



European Federation of Nurses  
Associations

# EFN UPDATE

March-April 2016

## President Message



Dear EFN Members and Colleagues,

As you all very well know, Europe is facing numerous key challenges as ageing population, more and more people living with long-term conditions, disabilities, chronic diseases, and a decrease of the health and social care labour force to manage the delivery of patient-centric care. The EU health and social ecosystem, labour markets supporting the systems and the mechanisms for economic growth are continuously challenged. It is within this context, more than ever making sure emphasis is put on visualising patients' and informal carers needs and expectations next to investing in skilling up the current workforce, especially frontline who should be more supported so nurses stay in the profession and are able to keep on delivering quality and safety services. However, the growing demand for healthcare services provided by the public sector in many Member States is creating unprecedented pressures on health and social care systems. As such, to cope with these pressures, the sector needs a workforce with different skills challenging the traditional ways of health care services delivery. When appropriately supported by ICT based solutions, the delivery of innovative health and social care becomes more sustainable and effective.

Being a key concern for the nurses and the nursing profession, the EFN and European Nursing Research Foundation (ENRF) have submitted two project proposals dealing with e-skills and skills, under the European Commission calls: H2020 – aiming to make sure that Health and social care workers and informal carers are equipped with the right e-skills to provide high-quality, safe, person-centred sustainable care supported by ICT in an innovative system's approach of delivering care to citizens; and Erasmus+ - seeking to identify those skills needed for nurses and physiotherapists to address directly patients providing advice, treatment and care at the right time including the use of eHealth services (European Skills Alliance).

With these two projects we hope to identify the existing gaps between the performance required and the current performance, and explore what competences, knowledge and skills/e-Skills are needed by all health care professions, doctors, nurses, social workers, pharmacists and physiotherapists, to close the gap of skills needed to improve front-line capacity to deliver community/primary care with the increased use of ICT.

We are now waiting for the two proposals to be evaluated and let's cross fingers. However, I would like to take this opportunity to thank all our alliances supporting us in this endeavour. I would like to thank the ENRF Directors for making sure we collect the evidence for policy-making decisions.

In meantime, the EFN will continue lobbying the EU institutions on EFN key topics, next to organising its 104<sup>th</sup> General Assembly, in Brussels, in April 2016, where these key nursing challenges will be discussed. We look forward to welcome once again all the EFN members in Brussels.

Marianne Sipilä  
EFN President

*"Nurses and social workers are uniquely placed to use eHealth tools and innovate their practice to face today's challenges", says project coordinator Paul De Raeve. "With the right knowledge, skills and opportunities, they can for example help prevent diseases by acting as a health coach, they can perform telemonitoring, give telehealth advice and prescribe medication via ePrescription."*  
<https://ec.europa.eu/digital-agenda/en/news/new-ehealth-guidelines-nurses-and-social-workers>

## News from EFN

### Smartcare UAB pilot visit to Estonia

Being a member of the Smartcare User Advisory Board (UAB), the EFN participated in the [pilot visit](#) in Tallinn (Estonia), on 2 February 2016, where the group had the opportunity to visit patients' homes and the East Tallinn Central Hospital. The visit showed that the professionals from the health and social care sector are connected in order to provide integrated care to the patients that are included in the pilot, and that doctors, nurses and social workers cooperate, communicate and collaborate in a seamless way, in the treatment and care they provide but also in the registration of information related to the patient and the treatment, care and social needs required. Overall, the professionals involved in the pilot have 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. Nurses, for example, are providing information and care in a collaborative way as their coordination role is crucial in the management of chronic conditions. The community nurse is the first contact person as the GPs start realising, due to their shortage in the community and availability, that nurse led clinics, primary care centres and advanced roles become part of the Estonian health system reform. Anyhow, still a lot of work to be done to make integrated care, combining health and social care, a daily reality. EFN encouraged the Estonian nurses to learn from the Finnish nurses who merged the health and social legislation into one component facilitating Integrated Care. The Smartcare project is coming to an end and some good examples where nurses are care coordinators in an integrated care systems have been identified. Hopefully they will be picked up by H2020.

### Expert Group on European Health Workforce Workshop

On 11 February, the EFN represented by Grazyna Wojcik from the Polish Nurses Association, 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.

## News from the EU

### Mutual recognition and European Professional Card

The two years transposition period of the modernised [Directive 2013/55/EU](#), amending the [Directive 2005/36/EC](#), are now over, with the deadline of 18 January 2016 for the 28 EU Member States to implement it at national level. Governing the free movement of several regulated, sectoral professions across the EU, including the nurses, the EFN lobbied hard to make sure that the interests and views of the nurses were taken into account in the modernisation process, knowing that the minimum education requirements for nurses responsible for general care should be reinforced in light of the current advancements in nursing. The next step for the EFN will be to make sure that the legislative EU requirements have been correctly and totally implemented at national level as this is crucial for the quality and safety of the health services delivered by nurses.

The 18 January 2016 also marks the entering into force of the [European Professional Card \(EPC\)](#), to be requested [online](#), that will 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. From now on, the EU countries will also be required to warn each other through the [IMI system](#) about professionals working in the fields of health or education of minors who have been prohibited or restricted from practice in one EU country, or who have used falsified diplomas in support of their application for the recognition of their qualification. The alert mechanism will provide strong data protection safeguards for the professionals, and safeguard people who use the professional services. Invited as keynote speaker to the Single Market Forum meeting to take place on 18 March, the EFN will present the nurses views on the safe mobility of nurses in the EU. It is within this context that EFN believes the Commission needs to build TRUST between the competent authorities providing the EPC. For the nursing profession, the only health professional sector having competencies in an article of the Directive (Art 31), there is an urgent need for a Delegated Act to make the modernisation a completed process. The EFN has developed the EFN Competency Framework and built strong alliances to make sure all nursing schools are in compliance with DIR 2013/55/EU. Anyhow, we assume infringement procedures will start for those Member States reluctant implementing the modernised Directive.

#### **Public stakeholder consultation on next phase of EU-US cooperation in eHealth/Health IT**

The European Commission DG CONNECT and the United States Department of Health and Human Services (HHS) have jointly updated a [Roadmap](#) that guides European and US cooperation on eHealth, and are now seeking the views of the EU stakeholders on it through a [consultation](#) aiming to gather comments and inputs which will be used to finalise the update of the Roadmap and to validate it. Deadline to provide your [input](#): 15/03/2016. The EFN will keep on following this work, and within this context met in January the US Embassy staff dealing with these negotiations. The EFN is interested in strengthening its relationship with the US nurses to put flesh on the bones of the MoU.

#### **New EU working group for mHealth apps data quality**

The European Commission set up a new working group to develop guidelines (one of the follow-up activities to the Commission's [Green Paper on mobile health](#) (April 2014)) to assess the validity and reliability of the data that health apps collect and process. In order to fully benefit from the mobile health apps that people increasingly use to monitor their lifestyle and health status or to manage their chronic disease, it should be possible in the future to link data from these apps to the electronic health records. The EFN encourages the working group members to build on the ENS4Care guidelines, especially on prevention, as the HeartAge App is a good example to make progress. Also within this context, the EFN participated in a meeting that 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. It is clear that Mobile health apps are disrupting healthcare in much the same way that the internet previously disrupted the way we consume information, make travel bookings, or shop. This quiet revolution is getting louder as healthcare systems increasingly begin to acknowledge the need to shift from expensive and intensive approaches to preventative investment. The key for mHealth success is that it requires a multitude of stakeholders to buy into it – patients, clinicians, app developers, industry, payers, and the list goes on. Therefore, it is crucial that the EU Stakeholders and the EU policy makers work together, across DGs, sectors, and Member States, to make sure mHealth is on the right track.

#### **EU Enlargement: Bosnia and Herzegovina officially applies to join the EU**

On the 15 February 2016, Bosnia and Herzegovina submitted its official application for membership to the European Union, which is seen as a great advancement for the country and the EU. Accession negotiations will now start but may take some years before the country becomes officially a member of the EU. For the EFN this means also making sure that the national nurses association is around the table of the EFN General Assemblies and that the key policy makers and the national law are fully in line with the EU legislation, namely as regards nurses and the nursing profession. We encourage our colleagues in B&H to apply for TAIEX.

#### **New European Medical Corps to respond faster to emergencies**

Learning from the Ebola virus outbreak, the European Union [launched](#) on 15 February a “medical” corps with the aim to help mobilise medical and public health teams and equipment for emergencies inside and outside the EU and react quicker and more efficiently to those emergency situations. Currently, nine Member States have already offered teams and equipment to the European Medical Corps (Belgium, Czech Republic, Finland, France, Germany, Luxembourg, Netherlands, Spain, and Sweden). The European Medical Corps will also be Europe’s contribution to the Global Health Emergency Workforce being set up under the helm of the World Health

Organisation. As always, nurses are a key component in emergency and disaster units, next to psychologists and social care workers. The use of the word “medical” is therefore old fashioned and not reflecting the reality.

#### **European Emergency number 112 – make it known!**

More and more Europeans travel within the EU. Therefore, having a common [emergency number](#) for all the EU Member States is significant for public safety. Available free of charge, 24/7, anywhere in the European Union, this 112 number is still largely unknown, with only 48% of the EU citizens recognising it as the number to call the emergency services, including the police, emergency medical services and the fire brigade. It is therefore important to make sure that all the European citizens, and especially the youngest, the ones travelling the most across borders, are aware of this number by promoting it and its proper use. Well-functioning emergency services are of vital importance for patients’ safety and for the healthcare professionals, and nurses in particular, to be able to ensure and contribute to the health and safety of the public.

#### **More transparency from the European Commission Expert Groups**

Following the strategic inquiry opened in 2014, concerning the composition of the European Commission expert groups (over 800, constituted by individuals, organisations, Member State and other public authorities), the EU Ombudsman, Emily O'Reilly, presented [recommendations](#) seeking to address the remaining transparency concerns when it comes to public scrutiny of expert groups. While the Commission has announced many important [steps](#) to improve the management of its expert groups, as making the selection procedure for expert group members more transparent and overhauling its conflict of interest policy, the EU Ombudsman has several suggestions to further build on this progress, as by publishing meeting agendas and background documents in advance and comprehensive minutes of their meetings, enable citizens to see more clearly how expert advice feeds into EU policy-making. The European Commission has until 30 April 2016 to explain how it intends to address her recommendations.

#### **Publications**

##### **ENS4Care Guidelines**

The European Commission has now made [available](#) on DG Connect Website the information about the EFN EU project [ENS4care](#), with a full overview on the project and its key deliverables.

##### **Access to Healthcare becomes an economic indicator**

The European Commission DG Regio [has made available](#) a draft version of its regional Social Progress Index for public comment (from regions, stakeholders and the scientific committee). Aiming to measure the social progress of 272 European regions, the index presents the strengths and the weaknesses of the economic performance of the regions, showing significant variations between EU Member States on twelve thematic, including access to health care. The final version of the Index will be released in October 2016. To send comments and suggestions: [regio-papers@ec.europa.eu](mailto:regio-papers@ec.europa.eu).

##### **Employment and social developments in 2015**

The European Commission DG Employment, Social Affairs and Inclusion published its [report](#) on employment and the social situation in the EU in 2015, which provides some evidence for the policy makers to identify challenges, set priorities and develop the most appropriate policy responses.

##### **Integrated Social Services in Europe**

The European Social Network (ESN) published a [report](#) on “Integrated Social Services in Europe” that analyses, through an overview of recent welfare developments, a summary of legislation and policy frameworks across European countries, how social services provide integrated support with other public services, as education, employment and health, across Europe.

##### **European Structural and Investment Funds**

In the light of the current economic situation and the increasing scarcity of public resources, financial instruments are expected to play an even stronger role in cohesion policy in the 2014-2020 programming period. Therefore, the European Commission published a [brochure](#) designed to help local authorities and project promoters to make full use of the opportunities of combining the [European Fund for Strategic Investments](#) and [European Structural and Investment Funds](#). The EFN members are more than encouraged to make use of these mechanisms.

#### **Agenda**

To view the upcoming meetings' dates, click [here](#).

Note: EMA 5<sup>th</sup> Educational [Conference](#), 2-3 December 2016, London.

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