



EFN WORKFORCE MATRIX 3+1
EXECUTIVE SUMMARY

TABLE OF CONTENT

I. Background Information.....	p.3
II. Overview of the Three Categories of Nursing Care: Definitions, Competences & Qualifications	p.4
III. Guiding Principles regarding Healthcare Assistants (HCAs)	p.7
IV. Conclusion	p.9
EFN Contact Details	p.11



I. BACKGROUND INFORMATION

Recognised as lead in 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

and its members have been lobbying intensively to get researchers and policy-makers to collaborate in this crucial topic for nurses and the nursing profession. But it is clear that when it comes to EU Workforce for Health, there has been minimum progress made by European and International Institutions, and that the current data collected at national, EU and International levels tend to be fragmented, incomplete, and not comparable nationally and internationally. As such it cannot be used for EU policy-making. Therefore, an updated and comprehensive picture on the nursing profession is needed.

As such, the EFN members decided to develop an “EU Nursing Workforce Matrix 3+1” to be used at EU level, by collecting 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, taking into account the EFN position paper on Principles Underpinning the Development of HCAs. This huge work is aimed at supporting future scenarios of workforce configurations which keep on delivering high quality and safe care to those who need care.

The Matrix, which includes information on education, qualifications and competences for each category, and shows the commonalities and differences of the three categories and the HCAs among 35 EU countries, is a flexible working document that will be updated according to upcoming available research & developments at EU level, while recognising that individual member states may encourage the development of additional skills and competencies not listed in the matrix.



II. OVERVIEW OF THE THREE CATEGORIES OF NURSING CARE: DEFINITIONS, COMPETENCES & QUALIFICATIONS

These 3 categories are aiming to provide clarity to not only collect comparable data for planning and forecasting (OECD, Joint Action, ILO, ...), but also on the European skills/competences, qualifications and occupations for the future health workforce developments (ESCO - DG Employment), knowing that:

- ▶ **The first category “General Care Nurse or Registered Nurse”:** is legally set by EU law, Directive 2005/36/EC, chapter 3 of the Acquis Communautaire, modernised by Directive 2013/55/EU.
- ▶ **The second category “Specialist Nurse”:** different specialities and length of education exist across the EU Member States, but the common trend is that the specialist education starts after achieving the qualifications of as General Care Nurse, through postgraduate studies.
- ▶ **The third category “Advanced Nurse Practitioner”:** is a registered nurse who has acquired further knowledge and expertise, clinical judgment, skilled and self-initiated care, and research inquiry. This level is a highly-qualified workforce demanded for in clinical practice.

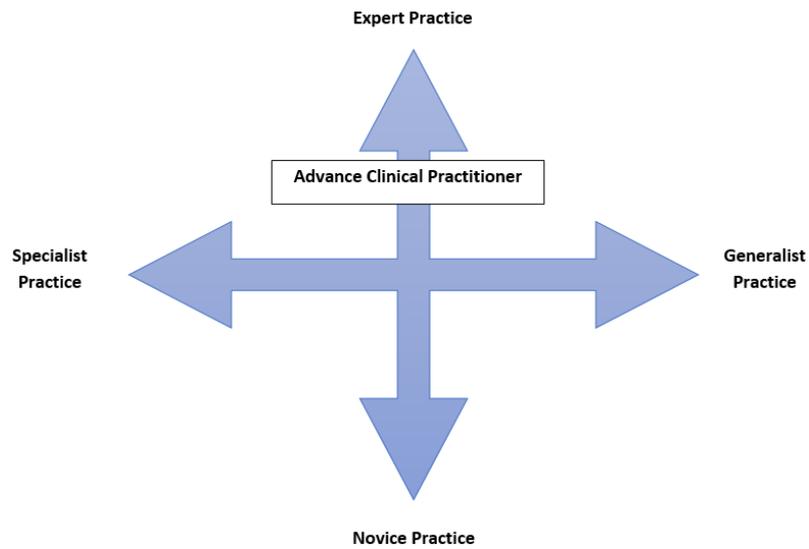
	General Care Nurse (RN)	Specialist Nurse (SN)	Advanced Nurse Practitioner (ANP)
Definition <i>(in line with ICN definitions and modernised Directive 2005/36/EU, Directive 2013/55/EU)</i>	A regulated health care professional who works autonomously and in collaboration with others and who has completed a nursing education programme and is qualified and authorised in his/her country to practise as a general care nurse. Has successfully completed a programme of education approved by the nursing board/council; has passed the required assessments established by the nursing board/council for entry into the profession; continues to meet the standards of the nursing board/council (ref. art 31, modernised Directive 2005/36/EC)	A nurse prepared on advanced level/ higher level, and authorised to practice as a specialist with the expertise in a particular field of nursing.	An advanced nurse practitioner is authorised for practice at an advanced level of nursing and healthcare delivery. The specific characteristics of the role are shaped by the context and/or country in which she/he is accredited to practice.
Work Development	<u>Modernised Directive 2005/36/EC: Art 31</u>	<u>EFN Country Report on 3 Categories in Nursing Care</u>	<u>EFN Country Report on 3 Categories in Nursing Care + ENS4Care WP4 + OECD</u>
Specific Competences	<ul style="list-style-type: none"> • To independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in order to improve professional practice. 	<ul style="list-style-type: none"> • To analyse complex clinical problems with the use of relevant knowledge, diagnose, initiate and evaluate treatment for patients in a multi professional arena, within the field of specialisation following agreed protocols. • To operate within an extended practice role in 	<ul style="list-style-type: none"> • To autonomously examine, diagnose and prescribe evidence-based therapeutic interventions, including prescribing medicinal products and actively monitoring the effectiveness of treatment for patients. • To be accountable and responsible for clinical

	<ul style="list-style-type: none"> • To work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired. • To empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired. • To independently initiative life-preserving measures and to carry out measures in crises and disaster situations. • To independently give advice to, instruct and support persons needing care and their attachment figures; • To independently assure quality of and to evaluate nursing care. • To comprehensively communicate professionally and to cooperate with members of the other professions in the health sector. • To analyse the care quality to improve the own professional practice as a general care nurse. 	<p>order to carry out advanced treatment, diagnostic and invasive interventions as related to the field of specialisation.</p> <ul style="list-style-type: none"> • To identify health promotion and education needs for patients within the field of specialisation and develop and implement strategies as appropriate. • To keep abreast of technological developments and educate nurses, other health professionals and patient groups about advancements in the field of specialisation. • To further develop the communicative skills and be able of formulating and communicating complex clinical issues to patients, relatives and other health professionals, to identify health, health-related and nursing needs of patients and develop appropriate care and treatment plans in a multi-professional arena. • To lead and coordinate the treatment of patients in the field of specialisation to ensure continuity and fullness of care. • To evaluate and undertake audit of the field of specialisation to ensure the delivery of quality and safe nursing care. • To think critically and contribute to the continuous development of the field of specialisation and research-based practice, through participation in professional development and research programmes. 	<p>decision-making at advanced practice level through caseload management for individual patients, families and communities.</p> <ul style="list-style-type: none"> • To identify risk prevention and health promotion priorities in order to develop and implement relevant strategies within a wider public health agenda. • To guide, counsel and educate other health professionals about latest practice innovations, act as a mentor and role model, and actively engage in knowledge transfer with patient communities. • To communicate assertively and contribute equally to decision-making at clinical, management and policy level, including the allocation of health funds. • To autonomously perform comprehensive health assessment and use professional judgement to refer patients requiring specialist attention to other health professionals and agencies as appropriate. • To initiate and lead on changes in healthcare service in response to patient need and service demand in order to ensure the continuous quality improvement of the service. • To identify research priorities, and to lead, conduct and disseminate research findings that shape and advance nursing practice, education and policy.
<p>Transversal skills</p>	<p>Thinking skills and competences: “creative & entrepreneurial thinking”, “critical thinking”, “learning”, “planning own work”, “problem-solving”, etc.</p> <p>Language skills and competences: ““mother tongue”, “foreign language”, etc.</p> <p>Application of knowledge: ““health, safety, working environment”, “ICT”, “Numeracy & Maths”, etc.</p> <p>Social Skills and Competences: “Leading & Managing Others”, “Working with Others”, etc.</p> <p>Attitudes and Values at Work: “Values at work”, “Working attitudes”, etc.</p> <p>Knowledge: legislation, forensics, policy, patient rights, ethics, social system, human behaviour, assessment and evaluation, documentation, health and safety, patient safety, quality assurance, best practice, standards methodology of science and research basic sciences (e.g. health, natural): physics, chemistry, anatomy, physiology, psychology, hygiene management, planning and organisation, economic and ecological principles, society, culture, environment, public health, epidemiology, ICT, tools to access information, CPD/Lifelong learning</p> <p>Skills: communication (verbal and non-verbal), writing, reporting, handling documentation, counselling, observation, assessment and evaluation, analysing, planning, empowerment, language (own and foreign), problem solving, critical capacity, reflection, conflict resolution, role distance, frustration tolerance, self-determination and self-reflexion capacity, professional self-perception, understanding and planning a research process, information of patients/clients, leading, organising, management, (inter)cultural competence, working with people, leading and organising groups, protecting vulnerable people</p>		

	Attitudes: empathy, compassion, sensitivity, courtesy, ethics, interest in people, team work, interdisciplinary work, sensitive listening responsibility, taking into account cultural and regional needs, lifestyles and values, active citizenship, respecting human and civil rights, social justice, contributing to the further development of the profession, LLL - Lifelong learning, CPD – Continuous Professional Development – further training obligations		
Qualification (<i>minimum common requirements</i>)	Registered nurse for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one-third and the duration of the clinical training at least one half of the minimum duration of the training	A Specialist Nurse has a post-graduation education within a clinical specialty of nursing. The duration of the education will depend on the scope of practice and the degree of autonomy. The education must consist of a solid theoretical base in connection with supervised clinical education. Learning outcomes must be defined in relation to scope of practice, which may in addition be expressed with ECTS credits.	An Advanced Nurse Practitioner has a post bachelor/post registration education at master levels. The education must be equivalent to 90-120 ECTS credits. The education must consist of a high level theoretical and supervised clinical education. Learning outcomes must be defined in relation to the advanced nursing practice level with an autonomously scope of practice.

With the advances in healthcare and life expectancy, rising public expectations and increasing numbers of patients with co-morbidities, nurses' scope of practice has expanded to address these needs. All EU Member States have nurses working in some specialist areas of practice as cancer nursing, perioperative nursing, diabetes, or primary care, and many have nurses operating at advanced level, even if they are not formally identified as such. However, the EU national nurses' associations, members of EFN, agree there are common principles for defining and differentiating specialist and advanced practice as nurses take on important roles in enhancing service delivery and improving health outcomes of diverse client groups:

- Advanced practice describes a level of practice rather than a specific role.
- Advanced practice encompasses both direct clinical practice and research, education, management and leadership.
- Advanced practice builds on and adds to the competences that all nurses attain after completing their initial education and recognises nursing expertise as a continuum.
- Specialist practice describes a depth of competence in a particular clinical domain. The two are not mutually exclusive and some specialists may practice at an advanced level in their field.



And they all support:

- The development of nationally agreed standards for programmes of preparation for advanced practice. This is important both for patients and the public;
- The formal recognition and accreditation of nurses practicing at an advanced level at national level;
- Exploring potential for national frameworks for regulation of advanced practice.



III. GUIDING PRINCIPLES REGARDING HEALTHCARE ASSISTANTS (HCAS)

The education and development of healthcare assistants (HCAs) is an increasingly important issue for patient care across Europe, as healthcare systems are relying more and more on HCAs carrying out an ever-increasing number of duties, due to more pressure on health budgets and increased task shifting. Nurses play a crucial role in the supervision of HCAs and ensure an effective line of accountability between the registered nurse and the HCA.

As the representative voice of nurses across Europe, and taking into account that HCAs are not nurses and cannot replace the care that nurses currently provide, it is key for the EFN to set out its position in relation to the development of HCAs¹ in the future, further to EFN's work on developing three nursing categories, to which this also links to. For the nursing profession, it is crucial the division between the role of nurses and the role of HCAs is clearly defined, mainly knowing that across the EU there are very different approaches to the role, regulation and employment of HCAs. Due to these differences in the regulation of HCAs, the EFN calls for a new EU approach.

To enable the effective development of HCAs in the future, the EFN calls on the European Commission and Member States to support the following principles:

- A clear articulation of the line of accountability between a registered nurse and a health care assistant.
- A commitment to comprehensive and consistent frameworks to ensure HCAs can deliver safe and effective care and to ensure public protection in each Member State.
- A robust quality assurance system for all HCA programmes carried out in individual Member States
- A commitment to continuing education and training for all HCAs
- Exchange and facilitation of best practices at EU level

Although there is a clear distinction between HCAs and the three categories of nurses, it is crucial for nurses and the EFN to shape the debate on HCAs, as it goes forward.

¹ <http://www.efnweb.be/wp-content/uploads/EFN-Position-Paper-on-Principles-Underpinning-the-Development-of-HCAs-Final-Oct.2015.pdf>

Healthcare Assistant (HCA)	
Definition <i>(in line with ICN definitions and modernised Directive 2013/55/EU)</i>	An auxiliary that assists the nurse directly in nursing care in institutional or community settings under the standards and the direct or indirect supervision of the general care nurse.
Work Development	<u>EFN Country Report on 3 Categories in Nursing Care + Recommendations CONTEC</u>
Specific Competences	<ul style="list-style-type: none"> • To work under the delegation and supervision of nurses to support nursing care and administration • To support nurses with the preparation and delivery of diagnostic and treatment interventions. • To monitor basic patient vital and other signs and progress as indicated by the nurse and report to her/him as appropriate. • To support patients and citizens with activities of daily living, including hygiene, comfort, and mobilisation and feeding needs. • To convey routine information to patients/citizens and relatives. • To communicate promptly and accurately with nurses and other health professionals in ensuring the delivery of quality and safe patient care. • To work together with nurses and other health professionals in supporting the delivery of basic patient care. • To identify what is normal concerning patient and citizen wellbeing through experience and instruction, and report that which is out with normal to nurses.
Transversal skills	<p>Thinking skills and competences: “creative & entrepreneurial thinking”, “critical thinking”, “learning”, “planning own work”, “problem-solving”, etc.</p> <p>Language skills and competences: ““mother tongue”, “foreign language”, etc.</p> <p>Application of knowledge: ““health, safety, working environment”, “ICT”, “Numeracy & Maths”, etc.</p> <p>Social Skills and Competences: “Leading & Managing Others”, “Working with Others”, etc.</p> <p>Attitudes and Values at Work: “Values at work”, “Working attitudes”, etc.</p> <p>Knowledge: legislation, forensics, policy, patient rights, ethics, social system, human behaviour, assessment and evaluation, documentation, health and safety, patient safety, quality assurance, best practice, standards methodology of science and research basic sciences (e.g. health, natural): physics, chemistry, anatomy, physiology, psychology, hygiene management, planning and organisation, economic and ecological principles, society, culture, environment, public health, epidemiology, ICT, tools to access information, CPD/Lifelong learning</p> <p>Skills: communication (verbal and non-verbal), writing, reporting, handling documentation, counselling, observation, assessment and evaluation, analysing, planning, empowerment, language (own and foreign), problem solving, critical capacity, reflection, conflict resolution, role distance, frustration tolerance, self-determination and self-reflexion capacity, professional self-perception, understanding and planning a research process, information of patients/clients, leading, organising, management, (inter)cultural competence, working with people, leading and organising groups, protecting vulnerable people</p> <p>Attitudes: empathy, compassion, sensitivity, courtesy, ethics, interest in people, team work, interdisciplinary work, sensitive listening responsibility, taking into account cultural and regional needs, lifestyles and values, active citizenship, respecting human and civil rights, social justice, contributing to the further development of the profession, LLL - Lifelong learning, CPD – Continuous Professional Development – further training obligations</p>



IV. CONCLUSION

Within a context of growing and changing healthcare needs, health system reform, and new and more exigent requirements of care, a broader understanding of the different roles and professional categories in the nursing care is needed, next to having a clear picture of the exact and comparable numbers of the entire nursing workforce.

Therefore, the categories used to classify the professions need to be well defined and usable for statistical analysis. Due to their clear structure from a lower to a higher qualification level (Likert scale), the three categories proposed by the EFN are suitable to be used by statisticians and economists to conduct analysis which are trustworthiness.

Finally, the EFN Workforce Matrix 3+1 is seen by the EFN Members as a useful tool to counterbalance the continuous threat to lower down the nursing education (Bachelor level) as seen in some EU countries. Therefore, the EFN Members will use this document in their lobby work at national level to influence the workforce composition and provide clarity to the different nurses' roles and responsibilities, while the EFN Office will use it to lobby the EU Institutions.

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