



## **European Federation of Nurse Educators (FINE)**

### **Response to the Consultation Paper by DG Internal Market and Services on the Professional Qualification Directive**

#### **INTRODUCTION**

The Consultation Paper on the Professional Qualifications Directive seeks to explore evidence and solutions to challenges around the functioning of the legislation in supporting the movement of regulated professionals across the European Union. The rationale cited includes requirement for rapid economic growth and the need to restore confidence of the EU in the single Market (Faull, 2011). FINE recognises these challenges require critical consideration and that directions taken as the result of this consultation will be pivotal in the future recognition of the EU professional healthcare workforce which includes nursing.

This FINE response focuses on salient elements of the consultation which include particular implications for nursing and nursing education as a sectorally regulated profession, and the requirement primarily for injecting confidence into the system (mostly found within Section 4 of the consultation document). However, consideration is also given, as appropriate, to those elements affecting nursing which fall within the general system of recognition.

FINE established a strategy for wide consultation of Nurse Educators and key stakeholders to inform the response including individuals and groups who could offer evidence within this very specific area of the directive review. The strategy and acknowledgement those consulted can be found at the end of this document, while identified evidence will be integrated as illustration. A further report on the evidence investigation will be made available on the FINE website in due course ([www.fine-europe.eu](http://www.fine-europe.eu)).

The main aims of the consultation response by FINE were to address the relevant components of the following challenges in respect of the education of nurses across Europe. The following points have been concluded.

**Key Summary Points:**

**FINE seeks assurance - without any doubt, that the title nurse is only used by professionals with graduate/higher education including at least 180 ECTS.**

**FINE seeks assurance - without any doubt, that in preparation for qualification and recognition, nurses will received quality, competent and sufficient clinical practice in diversity of clinical experiences and a guaranteed level of knowledge;**

1. The current admission requirement for entry to nursing should increase to 12 years.
2. The minimum duration of nursing education (currently 3 years or 4600 hours) must be a minimum of 3 years full time study.
3. Where aptitude testing and compensation takes place for nurses identified within the general system – these mechanisms must ensure the safety of the patient as a priority. A way to achieve this might be through using a system of minimum quality training based upon competences.
4. To ensure patient safety and confidence, the qualified accountability for independent nursing practice is awarded to those with the title ‘nurse’. There are therefore valid public interest reasons to prohibit ‘Partial access’ which would fragment nursing and compromise full accountability.

**FINE proposes greater equality in the content and identified competencies of nursing education, both at undergraduate and postgraduate levels, including equality in the development of new technologies in care and education;**

5. Output based competency outcomes would support recognition of an appropriately competent and effective workforce for the future.
6. A core European curriculum, (a kind of 28<sup>th</sup> Regime) could serve as a benchmark and enable consistency in quality improvement for nursing education. This must be optional and pilot development will require accompanying commitment to investment.

**FINE believes that there must be equity of titles across EU for health professionals, nurses and nurse educators and for the effective development of these, it is essential to consider regulation of professional development for teachers and specialists in the health professions;**

7. There is a need to take more account of Continuous Professional Development for nursing at EU Level.
8. Mobility for new nurses within preceptorship, and those undertaking further training at higher level or undertaking research (Master and PHD) should be supported to enhance the development of nursing as a profession and improve care for patients.

**FINE considers that within the political agenda around nursing education, other important key points must be considered with urgency;**

1. More debate around developing nurse education – including staff development for nurse educators and the level, quality, and numbers required. A transitional strategy for development, might include consideration of staff student ratios, equitable standards,
2. Opportunities and outcomes in respect of E-learning approaches to professional development both for professionals and for their non-professional co-workers;
3. Adjustment of specialisation areas to the requirements of population of each region and country;
4. Harmonisation of academic degrees of specialised education to permit mobility between countries;
5. Social protection to assure basic conditions that the study period is concluded with success.

## **Detailed Rationale Paper supporting the FINE Response**

### **Background**

The review of the Professional Qualification is recognised by FINE as being timely and appropriate in the context of the development of future healthcare. The Directive on the Mutual Recognition of Professional Qualifications has served the EU public well since the first elements were developed in the 1970's including the challenge of increasing membership from 9 original states to the 27 member states of 2011, changes in health care needs and provision and changes in higher education. The mechanism of automatic recognition has enabled the benefit of mobility for nurses in General Care as well as providing a legal benchmark for the development of nursing for those intending to access the EU. This has resulted in considerable mobility for nursing.

However, changes in health care which include increase in technological advance, change in demographics including increasing needs for health and social care provision for a growing elderly population in many member states and the need to compete in a global economy (EU Commission (2011); EU Commission Workforce Green Paper; (2009), there are sound reasons for this current review. Further, changes in European education systems in light of the Bologna process as well as the recognition of nursing studies to be situated within higher education have meant that current legislation is sometimes perceived as inconsistent with the educational requirements of universities and placing students and course developers with difficult choices over the need for working time and student life. This review will address the points.

## **SIMPLIFICATION OF SYSTEMS FOR INDIVIDUAL CITIZENS**

### **Aptitude testing and compensation**

Nursing operates as a sectoral profession which already takes advantage of a simplified system of automatic recognition in general care and for midwives and the benefits to this system cannot be underestimated. However, the complexity of the general system is apparent in some instances in nursing, where nurses are currently assessed for mobility within the general system and this therefore merits consideration. These include specialist nursing qualifications and also where there are requirements for adaptation.

It is recognized that key features for any attempt to simplify the general systems for health professionals must be accompanied by an overriding concern for patient safety and quality nursing care. This is critical for humanitarian reasons and must be a priority in respect of restoring and maintaining public confidence in health systems and in personnel. It is a key concern and investment of the EU that the public must be, and indeed feel safe (as identified in the EUNetPas project, 2010). It is clear that nurses should be able to use automatic recognition to provide nurse in other countries as this continues to be one which ensures patient confidence and safety in future. It is recognized by FINE that simplifying the general system for the individual citizen could answer increasing needs in the EU and more Globally for high-quality and safe primary care services such as wellness and prevention services, diagnosis and management of common uncomplicated acute illnesses, and management of chronic disease (Fairman, Rowe, Hassmiller, Shalala; 2011). For this to be achieved however, there must be a guarantee of minimum quality training based on competencies such as recognizing limits of knowledge and experience, planning for the management of complex situations of care, collaboration with other providers of care, appropriate communication, research The priority at all time should be the ensurance of patient safety.

#### **Question 5**

**FINE RESPONSE; Where aptitude testing and compensation takes place for nurses identified within the general system – these mechanisms must ensure the safety of the patient as a priority. A way to achieve this should be through using a system of minimum quality training based upon competences.**

#### **Partial access**

Where a member state has set training requirements so that substantial differences cannot be compensated, partial access is identified by the European Courts of Justice in a precedential case (Case-C 330/03 European Court Reports (2006). While this precedent is currently legally untested, FINE conclude that there would be valid public interest reasons to prohibit such partial access. To permit a partial 'nurse' where the independent accountability was for that of a fully registered professional would compromise public safety. Further, without the appropriate level of autonomy, the title 'nurse' could be awarded to those who form a large unqualified workforce who currently have no accountability and who are not currently registered

in many countries. This would be a critically dangerous backward precedent for patient safety.

### **Question 6**

**FINE RESPONSE; To ensure patient safety and confidence, the qualified accountability for independent nursing practice is awarded to the nurse. There are therefore valid public interest reasons to prohibit 'Partial access' which would fragment nursing and compromise full accountability.**

### **Mobility of new graduates**

The enhancement of interculturalisation and a climate for youth mobility is a priority for the development of the European workforce of the future (Youth on the Move; 2011). It is particularly a priority in respect of health care because of the impact of health on future workforce and subsequently on the wealth and economy of the EU (Dimitrova; 2010) and because of well recognized forecast shortages of nursing and medical staff. (Council Conclusions on investing in Europe's health workforce of tomorrow : Scope for innovation and collaboration; 2010) The mobility of graduates in health care can support future development and enable service improvement of provision and consistency across the member states thus contributing to the EU 2020 requirement '*to become a smart, sustainable and inclusive economy*'. (Europe 2020; [http://ec.europa.eu/europe2020/index\\_en.htm](http://ec.europa.eu/europe2020/index_en.htm))

It is fundamental to support necessary activity to meet requirements for sustainable growth and social cohesion in health care, and the mobility of new graduates is an evident opportunity. For new graduates in nursing, many countries now incorporate preceptorship periods for newly qualified nurses in the first months after they have licenced as a nurse. Such opportunities are to be welcomed as they support early practice and facilitate development and it is proposed that supported opportunity for such preceptorship periods to occur within different countries and health care settings would enhance future mobility. It would also develop opportunities interculturalisation of the health care setting for the benefit of patients and their families.

At postgraduate level, Europe requires an increasing capacity for cutting edge science in the development of healthcare technologies for the future if it will compete effectively within the Global healthcare market. Opportunities for postgraduate and

postdoctoral development across the EU must be supported if the benefits of science and technology for health are to be effectively realized. While funding through Framework funding and other means can achieve substantial scientific development, this must be supported by ease of access to professional mobility.

#### **Question 7**

**FINE RESPONSE; Mobility for new nurses within preceptorship, and those undertaking further training at higher level or undertaking research (Master and PhD) should be supported to enhance the development of nursing as a profession, improve outcomes for patients and develop scientific technological advances, economic growth and social cohesion.**

### **INTEGRATING PROFESSIONS INTO THE SINGLE MARKET**

#### **European Curricula**

The development of a core European curriculum, (28<sup>th</sup> Regime) against which competent authorities and quality assurance is mutually agreed could enable mapping of skills and experience from many countries to an agreed 'benchmark' programme. This development, if accompanied by appropriate investment, could allow unprecedented development of nursing to meet workforce need, through improved appreciation of roles and practices across countries and a distinction between countries in regard to the expectation of nurses. The need for such initiatives was highlighted within the EU Green Paper Consultation on Workforce to which Costa and Hall (2009) made the following response on behalf of FINE.

*"It is suggested that in respect of Nursing, more could be done to align legislation, policy and practice in respect of preparation and mobility of nurses across the EU. Whilst there is the presence of EU dir 2005/36/EC, this only supports generalist nurses and nurse education in the UK as well as many other countries provides different specialities which do not fit with this requirement. Dir 2005/36/EC further only makes requirements about the length of time spent in education and in specific areas of practice. It does not benchmark the quality of the education, the level of competence or the academic level of the nurse who completes a programme of nursing education.*

### Question 15

**FINE RESPONSE; The introduction of the concept of core European curriculum (28<sup>th</sup> Regime) could serve as a benchmark and an option for, could enable consistency and debate around quality improvement nursing education. This must be optional and development will require accompanying investment.**

### **INJECTING MORE CONFIDENCE INTO THE SYSTEM**

Whilst a minimum requirement for individuals to enter nursing after the 10 years of secondary education has been beneficial in the support of nursing, especially in the development of nursing in new member countries, by enforcing the requirement for a general education for nurse entrants. Changes in the level of knowledge and accountability of the modern nurse combined with the recognition of more advanced technical skills which are commensurate with learning in higher education (eg Dublin Descriptors, JQI 2004; Tuning 2009) suggests that nursing should now take the further step of requiring the entry level of education to be a minimum of 12 years, commensurate with required completion of secondary level education. This would enable development of a highly educated health care workforce of nurses required for the future supported by contemporary evidence in nursing which clearly identifies *"The benefit of a more highly educated nurse workforce is the potential for improving patient outcomes"* (Aiken, 2011).

On basis of similar evidence, FINE (2006, 2009) have consistently identified that the title of nurse should be reserved for those who have completed 12 years of secondary education and awarded a programme of not less than 180 ECTS or 3 full time years of education. FINE further recognizes 'de plus' value given to nursing education quality by those countries where pre-registration nursing education duration is 3.5 or 4 years (210 or 240 ECTS) and considers this a challenge to be considered. There is also little flexibility for accreditation of prior learning (APL) or flexible modes of study to achieve the required level of 'nurse', which are commonplace in the delivery of higher education in other professions and could support workforce planning and meet shortfall of qualified practitioners in Europe in the future.

In respect of the development of nursing it is critical that the professionals prepared for practice demonstrate their fitness for practice through their competence in order

to meet the need to ensure the accessibility and delivery of high-quality, safe and evidence-based care (European Public Health Alliance 2010). FINE recognise that the determination of high quality safe health care is strongly reliant upon the competence of practitioners and that this should be assessed in terms of their output competence for qualification rather than being based on an input training requirement.

In stakeholder discussions undertaken by FINE in respect of this consultation, 40 educators from 11 countries strongly recognised the need to increase the duration of education prior to attending nursing programmes from the perspective of those preparing nurses and who understand the population of students today. FINE's survey of 664 nurse educators across Europe also gave support for maintaining or increasing the number of years of education prior to commencing education, and for retaining the minimum requirement of 3 years of full time study. In respect of competences, the survey found that a majority of respondents (70.6%) would support the inclusion of some competencies within the Directive. The nature of such competences included many items around patient safety and around ensuring the provision of effective and dignified care to patients.

## **Question 22**

### **FINE RESPONSE;**

- 1. The current admission requirement for entry to nursing should increase to 12 years.**
- 2. The minimum duration of nursing education (currently 3 years or 4600 hours) needs to be a minimum of 3 years full time study.**
- 3. There is a need to take more account of output based competency outcomes at EU level.**

The recognised movement from a perception of learned society to a learning society has emerged in nursing as in other professions over the last 30 years. This is the same in all aspects of the profession, accentuated by the recognition of the need for lifelong learning (Delors 2005) and updating in order to maintain professional safety and quality in light of technological advance and global change. It is recognised also that an effective and highly skilled health workforce is also demonstrably an

economically viable one, reducing hospital stays for patients and improving care outcomes (see example below).

*The quality of nursing appears to be a measurable and critical factor in the weaning from mechanical ventilation of patients with chronic obstructive pulmonary disease. Below a threshold in the available workforce of ICU nurses, the weaning duration of patients with chronic obstructive pulmonary disease increases dramatically. Therefore, very close attention should be given to the education and number of ICU nurses. (Thorens, Rainer et al; 1995).*

There is currently no requirement for CPD within the directive. This leads to inconsistency of provision if one member is requiring a CPD minimum requirement another may not be. This undermines consumer confidence and disadvantages professionals who wish to be mobile. FINE proposes that for continuous professional development to be assured and for consistency to be enhanced across all member states in the current economic climate however presents a significant challenge. The inclusion of CPD within the directive would be significantly helpful in determining a minimum baseline for lifelong learning and should serve to enhance delivery of nursing care across the member states.

Further there is no consistency in requirement for the education or monitoring of nurse educators, and across the member states there is considerable variance in the qualification and support offered to educators of nurses ( Barbieri-Figuedo, Costa et al 2010)

**FINE RESPONSE There is a need to take more account of Continuous Professional Development for nursing at EU Level**

## **CONCLUSION**

Nursing has developed as a profession since the Directive on the Mutual Recognition of Professional Qualifications was enacted in 1972. The KEY POINTs in the initial summary document highlight the main areas which The European Federation of Nurse Educators (FINE) identify as critical to future development of the profession of nursing and within this, requirements for, and development of, nursing education. This rationale paper outlines the reasons for the KEY POINTS in the context of

existing evidence and FINE'S own investigations. FINE look forward to the publication of the Green Paper in the Autumn of 2011 in light of this consultation.

## References

Aiken L H (2011) Nurses for the Future. *The New England Journal of Medicine*. 364;3. 196-198

Barbieri-Figueiredo, MC; Costa, MA; Lekeux, A (2010) - Bologna Process and Nursing Education in Europe: Report of a Workgroup in the Scope of FINE. NETNEP 2010 Nursing Education in a global community: Collaboration and networking for the future, Sydney

Costa MA; Hall C Eds (2009) European Federation of Nurse Educators Response to the Green Paper on The European Workforce for Health [http://ec.europa.eu/health/archive/ph\\_systems/docs/fine\\_en.pdf](http://ec.europa.eu/health/archive/ph_systems/docs/fine_en.pdf) accessed 13/03/2011

European Commission (2011) *Europe 2020 Strategy* [http://ec.europa.eu/europe2020/index\\_en.htm](http://ec.europa.eu/europe2020/index_en.htm) accessed 10/03/11

European Public Health Alliance (2010) European Council Summary Council *Conclusions on investing in Europe's health workforce of tomorrow : Scope for innovation and collaboration* <http://www.epha.org/a/4334> accessed 12/03/2011

Faull J (2011) Welcome address. European Parliamentary Public Hearing on the European Directive on the recognition of Professional Qualifications 21/02/2011.

Fairman J A, Rowe J W, Hassmiller S, Shalala D E (2011) Broadening the Scope of Nursing Practice. *The New England Journal of Medicine*. 364;3. 193-196

Tuning Educational Structures in Europe - Specific Nursing Competences <http://www.tuning.unideusto.org/tuningeu/index.php?option=content&task=view&id=193&Itemid=221>

Thorens, Jean-Benoit MD; Kaelin, Rainer Maria MD; Jolliet, Philippe MD; Chevrolet, Jean-Claude MD (1995) *Critical Care Medicine*; 23: 1807-1815

***This paper has been co-ordinated by:***

Dr. Maria Arminda Mendes Costa, RN, PhD. **FINE President.** Coordinator Professor. Instituto de Ciências Biomédicas Abel Salazar – Porto University. Portugal. ([arminda@esenf.pt](mailto:arminda@esenf.pt)).

Dr. Carol Hall RN, PhD. **FINE Executive Council.** Associate Professor  
The University of Nottingham UK ([c.hall@nottingham.ac.uk](mailto:c.hall@nottingham.ac.uk)).

*With FINE Executive Council Co-operation:*

Jacques Mondoux. **FINE Vice president.** Head of Nursing Department HES-SO. University of Applied Sciences Western Switzerland. ([jacques.mondoux@hefr.ch](mailto:jacques.mondoux@hefr.ch))

Jane-Laure Danan. **FINE Executive Council** Professor of nursing in charge of Ifsi Nancy Laxou. Centre psychothérapique de Nancy-laxou. France, ([janelauredanan@yahoo.fr](mailto:janelauredanan@yahoo.fr))

Dr. Maria do Céu Barbieri de Figueiredo, **FINE Executive Council** RN, PhD (Coordinator Professor. Escola Superior de Enfermagem do Porto. Porto) ([ceu@esenf.pt](mailto:ceu@esenf.pt))

Cécile Dury, RN, MSc, **FINE Executive Council**, Haute Ecole de Namur – HENAM ([cecile.dury@henam.be](mailto:cecile.dury@henam.be))

*Also with FINE Advisory Board and with Nurse Educators collaboration, representing: FINE Associations in EU Countries, Nursing Faculties, Universities, Nursing Schools, Nursing Departments and others Nurse educators related or evolved with FINE activities. FINE would also like to acknowledge with thanks the contributions of the many organisations involved in the dissemination of the FINE survey and in stakeholder consultations; with particular thanks to Howard Davies of the European Universities Association and Saffron Brown of the European Nursing Student Association.*

