



European Federation of Nurses  
Associations

# EFN UPDATE

May-June 2013

## President message



Dear EFN Members and Colleagues,

Welcome to one more EFN Update, highlighting some of the latest meetings the EFN participated in, as well as some relevant EU news and publications on key topics important for nurses and the nursing profession, we want to share with you.

But first of all, I would like to take this opportunity to thank all the EFN members, present at the EFN General Assembly in Brussels on 11-12 April 2013, for their valuable contribution, fruitful discussions and decisions taken, which will allow the EFN to continue lobbying successfully, with accurate evidence-based information, the modernisation of Directive 2005/36/EC, as well as Continuous Professional Development, next to the EU projects the EFN is involved in (Joint Actions on Quality & Safety and Workforce Planning), and the European Commission CIP Thematic Network call with deadline 14 May. The EFN members had the opportunity to exchange views in an informal trilogue with representatives of the three EU institutions, namely Commission, Parliament and Council, to discuss and consolidate solid progress for the nursing profession in the modernisation of the Mutual Recognition of Professional Qualifications Directive. In addition to it, the EFN members have reassured their interest in advocating for the nursing profession with the right evidence at hand: embedding this evidence into policy-making is one of the best ways forward to make solid progress and sustainable changes. Finally, the EFN is looking at how ICT tools must be developed and what guidance must be provided in order to provide better and more accessible health and social care to the European citizens, looking closely into new skills and bringing innovation to our daily lives.

These policy topics are reflected in the forthcoming EFN Strategic & Operational Lobby Plan 2014-2020, to be approved in the next EFN General Assembly, to take place in Macedonia, in September 2013, knowing the balance between national and European change is needed, especially in times of austerity.

To conclude with, I can say that there are a number of exciting developments coming up, both within EFN and at EU level. The next few months will, for sure, be very exciting and intensive in terms of lobbying and, we hope, also in terms of successful outcomes.

I am looking forward to seeing you all in Macedonia for our next EFN General Assembly, to keep on tackling strongly and with a joint voice all the challenges ahead in these very exciting times for the nursing profession.

Unni Hembre  
EFN President

## News from EFN

### Patient Safety and Quality of Care Working Group (PSQCWG)

Being a member of the PSQCWG, the EFN participated in the [meeting](#) held in Brussels on 8 March 2013. Several key points were discussed and approved: the [Working Group work plan 2013-2014](#); [EUNetPaS EU project guide](#) for education and training on patient safety - Aiming to support stakeholders at local level willing to develop a learning intervention on patient safety; [WHO draft guidelines](#) for adverse events reporting and learning systems and its plan to develop a toolkit for EU reporting and learning systems. Finally, Commissioner Borg presented the conclusions of the informal meeting of the health ministers, on 4-5 March 2013 on the patient safety, and encouraged future work on education, training, and patient empowerment. He also stressed that the European Commission intends to support a permanent network on patient safety and quality of care after the end of the current joint action, and the need for more evidence on cost-effectiveness of patient safety strategies. The next meeting will take place on 4 November 2013, in France.

### Smartcare EU project Kick Off meeting

As partner in this 3 years EU project, aiming to promote a more integrated and effective approach to providing health and social care to older people across Europe, the EFN participated in the Kick Off meeting held in Italy, on 4-8 March 2013. The participants were briefed on the project structure, work packages deliverables, and pathways to be implemented in the pilots. The project will be organised around three phases: establishment of common requirements, preparation of the pilots, and operation and evaluation of the pilots. The key challenge will be to find a common framework to implement ICT services and to provide common pathways. Therefore, the two first issues to be discussed are: integrated home support after hospital discharge, and integrated home support of people with long-term needs. The EFN will be involved in 5 Work Packages dealing with (i) the establishment of the requirements, (ii) the service process model, (iii) the development of the pathways, (iv) the evaluation, and (v) the dissemination of the results; and will be part of the Users' Advisory Board in charge of providing advice on the users' point of view (health professionals, carers, and patients) all along the project life.

### EU Health Policy Forum (EUHPF)

The meeting held in Brussels on 9 April 2013 was a good opportunity to discuss the future public health research priorities and to be [updated](#) on the most recent policy developments, as the [Health Programme 2014-2020](#) and [Horizon 2020](#). The European Commissioner for Health and Consumer Policy, Tonio Borg, referred to the Commission Staff Working Document "[Investing in Health](#)" adopted as part of the [Social Investment Package](#), and explained the importance of: "investing in Health" in times of crisis when national governments are cutting in the health sector budget; and convincing the Finance Ministers of the economic benefits of investing in health. The participants were also briefed on: the Irish Presidency health priorities, stressing their willingness to finalise some files before the end of their presidency (as Directive 36); and the Lithuanian Presidency [priorities](#) (Ageing, E-Health, Impact of the Economic Crisis, Medical Devices, and chronic diseases). Finally, the Research & Development Commission highlighted the importance for the Commission to look at 'knowledge transfer' and the research excellence network linked to different sectors, within health and social care.

### Benchmarking Information and Communication Technologies (ICT) in Health Systems

The EFN participated in the [EC-OECD Workshop on Benchmarking Information and Communication Technologies \(ICT\) in Health Systems](#), held in Brussels on 18-19 April 2013, where the results of two European Commission (DG CONNECT) surveys on deployment and use of e-Health services among European acute Hospitals and General Practitioners; the policy implication of the survey results; and future surveys for international benchmarking where discussed. The first results of the both surveys show that there are deep differences among the EU Member States; confusion on the definition of telehealth service and low level of exchange of information among healthcare professionals. On a positive note, the majority of the hospitals have an IT strategic plan, with clear rules on accessing patients' electronic medical data. Although some improvements have been registered

*"When appropriately supported with ICT-based solutions, the delivery of innovative healthcare services becomes sustainable and more effective. (...) The deployment of ICT-based telehealth and telecare solutions has enormous potential for nurses and social care workers to remain close to the patients' needs."*

Extract from the EFN article "[Nurses and carers central to e-health services](#)", published in [ScienceOmega.com](#), April 2013.

*"Quality and safety must be the drivers of health system reform."*  
Extract from the EFN article "[Credentiaing with Credibility](#)", published in [Public Service Review: Europe \(Issue 25\)](#), April 2013.

from 2010 to 2012, there are still doubts on the cost-effectiveness evidence. Finally, many countries have identified “patient involvement” as a key priority strategy.

### Gender dimension in the Europe 2020 Strategy

Equality between women and men is one of the European Union's founding values. As such, the European Union achievements in fostering [equality between women and men](#) have helped to change the lives of many European citizens for the better. But a lot still needs to be done in this area as gender gaps remain, and in the labour market, women are still over-represented in lower paid sectors and under-represented in decision-making positions. Being an important debate for nurses, knowing that 90% of the nursing workforce are women, the EFN participated in the European Economic and Social Committee (EESC) meeting, organised on 22 March 2013, in Brussels, where the “[Gender dimension in the Europe 2020 Strategy](#)” EESC own-initiative opinion was presented. Ms Joana Agudo, Rapporteur, stressed that Europe 2020 and the “[Strategy for equality between women and men](#)” should mainstream the gender dimension and insert specific measures for the implementation, monitoring and evaluation of the policies. The main conclusion of this meeting is that gender equality should be made an explicit objective of the [Europe 2020 Strategy](#) and the [European Semester](#), as stipulated in the [European Pact for Gender Equality 2011-2020](#).

Also, speaking in the European Parliament on 6 March, Olli Rehn (European Commission Vice-President) [stressed that](#) “the EU needs to turn every stone in ensuring a greater gender balance in top business and political jobs in Europe. (...) In purely economic terms, more women encouraged into the workforce [leads to more](#) stability, efficiency and a better functioning society as a whole. [Eradicating labour market inequality could boost the economy by 27%](#).” The solution foreseen is to undertake reforms of the education and labour sectors; provide firm incentives and objectives for increasing female representation in top jobs; and a “change of mind-set and attitudes”.

### Non-emergency medical on-call service (116 117)

On 8 April 2013, the EFN participated in a workshop at the European Parliament on the [116 117 non-emergency medical on-call service](#), introduced in Germany (as a pilot) in 2012, and aiming to direct callers to medical assistance when the need is urgent but not life-threatening. The healthcare professionals (nurses & doctors) working in such on-call centres, as in Austria or Sweden, see this kind of projects as very positive, knowing that EU-wide service number starting with 116 can only be used for a service allocated by the European Commission. From a nursing perspective, it is interesting to understand that the nurses assessing the urgency of care needed, and providing the healthcare information, have in general a basic nursing education and a specific training to be able to provide the correct information to the patient, like in Germany. In Austria, for example, the nurses analyse the information but it is a physician who has the leading role and decides on the information to provide to the patient (go to a doctor, which drug to take, etc.). In Sweden, nurses lead the call centres even if every centre has a doctor to supervise. Therefore, the EFN believes that, as there is not yet specific education for telenursing, it is extremely important to have skilled nurses with clinical experience working in these call centres.

### News from the EU

#### European Commission Calls for Tender

The European Commission has published a number of calls for tender, in line with the EFN strategic Lobby Plan: continuous professional development (CPD) and lifelong learning for health professionals in the EU; effective [recruitment and retention](#) strategies for health workers; [empowering patients](#) in the management of chronic diseases; [health system cost-effectiveness](#) assessments across Europe; national laws on [electronic health records](#) in the EU Member States and their interaction with the provision of cross-border eHealth services; use of [Structural and Investment Funds](#) for health investments. The EFN will look into these proposals taking into account its defined priorities in the EFN Strategic Lobby Plan and the decisions and priorities set on the last EFN General Assembly, held in April 2013, in Brussels.

#### A strong nurses' voice to drive better healthcare in Europe

In the context of the [pharmacovigilance](#) legislation adopted in 2010, a [black inverted triangle](#) '▼' will shortly appear on the package leaflet of certain medicinal products on the EU market. This symbol will flag to patients and healthcare professionals that a medicinal product is subject to additional monitoring, and encourage them to report any unexpected adverse reaction through national reporting systems. Being at the patients' bedside 24h a day & 7 days a week, the nurses are in general the first ones to note any change on the patient. They are therefore the first ones able to report on

any unexpected adverse reaction and have a major role to play in evaluating the overall national reporting systems and thus on the good patients' outcomes.

### European Parliament Elections 2014

Being one of the key activities for EFN and its members in the first half of 2014, the European Parliament wants to encourage more people to cast their vote. This could be achieved by providing voters with better information about candidates' political positions and party affiliations. The voters will need to keep in mind that the [number of the MEPs will be brought down](#), as of the next elections (22-25 May), coming from 766 MEPs to 751, to make room for Croatia (that will have 12 MEPs) joining the EU on 1<sup>st</sup> July 2013. As such, Austria, Belgium, Bulgaria, Czech Republic, Greece, Hungary, Ireland, Latvia, Lithuania, Portugal and Romania would lose one seat each after the EU elections, while Germany will lose three of its 99 seats, bringing its MEPs to 96, the maximum allowed by the Lisbon Treaty.

### Publications

#### Strategic report 2013 on Cohesion policy

The European Commission published its [second strategic report](#) on the implementation of the 2007-2013 cohesion policy programmes to be finalised by 2015. The [report](#), based on the strategic reports presented by the 27 EU Member States end of 2012, provides an overview of how the EU Structural Funds are functioning in the EU Member States, and highlights that, overall, the investments made under the European Regional Development Fund, Cohesion Fund and European Social Fund have already led to progress and improvement for many citizens.

Also, the [European Citizen Action Service \(ECAS\)](#) published a [guide](#) to help finding your way on the EU funding, by providing information on: relevant internal and external budget lines along with useful contact details; the Pre-Accession Instrument and the European Neighbourhood and Partnership Instrument, as well as the Structural Funds; co-funding, including a list of European Foundations; how the EU budget is created and operates; how to gain EU funding; and future funding developments.

#### Eurostat statistical data

As part of its monitoring of the five headline targets defined in the ‘[Europe 2020 strategy](#)’ (employment, innovation, education, social inclusion, and climate/energy), adopted in 2010 by the heads of states and governments of the 27 EU Member States, Eurostat published a [report](#) highlighting that eight EU countries (Cyprus, Denmark, Finland, Latvia, Lithuania, Luxembourg, the Netherlands and Sweden) have already met or exceed their national targets on boosting university education. With the EU aiming to reach a level of 40% of 30-34 year olds having received a college or university degree by 2020 (up from 34% in 2010) many countries are still way far to reach this target with: Italy (21.7%), Romania (21.8%), and Malta (22.4%), contrasting with best performers such as: Ireland (51.1%), Cyprus (49.9%), Luxembourg (49.6%) and Lithuania (48.7%).

Eurostat also published a [report](#) presenting an overview of recent demographic trends in the European Union, including statistics on populations at national and regional levels, and various demographic factors (births, deaths, marriages and divorces, immigration and emigration) influencing the size, structure and specific characteristics of these populations. The current demographic situation in the EU Members States is, for example, characterised by continuing growth and ageing population. The population change and structure are also gaining importance in the political, economic, social and cultural spheres.

Finally, in this context of economic crisis, Eurostat published a [paper](#) analysing the hourly labour costs across the 27 EU Member States (EU27). The [figures](#) show that in 2012, the average hourly labour costs in the whole economy (excluding agriculture and public administration) were estimated to be €23.4 in the EU27 and €28.0 in the euro area, with a huge difference in between the countries (e.g.: €3.7 in Bulgaria and €39.0 in Sweden). As for the non-business economy (including Education; Human health & social work activities; Arts, entertainment & recreation; and other service activities) labour costs per hour were estimated to be €22.9 in the EU27 and €27.2 in the euro area. Overall, the hourly labour costs in the whole economy have risen by 8,6-8,7 % among the EU-27 states, from 2008 to 2012, with the largest increases recorded in Austria (+15,5%), Slovakia (+13,8%), Finland (+13,7%) and Belgium (+13,1%), and the smallest in Portugal (+0,4%) and Ireland (+0,8%). The only decrease was observed in Greece (-11,2%).

### Agenda

To view the upcoming meetings' dates, click [here](#).