

“The EU and the Migration of Nurses”

European Federation of Nurses Associations (EFN) speech at the:

Croatian Nurses’ Association 4th Nursing Congress

“Nursing: The spectrum of differences”

May 16th, 2010 – Zagreb, Croatia

Dear Colleagues,

It is with great pleasure that EFN accepted the CNA invitation to participate in the 4th Nursing Congress entitled “Nursing: The spectrum of differences“. Firstly, allow me to convey warm wishes from EFN President, Secretary General and all the EFN Members across Europe. The presentation which follows addresses the topic of nurse migration, or mobility to use Commission language, which is particularly timely as the evaluation of Directive 36/2005/EC in all Member States has taken off with the Commission, DG Internal Market, already engaging with stakeholders in this process. My speech consists of three parts. I shall begin with an overview of EFN, its aim, purpose and governance, followed by a brief background note on the matter of nurse migration to set the context. Then EFN priorities and lobby actions will be outlined.

The European Federation of Nurses Associations (EFN) is the independent voice of the nursing profession in the EU and Europe. It consists of National Nurses Associations from 32 Member States, such as the CNA, while continuously growing. EFN mainly focuses on the professional dimension of policy development and implementation, including the union and regulatory approach. As such EFN lobby work with the European Commission and the European Parliament has an effect on the daily work of 6 million nurses throughout the European Union and Europe.

It has been obvious for some time that EU legislation has a direct effect within the legal systems of its Member States, and may in fact override national law in many areas, especially those covered by the Single Market. EU affairs are therefore a top priority, while working towards developing a strong policy advocacy strategy for Nursing at EU level becomes essential. With such reflections in mind the EFN was setup in 1971 and its creation was linked to the Directives on nursing education and free movement being drafted at that time by the European Commission.

The EFN governance structure consists of two annual General Assemblies, in which 32 National Nurses Associations meet to discuss and endorse key Policy and Position Statements, and to work on several EU projects. This work is supported by two annual Executive Committee meetings and by the recommendations formulated by

the Professional Committee led by CNA president and EFN ExCo member Branka Rimac, as well as the Workforce and Public Policy Committees, which convey during the General Assemblies. Subsequently, the EFN's mission is to work and lobby towards strengthening 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 & Europe.

Therefore mobility of nurses has always been an important consideration for EFN Members. The mobility of nurses is highly valued as an important enabler to exchanging best practices across Europe, to sharing knowledge and skills, and to raising the status and practice of our profession. Moreover, nurse migration is an important contributor to the total number of the nursing workforce in Member States. For example, Eurostat data indicate that migrating nurses make up to 10% of the total nursing workforce in the UK and up to 25% in Switzerland. We know that a number of push/pull factors influence such movement including opportunities for further education and training, better working conditions as well as employment opportunities. In order to have an impact on EU policies EFN believes in remaining focussed and strategic, and so each of these themes is followed up through EFN three policy priority areas of Education (Dir36), Quality & Safety (Council Conclusions), and Workforce (Green Paper).

Subsequently, it is important to refer to the Directive on mutual recognition of professional qualifications, better known as DIR36. DIR36 sets up the minimum training requirements for nurse training consisting of:

- Admission upon completion of a general education of 10 years;
- Duration of training consisting of at least three years of study or 4600 hours, of which;
- One third shall be theoretical and one half clinical training on a full-time basis, and;
- The curriculum needs to include at least the programme described in Annex 5.2.1.

These minimum criteria have been carefully designed to provide the necessary transparency guiding implementation of such important EU legislation. However, even these basic requirements are not achieved by all Member States as is the examples of Luxemburg and Belgium which are subsequently facing an infringement procedure by the European Commission.

So it is important that standards in nurse education are preserved. This is critical since it is acknowledged that quality nurse education not only assures patient safety and quality of care, but it is also cost-effective. It is nevertheless essential that the free movement of nurses is accompanied by recognised EU criteria and quality standards. Therefore, the EFN continues to advocate for one European degree level of Nurses although acknowledging that this can be achieved through different pathways. The upcoming Implementation Report of Directive 2005/36/EC, by 2012, is therefore seen as an unique opportunity to ascertain that "Fitness to Practice" continues to be a priority. Consequently, the EFN calls for:

- Equal standards for nursing education in EU Member States and implementation of Directive 2005/36/EC; and
- Support towards EU wide initiatives for peer review and learning mechanisms within the healthcare sector.

Furthermore, the migration of nurses raises implications for Safety. Safety is a huge policy dossier with which everyone is familiar with and so although a mention is warranted, this shall be short and to the point. The matter of safety is a hot topic for patients and practitioners alike. Of course it is vital that migrating professionals are safe to practice without endangering patient welfare, but it is also important that the working conditions of such professionals do not place their own safety in jeopardy. These are critical issues since safety together with quality are important parameters for an effective health sector. The EFN recognises that nurses play a crucial role in initiating change and improvement at local and national level and so in turn lobbies for:

- Patient safety to be included as a core part of all health education and in the assessments of service delivery facilities; and for
- Concrete support for research and exchange of results between EU Member States and healthcare facilities.

Currently, the EC is taking a leading role globally on the Safety agenda with the upcoming completion of the EUNetPaS project and planning for a highly ambitious follow-up Joint Action. EFN is therefore pleased with these developments as it continues to follow the work closely.

So, let us now turn our attention to our nursing workforce. Sadly, current European trends in health system reform, with their overarching concern for cost-containment, have had a downside for nursing in many European countries. This is reflected in cuts in nursing budgets, nursing posts, and a diminishing nursing voice in governmental decision-making processes. At the same time, the nursing workforce is ageing with the average age of a nurse in many countries ranging between 40-49 years of age. As a consequence we are seeing more and more nurses retiring without sufficient numbers of new nurses entering the profession to replace them. In attempts to address this apparent shortage of nurses, as well as reduce costs, we are seeing some Member States 'shortening nurses' education' and 'replacing' them with minimally trained unlicensed assistants providing direct patient care. These are short-sighted actions which compromise both quality and safety. Instead, EFN believes that being innovative in skill mix and extending roles and responsibilities is an important step forward which some European countries have taken by introducing 'nurse prescribing' and 'nurse discharging'; two essential components in modernising the healthcare system. Still, legislation and regulatory issues, next to a conservative mentality of the medical profession, are a barrier for adapting these new forms of responsibilities. Therefore EFN argues for Member States to invest in the nursing profession, as opposed to downgrading, as this is more likely to yield long-term dividends and safeguard the healthcare system.

In this context, workforce planning becomes essential as there is a clear need for better monitoring and diagnosing of potential imbalances between demand and supply in the EU workforce market and a better understanding of nurse migration. Such planning needs to also take into account the changing skill and Continuous Professional Development needs of the workforce, driven by changes in health and illness patterns and technological advancements. It is subsequently seen as imperative that action is taken towards:

- Establishment of a European research centre for workforce monitoring and planning and ensuring the availability and comparability of data on nurse migration; and
- Inclusion of CPD into EU legislation, development of effective mechanisms for the transfer of knowledge and skills within the sector encouraging more nurse-led initiatives.

To drive the agenda forward EFN and its Members are actively involved in the setting up of several upcoming policy events such the following EU Presidency Summits in:

- Spain during June 2010, in collaboration with the Spanish Presidency and European Commission DG Employment and DG Health and Consumers on the Prevention of Sharp Injuries;
- Belgium next October 2010, with the upcoming Belgium Presidency and European Commission DG Health and Consumers on the EU Workforce for Health, with an emphasis on raising the importance of CPD in EU legislation;
- Hungary in March 2011, in collaboration with DG Internal Market on the Implementation of DIR36 and EU Accreditation of Nursing curricula and institutions.

Finally, EFN realises that any changes or developments inevitably must be accompanied by the requisite funds and so continues to encourage and support its Members to work collaboratively at National level towards attaining valuable EU sources of support for promoting education and training, skilling-up and improving the working conditions of nurses, next to safeguarding patient safety and quality standards.

Colleagues, the future of our profession can only be assured as the nursing community continues its collective action, strategic planning, and effective policy making. Rest assure that in this process the EFN will continue to remain a strong advocate by your side.

Thank you very much for your attention.

Andreas Xyrichis
Policy Advisor
EFN
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