



EUROPEAN SPECIALIST NURSES ORGANISATIONS

ESNO, European Specialist Nurses Organisation

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Commissioner Vassilliou
European Commission
DG Health and Consumer Protection
B-1049 Brussels
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Paris, 28 March 2009

Concerning: EU Consultation on Green Paper for EU Workforce for Health

Dear Commissioner,

The European Specialist Nurses Organisations (ESNO) welcomes the opportunity to participate in the consultation process on the Green Paper for EU Workforce for Health. The ESNO is the recognized and unified voice of specialist nurses in Europe and consists of European groups of nurse specialists

- [ACENDIO](#) - Association for Common European Nursing Diagnoses, Interventions and Outcomes
- [EANN](#) - European Association for Neurosciences Nurses
- [EDTNA/ERCA](#) - European Dialysis and Transplant Nurses Association / European Renal Care Association
- [EfCCNa](#) - European federation of Critical Care Nursing associations
- [ENDA](#) - European Nurse Directors Association
- [EONS](#) - European Oncology Nursing Society
- [EORNA](#) - European Operating Room Nurses Association
- [FEND](#) - Federation of European Nurses in Diabetes
- [FINE](#) - European Federation of Nurse Educators
- [FOHNEU](#) - Federation of Occupational Health Nurses within the European Union
- [Horatio](#) - European Psychiatric Nurses
- [IFNA](#) - International Federation of Nurse Anesthetists

The nursing profession has a wide scope of practice, however since decades a broad variety of nursing specialties has been developed and evidence of improved quality of care is published in several peer reviewed journals. Generally, European regulation / directives are dominantly addressing to “general care nursing” issues (Dir 2005/36). Specialist nursing expertise and advanced nursing practice, including the post-registration education and training are rather invisible in EU healthcare documents.

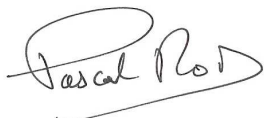
The nursing profession has a wide scope of practice and a significant number of nursing specialties have been developed, are well established and are continuing to evolve. The contribution of specialist nursing is well recognised in many of the European health care systems and evidence of improved quality of care is published in several peer reviewed journals.. Generally, European regulation / directives are focussed on “general care nursing” (Dir 2005/36) and therefore specialist nursing expertise and advanced practice including the post-registration education are not recognised in the context of this Green Paper. This is a serious and significant failing in the consultation paper.

In some area nurse specialists are bridging gaps in neglected areas of healthcare or provide high quality of care in tasks shifting between nursing and medical domains. The impact of chronic diseases, e.g. diabetes, cardio-vascular disease on the European population and health care systems threatens to overwhelm such systems. There is a distinct need to recognise the paradigm shift from acute disease management to chronic disease management in this context. This is recognised by major NGOs, e.g. WHO, IDF etc.

Specialist nurses by their advanced professional training, experience and education and in their specific roles as clinicians, researchers, educators and policy influencers have much to offer in the context of chronic disease management and new technologies. This needs to be specifically addressed in the Green Paper beyond that of general care nursing.

From this perspective ESNO can contribute substantially in the future development of actions and challenges addressed by the Green Paper.

Yours sincerely,



Pascal Rod,
ESNO President

ESNO contribution to the consultation

4. Factors influencing the workforce for health in the EU and the main issues to be addressed

4.1. Demography and the sustainability of the health workforce in Europe (page 5-6-7)

Within health professions the profession of nursing and its specialties must be recognised and continually supported at an official governmental level. This must include appropriate specialty training, licence to practice and monitoring. Appropriate career pathways and salaries within the specialty sector of specialist nursing and continuity of education are a 'sine qua non'.

The current health care systems and threats to health are such that a multi-disciplinary work force is essential with equality of recognition and imaginative and appropriate use of the different health care disciplines is essential. The specialist nurses in Diabetes, Oncology, Psychiatry and/or Dialysis are well established in the front line of the provision and continuity of care in chronic disease management and self management. Nurse Practitioners and Specialist Nurses in Canada, USA, UK, Scandinavian countries and Australia are increasingly engaged in the provision of such services in both primary and secondary care. Advanced practice nurses can fulfil many tasks and skills that were until now monopolized by physicians. These models should be implemented in EU member states and Greater Europe.

4.2. Public health capacity (page 7)

Nurses and in particular Specialist nurses form the various specialties are already widely involved in health promotion and disease prevention, in public health, primary and secondary care. Nurses specialised in Oncology, Psychiatry, Diabetes and Dialysis play a key role in prevention and education in health. As an example the Federation of European Nurses in Diabetes (FEND) is a collaborating partner in the IMAGE project funded by the EU (DG Sanco) in the prevention of diabetes.

Occupational Health nurses are also very involved in the prevention of ill health and their special education and competencies, as well as their essential contribution should be acknowledged, supported and promoted in major work settings.

School Nurses are also playing an important role in promoting healthy life styles. It is regretted that their numbers are being reduced to the detriment of the young. Many nursing specialties need to be better developed through academically recognised education and training programmes and career pathway development.

4.3. Education of health professionals (page 8)

The recognition of basic education for health professionals and especially nurses as high level education requires more efforts all over the EU. The existing educational programs are not yet all recognized and implemented within the Bologna process. The continuing education for nurses is essential for maintaining and updating the competencies and therefore enhancing the quality of care. A recertification process could be implemented. The further and additional education for nursing specialties should be recognized at the EU level and therefore advanced competencies acquired be actually valorised.

4.4. Managing mobility of health workers within the EU (page 9-10)

The Directive 2005/36 by only addressing general care nursing is difficult to implement for post-basic educated nurses. Nursing specialties are not recognized, neither addressed. The general system of recognition proposed in this case by minimising the level of education of the applicant to the previous level, destroys the required essential post graduate education for specialisation. The health workers mobility requires taking in consideration the level of education and level of practice for guaranteeing the quality of services required. For post basic education in nursing specialties it is currently very difficult to organize student exchange since the educational programs and certifications are not officially recognized at the EU level. Disparities of salaries are significant within the EU and nurses in some countries do not even receive a fair professional remuneration. There is a need for recognizing the health professions at an equivalent level in each EU country.

The language issue is very important for health professionals and to speak the language of the cared population has to be a strict requirement.

4.5. Global migration of the health workforce (page 10-11)

Ethical recruitment rules need to be developed not only for health workers from outside the EU, but within the EU itself. The competencies, level of education and competencies of migrant health workers need to be clearly evaluated and monitored by the relevant professional authorities. The population demands safe and competent care and it is then the duty of the health professions to guarantee this quality and safety in services provided.

4.6. Data to support evidence based policy decisions (page 12-13)

We can notice that some countries failed to provide available data concerning the health professionals. Each country should be able to provide the actual number of nurses currently employed. It is essential for health care planning and relevant policy decisions to have reliable statistics pertaining to the current workforce and for future planning. Nursing education requires a minimum of 3 years of education for general care and up to 2 more years for specialties and this has to be taken in consideration for planning the needs. For European harmonization in policy decisions, the data need to be comparable.

5. The Impact of New Technology: Improving the efficiency of the Health Workforce (page 13)

The development of Nursing Specialties is the consequence of the permanent evolution of healthcare techniques and ongoing research. Nurse Specialists in their domains of practice are constantly adapting, improving and updating their knowledge, skills and applying research based interventions and technologies. Intensive Care nurses, Operating Room nurses, Nurse Anesthetists, Neuro Sciences nurses etc... are perfectly aware of new technologies and are trained for using them. Once again the nursing competencies are not limited to general care.

6. The Role of Health Professionals Entrepreneurship in the Workforce (page 14)

It is embarrassing to read that nurses are not listed as entrepreneurs running their own practices. Nurse Practitioners are running their own business, many nurses are in charge of nursing homes, and there are Nurse Directors who are acting as employers. The recognition of the advanced practice in nursing can provide many opportunities for new employments. Every initiative facilitating the role of employers in health is welcome.

7. Cohesion policy (page 14-15)

The structural funds have to be used for training, re-skilling but also up-skilling health professionals. There is a need for financing the existing educational programs for general care nurses and an urgent need for post-basic educational programs for nursing specialties, and continuing education. Continuous post graduate nursing education and updating of skills is a key component of any profession.

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.