

EU Green Paper on the European Health Workforce on behalf of Edinburgh Napier University

The paper is welcomed as an opportunity to collectively address health and workforce concerns, rather than the current focus on national solutions. These often may address local issues but impact on other member states.

The UK has so many good examples in the area of widening access and one of the missions for Edinburgh Napier University is to widen access. We have utilised a range of methods to do this, including recognition of prior learning, access programmes, developing multiple entrance and exit routes and working with colleges to articulate with their programmes. We have also begun to establish programmes which offer degree outcomes for nurses in Lithuania, Hungary and Czech Republic and have internationalised the content of our programmes so that a European Dimension is included.

Post registration education is by no means seen as being associated with HEIs across Europe and opportunities should be taken to develop a shared agenda wherever possible between education and health care. Not only are these fundamentally linked at a number of levels, the educational emphasis on transferable skills emphasises and values people across the full range of occupations and disciplines. There is very little knowledge about Bologna, NQF's and EQF's in the sector. In any case there is lack of capacity in the European HEI sector to deliver in nursing and the likelihood is that the sector will develop its own independent CPPD framework. This would be a duplication of effort. There is a need for transparent and comparable standards in CPPD to be developed and applied.

Specifically on the issue of cross border education and training, UK HE sector has the capacity to deliver that others do not. For this reason there needs to be a system that ensures standards across member states. Although qualifications are recognised, recognition tools are woefully inadequate to measure or meet consistent standards. The opportunity needs to be taken to amend the current directive to bring it more in line with Bologna and introduce a focus on fitness to practice, which does not currently exist. Technology can support this as a complement and preparation for clinical practice but not as a substitute.

Edinburgh Napier has worked with a number of health providers in Europe who do not expect their voice to be heard by HEIs. This is similar for students and exceptional for service users and carers. All stakeholders need to be given a voice in developing educational provision and sector standards.

If mobility of the workforce is to be facilitated, this should be given greater prominence in pre registration education and opportunities should be widened. The current directive limits potential for mobility. Attention may be given to an EU project

led by DAAD (Germany) and in which Edinburgh Napier participated <http://eu.daad.de/eu/mocca/06485.html> . Additionally given that language ability is one of the predictors of successful employment following migration, some criteria should be included regarding language ability for mobile workers and greater emphasis placed on communication as demonstrated in the Pronurse language project which won the Special Prize in the year of worker mobility <http://www.pronurse.eu> .

Finally it must be agreed that a common system for workforce planning should be developed in conjunction with a review of status, payment and specific gender issues of nurses in member states. Existing systems such as Europass and a link with the Diploma Supplement could be utilised to maintain and share information across borders.

Finally the issue should be seen in a global context, consequently ethical recruitment policies are essential.

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March 2009

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