European Federation of Nurse Educators

Response to the Green Paper on The European Workforce for Health

INTRODUCTION

The European Federation of Nurse Educators (FINE) congratulate DG SANCO on their initiative to obtain public opinion about a diversity of questions related to the health sector workforce and the preparedness of health systems in a potentially difficult time. The opportunity to contribute to this first discussion is welcomed.

FINE further looks forward to the debate towards developing the future healthcare workforce and is particularly keen to contribute expert knowledge relating to the education and training of nurses.

The Green Paper is a position statement which builds on the White Paper Together for Health (2007). It specifically seeks to address the issues facing EU health workforce rather than tackle broader health challenges for Global populations.

The main aims of the paper are to:

1. increase visibility of issues facing the EU workforce for health and;
2. generate a clearer picture of where local and national health managers face the same challenges and;
3. to help to identify where the commission believes that further action could be taken and launch a debate on it.

These aims are to be commended, however, FINE recognises that some ideas presented require critical consideration and directions taken as the result of future debate will be pivotal in the future development of the EU healthcare workforce. These are emphasised within 5 KEY POINTS identified below:

1. SPECIFIC CHALLENGES FOR HEALTHCARE WORKFORCE

Some specific challenges are already faced by the EU concerning health professionals and these urgently require radical new thinking and new approaches in supporting their resolution. These include:

- Precarious labour conditions of nurses in some countries, with their democratic voices restricted;
- Variable employment situations across member states;
- The inequality of rights between couples, both within countries, and (as one example) specifically relating to the Portuguese situation;
- Inequalities for health professionals concerning access to their own health.

KEY POINT 1:

Cooperation and coordination of healthcare provision between member states must have visibility both in existing policies and laws that harmonise the totality of countries and in rules that protect health workers. Community action in the field should fully respect the responsibilities of member states for the organisation and delivery of health care – but the community should encourage co-operation between the member states and promote co-ordination of their policies and programmes.

2. DEMOGRAPHIC ISSUES

Growing demographic changes mean a need to enlarge the concept of health care teamwork and clarity of relationships between staff members. The totality of health staff is needed, working together, to manage the problems and challenges of population aging in the near future. This aging population also raises many issues which must be further explored in relation to care provision, in particular the need for health care of the elderly and very old. The current global recession may restrict the number of informal carers as people try to work to support families. Further, with increasing mobility and migration of populations, the proximity of families able to support older relatives will lessen. Work could be undertaken to determine the best means of recruiting and retaining an effective healthcare workforce to work with older people and to allow them to specialise in the care that they will need to give.

Currently, different countries operate different schemes for preparation of health care staff to work with the elderly. Belgium offer the opportunity for generalist nurses to explore specific issues and knowledge in elder care both prior to registration and afterwards. There is only post registration provision in the UK for care of the elderly with the assumption that all adult branch (generalist) nurses will work in elder care. A review of the effectiveness of different schemes is important to ensure best capacity and practice in future.

The challenge of the retirement of 1960's 'baby boom' workforce and the lack of attractiveness of the healthcare professions is identified as a concern, as this indicates that the healthcare workforce, as well as the populations it serves is ageing. This is mirrored as an example within UK nursing evidence (Buchan 2008). It is proposed that a global debate on enhancing the attractiveness of nursing and on recruitment and retention could be beneficial in using best available practice and maintaining an appropriate level of resource for future healthcare need.

In considering resolution to the above situation the following must be considered :

- Volunteers will need to work in partnership with qualified health workers (including nurses) under their supervision and adequately trained;
- The work developed by health professionals must empower the autonomy of aged or dependent persons, with the development of health diagnostics.
- There must be review of current best and most effective practice and opportunities for the development of innovation to enhance recruitment and retention in the health care workforce
- The impact of retirement upon nurse educators and clinical specialists in particular, since the demographics of these professions is heavily skewed, with many nurse educators nearing the end of their careers. Consideration must be given to feasible clinical academic careers arrangements which enable the

recruitment, development and retention of a quality nursing and healthcare education workforce for the future.

- The maintenance of over 55's in the workplace could also be considered with debate about how to attract new nurses to become interested in education and academic careers would merit wider debate and sharing of best practice.

KEY POINT 2:

The progressive development of knowledge and practice towards a more "humanistic" staff provision in EU health care is critical. This should even more closely match the needs of EU citizens (family, nurses, volunteers), and must be feasible for workforce given demographic trends. Laws should be developed that further protect citizens in their health and their safety and in the free expression of their power, wherever they may be.

3. MOBILITY

The aging demographic of the population means that healthcare workforce and provision needs to seek innovative ways to adapt health systems and address emerging issues in this new reality. Mobility of healthcare will contribute this changing dynamic. Challenges influencing change will include:

- The diversity of European countries concerning the number of health staff/inhabitants, namely the number of nurses/ 1000 inhabitants;
- The growing mobility of individuals within EU, with a variety of aims:
    i. Improving conditions of life;
    ii. Improving environment and social conditions;
    iii. Others.
- The impact of this mobility at individual and familiar level, in a globalization perspective, due the migration movements, and the effect of the increasing unemployment.
- The difficulty of thinking of the 27 countries of EU as a whole, because of disparities:
    iv. In the access to health care;
    v. In the education of professionals;
    vi. In the economic capacity of citizens to pay for their health

In response to the above points, the concept of a rotation system is a good idea in terms of enhancing parity and quality. It may be possible to enhance this through bilateral agreements which could tie into the regulations of work contracts. In order to develop transparency and quality for the mobility of professionals however, much needs to be achieved in the setting of benchmark standards for the delivery of education and training to nurses. This includes the consideration of comparable competencies for practice and the means to assess these effectively within and across countries. The comparison and consistent harmony of national policy and legislations are also important, whilst recognising required differences of individual countries. As one example, whilst workforce is substantially prepared for regions within the UK as indicated in the document Focus on Workforce (NHS East Midlands 2009), the contextual sense of National, EU, and indeed Global healthcare provision must be embedded and also made visible to professionals. The use of structural cohesion

projects to develop inter-regional bilateral agreements for support of workforce, education, training and the sharing of best practice would be worth exploring.

Discussion around free movement of students and workers and circular migration in health care (4.4 and 4.5) is commendable. However, pragmatic actions to support this policy are badly needed for nursing. In some countries current funding and professional regulatory restrictions make mobility of student nurses particularly difficult. For example, EU Students are restricted in their application to study nursing in some countries because of restrictive funding issues relating to the NHS funding sources. These should be resolved to enable mobility for student of nursing between EU countries. UK students of nursing find mobility complex within training because of regulatory issues surrounding assessment of practice, and after they have qualified unless they are registered as adult branch nurses, because of requirements meaning that they do not qualify for consideration under Dir 2005/36/EC. It is frustrating that the polices enabling mobility are not yet sufficiently supported by the practical means for many to achieve them.

In respect of Global Migration, the idea of having a code of practice is commendable but there must be debate regarding regulation and monitoring. It is critical that the resources of poorer nations through the recommendations are not further drained. Staff exchange programmes with poorer nations could enhance the skill development in those nations because training could take place on site in the host hospital/organisation so that a wider group of staff may benefit as could the development of more training and development programmes to attract new workers in poorer nations.

International Council of Nursing papers consider many global challenges and indicate that the whole issue of globalisation and global activity – including education and support for migration, globalisation and ethical migration need further exploration and discussion.

KEY POINT 3:

The sustainability of health systems is currently jeopardized both by economic questions as well as lack of guidelines/standards that introduce an ethical guidance and patient safety as a paramount consideration in professional mobility. Identification of the need to respond to international recruitment in an ethical manner is welcomed and a code of conduct in this area should be developed across the EU both to protect countries within the EU and more globally. The requirement for the competent authorities to exchange information regarding disciplinary action or criminal sanctions is to be welcomed – However, this is only currently for registered professionals and debate around the expansion of this to healthcare students and candidates for the caring professions would be welcomed.

4. PUBLIC HEALTH WORKFORCE ISSUES

Public health demand and capacity is a major area of concern and requires greater debate and elaboration. The paper and any subsequent debate must provide clear direction at EU and national levels in relation to the expectations for education training and development. For example, there is an evident need to have more careers in Biology/Occupational Health, but it is critical that a realistic and costed strategy to achieve this is identified, with demand and capacity transparently assessed. There should be review of the number, type and necessary need for new professions, with different aims, in the EU health workforce. Innovation and entrepreneurship are

welcomed but also require sensible evaluation in relation to the cost and benefits especially in relation to the most vulnerable groups. In respect of telemedicine- the idea of a European framework for telemedicine would be welcome but there must be consideration regarding how such a framework might be evaluated in terms of the impact upon member states. Consideration about how capital investment will be funded is also critical in this area, as to enable equity of the 27 countries is likely to be costly.

Entrepreneurship as a concept is welcomed for development and detailed consideration, including the exploration of training and development requirement and the supply of these to attract entrepreneurial thinkers to the health workforce and help existing staff to become whole systems thinkers. Decisions about 'on call' time and compensatory rest raise issues in the potential development and monitoring of quality in entrepreneurial services for nurses and other professionals. If innovative entrepreneurial working in nursing is to become celebrated as a means to enable innovative working but also could enable on call time and compensatory working to meet with EU legislation, then quality assurance and opportunities for learning and leadership in this area should be explored at all levels of preparation. In the UK specialist nurse clinicians are encouraged to innovate and to develop clinical specialty particularly in the arena of primary care, but alongside this, are words of warning about the quality and consistency of care given. Mooney (2009) Young (2009).

In achieving the development of new and innovative ways of working in healthcare practice, it is thus essential to;

- develop a care coordination profile, to guarantee the rights of elderly and fragile citizens;
- consider this development, without substantially increasing the burden of cost to existing health systems (making full use of the resource of nursing staff looks like a good solution);
- develop monitoring systems that permit the knowledge about health surveillance of a number citizens that don't approach health systems and are in risk of bad health
- Enable innovation and quality development relating to innovation and entrepreneurial thinking in a cost effective and benefical manner, both for workforce and for patients.

KEY POINT 4

New, emerging and entrepreneurial professions are innovative and such developments towards a new future in healthcare provision are welcome. However, it is critical that these must be rationalised, with a process of monitoring of teamwork or group (with nurses leading this process). Further, they must consider the most vulnerable groups. We applaud the idea of creation of an observatory of manpower in health sector as an auxiliary for the planning of abilities, as well as education needs, and management skills of health professionals This proposal to collate workforce data for countries could facilitate real change in forecasting health workforce needs and providing for these. The next stage could be for research into the effectiveness of specific metrics and in the costing of establishing sustaining mechanisms for an observatory. Only then could the cost benefit of this proposal be understood fully. Nursing and Healthcare trainers and educators could also be included in this workforce data collection.

5. EDUCATION AND TRAINING

In some countries (Portugal included) nursing education is not related to limits of accessibility enabled by the nursing schools (numerus clausus) but with inadequate planning in education on health resources and its quality assurance.

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 many 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. There is little flexibility for accreditation of prior learning (APL) or flexible modes of study to achieve the required level of 'nurse'. There are also inconsistencies between the requirements of the Bologna Declaration to which many countries are signatories and to the legal requirements of the Dir 2005/36/EC for which the professions must comply. Current restriction based on hours mean that the delivery of the EU requirements of 4600 hours within a usual 3 years to meet health workforce commissioning need in countries like the the UK, make opportunity for wider learning necessary for opportunities such as mobility, including the learning of modern foreign languages difficult to achieve.

Finally, there is currently no EU legal requirement for continuing professional development and no effective monitoring or consistency of specialised nursing qualifications, including those of nurse educators. It is proposed that for future development in nursing to include the required future specialist professionals who have achieved continuing professional competence since registration– the wide issue of CPD must be debated.

KEY POINT 5

Education of health care staff in nursing, requires greater harmonisation across European countries. This includes:

- **Assurance - without any doubt, that the title nurse is only used by professionals with graduate/higher education including at least 180 ECTS;**
- **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;**
- **E-learning approaches to professional development both to professionals and to their non-professional co-workers;**
- **Regulation of professional development of teachers in health professions;**
- **Equity of titles across EU for health professionals, nurses and nurse educators;**
- **Adjustment of specialisation areas to requirements of population of each region and country;**
- **Harmonisation of the academic degrees of specialised education to permit mobility between countries;**

- **Social protection to assure basic conditions that the study period is concluded with success.**
- **More debate around developing nurse education – staff development for nurse educators level, quality, numbers - need for a transitional strategy for development Staff student ratios, equitable standards, competences are different from standards therefore need cohesion strategies for nurse educators and standards.**

We observe a great diversity in social conditions that allow the entrance to health studies; a greater harmonisation would result in a more equalitarian EU and with better means of communication. We consider the need to create and harmonise guidelines for the development of health professionals and teachers that assure the recognition of competences acquired through life.

CONCLUSION

The above 5 KEY POINTS highlight the main areas for which The European Federation of Nurse Educators (FINE) identify as critical to future development. It is suggested that the use of structural cohesion funding could be used to support the development and dissemination of the following:

- Technological mechanisms for the development of advancing healthcare, for sharing best practice, in use of telemedicine and the development of shared care provision and learning initiatives between countries and regions.
- The development of new networks through which expertise may be shared and commons issues resolved, but also the sustaining and facilitating of existing networks where these have demonstrated effective results and show potential. Also to support integrative working of comparable national bodies.
- The development of shared training initiatives where specialist clinical programmes of study can be developed and delivered using multilateral agreements. This could also include the delivery of programmes for nurse teacher education and higher academic study.
- The integration of second language provision into pre-registration learning opportunities for all health care workers in order to develop a greater future capacity and flexibility for mobility of both workforce and patients.

There would there need to be some agreement across member states about equity of access to the ESF and specific criteria drawn up that outlines how it can be used to improve "working conditions", ïnfrastructure" and "development of the workforce"**.**

FINE looks forward to the debate towards developing the future healthcare workforce and can contribute, as a representative nurse educators organization, with expert knowledge relating to the education and training of nurses and healthcare workforce.

References

Buchan J (2008) *Nursing Futures - Future Nurses* Royal College of Nursing commissioned policy Paper London RCN.

Mooney H (2009) Nurses urged to become clinical entrepreneurs to improve care *Nursing Times* online 18 February

Young L (2009) Primary care blog: Harsh reality behind community services rhetoric *Nursing Times online.*

h*ttp://www.nursingtimes.net/primarycarenurses/Primary_care_blogs/2009/02/primary_care_blog_harsh_reality_behind_community_services_rhetoric.html*

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