in light of comments received from 50 organisations, member states and individuals, and discuss it with the EU Member States representatives & Stakeholders to ensure the feasibility, comprehensiveness and endorsement of the guidelines. The EFN provided its input to the June draft, and Chanel stressed during the meeting the key areas to which the EFN had provided comments on, such as the focus on medicine rather than healthcare, the promotion of nurses and nurse prescribers as key players in the fight against antimicrobial resistance and education of professionals with responsibility for prudent use of antibiotics. Further revisions were to be made to the guidelines as a result of these discussion and then presented to the European Commission on 31 October 2016.

AAL Forum - Invited to participate as keynote speakers in two sessions of the [AAL Forum 2016](#) on the need for Education under the theme: “Technology to assist better living - time to create awareness for both professionals and citizens alike”, the EFN was represented by Prof. Birgit Vosseler (St. Gallen). Held in Gallen, Switzerland, on 27-28 September 2016, the first session debated the need for better awareness and understanding and how this can be undertaken. The second session discussed how and who will work in the task. The EFN presentation mainly focus on the competencies listed in article 31 of DIR55, highlighting the fact that each RN has key competencies to run the

Healthcare system. Furthermore, advanced roles are encouraged to be developed, see [ENS4Care guideline](#). The Forum brought together decision-makers, experts and interested people from politics, research and development, health, business and industry.

ECDC Infection Control training in Europe - Noel Abela, Infection Control Nurse from Malta, represented the EFN in the [ECDC expert meeting](#), held in Stockholm on 17-18 October 2016, to hear the views of different professionals with regard to the future of infection control training in Europe. The purpose of the meeting was to discuss the core competencies of the TRICE project where both nurses and doctors were involved, the [WIKI e-learning programme](#), and the IPC training needs and activities. All the participants (including 4 nurses) recommended that the ECDC should be focusing on: Providing leadership and standards; Bringing networks together; IPC to be clearly emphasized in addition to patient safety; More emphasis on frontline workers and post-graduate including public health; Content of courses across Europe should be stamped by ECDC; See what is the learning outcome of the course being offered; ECDC to support adoption of IPC training in all Member States; Ideally cover all core competencies highlighted in the TRICE report; The ECDC should keep in mind that the core competencies are only as reference and not law amongst the Member States; Define minimum requirements to be an IPC practitioner/team; ECDC should focus on nurses unlike the EUCIC, which are focusing on doctors. Noel made it clear that the ECDC should listen to nurses and associations such as EFN, namely when it comes to reach the 3 million nurses within the EU member states. ECDC cannot reach these nurses, EFN yes!

EONS 10 biennial nursing congress – Invited as keynote speaker, Elizabeth Adams (EFN Vice President) represented the EFN in the [session](#) “Psychosocial health and wellbeing in nurses” held in Dublin on 18 October 2016, presenting the key priorities which can be linked to the psychosocial health and wellbeing in nurses: education, salary and quality and safety.

ECIBC Plenary conference 2016 “When Science and Policy collaborate for Health” - Cristina Garcia Vivar, from the Spanish Council of Nursing, represented the EFN in the [annual Plenary](#) of the European Commission Initiative on Breast Cancer (ECIBC) held in Italy on 24-25 November 2016. Dealing with the transfer of science into policy, the meeting focused on Science for Policy Development and on Policy for Science Implementation. Aiming at having an impact on the health of women, by improving and harmonising breast cancer care in Europe, the ECIBC organise these plenary conferences to inform the EU stakeholders, including Members of the European Parliament, on its projects' progresses.

2. EFN support to EFN Members

It is crucial for the EFN, as a Pan European Organisation, to continuously support and strengthen its relationship with its members by getting a real sense of what is important to them at national level. Taking part in national events is an ideal way of strengthening ties with the members but it is also crucial for understanding the key issues at stake in Member States and offering, in return, the EU-level perspective. The EFN appreciates these moments with its members and continues investing in national, regional and local events that promotes the EU nurses' voice. But participating in meetings is not enough to get the political message through to national policy makers understanding the importance of the nurses' views and concerns in the policy process and in the daily clinical practice. As such, it is important for the members to get EFN support directly addressed to key political players to help them to push for their key concerns at national level. As such, in 2016, the EFN provided its support through some support letters, and by participating in key national events.

↳ Support to EFN Members national key concerns

In 2016, the major EFN members' national key concerns (namely in Czech Republic, and Slovakia) related to nursing education, better working conditions, enough qualified workforce, resources and support, value of nurses' work, better salaries, and appropriate education and qualifications, allowing opportunities to advance the nursing profession, to ensure the sustainability of the health workforce. In all the supporting letters sent out to the national policy makers, the EFN made it clear that it is crucial that national governments make sure that the health facilities have the necessary nursing workforce to provide safe and high quality healthcare services, as it is key to ensure appropriate education and qualifications, and allow opportunities to advance the nursing profession, in order to ensure the sustainability of the health workforce and ensure that young people feel motivated to choose the nursing profession.

↳ Participation in EFN Members' national events

National Conference of Slovak Chamber of Nurses and Midwives "Nursing and Midwifery in the Process of change" - Invited as keynote speaker to discuss the topic of competences and education in nursing, the EFN Secretary General, Paul De Raeve, made it clear how important Slovak nurses are in the development of nursing in their country. Nurses are expected to be proficient, skilled and confident in leading and organising nursing care. This constitutes not only a basis for a successful health system change, which can be developed much further at the European level, but also attributes important key roles to the nurses within the healthcare system such as coaching, leading and evaluating care outcomes. Organised by the Slovak Chamber of Nurses and Midwives ([SKSaPA](#)), under the auspices of the Slovak [Presidency](#) of the Council of the European Union, the European Federation of Nurses Associations and the Slovakian Minister of Health, the [Conference](#) provided a good opportunity for acquiring new knowledge in Nursing and Midwifery, and for sharing experience with key players.

13th Scientific Congress of Polish Nurses Association "The Future of Nursing starts today" - Invited to participate in the successful 13th [congress](#) of the Polish Nurses, to speak about 'Nursing a global perspective', the EFN Secretary General stressed the importance of compliance with the [Directive 2013/55/EU](#) and putting barriers in place for free movement (keeping nurses in Poland) would be the wrong signal to the Polish society, which highly supports nurses. The Polish nursing education needs to stay in a strong position to deliver safe and high quality care, namely knowing the enormous progress done since 2004 in upscaling nurses and the nursing profession. Poland needs to build further on its positive achievements; a stronger position of nurses, women, in society, better salaries, better working conditions. Meeting with the Polish Ministry of Health, Konstanty Radziwiłł (Former CPME President), the EFN Secretary General message was clear: *"Do not lower down the nursing education with the new education reforms in Poland". Since 2004 EU enlargement, Poland has made enormous progress in upscaling nurses with millions of EU funds, and therefore, it is unacceptable to move nursing education back to the Communist regime."*

3. EFN Members visiting Brussels and the EU Institutions

Bringing to Brussels NNAs delegations is a good opportunity for the EFN Members' NNAs to meet with their country EU representatives and learn more about the EFN political agenda, how this agenda is influencing and influenced by the EU Institutions, the outcomes achieved by EFN, and the role of the EU Institutions in relation to the EU health policy. The main topics presented on these occasions are: the EFN's key priorities in the EU lobby process, including Directive 36/55 and the challenges for nursing education; the EU projects the EFN is involved in (Joint Actions on Quality and Safety and on EU Health Workforce, Smartcare, ENS4Care), and the importance of investing in the EU lobby process.

The EFN welcomes this initiative and pro-active attitude from EFN members. Not only as this increases the visibility and reputation of nurses at EU level but also because it shows that they are serious about their profession and the issues that have an impact on it. Therefore, the EFN members are encouraged to continue these efforts in 2017 in order to give the nursing perspective to the EU on key topics.

V. A FUTURE FOR EVIDENCE BASE POLICY-MAKING

A. EUROPEAN NURSING RESEARCH FOUNDATION



Founded by the EFN in 2013, within the context of the increasing emphasis placed on nursing research at EU level to secure reliable evidence from which to base future workforce decisions, the European Nursing Research Foundation (ENRF) is aiming at making the bridge between evidence and policy-making process and act as a contact point for EU policy-makers and politicians, and analysing and compiling what already exists in terms of nursing research in the EU Member States, in order to convert existing data into evidence-based advocacy for the EU policy-making process. The Foundation intends to be independent and identifiable value in nursing research, next to being an eligible partner to apply for EU projects.

From April 2016, the ENRF is an independent NGO. In April 2016, the ENRF reviewed Constitution was published in the 'Moniteur Belge' and as such the ENRF became an independent NGO.

↳ ENRF Governance body

The EFN members elected 4 Directors to the ENRF Board: 1 Founding EFN Director - Máximo González (Spain) + 3 EFN Directors - Karen Bjoro (Norway); Dorota Kilanska (Poland); Kate Seers (UK)), for a 2-year mandate (2015-2017).

The elected Board is responsible for establishing a strategic plan that includes a set of values, content and theme for the Foundation to focus on, and will systematically establish a theme to focus on, including suggesting potential professional partners to build alliances with in order to prepare a response to calls under Horizon 2020 in the upcoming years.

At their first meeting, that took place online on 21 January 2016, the Board elected Máximo González as ENRF President. It was also decided at that moment that at this stage there was no need to nominate any other Board position as set out in the ENRF Constitution, till the full board of eight Directors are reached.

↳ ENRF activities

In terms of work, the Foundation started to develop itself as independent organisation. And the first step, after having signed the papers at the notary in April 2016, allowing the ENRF with its new Constitution, to be recognised as a totally independent organisation, was the administrative burden (Bank, Insurances, Social security, Social Secretariat, etc.) to make sure that legally speaking the ENRF was set as it should be under the Belgian law. Establishing the Foundation has been a long process, sometimes difficult, but we have it now, with the continuous support of the EFN members!

Furthermore, at EU level, if you want to participate in a project proposal, or submit one, administratively speaking your organisation needs to be registered in the [ECAS](#) Portal and have a Participant Identification Code (PIC) and is registered into the [EU Transparency Register](#), a system operated jointly by the European Parliament and the European Commission set up to answer core questions such as what interests are being pursued, by whom and with what budgets.

Next to these administrative files, the Foundation also worked for several months in the development of three EU projects proposals, under the calls of Horizon 2020 (H2020) - EU Research and Innovation programme & Erasmus+ - EU programme for education, training, youth and sport. Two of which led and submitted by ENRF. Unfortunately, none of the projects were selected by the European Commission! The ENRF will now need to focus on the calls for 2018.

Furthermore, it is important to put nursing research higher on the Commission's agenda, especially in the area of Research and Innovation, and bring the calls closer to the nursing research community. As such, and for the very first time, the ENRF provided, in June 2016, its [input](#) to the European Commission [Consultation](#) on DG Research upcoming 2018-2020 EU Research program, based on EFN Members' and ENRF Reference Points' views and expertise collected by the EFN/ENRF Office. In its answer the ENRF made it clear that nurse researchers are in a position to engage with society through Research and Innovation activities, increase the accessibility to scientific results (translating them in an operational language) and promote (in)formal science education.

Finally, the Directors and the ENRF Secretary General met on 12-13 December, face to face, in Madrid, and finalised the Strategic and Operational Research Plan (SORP), in line with the EFN Strategic and Operational Lobby Plan (SOLP), together with a draft budget plan 2017-2020, discussed a proposal for ENRF Branding & Website, the ENRF Governance and Alliances Building.

↳ **Conclusion**

The ENRF has the ambition to become a reference point for the dialogue between researchers and policy-makers, with the purpose of translating knowledge into health and social policy with the ultimate objective to improve our knowledge base when reforming national healthcare systems, and to become the scientific foundation to enhance the EU health and social policy agenda.

VI. EFN DATA COLLECTION

To gather quantity and quality evidence, the EFN uses data collection as key component in its daily lobby work. This allows to provide the EU institutions and key EU stakeholders with up-to-date information/data to take informed decisions and consider the next steps on crucial topics. As such, in 2016, the EFN and its members undertook and provided input to several key surveys/consultations:

A. EFN Members

✎ **Cyprus Nurses and Midwives Association (CYNMA) on “Negotiating working conditions”**

In the context of negotiating better working conditions for Cyprus nurses, CYNMA request the EFN members to provide any good examples their nursing union (PASYN0) could use in their negotiations with their government, as: Official forms and documents regarding the annual evaluation/assessments of Nurses; Methods of evaluation and assessment models used in E.U countries (keywords); Criteria for hiring new nursing employees; and Criteria for promotions in the administrative structure.

✎ **Cyprus Ministry of Health on “Average Salaries”**

On behalf of Cyprus CNO (Ministry Of Health), Mr Xenofontos Andreas, CYNMA requested Germany, France & Italy NNAs to provide data on the average monthly and annually salary (wage) of nurses, with particular reference to the average starting salary and average salary after ten years of service.

✎ **Lithuanian Nurses’ Organization (LNO) on “Nursing Workload” at national level**

In the context of LNO representatives participation in a workgroup at Ministry level aiming to revise and update the national Document on nursing workload establishment, the NNA requested the EFN members to provide some useful information on nursing workload regulation or staffing numbers (nurse patient ratio) in different EU countries, and to respond to the following questions: Is workload of nurses regulated at national level in your country?; Do staff ratios exist in your country?; Could you provide any useful links or examples, what are the staff ratios in different healthcare settings indicated by national regulation? The results have been presented in the October Madrid GA, in the workforce Committee.

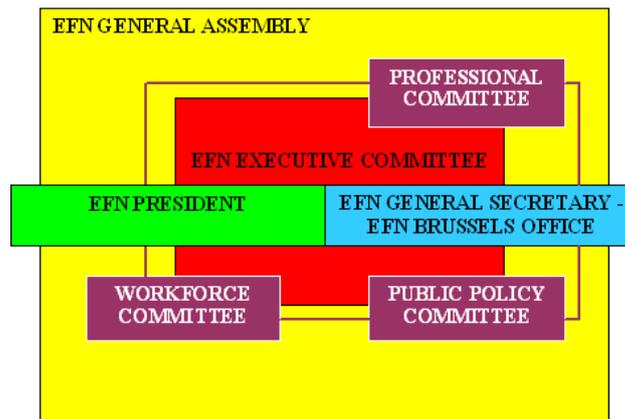
✎ **Nurses Autonomy in school**

In the context of negotiations with the Ministry of Health on the independent position for nurses working in schools, Dorota Kilanska, from the Polish Nurses Association and the Medical University of Łódź, Poland, requested the EFN Members to provide some evidence/data on how school nurses work in their countries, and namely if they work independently (without doctor's supervision)? What qualifications do they have to acquire in order to work as independent school nurse? Is school nurse self-employed or if not by whom is a nurse employed? Can a school nurse be a owner of their nursing practice (independent nursing school practice)? Does the presence of a nurse at school depend on the size of a school, number of students or the number of assigned responsibilities? The final aim of this survey was to identify areas in which it would be advisable to introduce changes in order to make work in the teaching and educational environment more effective and to benefit pupils in a tangible manner as well as to ensure a high quality of healthcare, knowing that those nurses are the only medical professional on the education institution’s premises.

VII. EFN GOVERNANCE

A. EFN STRUCTURE

The EFN governance structure consists of the General Assembly, which includes 36 National Nurses' Associations, supported by the Executive Committee, the Professional, Workforce and Public Policy Committees, and the EFN Brussels Office.



B. EFN GENERAL ASSEMBLY

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

The EFN General Assembly is constituted by:

- ↳ **Members** - drawn from the [National Nurses' Associations](#) from the twenty-eight EU Member States + Iceland, Norway, Switzerland, the Former Yugoslav Republic of Macedonia, Montenegro, Serbia, Albania + AUVB-UGIB from Belgium (New Member who joined EFN in October 2016).
- ↳ **Observers** - International Council of Nurses ([ICN](#)); World Health Organisation ([WHO](#)); and the European Nursing Students Association ([ENSA](#)).

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

Due to the IS attack in Zaventem and Maelbeek, in March 2016, the planned Brussels' General Assembly, in April 2016, was cancelled. As such, the EFN General Assembly met only on 20-21 October, in Madrid, for the Autumn General Assembly, organised by the Spanish General Council of Nursing. The minutes of the General Assemblies are not publicly available. The EFN Members can access them via the Members' section of EFN [Website](#).

C. EFN COMMITTEES

Constituted in 2006, in order to prepare and facilitate the EFN lobby process towards the European Commission, the European Parliament and the Council of Ministers (EU Presidency), the three EFN Committees met twice a year during the EFN General Assemblies in order to discuss and produce recommendations to the General Assembly on the steps forward to achieve concrete outcomes related to specific issues:

- **Professional Committee:** In 2016, the Professional Committee led by Elizabeth Adams, from the Irish Nurses and Midwives Organisation, discussed and provided recommendations to the EFN General Assembly on: EFN SOLP 2014-2020 (Objective 3); EFN Draft Questionnaire on EU Member States Compliance with DIR55; draft letter to be sent to the Member States national coordinators together with the EFN Competency Framework; Delegated Act (EFN & Nursing Regulators Network agreement); EFN Workforce Matrix 3+1.
- **Workforce Committee:** In 2016, the Workforce Committee led by Grazyna Wojcik, from Polish Nurses Association, discussed and provided recommendations to the EFN General Assembly on: EFN SOLP 2014-2020 (Objective 2);

EFN Workforce Matrix 3+1; current situation of massive recruitment of nurses; Lithuanian Workload Report; follow up of the WHO Global Strategy on Human Resources for Health.

- **Public Policy Committee:** In 2016, the Public Policy Committee led by Roswitha Koch, from the Swiss Nurses Association, discussed and provided recommendations to the EFN General Assembly on: EFN SOLP 2014-2020 (Objective 1); EFN Position Statement on Nurses Combatting Antimicrobial Resistance (AMR); AMR Stewardship; Commission's mechanism of the "European Semester" and the impact NNAs' can have on the National Reports and Recommendations; EFN Position Statement on Nurses Contribution to the European Semester; EFN Workforce Matrix 3+1; and Value in Health Systems".

D. EFN EXECUTIVE COMMITTEE

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

a. Meetings

In 2016, the EFN Executive Committee met three times: on 4 March (Online) and on 14 September (Warsaw) for their regular meetings. No extraordinary meeting was organised this year. In 2017, the Executive Committee will meet for their regular meetings on: 17 February, in Brussels, & 5 September, Online.

b. Elections

At the Autumn EFN General Assembly held on 20-21 October 2016, in Madrid, the EFN members elected the following members of the EFN Executive Committee: Vice-President – Elizabeth Adams (Irish Nurses and Midwives Organisation) - 49 votes in favour; two members of the Executive Committee: Janet Davies (Royal College of Nursing – UK) – with 44 votes in favour, and Veronica Di Cara (Czech Nurses Association) – with 39 votes in favour, for a two-years mandate (2016-2018), and one member of the Executive Committee: Sineva Ribeiro (Swedish Association of Health Professionals) – with 34 votes in favour, for a one-year mandate (October 2016-October 2017), as replacement of Elizabeth Adams, elected as Vice-President.

As a result, the new Executive Committee is constituted as follow:



President: Ms Marianne Sipilä, Finnish Nurses Association, *Finland*



Vice-President: Ms Elizabeth Adams, Irish Nurses and Midwives Organisation, *Ireland*



Treasurer: Ms Milka Vasileva, Bulgarian Association of Health Professionals in Nursing, *Bulgaria*

Four Executive Committee Members:



Ms Veronika Di Cara, Czech Nurses Association, *Czech Republic*



Ms Sineva Ribeiro, Swedish Association of Health Professionals, *Sweden*



Ms Roswitha Koch, Swiss Nurses Association, *Switzerland*



Ms Janet Davies, Royal College of Nursing, *UK*

E. EFN BRUSSELS OFFICE

In 2016, the EFN Brussels Office, consisting of the Secretary General, the Secretary, and a Policy Advisor, and supported by consultants in the area of Accounting, Social Security System, Web and IT management, Legal Affairs and on specific policy areas, continued focussing on implementing the EFN Strategic Lobby Plan 2014-2020.

Having a proactive approach to setting the EU health and social policy agenda by influencing the major policy initiatives from the European Institutions, which in turn impacts on nurses and the nursing profession, is the core business of EFN. Translating this political journey into the 'language' of the EFN members, through the EFN Updates, Press Releases and Briefing Notes, bridges the distance between Brussels and the governmental capital of the Member States where national policies are developed. Informing and keeping the EFN members up to speed is essential in putting them in an advanced position vis-à-vis their national governments. But equally important is the engagement of the EFN members in the Brussels lobbying process 'to put a human face to policy-making'.

As such, having an EFN Office in Brussels equipped with highly educated and motivated staff, and empowering members to exchange views on specific EU policy areas, thus enabling them to go back home with the capacity to influence national governments is, in fact, the 'raison d'être' of EFN.

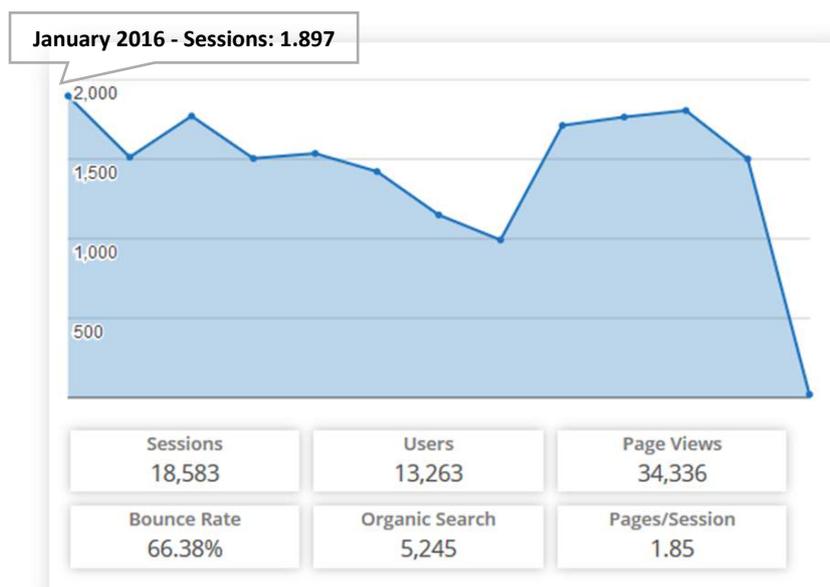
VIII. COMMUNICATION

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

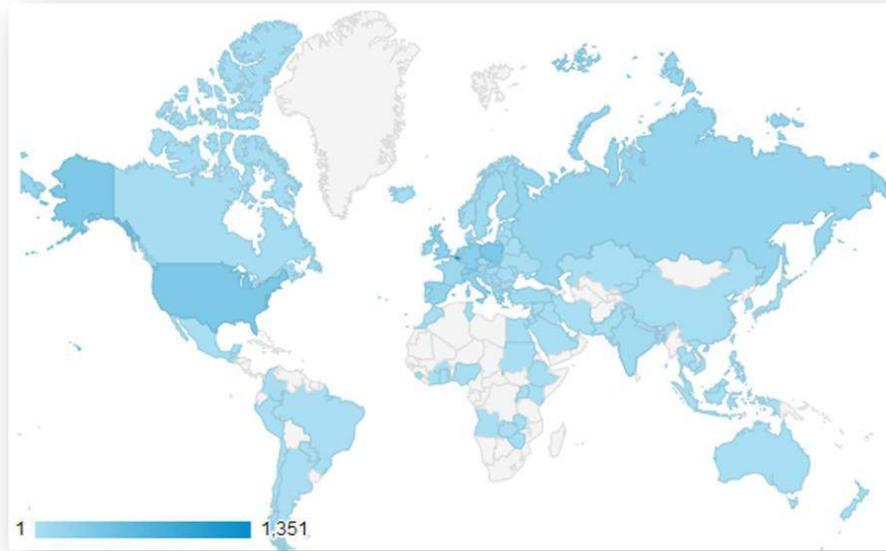
EFN Website

The [EFN website](http://www.efnweb.eu) is used as a key communication channel to disseminate information to the EFN members, the EU health stakeholders, key decision-makers, and the public in general. Updated on regular basis, the EFN Website reflects the EFN on-going activities and relevant information which shows the dynamics and impact of EFN on EU policy-making. Below you can see how much people use the EFN Website and which pages they read the most, with some statistics on the EFN Website number of visitors and top pages/documents visited in the last year (*data as of 02/01/2017*):

> Number of visits to EFN Website (for the full year)



Visits by country



Number of visits country by country

European countries

Albania	13	Austria	338	Belgium	650	Bulgaria	110
Croatia	130	Cyprus	281	Czech Republic	217	Denmark	146
Estonia	147	Finland	377	France	378	FYR Macedonia	33
Germany	1.005	Greece	451	Hungary	51	Iceland	88
Ireland	283	Italy	780	Latvia	40	Lithuania	103
Luxembourg	71	Malta	53	Montenegro	22	Netherlands	404
Norway	150	Poland	1.200	Portugal	338	Romania	110
Serbia	118	Slovak Republic	344	Slovenia	237	Spain	460
Sweden	240	Switzerland	263	United-Kingdom	1.107		

Non-European countries

Algeria	7	Andorra	1	Angola	2	Argentina	3
Armenia	3	Australia	84	Azerbaijan	3	Bangladesh	14
Belarus	4	Benin	9	Bermuda	1	Bosnia & Herzegovina	12
Brazil	154	Brunei	2	Burkina Faso	1	Cambodia	24
Canada	86	Chile	16	China	147	Colombia	29
Congo	1	Côte d'Ivoire	8	Curacao	1	Dominican Republic	2
Ecuador	5	Egypt	35	Ethiopia	6	Faroe Islands	1
Georgia	7	Ghana	5	Grenada	3	Guatemala	1
Guiana	1	Hong Kong	15	India	225	Indonesia	15
Iran	19	Iraq	16	Israel	45	Japan	49
Jamaica	1	Jordan	2	Kazakhstan	20	Kenya	18
Kosovo	27	Kuwait	3	Kyrgyzstan	4	Laos	1
Lebanon	3	Macau	5	Madagascar	1	Malaysia	15
Mauritius	17	Mexico	37	Moldova	12	Mongolia	2
Morocco	25	Myanmar	2	Namibia	1	Nepal	4
New Zealand	20	Nigeria	26	Oman	1	Pakistan	21

Palestine	9	Paraguay	1	Peru	5	Philippines	39
Qatar	13	Russia	248	Rwanda	8	Saudi Arabia	16
Senegal	3	Sierra Leone	1	Singapore	15	Somalia	2
South Africa	8	South Korea	37	Sri Lanka	2	Sudan	18
Suriname	4	Syria	3	Taiwan	20	Thailand	24
Togo	5	Turkey	182	Tunisia	13	Uganda	4
Ukraine	50	United Arab Emirates	25	United States	1.514	Uruguay	2
Venezuela	9	Vietnam	22	Yemen	4	Zambia	5
Zimbabwe	4						

› Top pages viewed (for the full year)

Pages	Views
EFN – European Federation of Nurses Associations European Federation of Nurses Associations	13,763
EFN – European Federation of Nurses Associations Members	1,419
EFN – European Federation of Nurses Associations EFN Member Section	1,250
AGENDA EFN – European Federation of Nurses Associations	1,186
EFN – European Federation of Nurses Associations Search Results	988
EFN – European Federation of Nurses Associations EFN Competency Framework for Mutual Recognition of Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU	948
EFN – European Federation of Nurses Associations Brussels office	831
EFN – European Federation of Nurses Associations History	780
EFN – European Federation of Nurses Associations Executive Committee	741
EFN – European Federation of Nurses Associations Contact Us	732
EFN – European Federation of Nurses Associations Mission & Objectives	487
Home page	393
Polish nurses joining forces EFN – European Federation of Nurses Associations	356
EFN – European Federation of Nurses Associations Browsing the category Latest News	345
sharebutton.to	341
Slovakia Nursing and Midwifery in the process of change EFN – European Federation of Nurses Associations	336
EFN – European Federation of Nurses Associations Articles	291
EFN – European Federation of Nurses Associations EFN Meetings' Documents	258
EFN – European Federation of Nurses Associations Links	249
EFN – European Federation of Nurses Associations ENS4Care	239

➤ Social Media

Being used by a huge majority of the population in the world, social media is now an important tool to share and exchange information also with the EU lobby arena. In order to be more visible in the social media network and to get EFN messages closer to the European stakeholders, the MEPs and Commission people who also use social media to communicate, and the nurses all over the EU, the EFN decided in October 2014 to get both a [Facebook](#) and a [Twitter](#) accounts.

🔗 EFN Facebook: /efnbrussels

The EFN Facebook account has currently 643 'likes' (as of 02/01/2017). Even if the EFN is not so much active on it, the few 'posts' published on Facebook in 2016 reached a lot of people, with an average of 400 people seeing our

posts, with a top reached with the news published on the International Nurses Day (12 May 2016) “Nurses providing the evidence for improving health and social ecosystems resilience!” seen by 1.023 people.

📌 EFN Twitter: @EFNBrussels

The EFN Twitter account has currently 228 followers (as of 02/01/2017). Even if the EFN is not so much active on it, the few ‘tweets’ we do reach a lot of people.

➤ Bi-monthly EFN Update

Every two months, the EFN publishes its **Update**, a newsletter that makes reference to the main information for nurses and the nursing profession within the European Union and to the key issues to influence the European Institutions. These ‘Updates’ keep the EFN Members and other key EU health alliances informed about the EFN policies, actions and relevant European initiatives. In 2016, the EFN published five Updates: [January-February 2016](#); [March-April 2016](#); [May-June 2016](#); [September-October 2016](#); [November-December 2016](#).

All the EFN Updates are available at: http://www.efnweb.be/?page_id=875

➤ EFN Press Releases

Another way the EFN is using to communicate with the EU lobby arena is through its press releases. The **EFN Press Releases** provide the EFN members and other key EU health actors, with information on key topics that the EFN believes are important to share, at a crucial moment. These are also seen as a good way to reaffirm EFN views/position on a particular topic next to the EU Institutions and the EU stakeholders. In 2016, the EFN published several press releases, namely: [Deadline for Implementation of the Modernised Professional Qualifications Directive Reached!](#) (19/01/2016); [International Women’s Day](#) (08/03/2016); [Nurses deploying the European Professional Card](#) (18 03 2016); [Celebrating International Nurses Day](#) (12/05/2016); [Smartcare recognises nurses as care coordinators in integrated care](#) (07/07/2016); [Nurses role in emergency risk communication](#) (08/09/2016); [EU to invest in frontline health workforce](#) (22/09/2016); [Danish media nominate Danish nurses with an award](#) (10/10/2016).

All the EFN Press Releases are available at: http://www.efnweb.be/?page_id=882

➤ EFN Policy Statements and Position Papers

The **EFN Policy Statements and Position Papers**, highlighting the EFN members views on specific issues, and approved by the EFN General Assembly, are crucial for the EFN’s lobby work next to the different EU Institutions and EU Stakeholders, and to support the EFN Members in their daily lobby work at national and EU level. In 2016, the EFN members adopted the EFN Policy Statements and Position Papers on: [Nurses Combatting Antimicrobial Resistance](#); [Nurses’ Contribution to the European Semester](#).

All the EFN Policy Statements and Position Papers are available at: <http://www.efnweb.eu/>

➤ EFN inputs to the European Commission Consultation Processes

relate to: [Public stakeholder consultation](#) on next phase of EU-US cooperation in eHealth/Health IT (14/03/2016); International Sectoral Qualifications and Qualification Frameworks survey (24/03/2016); UN Consultation (29/03/2016); [DG Research consultation on the upcoming 2018-2020 EU Research program](#) (10/06/2016); [Mid-term evaluation of the European Union Programme for Employment and Social Innovation \(EaSI\)](#) (02/11/2016).

All the EFN contributions to the EU Institutions are available at: http://www.efnweb.be/?page_id=873

➤ EFN Articles

Publishing **articles** is a good way for the EFN to increase the visibility of nurses and the nursing profession at European level, to strengthen the EFN’s position on a range of key policy issues, and to increase the impact of the EFN messages and their potential influence on the policy design. In 2016, the EFN published several articles: [Women: setting the agenda](#) (March 2016); [EU Accession – A Policy Window for Nursing](#) (May 2016); [Enhancing the provision of health and social care in Europe through eHealth](#) (May 2016); [Migration and Nursing](#) (May 2016); [Upscaling Integrated Care](#) (June 2016); [Nursing and the European Semester](#) (July 2016); [Nursing and Public Health](#) (August 2016); [Nurses as public health leaders](#) (November 2016).

All the EFN articles are available at: http://www.efnweb.be/?page_id=2258

IX. CONCLUSION

2016 has been very particular year for all EFN staff living and working in Brussels, due to the terrorist attacks on 22 March, which led to the cancellation of our April General Assembly, for safety reasons, as Maelbeek metro station is just under the hotel where the General Assembly was due to take place, and that the Brussels' Airport only partially reopened after few months. And in these difficult times, we decided not to bring our members, 70 EU nursing leaders, to Brussels.

But, once the choc of such events diminishes, we tried, with the support of the EFN members, to restart living and working as before. And this is what the EFN team has done. Restart its work in the European Quarter and lobby even harder than before to have the best results for the EFN member. And in all this emotional environment which changes the world right now, restarting our daily activities, we could not forget the daily reality of nurses and many other healthcare professionals present in the conflict areas and working in very difficult and dangerous circumstances. Just think of Aleppo. For those professionals, nurses, risking their own lives daily to save others' lives, it is crucial that they get protected and have more support so they can continue helping children and adults in those conflict areas and be as safe as possible! The international organisations should recognise more the frontline work of nurses. Moving beyond statements and recommendations, it is important to support frontline with concrete actions.

Coming back to the EU lobby arena, more than ever, we need a highly-qualified workforce making sure that patient safety and quality of care are maintained, mainly knowing that the Directive 2005/36/EC on Mutual Recognition of Professional Qualifications, modernised by Directive 2013/55/EU, is there to make sure that we have a nursing workforce with high competences, recognised all over the EU. It is outrages some governments try to lower down the nursing education, develop new professions, to make it all cheaper. With the EFN Competency Framework guiding the nursing schools at national level and the EFN Workforce Matrix 3+1 on the three Categories of Nursing Care and key principles for the development of Healthcare Assistants, the EFN and its Members create evidence based tools to make sure the Directive gets implemented correctly and making sure we work towards the right workforce composition, providing clarity to the different nurses' roles and responsibilities. The EFN and its members will in 2017 continue pushing the European Institutions, and National governments, together with the European Nursing Regulators, for the review of Annexe V of the Directive through a Delegated Act to make sure that all nursing curricula connect to Art.31 of the DIR55. Nursing students should all become EU nurses!

Finally, if we consider the updated EFN Strategic and Lobby Plan 2014-2020 we can see we are well on track and we will need to push and collaborate more to get substantial outcomes for nurses and nursing, especially when it comes to political and policy items such as the workforce composition; recruitment & retention of nurses; value-based health and social care ecosystems; and the European Semester picking up nurses' leadership in innovation.

So, we can say that 2017 is going to be another exciting year, especially when it comes to trust in EU institutions. EFN will look for opportunities for nurses and the nursing profession at EU level but also empower national & local developments and innovations. EU citizens highly trust nurses, and this is the return on nurses' daily investments. The EU Institutions should therefore see nurses as a vehicle for peace, trust and prosperity in the EU.

The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 36 National Nurses Associations and its work has an effect on the daily work of 3 million nurses throughout the European Union and 6 million in Europe. The EFN is the independent voice of the nursing profession and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU and Europe.

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