

## Annexe I EFN MOOC2

European Nursing Movement

READ MORE Some references

### Lesson 1

# **EU Nurses Lobbying the EU European Nursing Movement & EFN**

## **EU Lobby Strategies Fitting** a New Political Context

Paul De Raeve, 2017

This book builds on concrete achievements of the nursing community, its leaders to move the European political agenda, to advance nursing in such a way that it delivers concrete benefits for EU citizens.

#### Read the book ONLINE:

https://online.anyflip.com/eumpx/
ugmb/mobile/index.html

The changing EU economic and political context implies adapting to this changing environment, including our lobby strategies to pro-actively set the nursing agenda. The EU institutions, its political machinery, has become a complex political labyrinth in which public consultations are not enough to build trust with its citizens. Putting civil society into the cloud to meet and produce statement is the new window dressing which does not facilitate the design of a social Europe. This book is building on concrete achievements of the nursing community, its leaders to move the European political agenda, to advance nursing in such a way that it delivers concrete benefits for EU citizens. The nurses' European project, be it political, professional, scientific, is a movement built since 1967, when the Commission started drafting the free movement Directive. EU legislation protected and stimulated the development of nursing as a profession. However, as lobby strategies are drying up, civil society being excluded from policy design, we need to reflect on how to influence better EU politics and policies. The world changed in 2017 and more changes are to come, for the better, the worse!



Paul De Raeve



As Registered Nurse (1984), Paul has a Master in Nursing Science (1989-VUB) and Statistics (1996-KUB) and a PhD from Kings College London (2014), being the first EFN Secretary General since 2002, lobbying the EU Commission, Parliament and Council on behalf of 3 million nurses in the EU. Paul focusses on developing EFN and ENFF in synergy.







#### **EFN Governance**

#### **EFN Members:**

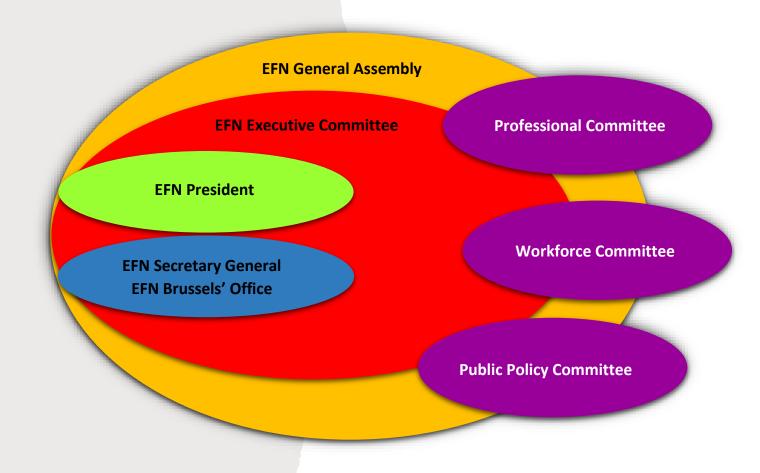
https://efn.eu/?page\_id=802

#### **EFN Executive Committee:**

https://efn.eu/?page\_id=806

#### **EFN Brussels Office:**

https://efn.eu/?page\_id=733



## **EFN Policy Agenda**

The EFN provides a broad platform for developing health and social EU policy by supporting the European Union decision making process on all areas which affect the nursing profession, and aims to bring to the attention of the EU the current and potential collaboration of nurses and nursing to meeting the health needs of the population throughout the Union.

## Read here the EFN Strategic and Operational Lobby Plan 2021-2027:

http://www.efn.eu/wpcontent/uploads/EFN-SOLP-2021-2027-1.pdf



EFN SOLP 2021-2027

Introduction

EFN's Strategic and Operational Lobby Plan (SOLP) builds on the EFN's mission and objectives. In order to achieve these objectives, the EFN will develop Policy Statements and Daviding Davids on the SOLD topics of babby instruments for policy makes in the Suppose Commission. MALO Exposes Davids and for MEDo Daling Statements EFN's Strategic and Operational Lobby man (SOLP) builds on the EFN's mission and objectives. In order to achieve triese objectives, the EFN will develop more and Position Papers on the SOLP topics as lobby instruments for policymakers in the European Commission, WHO European Region and for MEPs. Policy Statements and

The EFN SOLP becomes ALIVE after its implementation by the EFN Members and the EFN General Secretary General and its Brussels' Office. This SOLP is supported by a most plan for each of the three EEN Committees: Defectional Committees: Workforce Committee and Dublic Bolicy Committee. This work plan is followed up with particular The EFN SOLF becomes ALIVE after its implementation by the EFN Members and the EFN General Secretary General and its brussess Office. This Solf is supported by a work plan for each of the three EFN Committees: Professional Committee, Workforce Committee and Public Policy Committee. This multi-year plan is followed up with activities

MISSION of the EFN

The European Federation of Nurses Associations (EFN) shall act to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens

#### EFN OVERARCHING OBJECTIVES.

OBJECTIVE 1:

To ensure that patient safety, determined by sufficient supply and employment of suitably educated and qualified nurses and nursing are central to the development To ensure that patient salety, determined by sunfcient supply and employment of suitably educated and quantied nurses and nursing are of Social and Health Policy and its implementation in the EU and Europe and are involved in all other fields of policies relevant to nurses.

OBJECTIVE 2:

To support and facilitate a qualitative and equitable health service in the EU and Europe by a strategic contribution to the development of a sufficient (based on

OBJECTIVE 3:

Strengthening the European Federation of Nurses Associations (EFN) representation in the EU and Europe and develop its key role as a bridge between the EFN Strengthening the European receration or Nurses Associations (EFN) representation in the EU and Europe and develop its key fore as a bridge between the EFN Members and the political decision-makers of the EU institutions, the European Commission, European Parliament, Council of the European Union and WHO Europe.

Political Deadlines

2025 - Poland & Denmark 2022 - France & Czech Republic 2023 - Sweden & Spain 2026 - Cyprus & Ireland 2024 - Belgium & Hungary 2027 - Lithuania & Greece

## **EFN Activity Reports**

The EFN Activity Reports detail the EFN achievements throughout the year(s), and the resources used to reach them.

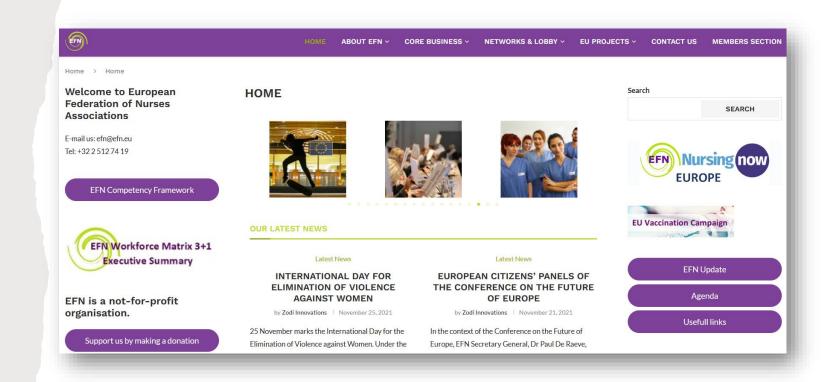
See here:

https://efn.eu/?page\_id=864



# For more information on EFN Developments, visit EFN Website:

www.efn.eu



### Lesson 2

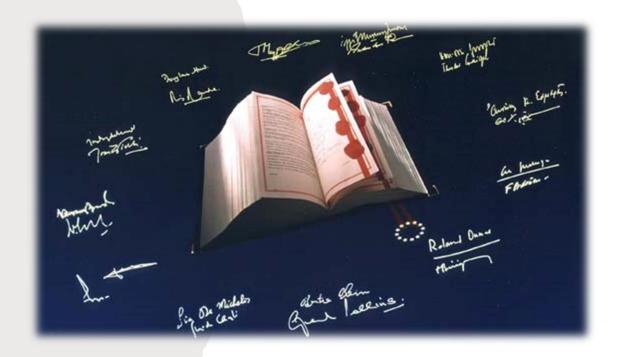
EU Lobbying
Nurses Building the EU
Nurses Impact on EU Legislation

## **Treaty of Maastricht**

The Treaty on European Union, commonly known as the Maastricht Treaty, is the foundation treaty of the European Union (EU). Under the new Treaty the European Parliament has the right to invite the Commission to present a legislative proposal on matters which, in its view, call for a Community act to be drawn up. The entire Commission must also now be approved by the EP, which also appoints the European Ombudsman.

#### See here:

https://www.europarl.europa.eu/aboutparliament/en/in-the-past/the-parliamentand-the-treaties/maastricht-treaty



## **Treaty of Amsterdam**

The Treaty of Amsterdam amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts, signed in Amsterdam on 2 October 1997, entered into force on 1 May 1999.

#### See here:

https://www.europarl.europa.eu/a bout-parliament/en/in-thepast/the-parliament-and-thetreaties/treaty-of-amsterdam



## **Lisbon Treaty**

Signed in Lisbon (Portugal) on 13
December 2007, it amends the Treaty on
the European Union and the Treaty
establishing the European Community. It
entered into force on 1 December 2009.

#### Read it here:

https://www.europarl.europa.eu/fa ctsheets/en/sheet/5/the-treaty-oflisbon



## **Subsidiarity Principle**

In the European Union, the principle of subsidiarity is the principle that decisions are retained by Member States if the intervention of the European Union is not necessary. Defined in Article 5 of the Treaty on European Union, it is the principle whereby the EU does not take action (except in the areas that fall within its exclusive competence), unless it is more effective than action taken at national, regional or local level.

#### See here:

https://www.europarl.europa.eu/f
 actsheets/en/sheet/7/the principle-of-subsidiarity

#### The Principle of Subsidiarity

The principle of subsidiarity tries to optimise the balance

between centralisation (Brussels) and decentralisation (MSs).

It is a principle of social organization (originated in Roman Catholic church).

#### Today's legal meaning in Article 5(3) TEU:

In areas which do not fall within EU's exclusive competence,

the Union shall act only if and in so far as the objectives of the proposed action cannot be sufficiently achieved by the Member States,

either at central level or at regional and local level, but can rather, by reason of the scale or effects of the proposed action, be better achieved at Union level.





## **EFN Report on "Lessons Learned** from Ebola & COVID-19"

This report provides a series of lessons learned from the nursing frontline on the best approach to tackle the COVID-19 pandemic and recommendations on how to be prepared for a next pandemic.

#### Read it here:

http://anyflip.com/eumpx/ounw/

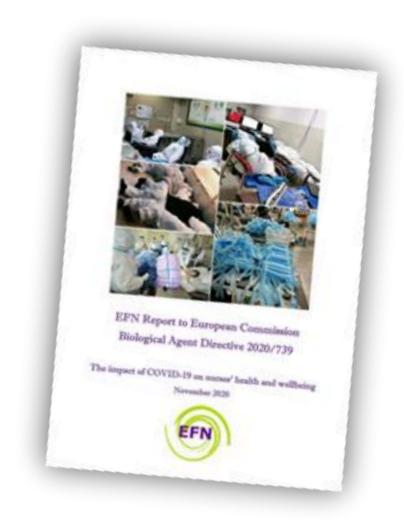


# EFN Report on "COVID-19 impact on nurses' health & wellbeing - Biological Agent Directive 2020/739"

This report includes key recommendations to support the EU health workforce, nurses in particular, to respond to the challenges of COVID-19 without compromising workers' safety and wellbeing.

#### Read it here:

https://anyflip.com/eumpx/qfgb/

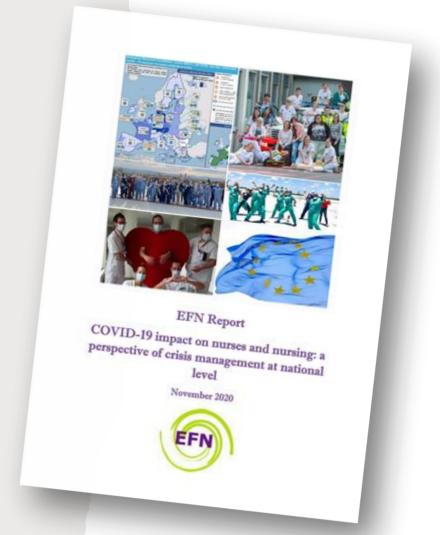


# EFN Report on "COVID-19 crisis management at national level"

This report shows that the impact of the pandemic on health service delivery has been significant, with very high nursing infection rates across the EU Member States and incorporates urgent measures to protect our nurses in extremely dangerous working environments with rising levels of infection.

#### Read it here:

https://anyflip.com/eumpx/qycl/

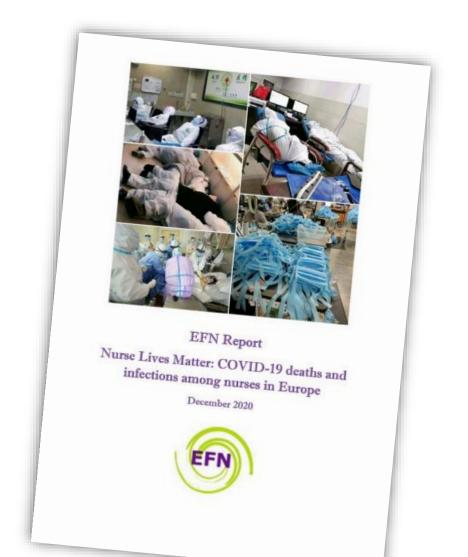


## Nurse Lives Matter: COVID-19 deaths and infections among nurses in Europe

This report shows estimated numbers of nurses who were infected and died with COVID-19.

#### Read it here:

https://anyflip.com/eumpx/crpt/



## **Single Market**

The European Single Market, Internal Market or Common Market is a single market comprising the 27 member states of the European Union as well as – with certain exceptions – Iceland, Liechtenstein, and Norway through the Agreement on the European Economic Area, and Switzerland through bilateral treaties.

#### See here:

https://ec.europa.eu/growth/singlemarket en



## Lesson 3

Free Movement of Nurses in the EU

## Directive 2013/55/EU

amending Directive 2005/36/EC on the recognition of professional qualifications

This Directive aims to consolidate and modernise the rules regulating the mutual recognition of professional qualifications in the EU Member States, including for general care nurses.

#### To read the Directive:

https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=celex%3A32 013L0055

Official Journal of the European Union

28.12.2013

#### DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 20 November 2013

amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System

EUROPEAN UNION.

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 46, 53(1) and 62 thereof.

Having regard to the proposal from the European Commission.

After transmission of the draft legislative act to the national

Having regard to the opinion of the European Economic and

Acting in accordance with the ordinary legislative procedure (2).

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (\*) consolidated a system of mutual recognition which was initially based on 15 Directives. It provides for automatic recognition for a limited number of professions based on harmonised minimum training requirements (sectoral professions), a general system for the recognition of evidence of training and automatic recognition of professional experience Directive 2005/36/EC also established a new system of free provision of services. It should be recalled that thirdcountry family members of Union citizens benefit from equal treatment in accordance with Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States (4). Third country nationals may also benefit from equal treatment with regard to recognition of diplomas certificates and other professional qualifications, in accordance with the relevant national procedures, under specific Union legal acts such as those on long-term residence, refugees, 'blue card holders' and scientific

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE (2) In its Communication of 27 October 2010 entitled 'Single Market Act, Twelve levers to boost growth and strengthen confidence, Working together to create new growth', the Commission identified the need to modernise Union law in this area. On 23 October 2011, the European Council in its conclusions supported such a modernisation and urged the European Parliament and the Council to reach a political agreement on the revision of Directive 2005/36/EC by the end of 2012. In its resolution of 15 November 2011 on the implementation of the Professional Qualifications Directive (2005/36/EC) (3), the European Parliament also invited the Commission to come forward with a proposal. The EU Citizenship report 2010 of 27 October 2010 entitled 'Dismantling the obstacles to EU citizens' rights' underlines the need to lighten the administrative burden linked to the recognition of professional qualifications.

- Notaries who are appointed by an official act of government should be excluded from the scope of Directive 2005/36/EC in view of the specific and differing regimes applicable to them in individual Member States for accessing and pursuing the profession.
- For the purposes of strengthening the internal market and promoting the free movement of professionals while ensuring a more efficient and transparent recognition of professional qualifications, a European Profes sional Card would be of added value. In particular, that Card would be useful to facilitate temporary mobility and recognition under the automatic recognition system, as well as to promote a simplified recognition process under the general system. The purpose of the European Professional Card is to simplify the recognition process and to introduce cost and operational efficiencies that will benefit professionals and competent authorities. The introduction of a European Professional Card should take into account the views of the profession concerned and should be preceded by an assessment of its suitability for the profession concerned and its impact on Member States. That assessment should be conducted together with Member States, where necessary. The European Professional Card should be issued at the request of a professional and after submission of necessary documents and completion of related verification procedures by the competent authorities. Where the European Professional Card is issued for the purpose of establishment, it should constitute a recognition

(4) Of C 153 E. 31.5.2013, p. 15.

<sup>(°)</sup> OJ C 191, 29.6.2012, p. 103.
(°) Position of the European Parliament of 9 October 2013 (not yet published in the Official Journal) and decision of the Council of 15 November 2013.

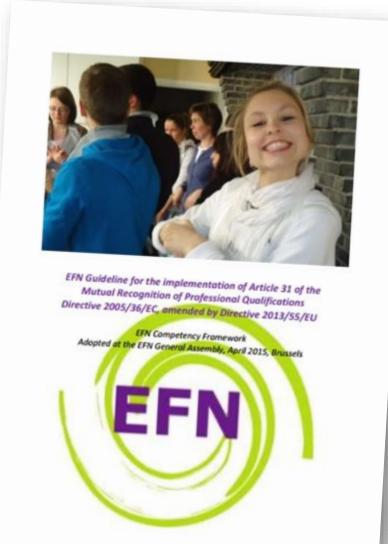
<sup>(2)</sup> OJ L 255, 30.9.2005, p. 22 (4) OJ L 158, 30.4.2004, p. 77

## EFN Competency Framework

Approved by the EFN members in April 2015, the EFN Competency Framework describes the competences required to nurses responsible for general care, aiming at being used by the National Nurses Associations to encourage and guide the nursing schools at national level to implement the competences listed under Article 31 of the Directive.

#### Read it here:

https://efn.eu/?page\_id=6897

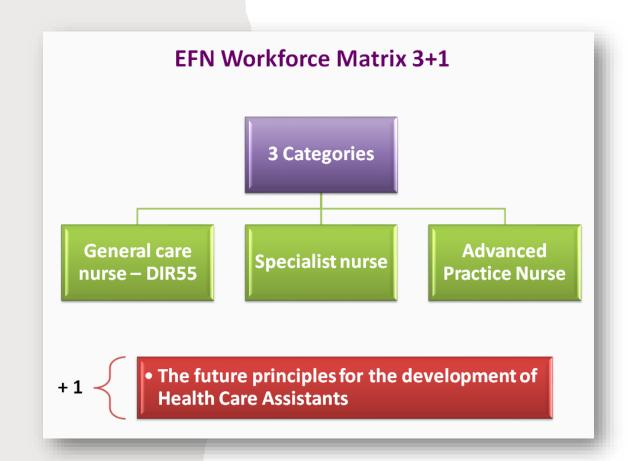


#### **EFN Workforce Matrix 3+1**

Approved by the EFN Members in May 2017, the EFN Workforce Matrix 3+1 includes information on education, qualifications and competences for each category, and shows the commonalities and differences of the three categories and the HCAs among 35 EU countries.

Read it here:

https://efn.eu/?page\_id=8220



## **EFN Position Paper on Continuous Professional Development**

Approved by the EFN Members in April 2016, with this paper the EFN recognises the right and duty of continuous professional development (CPD) for nurses in the light of delivering high quality care and patient safety and welcomes policy recommendations that strengthen nurses' accessibility to CPD.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-Position-Paper-on-CPD-Final042015.pdf



#### **EFN POSITION PAPER** ON CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

Continuous Professional Development is understood as "The systematic maintenance, improvement and continuous acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal acquisions arrange removement of the menong knowledge, same and competences of means professionate, it is process to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the multi-disciplinary

The EFN recognises the right and duty of continuous professional development (CPD) for nurses in the light of The Erry recognises the right and duty or commutate professional development (Group) for hurses in the light of delivering high quality care and patient safety. CPD helps to ensure that nursing practice is up-to-date, contributes to improving patient outcomes and increases the public confidence in the nursing profession (EFN, 2012).

However, at European level there is considerable variance of CPD across countries, with systems that are mandatory and voluntary, and formal and informal delivery of CPD activities. Notwithstanding these different approaches, there and voluntary, and format and informat delivery of OFD activities, incommissioning triese different, is a general belief of the positive outcomes that CPD has on nurses' practice and patient outcomes.

The EFN welcomes policy recommendations that strengthen nurses' accessibility to CPD and that address the main barriers currently preventing nurses to access CPD, such as lack of working time and resources, human as financial

- Nurses should have the opportunity to access CPD in all EU Member States, supported by appropriate nurses shown have the opportunity to access OFD in an ED Member States, supported by appropriate structures, according to Member States' obligation under the revised Directive on the recognition of professional
- CPD systems should be sufficiently flexible to ensure that content and form of delivery of CPD satisfy the needs and interests of the nurse. CPD that is relevant to daily professional practice is likely to strengthen the motivation and interests of the nurse. OF D that is relevant to vary professional produce is likely to submissional tre inconvenient of the professional to undertake CPD and enhance the impact of CPD on healthcare provision. The choice of OFD activities should be based on learning plans at the level of the nursing profession and of the individual
- CPD within working hours should be encouraged and facilitated by adequate agreements at systemic, sectoral CPD within working nours should be enduraged and radingled by adequate agreements as systems and organisational level. Those nurses following CPD should be replaced to not compromise patient care.
- Competent authorities, employers and professional organisation need to work collectively to consider time and/ competents authorities, employers and professional organisation meet to work conecavery to consider time and or resources available for nurses to leave the workplace and cover the cost. When establishing or reviewing CPD systems, it is important to engage the nurses in its design as appropriate measures need to be taken to support systems, it is important to engage the nurses in its design as appropriate measures need to be taken to support the CPD accessibility. The practicability, overall effectiveness and impact on the profession on service provision
- Any decision to implement CPD or develop an existing CPD system should be made with the involvement of all rely existent to implement or or develop an existing or or system should be insue than the introduction or an assault of the stakeholders; professional organisations, regulators, government bodies, patients, educators, employers and
- Taking into account the increasing collaboration between health professionals and the need for a more integrated care system, linking health and social care, CPD activities for multidisciplinary health teams should be developed. The exchange of information at EU level may contribute to best practice models in this respect.
- Funding under Horizon 2020 should be made available to research projects focusing on CPD for health professionals. Further research at European level on the impact of CPD activities on patient outcomes and
- The European Commission should make the information on health professionals' CPD collected in the context of The Coropean Commission should make the information of meaning professionals of a confeder in the comes to the Directive on the recognition of professional qualifications available to the public and should develop a

- European Commission (2014), EU Study concerning the review and mapping of continuous professional development http://ec.europa.eu/nealth/workforce/docs/ev\_20141124\_co01\_en.pdf
- European Federation of Nurses Associations (2012), EFN Country Report on CPD in nursing, Available at: European Feueration of Morea Associations (2014), EFN Country Report on OFD in nursing. President Association (2014), EFN-Report-on-CPD-June-2006-Final-rev-22-10-2012 pdf

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## **EU Roadmap to advance Lifelong** Learning

Approved by the EFN Members in April 2019, the EFN recognises the right and duty of lifelong learning (LLL) for nurses encourages the European Institutions to undertake legislative and not legislative initiatives to implement the Principle 1 of the European Pillar of Social Rights – Education.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EU-Roadmap-to-advance-Lifelong-Learning-April-2019.pdf



#### EU Roadmap to advance Lifelong Learning

The need of investing in education and skills is recognised by the European Commission as essential to sustain innovation and productivity growth, especially in the current context of rapid technological change and an ageing

Within this framework, investing in high-quality education and training of nurses is of paramount importance to ensure that their skills respond to the rise of chronic conditions, requiring long-term treatments, and are up-to-date

The EFN recognises the right and duty of lifelong learning (LLL) for nurses in the light of delivering high quality care and patient safety. LLL helps to ensure that nursing practice is up-to-date, contributes to improving patient outcomes and increases the public confidence in the nursing profession (EFN Position Paper on Continuous Professional

In particular, the EFN believes that to ensure the health workforce of the future is properly skilled to deliver longterm care services, further attention and commitment should be devoted to advance and promote LLL. The EFN encourages the European Institutions to undertake legislative and not legislative initiatives to implement the Principle 1 of the European Pillar of Social Rights – Education – and namely to:

- Guarantee that high-quality training and access to LLL constitute a high priority in the next European
- Ensure that Directive 2013/55/EU is adequately transposed to national education programmes and that policy-makers guarantee access to LLL, which ensures evidence-based practice and, therefore, better quality care and outcomes (EFN Position Paper on European Pillar of Social Rights);
- Adopt measures to guarantee access to LLL: available time, human resources and cost. Cooperation and agreements among competent authorities, employers and professionals' organisations should address
- Implement LLL in accordance with up-to-date research and scientific evidence in the nursing field;
- Include eSkills in the education and the training of nurses at both undergraduate and postgraduate level, as well as ensuring their LLL. The necessity for nurses, and all healthcare professions, patients and carers, to be equipped with the right eSkills to accompany the new technology facilitating health and social care services delivery, including e-services, is key to fully integrate IT solutions into existing health and social care
- Through the European Semester Country Reports and Country Specific Recommendations, promote among all stakeholders, including competent authorities and employers, the importance of LLL and the need to

EU Roadmap to advance Lifelong Learning – April 2019

The European Federation of Nurses Ass Registration Number 476.356.013 Clos du Parnasse 11A, 1050 Brussels, Belgium Tel: +32 2 512 74 19 Fax: +32 2 512 35 50 Email: efn@efn.be Website: www.efnweb.eu

# Study on the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

In 2013, a consortium consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), led by the Standing Committee of European Doctors (CPME) carried out a 12-month study containing a review and mapping of continuous professional development and lifelong learning for health professionals in the EU.

#### Read it here:

<u>http://efn.eu/wp-</u> <u>content/uploads/2022/02/cpd mapping report e</u> <u>n.pdf</u>



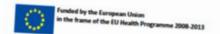


#### EAHC/2013/Health/07

Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

Contract no. 2013 62 02

#### FINAL REPORT



This report was produced under the EU Health Programme (2008-2013) in the frame of a service contract with the Executive Agency for Health and Consumers (EAHC) acting under the mandate from the European Commission. The content of this report represents the views of the contractor and is its sole responsibility, it can in no way be taken to reflect the views of the European Commission and/or EAHC or any other body of the European Union. The European Commission and/or EAHC do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.

## Lesson 4

**Pro-Active EU Policy Agenda Setting** 

## Lobby Files impactful for nurses and nursing

- → Mutual Recognition of Professional Qualifications Directive 2013/55/EU <a href="https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013L0055">https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013L0055</a>
- → Patients' rights in cross-border healthcare Directive 2011/24/EU

  https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0024
- → Proportionality Directive 2018/958
  https://eur-lex.europa.eu/eli/dir/2018/958/oj
- → Biological Agent Directive 2020/739
  https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32020L0739
- → Directive on the Prevention from Sharp Injuries in the Hospital and Healthcare Sector 2010/32/EU

https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32010L0032

#### **EU Action on Health Workforce**

- → Green Paper EU Workforce for Health, 2008
  <a href="https://ec.europa.eu/health/archive/ph">https://ec.europa.eu/health/archive/ph</a> systems/docs/workforce report.pdf
- → Written Declaration on EU Workforce, 2010

  <a href="http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-">http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-</a>

  //EP//NONSGML+WDECL+P7-DCL-2010-0040+0+DOC+PDF+V0//EN&language=EN
- → Council Conclusion on Health Workforce, 2010
  <a href="https://op.europa.eu/en/publication-detail/-/publication/aae96756-6fa8-4c49-b015-b3b1a7e76f85/language-en">https://op.europa.eu/en/publication-detail/-/publication/aae96756-6fa8-4c49-b015-b3b1a7e76f85/language-en</a>
- Towards a job rich recovery, 2012
  <a href="https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/towards-job-rich-recovery">https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/towards-job-rich-recovery</a>
- → Action Plan for EU Health Workforce, 2012 https://ec.europa.eu/health/health-workforce/overview en

## **European Semester - Country Specific Recommendation (2016-2020)**

Country-specific recommendations provide tailored advice to individual Member States on how to boost jobs, growth and investment, while maintaining sound public finances. The Commission publishes them every spring. They give guidance on what can realistically be achieved in the next 12-18 months to make growth more sustainable, inclusive and stronger.

#### Read it here:

https://ec.europa.eu/info/publications/2020european-semester-country-specificrecommendations-commissionrecommendations en



Brussels, 20.5.2020 COM(2020) 520 final

#### Recommendation for a

#### COUNCIL RECOMMENDATION

on the 2020 National Reform Programme of Austria and delivering a Council opinion on the 2020 Stability Programme of Austria

## **EFN Position Paper on the EU Semester**

Approved by the EFN Members in October 2016, this EFN Policy Statement is calling on the national and European policy-makers to acknowledge the importance of investing in health, with a more efficient health and social care funding allocation and better working conditions for the nursing workforce, building on existing integrated care ecosystems throughout the EU.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-PositionPaper-on-Nurses-Contribution-toEuropean-Semester.pdf



### EFN POSITION PAPER ON NURSES CONTRIBUTION TO EUROPEAN SEMESTER

By the end of 2020 the EU wants to have achieved its growth strategy leading to smart, sustainable and inclusive growth in the areas of employment, research and development, climate, energy, those related to health and social care lead to a disruptive restructuring, envisaging efficiency and health and social care systems, the European Union helps Member States to achieve the recommendations to improve the performance of the health and social care systems, the state of play of the ecosystem and bring in covered by the Country Specific Recommendations of the European Semester, which year by year puts different recommendations for all Members States in the spotlight.

However, every single Member State is or will be struggling with the societal challenges if healthcare remains isolated from the social sector, and stays disease specific and medically dominated. All countries need to set a series of political priorities that reshuffle investments towards building a health and social ecosystem with a strengthened community care. Bringing care back to the community will be the main challenge in the coming years to reach a resilient health and social care ecosystem.

The EFN therefore advises national and European policy-makers, drafting input to the Commission, leading to Country Specific Recommendations, to acknowledge the importance of investing in health, with a more efficient health and social care funding allocation, better working conditions for the nursing workforce, especially frontline, building on existing integrated care ecosystems throughout the EU.

During the past five years, the EFN has been working in different sectors that contribute to the sustainability of health and social ecosystems. Firstly, on education, it is crucial and a safeguard for patients, the carers and the public in general, to have a high qualified and motivated nursing end, the EU Directive on Mutual Recognition of Professional Qualifications (2005/36/EC), which is the minimum education requirements and competences at EU level, had to be properly Competency Framework that is helping nursing schools and universities to bring their nursing between the education of nurses and patient outcomes. Bringing evidence of the importance of a national governments reports towards the European Commission is key for being reflected in the Commission Country Specific Recommendations.

It is therefore important the National Nurses Association has the opportunity providing input to the European Semester through their National Contact Points for the European Semester. Best practice examples on the contribution of nurses and nursing to a sustainable health and social care cosystem is key. Nurses play a fundamental and indispensable role in the provision folog-term plausible movement towards the promotion of the value of health and social systems in which prevention and continuity of care and outcomes are of vital importance.

# EFN Report on European Semester Analysis 2016-2020

This EFN report is analysing 2020 in comparison with previous European Semesters & Country Reports (2016-2019) and selecting the relevant information for nurses, nursing and healthcare. The aim of this EFN Report is to be a compilation of all the European Commission's Country Reports entries related to nursing and/or healthcare, for each EU Member State, providing a unique insight in the capacity of the EU healthcare systems. Measures taken by one country that were successful are likely to inform initiatives for improving the healthcare situation in another country.

#### Read it here:

http://anyflip.com/eumpx/ytok/



# EFN Report on Sharps Injuries (Directive 2010/32/EU Implementation)

This report provides the results of an online questionnaire elaborated by the EFN on the implementation of Directive 2010/32/EU on the prevention of Sharp Injuries in the hospital and healthcare sector and builds further on existing reporting's on the topic, particularly the Final Report on Promotion and Support of Implementation of Directive 2010/32/EU.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-Report-onSharps-Injuries-DIR32Implementation-forwebsite11.pdf

EFN Report on the Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the healthcare sector



Descriptive and Explorative Cluster Analysis of Directive 2010/32/EU Implementation into Clinical Practice Data

Biosafety Summit December 2013

Silvia Gomez, EFN Policy Advisor Paul De Raeve, EFN Secretary General

### Lesson 5

# Nurses Lobbying the EU Six criteria for effective lobbying for successful outcomes

## **EFN Reports**

The EFN is for long developing reports that supports its lobby work, using all the information available on a topic, including through using data collection on the spot and its 'Tour de Table' during its General Assemblies. The policy reports developed from this intelligence gathering are a vital source of factual, comparative data and insights into health and social care in the European Union and Europe.

Read it here:

https://efn.eu/?page\_id=2198



## **EFN** Report on Ebola

This report identifies gaps and needs of all nurses in relation to Ebola and Infection Diseases of High Consequence (IDHC) and brings in recommendations to design capacity building seminars for nurses in order to achieve better preparedness.

#### Read it here:

<u>http://efn.eu/wp-content/uploads/2022/02/EFN-Report-MS-Preparedness-Ebola-Final-Sept.2015.pdf</u>

EFN Report on EU Health Professionals' Perceptions of Preparedness for Ebola and Infectious Diseases of High Consequences (IDHC)

# We are not prepared, unless we are all prepared!



Paul De Raeve, EFN Secretary General Silvia Gomez, EFN Policy Advisor Andreas Xyrichis, King's College London For more information on the European Nursing Research Foundation (ENRF), visit ENRF Website:

www.enrf.eu

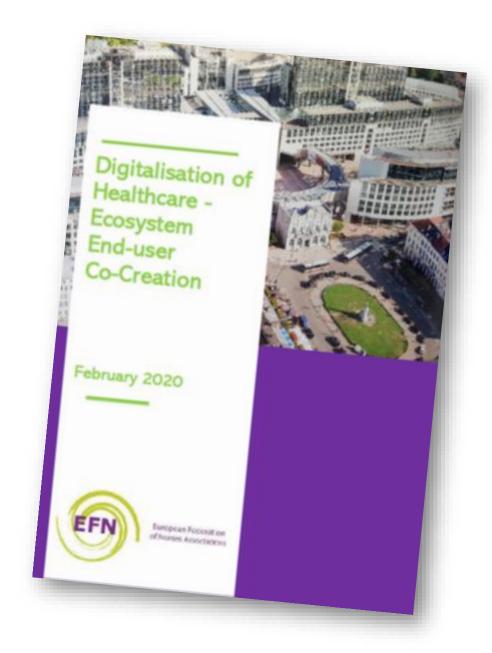


# EFN Report on the Digitalisation Event at the European Parliament 05 February 2020

Digitalisation has a central place in the EFN lobby work, with a high-level event organised at the European Parliament in February 2020, focussing on 'European Electronic Health Records' thematic. This report gives an overview on the key outcomes of the EFN event.

#### Read it here:

https://anyflip.com/eumpx/bxrh/



### Lesson 6

## Actions from Policy to Practice: the strength of members

### **ENS4Care Final Report**

This report provides an overview on all the work done over the 2-year project ENS4Care, coordinated by the EFN.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/ENS4Care-Final-report-2.pdf





#### PROJECT FINAL REPORT

Grant Agreement number: 620531

Project acronym: ENS4Care

Project title: Evidence Based Guidelines for Nursing and Social Care on eHealth Services

from Dec. 2013 to Dec. 2015

Name of the scientific representative of the project's co-ordinator, Title and Organisation: Paul De Raeve, EFN Secretary General

Fax: +32 2 512 35 50

E-mail: ens4care@ens4care.eu

Project website address: www.ens4care.eu

## **Proportionality Directive**

The Proportionality Test Directive lays down the rules for proportionality tests to be carried out before introducing new regulation on professions within the scope of the Professional Qualifications Directive or amending existing regulations.

#### Read it here:

https://eurlex.europa.eu/eli/dir/2018/958/oj 9.7.2018

Official Journal of the European Union

L 173/25

### DIRECTIVE (EU) 2018/938 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

on a proportionality test before adoption of new regulation of professions

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 46, Article 53(1) and

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national parliaments,

Having regard to the opinion of the European Economic and Social Committee  $(^\circ)$ ,

After consulting the Committee of the Regions,

Acting in accordance with the ordinary legislative procedure (3),

- The freedom to choose an occupation is a fundamental right. The Charter of Fundamental Rights of the European Union (the Charter) guarantees the freedom to choose an occupation, as well as the freedom to conduct a humans. The free movement of workers, the freedom et confidence and the freedom to provide services are fundamental principles of instead market enthrined in the Treaty on the Functioning of the European Union disproportionase obstacle to the exercise of those fundamental rights.
- (2) In the absence of specific provisions harmonising the requirements on access to a regulated profession or the pursuit thereof faid down in Union law, it is a Member State competence to decide whether and how to regulate a medianism michin she limits of the minimization of non-distributions and pronounced by purpose transco non-decomposition of the principles of non-discrimination and proportionality.
- The principle of proportionality is one of the general principles of Union law. It follows from case-law (\*) that national measurer liable to hinder, or to make less attractive, the exercise of fundamental freedoms guaranteed by the TEEII should fulfill four roaddrious namely they should be applied in a non-distributionstory manner by
- (4) Directive 2005/36/EC of the European Parliament and of the Council (9) includes an obligation for Member States Directive 2003/30/EL of the European Parliament and of the Council (\*) includes an obligation for intermed restricting access to, or the pursuit of, regulated professions, and to communicate the results of that alterament to the Commission, Jaunching the must evitation process: That the commission of all their legislation on all of the professions that to communicate the results of that assessment to the Commission, aumening the murual evaluation process. That process means that Member States had to carry out a screening of all their legislation on all of the professions that
- The results of the mutual evaluation process revealed a lack of clarity as regards the criteria to be used by Member The results of the mutual evaluation process revealed a lack of clarity as regards the criteria to be used by Member States when assessing the proportionality of requirements restricting access to, or the pursuit of, regulated professions, as well as an uneven scrutiny of such requirements at all levels of regulation. To avoid fragmentation of the internal market and a aliminate basicism to the actions and market of causin sembload or arisk-maloused or arisk-maloused. professions, as well as an uneven scrusiny of such requirements as all levels of regulation. To avoid tragmentation of the internal market and to eliminate barriers to the taking-up and pursuit of certain employed or self-employed activities, there should be a common approach at Union level, preventing disproportionate measures from being
- (6) In its Communication of 28 October 2015 encided Upgrading the Single market: more opportunities for people and businesses, the Commission identified the need to adopt an analytical proportionality framework for Member States to use when reviewing existing regulations of professions or when proposing new ones.

O) C 288, 318 2017, p. 43.

Position of the European Parliament of 14 June 2018 (not yet published in the Official Journal) and decision of the Council of

<sup>21]</sup> has 2012

[3] Judgement of the Court of Justice of 30 November 1993, Gehhard, C-53/94, ECLIEU/C1993-411, paragraph 37.

[4] Directive 3003/36/BC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (O) 4.355, 30.9.2005, p. 22).

### Lesson 7

# EU Lobbying Stakeholder & End-User Engagement Citizens Empowerment

## Conference on the Future of Europe

The Conference on the Future of Europe is a unique and timely opportunity for European citizens to debate on Europe's challenges and priorities.

#### See here:



### **European Patients' Forum**

EPF is the leading voice of patient organisations in Europe.

See here:

https://www.eu-patient.eu/



### **Directive on Patients' Rights** in Cross-Border Healthcare (2011/24/EU)

This Directive created a legal framework for the patient's right to seek healthcare in another Member State and to be reimbursed; and provides a legal basis for European cooperation in key areas of healthcare: quality and safety, Health Technology Assessment and eHealth, and rare diseases.

#### Read it here:

https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=celex%3A3201 1L0024

4.4.2011 Official Journal of the European Union

#### DIRECTIVES

### DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

on the application of patients' rights in cross-border healthcare

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168 thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Economic and Social Committee  $(^3)$ ,

Having regard to the opinion of the Committee of the Regions (2).

Acting in accordance with the ordinary legislative procedure  $(\hat{r})$ ,

- According to Article 168(1) of the Treaty on the Functioning of the European Union (TFEU), a high level of human health protection is to be ensured in the definition and implementation of all Union policies and nation and implementation of an oliver poncies and activities. This implies that a high level of human health protection is to be ensured also when the Union adopts acts under other Treaty provisions.
- Article 114 TFEU is the appropriate legal basis since the majority of the provisions of this Directive aim to improve the functioning of the internal market and the improve the innervance or the american market and the free movement of goods, persons and services. Given that the conditions for recourse to Article 114 TFEU at 2 the commissions for recourse to strong and see a legal basis are fulfilled, Union legislation has to rely on this legal basis even when public health protection is a this regar owns even when public means protection is a decisive factor in the choices made. In this respect,

Article 114(3) TFEU explicitly requires that, in achieving harmonisation, a high level of protection of human merinomation, a negative or protection of minimum health is to be guaranteed taking account in particular of any new development based on scientific facts.

L 88/45

- The health systems in the Union are a central component of the Union's high levels of social protection, and or the consona magn several or according particle as well community to social contains and social pusitive as well as to rustainable development. They are also part of the as to sustainable neveropment, strey are any pa-wider framework of services of general interest.
- Norwithstanding the possibility for patients to receive cross-border healthcare under this Directive, Member States retain responsibility for providing safe, high quality, efficient and quantitatively adequate healthcare to citizens on their territory. Furthermore, the transposition of this Directive into national legislation and position or time unecurve with handings segmention and its application should not result in patients being encouraged to receive treatment outside their Memi
- As recognized by the Council in its Conclusions of 1-As recognized by the Council in his Conclusions of 1-2 June 2006 on Common values and principles in Lucipean Union Health Systems (\*) (hereinafter the concell Conclusions) there is a set of operating principles that are shared by health systems throughout the Union. Those operating principles are necessary to ensure patients' trust in cross-border healthcare, which is parents these in cross-portion nearincare, which is necessary for achieving patient mobility as well as a necessary for earnering persons accounty high level of health protection. In the same statement, the Council recognised that the practical ways in which these values and principles become a reality vary inguificantly between Member States. In particular, decisions about the basket of healthcare to which citizens are entitled and the mechanisms used to finance and deliver that healthcare, such as the extent to which it is appropriate to rely on market mechanisms and competitive pressures to manage health systems,
- As confirmed by the Court of Justice of the European Union (hereinafter the 'Court of Justice') on several occasions, while recognizing their specific nature, all types of medical care fall within the scope of the IFEU.

(4) OJ C 146, 22.6.2006, p. 1

<sup>(\*)</sup> OJ C 175, 217, 2009, p. 116.
(\*) OJ C 120, 218, 2009, p. 65.
(\*) Position European Farlament of 21 April 2009 (OJ C 124 E 27, 2010, p. 126, p. 126, p. 127, p. 127 tow european rationment of 19 January 2011 (not yet published in the Official Journal) and decision of the Council of 28 February 2011.

### **European Patients' Rights Day**

Celebrated every year on 18 April, the European Patients' Rights Day celebrates patients' and civil society organisations in their efforts to advance patients' rights at the global and European level.

#### See here:

http://activecitizenship.net/patientsrights/projects/401-european-patientsrights-day-2022.html



## The European Union, What's in it for me?

Paul De Raeve, 2017

This book offers nurses a valuable and insightful resource into the politics and strategic direction of health policy that shapes frontline nursing and midwifery practice in the EU.

#### Read the book ONLINE:

https://online.anyflip.com/eumpx
/ssim/mobile/index.html

The EU faces many challenges. Nurses and nursing are part of the solution. It looks like the EU citizens have enough of the nice talks of politicians, enough of their political promises prior election. Therefore, it is important civil society, nurses ask themselves in which world they want to live and work; how nursing need to push for change in the changing world; and what should be in for nurses who provide daily care for the most vulnerable in our complex society. But when moving forward, the main question for many citizens will be: the EU, what's in it for me? Indeed, since 2008, when the financial crisis hit ordinary EU citizens very hard, especially nurses and women, more challenges to daily survival started to surface. Is the EU, its institutions, its political games, just a complex political labyrinth nobody wants to understand? Are EU civil sevants simply producing legislation in view of their own created cocoon, far away from daily reality? But how can we bring ordinary EU citizens closer to the European project, its solutions? Nurses, women, play a key role in making the EU, health & wellbeing, prosperity and peace work for Eu citizens, trusting nurses most!



Paul De Raeve

The European Union, what's in it for me?



As Registered Nurse (1984), Master Nursing Science (1989-VUB) and Statistics (1996-KUB), followed by his PhD at Kings College London (2014), Paul became EFN Secretary General from 2002, lobby the EU Commission, Parliament and Council and recently (2016) started designing within the ENRF a nursing research and innovation agenda.





Raev

## **European Committee of the Regions**

The European Committee of the Regions is the European Union's assembly of local and regional representatives that provides sub-national authorities with a direct voice within the EU's institutional framework.

See here:

https://cor.europa.eu/en/



## **European Committee** of the Regions

European Committee of the Regions

#### **World Economic Forum**

The World Economic Forum is the International Organization for Public-Private Cooperation. It engages the foremost political, business, cultural and other leaders of society to shape global, regional and industry agendas.

#### See here:

https://www.weforum.org/



## World Economic Forum – Global Gender Gap

Although we are getting closer to gender parity, change isn't happening fast enough. For the past decade, we've been measuring the pace of change through our Global Gender Gap Report, and at current rates, it would take the world another 118 years – or until 2133 – to close the economic gap entirely.

#### See here:

https://www.weforum.org/agenda/2016/0
 1/will-the-future-be-gender-equal/

#### Global average, annual earnings





onrce: The Global Gender Gap Report 2015

\$11k

\$21k

### **Treaty of Rome**

Signed on 25 March 1957 by Belgium, France, Italy, Luxembourg, the Netherlands and West Germany, the Treaty of Rome, set up the creation of the European Economic Community (ECC). It came into force on 1<sup>st</sup> January 1958.

#### Read it here:

https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=LEGISSUM%3 Axy0023



## Directive on Equal Pay for Work of Equal Value (Directive 2006/54/EC)

Equal pay for equal work is one of the EU's founding principles enshrined in Article 157 of the Treaty on the Functioning of the European Union

#### Read it here:

https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=celex%3A32006L0054

## See here more information on EU action for equal pay:

https://ec.europa.eu/info/policies/justiceand-fundamental-rights/genderequality/equal-pay/eu-action-equal-pay en



### **Lesson 8**

## Stakeholder Engagement - WHO European Region

## World Health Organisation (WHO)

The World Health Organization is a specialized agency of the United Nations responsible for international public health. WHO leads global efforts to expand universal health coverage.

#### Read it here:

https://www.who.int/about



## Non-State actors of the World Health Organisation

WHO engages with non-State actors in view of their significant role in global health for the advancement and promotion of public health and to encourage non-State actors to use their own activities to protect and promote public health.

#### See here:



### **WHO European Region**

The WHO Regional Office for Europe (WHO/Europe) is one of WHO's six regional offices around the world. It serves the WHO European Region, which comprises 53 countries. WHO/Europe staff are public health, scientific and technical experts, based in the main office in Copenhagen (Denmark), in 3 technical centres and in country offices in 30 Member States.

#### Read it here:

https://www.euro.who.int/en



### **Sustainable Development Goals**

The Sustainable Development Goals (SDGs) are a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all". The SDGs were set up in 2015 by the United Nations General Assembly and are intended to be achieved by the year 2030.

#### See here:

https://sdgs.un.org/goals

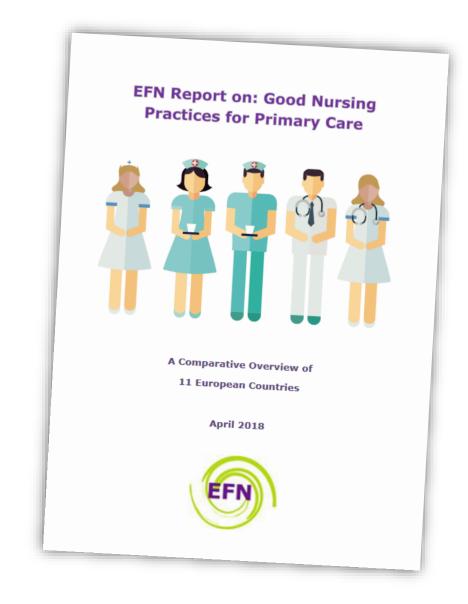


## **EFN Report on Best Practices for Primary Care**

The report shows that shifting care delivery away from hospitals and into primary care settings is integral to delivering better and greater patient-centred care. Consequently, primary care features high on the agenda of the European Institutions as well as at the level of individual countries and healthcare authorities.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-Report-onbest-practices-for-primary-careApril-2018.pdf



## **EFN Position Paper on Patient Empowerment**

The EFN believes that patient empowerment and engagement are central for realising self-management and orienting citizens to actively contribute to their own health improvement and well-being

#### Read it here:

http://www.efn.eu/wp-content/uploads/EFN-Position-Paper-Patient-Empowerment-Final-14-10-2013.pdf



#### **EFN Position Paper on**

#### "Patient Empowerment

The EFN is committed to support and advocate for strategies and policies that place "patient empowerment" at the The circ is commissed to support and survivale for strategies and policies use prace, patient empowers of healthcare design in order to maintain and improve high quality, safe, and efficacious services.

Patient and public empowerment in the healthcare context is understood as a multi-dimensional process helping the Patient and public empowerment in the neatmosre context is unperstood as a multi-dimensional process rieiping the individual's potential for health and well-being is the individual's potential for health and well-being is individual to gain control over their own lives so that the individual's potential for health and well-being is maximised, increasing the capacity of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves are the individual to act on health issues relevant for themselves are the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for themselves and joint of the individual to act on health issues relevant for the individual to act on health issues maximised, increasing the capacity of the individual to act on health issues relevant for themselves and joint responsibility is steen for achieving agreed-upon outcomes. It is also a process through which individuals and groups are able to express their needs, present their concerns, device strategies for involvement in decision-making and take political and cultural articles to make those sensels. groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making and take political, social and cultural action to meet those needs. Therefore becoming a process of collective making it involves national and developing and developing and participation in patient. and take policical, social and cultural action to meet those needs. Ineretore decoming a process or collective action when it involves poliants and olitions in designing and developing service and participating in policy making. Thus, helping people to assert control over related factors that affect their health.

The EFN believes that patient empowerment and engagement are central for realising self-management and contains obtains to activate contribute to their own health improvement and well-hairs.

Nurses through regular sustained direct patient contact, appropriate support and health coaching can make a Therefore, the EFN members call on the governments to:

- Optimise patient care and outcomes by ensuring that patients and their advocates are as a matter of course included in the reducion of national and nan-Rivennan health page nucleus and assengements. As such it is Optimise patient care and outcomes by ensuring this patients and their advocates are as a matter of course involved in the redesign of national and pan-European health care systems and arrangements. As such, it is involved in the redesign of national and pan-buropean health care systems and arrangements. As such, it is important to create and promote the use of a shared understanding and common approach to patient important to create and promote the use or a shared understanding and common approach to page.

  empowerment and engagement. A critical component of patient empowerment is dependent on the
- Make patient empowerment and engagement a central plank of future European health legislation, Make patient empowerment and engagement a central plank or house curruptum resum regionators, supported by the establishment of a Cross-Commission taskforce. The engagement and involvement a supported by the establishment or a Cross-Commission taskforce. The engagement and involvement or patients and patient groups is a key step to achieving patient empowerment, and is widely recognized as a constant the patient of the suppose their needs present their pautents and pauent groups is a key step to achieving patient empowerment, and is widely recognized as a process through which individuals, and social groups, are enabled to express their needs, present their concerns and take political, social and cultural action to meet their health needs.
- Support the development of patient empowerment mechanisms across the EU, with specific focus on Cross-Support the development of patient empowerment mechanisms across the EU, with specific rocus on crossEuropean standard for patient empowerment in clinical healthcare practices. Informing EU clizens about
  their cross-border health care rights is imperative for the improvement of patient empowerment and
  included a company of the compa their cross-border neath, care rights is imperative for the improvement or patient empowerment within health care. An effective patient empowerment strategy must include health literacy in contract to take an effective real in managing properties, while means tare, an elective patient empowement strately must include reason extension order to equip patients and obtains with the knowledge and skills needed to take an active role in managing order to equip patients. order to equip patients and obsens with the knowledge and skills needed to take an active role in managing their health and healthcare, and to sinhance a productive and equal dialogue between patients and health professionals with a view to improved and more cost-effective health outcomes.
- Embed patient empowerment and engagement within the European education frameworks for health care Embed patient empowerment and engagement within the European education frameworks for health care professional viruses (and health-care assistants) provide the majority of direct patient and citizens' care, and as such can play a pivotal role in advocating for patient empowerment across all elements of the EU's

Nurses can deliver a substantial contribution to the increase of patient empowerment, which brings with it economies a small as qualitative improvements, and can hain to create more sustainable health systems. Increased ( Nurses can deliver a substantial contribution to the increase of patient empowerment, which brings with it economic as well as qualitative improvements, and can help to create more sustainable health systems. Increased and appropriate and as man as quantitative improvements, and can risp to strate more assuminate material systems, processes and improved patient empowerment and engagement can create space on which to build better public understanding of the philippopular facing healthcare evolutions account the PII and through these diabourse countries processes. improved patient empowerment and engagement can create space on which to build better public understanding or the challenges facing healthcare systems across the EU, and through these dialogues provides opportunities to the challenges facing healthcare systems across the EU, and through these dislogues provides opportunities to improve healthcare systems. When practised well, it can cultivate trust between governments and the public, and increase the legitimacy of policy action and implementation. Put simply, patient empowerment and engagement is

EFN General Assembly - September 2013

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Lutrell et al. (2009). Understanding and operationalising empowerment. London: Overseas Development Institute. Il PasQL Joint Action on Quality and Safety. Glossary Framework. 2012.

## **EFN Position Paper on Investing in Health**

This position paper shows the need to foster the added value of health as a driver of well-being, productivity and growth, particularly relevant in a context of economic and financial downturn.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-PositionPaper-on-Investing-in-Health.pdf



#### EFN Position Paper on "Investing in Health"

Investing in health and social care is a key strategy for EU's recovery!. EU citizens' values and principles are closely linked to health and social care: solidarity, equity and participation. Investing in people's health and workforce able to actively participate in the labour market.

The EFN emphasises the need to foster the added value of health as a driver of well-being, productivity and growth, particularly relevant in a context of economic and financial downturn. Influencing people's health can be achieved by promoting a healther lifestyle for individuals and communities through the increase of their health literacy and the positive influence on their determinants of health, such as physical environment, social network or equitable access to health and social services. As the health workforce is the main factor, workforce.

Nurses contribute in their daily work to achieving and strengthening these objectives. The financial crisis has triggered cuts in healthcare spending compromising patient safety and quality of care. However, despite the difficulties imposed, nurses contribute to innovation by implementing new efficient ways of delivering healthcareful. Building on these 'frontline' examples, the EFN encourages the Commission and Member the health workforce, appropriate workforce composition, a sufficient number of qualified professionals, empowerment.

The EFN members calls on the Commission, the European Parliament and National Governments (Council of

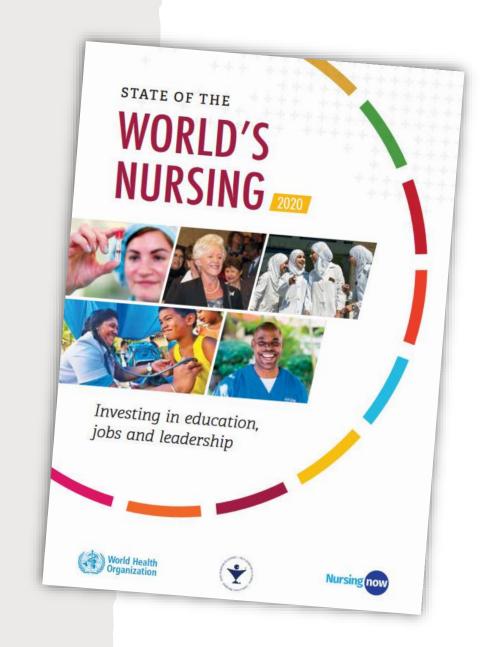
- Invest in the education of the nursing workforce to facilitate their further development of knowledge, skills and competences. This will allow them to make the best use of the available evidence to deliver safe, effective, efficient, personalised, and integrated services of high quality. The Single Market Act Implementing the Acquis into the national legislation and nursing education curricula needs to have the facilitator for free movement.
- Ensure an appropriate workforce strategy with the right skills and grade-mix and anticipatory needs to meet the needs resulting from societal challenges. Established recruitment and reteation measures including improved and safe working conditions, career advancements, and fostered appropriations for Continuous Professional Development need tailored implementation with the surport of the European Social Professional Development need tailored desired outcomes. The continued focus on strengthening the EU health workforce and determining and forecasting the nursing workforce needs to sustain into an EU Sector Skills Council ensuring a cost-effective and long term approach to system redesign.
- Strengthen primary care and support the communities by enhancing the development of advanced
  roles for nurses have proved to play a crucial role in the management of long-term care, and in
  promoting citizen's and patient empowerment\*\*. Nurses play a central role in shifting traditional
  and ICT solutions, fostering a transformational change in the health system, and reinforcing the shift

## State of the World's Nursing 2020 Report

The first-ever State of the Worlds Nursing 2020 report aims at fostering investment in the nursing workforce as a mean to achieve the United Nation's (UN) Sustainable Development Goals (SDGs), particularly those goals related to education (SDG4), gender (SDG5), decent work and economic growth (SDG8). The report also examines nurses' key role for achieving universal health coverage.

#### Read it here:

https://www.who.int/publications/i/item/978 9240003279



### Lesson 9

## Societal challenges - Put community care into the driving seat

### **EFN Position Paper on Moving Care back to** Community

Building a sustainable health and social care service for future generations implies moving care to the community, freeing hospitals to provide more complex, specialised and emergency care.

#### Read it here:

http://www.efn.eu/wpcontent/uploads/EFN-Position-Paper-on-Moving-Care-to-the-Community-Final042015.pdf



#### EFN POSITION PAPER ON MOVING CARE TO THE COMMUNITY

Advancements in health technology have enabled the population to live longer, however more people are living with Advancements in nearin recinionogy have enabled the population to live longer, nowever more people are living with co-morbidities, non-communicable diseases and needing complex care interventions. At European level, politicians oc-morniomes, non-communicative useases and needing complex user interventions. At European rever, politicisms are placing attention on measures of health promotion and disease prevention that enable citizens to live longer, more indicated and healthfur time. Britaing association that change more and habiting alliance is that are placing attention on measures or nearin promotion and disease prevention that enable critizens to the longer, more independent and healthier fives. Bringing care closer to the clitzens, preventing diseases and helping critizens in the case of health custome? We become that investigation of the clitzens in the contribution of the contribution of health custome? We become that investigation of the contribution of the con independent and nearthier lives, bringing care closer to the ordizens, preventing diseases and helping ordizens in their self-management will contribute to the sustainability of health systems. We know that investing in community services seminaragement will continue to the sustainability of nearth systems: Vive know that investing in community services and the community workforce will help to deliver positive health outcomes and quality of care, improve costeffectiveness and free hospitals to provide more acute and specialised care when needed.

Building a sustainable health and social care service for future generations implies moving care to the community. building a sustainable nealth and social care service for nuture generations implies moving care to the community, freeing hospitals to provide more complex, specialised and emergency care. A renewed focus on delivering general hospitals are in the community included and appropriately decided frostling underlying a provided to the community of the community includes an appropriately decided frostling underlying a provided to the community. meaning nospitates to provide more complex, specialises and emergency date. A renewed adds our delivering general health care in the community implies an appropriately designed frontline workforce composition at the interface of the composition of of the compo nearth care in the community implies an appropriately designed frontine workforce composition at the intended of health and social care services. This is instrumental in co-ordinating patient care pathways, including primary care, and promoting a healthler population that is empowered and able to live independently.

If EU Member States are to succeed in moving care out of hospitals and into the community there is an urgent need IT EU Member States are to succeed in moving care out or nospitals and into the community there is an urgent need for a whole system and mind set change at the policy, practice and education levels. Integrated working by acute. for a whole system and mino set unange at the policy, practice and education revers, integrated working by source, community, primary and social care services is critical to reduce the fragmentation within the health and social care contains and deliver instrumed national outcomes. community, primary and social care services is critical to reduce the maginentation within the health and social care systems and deliver improved patient outcomes. As such, moving care to the community fosters the added value of health as a deliver of well-basics conductably and anothe particularly relevant in the nollineal contact of housing the systems and geneer improved patient outcomes. As such, moving care to the community rosters the added value of health as a driver of well-being, productivity and growth, particularly relevant in the political context of boosting the

The EFN therefore calls on the European Commission, the European Parliament and the Council of the European

- Ensure the frontline workforce is supported with EU funds to make change a success. Only 3% of the total building and social case senter. Change as when at the minor of the control Ensure the frontine workforce is supported with EU fulnos to make change a success. Unity on the total budget of social cohesion funds reaches the health and social care sector. Changes take place at the microoudget or social conesion rungs reaches the nealth and social care sector. Changes take place at the micro level although the macro level foresees the budget allocation. Negotiations for budget allocations should be
- 2. Engage the nursing profession in the deployment of the European Digital Agenda to make EU policies 'fit for Engage the nursing profession in the deployment of the European Ligital Agends to make EV policies in for practice. The effealth roadmap makes reference to "nursing and social care" effealth services, which should positions. The emealin requirited makes renerence to musing and social care emealin services, which should lead to practical changes in the health and social care system by collecting and sharing practices shown to be
- Strengthen nursing research by making upcoming Horizon 2020 programs focussing on accessibility and contribution of health and contains a contribution of health and c Strengthen nursing research by making upcoming Horizon 2020 programs tocussing on accessibility and coordination of health and social care services so that the nursing and social care workforce is supported in Furthermore, the EFN calls on the national/regional/local bodies to:

- Invest in the education of general care nurses, ensuring they are competent to independently deliver high quality and safe care (art 31 of Directive 2013/55/EU). A strategic contribution to the development of a sufficient, effective, competent and motivated nursing workforce is key for successfully moving care into the
- Foster a transformational change in the healthcare system by supporting the development of advanced roles
- 3. Facilitate an optimal coordination and integration within and across the primary and secondary health and coordinate the secondary health and the secondary health and the secondary health and the secondary health and Facilitate an optimal coordination and integration within and across the primary and secondary neatm and social care interface, by using ICT solutions that are 'fit for practice'. ICT and mHealth need to support nurses and another to increase direct national page.
- Support the implementation of re-organisational pathways that are effective in increasing accessibility to support the implementation or re-organisational patriways that the effective in increasing accessionly to health and social care. Nurses serve as the interface between acute and community care, focusing on health and social care of the service of neatin and social care, nurses serve as the interrace between acute and community care, rocusing on neatin promotion, prevention, and self-management, and providing support to patients transitioning across
- Strengthen nursing research knowledge and integrate research findings into health policies. This can become Substitution 2020 success story, as EU differs want change based on existing evidence for system-wide and carbox enaction reforms with an amphasis on properties and appearance of system-wide and the story of the s a noticent cucu success story, as EU crizens want change based on existing evidence for system-wide and sector specific reforms with an emphasis on accessibility and coordination of services. Horizon 2020 health and social name services with nations of health and social name services with nations. sector specific reforms with an emphasis on accessibility and coordination or services. Horizon 2020 nearth and social care research should link the coordination of health and social care services with patient

Council of the European Union (2013), "Reflection process on modern, responsive and sustainable health systems". Council Conclusionse

### **EFN Position Paper on Dementia Care**

Approved in 2015, the EFN Position Paper on Dementia, shows that nurses are in the unique and privileged position of having direct access to the daily care needs of people with dementia, and have a key role to play both in managing and preventing this condition.

#### Read it here:

http://www.efn.eu/wp-content/uploads/EFN-Position-Paper-on-Dementia-Care-Final-Oct.2015.pdf



#### EFN POSITION PAPER ON DEMENTIA CARE

Dementia is one of the major healthcare challenges for Europe and a key priority for the 2015-Dementia is one or the major nearthcare challenges for Europe and a key priority for the 2013-2016 Luxemburg and Dutch EU Presidencies. Across the world, an estimated 44 million people now live with dementia; this number is set to double by 2030 and triple by 2050. Dementia is now live with dementia; this number is set to double by 2030 and triple by 2000. Dementia is one of the most debilitating conditions in modern society with huge health, social and financial one or the most debilitating conditions in modern society with nuge nearth, social and mancial implications? People's lives, families and communities can be disrupted from the onset of implications\*. People's lives, families and communities can be disrupted from the onset of dementia, while dementia is also increasingly considered as one of the leading causes of death adults. The direct financial cost of dementia to the European Union (EII) is dementia, while dementia is also increasingly considered as one of the leading causes of death among older adults. The direct financial cost of dementia to the European Union (EU) is

While substantial, these figures considerably underestimate the scale of the issue because while substantial, these rigures considerably underestimate the scale of the issue because dementia continues to remain under-diagnosed in the EU\*. Considering the increasing and dementia continues to remain under-diagnosed in the EU. Considering the increasing and substantial impact of dementia on EU citizens and society, there is an urgent requirement for a substantial impact or dementia on EU citizens and society, there is an urgent requirement for a coordinated and comprehensive approach at EU level whereby all relevant actors – including civil coordinated and comprehensive approach at EU level whereby all relevant actors – including civil society, policy makers, industry, academia – work together to manage the burden of demential actions of the set society, policy makers, industry, academia – work together to manage the burden of dementia and promote relevant interventions and pathways that increase the safety and quality of life of and promote relevant interventions and partnesses that increase the safety and quality of life or those living with dementia, their families and carers. Coordination at European level is paramount

Nurses are in the unique and privileged position of having direct access to the daily care needs of Nurses are in the unique and privileged position or naving direct access to the daily care needs of people with dementia, and have a key role to play both in managing and preventing this people with dementia, and have a key role to play both in managing and preventing this condition. Nurses are the ones best placed to ensure practice, knowledge and research develop in the condition with condition and that the condition and the co condition. Nurses are the ones best placed to ensure practice, knowledge and research develop in response to and in conjunction with people's needs, and that this gets translated and the daily practice of professionals are the daily practice of professionals and the daily practice of professionals are the daily practice of professionals and the daily practice of professionals are the daily profe response to and in conjunction with people's needs, and that this gets translated and implemented into the daily practice of professionals. A great contribution can be made in key implemented into the daily practice of professionals. A great contribution can be made in Key areas such as care coordination, quality of care in hospitals and other residential settings, as well have been accompanied and contribution of hospitals and other residential settings, as well are the settings are settings. areas such as care coordination, quality or care in nospitals and other residential settings, as well as implementing and evaluating evidence of best practice at local level where it counts which will as implementing and evaluating evidence or best practice at local level where it counts which will improve the quality of care and life for people living with dementia, as well as their families and

However, in order to be able to provide this appropriate care for people with dementia and their However, in order to be able to provide this appropriate care for people with dementia and their family carers, there is a need to have in place different priorities, strategies, structures and the ramily carers, there is a need to have in place different priorities, strategies, structures and acknowledgement of nurses' role in caring for people with dementia.

Therefore, the EFN calls on the Commission, European Parliament, Council, Health Stakeholders,

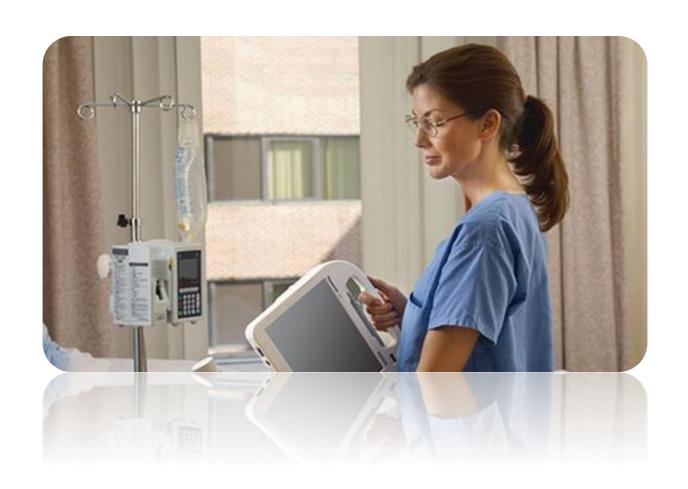
- Coordinate and collaborate between all relevant health and social, professional and policy Coordinate and collaborate between all relevant health and social, professional and policy actors towards developing and implementing a meaningful and concrete strategic list of
- Develop strategies that deal with dementia holistically, focussing on prevention, risk assessment and risk reduction, as well as on the provision of quality care for people with assessment and risk reduction, as well as on the provision or quality care for people with dementia and their families. There is substantial evidence indicating that the risk of
- Recognise and involve nurses in the development and deployment of dementia strategies Recognise and involve nurses in the development and deployment or demential strategies and policies at EU and local level, making best use of the collective knowledge and and policies at EU and local level, making best use of the collective knowledge and experience of the profession from caring for people with dementia, their relatives and
- Recognise and increase nurses' role and activities in early identification, prevention and Recognise and increase nurses role and activities in early identification, prevention and health promotion; and its importance within inter-professional collaboration. Nurses have nearin promotion; and its importance within inter-professional collaboration. Nurses have a key role in public health and prevention in particular, due to their unique insight of the control of the con a key role in public nealth and prevention in particular, due to their unique insight of the patient experience and familiarity with people's social and family contexts. This enables patient experience and ramilianty with people's social and ramily contexts. Inis enables them to form a comprehensive assessment and discuss targeted interventions with people them to form a comprehensive assessment and discuss targeted interventions with people that can be directly applied to individual circumstances. Identifying and supporting

### **European Digital Agenda**

The Digital Agenda for Europe aims at maximising the growth potential of the digital economy, by promoting digital skills and high-performance computing, digitising industry and services, developing artificial intelligence and modernising public services.

#### Read it here:

https://ec.europa.eu/info/strategy/ priorities-2019-2024/europe-fitdigital-age\_en



## **ENS4Care Guideline on Advanced Roles**

One of the fundamental pillars to promote high quality healthcare is through a highly educated, dedicated and skilled workforce. Specifically, the promotion of advanced roles for nurses and social care workers in ICT enabled integrated is proven to boost quality, safety and cost-effectiveness of the healthcare delivered. These roles have made an enormous difference on the governance and management of healthcare, and improve efficiency, enhance patient care, improve health outcomes, contributing ultimately to the sustainability of health systems.

#### Read it here:

http://www.efn.eu/wp-content/uploads/Final-ENS4Care-Guideline-3-Advanced-Roles-pv.pdf



### Lesson 10

## Digitalisation of Health and Care ENS4Care

## **ENS4Care evidence-based** guidelines

Drawn from a total of 122 existing good practices, at national and regional levels, the five guidelines (prevention, clinical practice, advanced roles, integrated care and nurse ePrescribing) are aiming to help policy-makers in the decisional process on healthcare systems, eHealth policies and delivery of care across the EU; inform nurses and social workers on the implementation steps of eHealth services; and promote a culture of evaluation of any service innovation.

Read them here:

https://efn.eu/?page\_id=7060



### **ENS4Care Documentary**

As part of the project deliverables, the EFN developed a documentary explaining what ENS4care is about, and providing a clear message by the project partners. Done with the participation of all the ENS4Care partners, this video reflects the journey in developing the ENS4Care guidelines during these two-year project.

To see the video here:

https://youtu.be/bRGqIhQ-5B4



## ENS4Care e-health services 1 min Video

Next to the Documentary the EFN developed a one-minute video providing the ENS4care key message to the EU health Stakeholders and policy makers, i.e., "Nurses and social workers should use e-health and innovate their practice to face today's challenges".

To see the video here:

https://youtu.be/ i5yfhLeRol



# Article on Leveraging the trust of nurses to advance a digital agenda in Europe

#### Paul De Raeve et al, 2021

This article is a critical and integrative review of health policy literature examining artificial intelligence (AI) and its implications for healthcare systems and the frontline nursing workforce. A key focus is on cocreation as essential for the deployment and adoption of AI.

#### Read it here:

https://open-researcheurope.ec.europa.eu/articles/1-26



### Lesson 11

## Measuring the challenges ahead: standards, accreditation and research

### **Nursing Sensitive Indicators** (PREMS & PROMS)

As the ongoing developments have a very economic approach towards value-driven health systems, it is of key importance that the measurement of "outcomes", through PROMS and PREMS is co-designed from a nursing perspective and that in this process technology starts supporting the frontline nurses in collecting data instead of creating more administrative tasks to be taken on board. Recent advances in conceptualization of nursing care performance have revealed a broad universe of potentially nursing-sensitive indicators. Organisations now face the challenge of selecting, a realistic subset of indicators that can form a balanced and common scorecard.

See here article (Dubois et al, 2017):

https://onlinelibrary.wiley.com/doi/10.1111/jan.

DOI: 10.1111/jan.13373

#### RESEARCH METHODOLOGY DISCUSSION PAPER-METHODOLOGY

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Which priority indicators to use to evaluate nursing care performance? A discussion paper

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Aims: A discussion of an optimal set of indicators that can be used on a priority basis to assess the performance of nursing care.

Background: Recent advances in conceptualization of nursing care performance, exemplified by the Nursing Care Performance Framework, have revealed a broad universe of potentially nursing-sensitive indicators. Organizations now face the challenge of selecting, from this universe, a realistic subset of indicators that can form a

Design: Discussion paper drawing on a systematic assessment of selected perfor-

Data sources: Previous works, based on systematic reviews of the literature published between 1990 - 2014, have contributed to the development of the Nursing Care Performance Framework. These works confirmed a robust set of indicators that capture the universe of content currently supported by the scientific literature and cover all major areas of nursing care performance. Building on these previous works, this study consisted in gathering the specific evidence supporting 25 selected indicators, focusing on systematic syntheses, meta-analyses and integrative reviews. Implications for nursing: This study has identified a set of 12 indicators that have sufficient breadth and depth to capture the whole spectrum of nursing care and that could be implemented on a priority basis.

Conclusions: This study sets the stage for new initiatives aiming at filling current gaps in operationalization of nursing care performance. The next milestone is to set up the infrastructure required to collect data on these indicators and make effective

healthcare improvement, nursing care performance, nursing care quality, nursing sensitive indicators, patient safety, performance management, performance measurement

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