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Utrecht, December 19th 2006

Dear Commissioner,

About NU'91

NU'91 is the Nurses Association for labour relations and professional development in the Netherlands. NU'91 works in the interest of not only its 22.000 membership, but of all enrolled and registered nurses in the Netherlands.

By creating a professional, high quality workforce NU'91 wants to contribute to the improvement and maintenance of the highest standard of healthcare. This applies not only to the Netherlands, but also to the whole European Community.

For this purpose NU'91 is member of the International Council of Nurses (ICN), the European Federation of Nurses Associations (EFN) and of the European Public Services Union (EPSU).

About the consultation regarding community action on health services

NU'91 compliments the Commission with the accessibility and clearness of the consultation regarding community action on health services and is delighted with the opportunity to give input to the Commissions' decision making.

NU'91 fully agrees with the EFN statement that all health services activity should be aimed at promoting and ensuring high quality care based on the common values and principles in EU health systems as agreed by the council of ministers. Furthermore we believe that accessibility, quality and financial sustainability of healthcare systems should be guarded.

Thirdly, we believe that the legal certainty of professional nurses should be maximized and guaranteed.



Finally we are convinced that nurses are the 'key' professionals making the shift from disease management towards health management possible. It is the nurse who is really close to the patient, provides health education and coaches patients towards healthy behaviour.

NU'91 is not in favour of more general directives or guidelines from the Commission. However, we do think that measures should be taken to improve the implementation of existing directives like the mutual recognition on professional qualifications or the services directive. We believe that the European Union requires a uniform standard for professional qualifications for professionals in healthcare and a European code of conduct on mobility of health professionals. Furthermore a database of professionals who are under suspension in their country of origin is required.

About the specific questions:

Cross-border mobility among nurses in the Netherlands is very strong in the regions on the German and Belgian border. Obviously issues like the legal certainty, the portability of social security and the recognition of professional qualifications have been solved in these EU regions. This could serve as a best practice for other regions, when confronted with cross border professional mobility on a large scale. This form of cross border mobility has improved the accessibility of healthcare and has also extended the scope of competition between health providers on the labour market.

Language difficulties (the difficulty of acquiring the Dutch language) have limited the number of nurses who have come to the Netherlands from the 2004 accession countries.

To assess the quality of healthcare in the member states and to gain insight in the way healthcare and the work of professionals in healthcare is organized a common set of indicators of quality would be required.

Furthermore the competent authorities for all elements of healthcare in each separate country, including administrative, financial, statistic, legal and controlling agencies should be identified.

Registers of professionals in healthcare should be accessible to registering authorities in other member states, so that professional quality can be observed and guaranteed in cross border mobility. It also prevents professionals (temporarily or permanently) suspended from practising their profession in their home countries, to take up professional activities in other member states.



The care given in a specific country should be the responsibility of that country.

If a patient in one way or another is harmed, the rules of the country where that particular care is provided should prevail. If there are cross border contracts between care providers (i.e. contracts between hospitals in Germany and the Netherlands) the responsibilities should be ascertained in these contracts and be made publicly known.

As the communication from the commission states 'free movement of health professionals is already largely addressed in Community Legislation'. We do not feel that there is a need for extensive new Community legislation. We feel that the Community now should take care of the practical implications through non legislative means.

- the identification of professional competentions, skills and abilities on an European level
- an database for the comparison of education and professional practice of professionals in all member states
- the cross border portability of social security; pensions and insurance
- the ending of national measures aimed at limiting cross border mobility
- the accessibility of registers of professional suspension

We explicitly feel that the EU should not intervene in development of either the public or the private sector. Given the shift from public to private services in most member states, the EU should be most focussed on maintaining or improving the attainability, accessibility, affordability and quality of healthcare in the EU.

Mrs. M.M.A. von Bönninghausen tot Herinkhave-Visser
President NU '91

Copy: Ministry of Health, Welfare and Sport, depart. International Affairs
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