

Equality, Quality and Safety in Health Care

by

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**14th Cyprus Nursing Conference
November 30 and December 1st 2007
Nicosia - Cyprus**

Dear Colleagues,

I am delighted to participate in the 14th Cyprus Nursing Conference with the theme **“Equality, Quality and Safety in Health Care”**. The first thing I would like to do is to convey best wishes from the President of the European Federation of Nurses Associations, Grete Christensen, and from all National Nurses Associations of 30 Member States represented in EFN, to which the CYNMA belongs.

It goes without saying that the focus here will most notably be on National developments in Nursing, but we should talk also about the European perspective as EU legislation and initiatives to exchange best practice will influence the National political health agenda. And I am underlining this in Cyprus as the Commissioner for Health within the European Union is from Cyprus. You are all privileged to have the political power in Brussels!

But it is my privilege to present the concrete ways in which nurses can help build and support nursing in Europe. The concept of ‘building’ is interesting in this context and I use this concept intentionally.

Why?

Because this concept of “building” integrates the notions of developing a concrete and solid plan, implement it and measure its impact for the nursing profession and the European citizens. We have to remind ourselves that the European Union project is about peace-keeping as we still have the war in the Balkan fresh in our mind and in order to obtain a sound social and political continent, nurses need to get involved in policy-making. And the policy in the EU relates definitely to **Equality, Quality and Safety in Health Care**. You are part of this policy-process as you are all EU citizens and you are members of CYNMA, member of EFN. Therefore I would like to take this opportunity to thank your President Ioannis Leontiou, your Vice President Evdokia Athini, the Board of CYNMA and especially Angeliki Tapakoude your Chief Nursing Officer.

My presentation will highlight EFN history, EFN aims and objectives and concrete examples of policies in the legislative field of Equality, Quality and Safety in Health Care at European level.

EFN Mission and Objectives

First, I would like to provide you with some background of the EFN, the European Federation of Nurses Associations. In the early seventies the notion of mutual recognition of professional qualifications of doctors, nurses, pharmacists, midwives, architects, dentists and vets - the so-called ‘sectorial

professions'- gained momentum. Minimum requirements for education of nurses were developed and agreed on. So this relates immediately to the aspect of quality, making sure we "produce" nurses at a standardised way in the EU which reach, according to the curriculum annexes in the Directive 36, the exact level and standards. These EU requirements are still forming the base of the so-called 'Acquis Communautaire'. So if new Member States will join, they will be benchmarked against the same standards as Cyprus was before accession in 2004.

These developments led to the recognition of EFN by the European Commission, the European Parliament and the Council of Europe and EFN role as pan European Organisation to give input in the European Policy making processes. In other words, EFN is one of the most important and recognised NGOs at European level if it comes to health. Nurses are involved in the EU policy-making process and this due to the continuous involvement of National Nurses Associations in the European legislative process. That's the reason I am so proud to represent 2 million nurses in Brussels and Strasbourg when it comes to **Equality, Quality and Safety in Health Care**.

EFN main objective is to influence European policy. To this effect, EFN works with the three most important institutions of the EU: the Commission, the European Parliament and the Council of Ministers. These institutions view EFN as one of the official contact points for policy matters and other EU initiatives which have a bearing on nursing. For example, within the Commission, EFN is in close contact with the Directorates General for Health and Consumer Protection, Internal Market, Employment, Development and Research.

Apart from cooperation with the EU institutions, EFN has strong relations with other European umbrella organisations for health professionals and relevant interest groups, such as the Standing Committee of Doctors, the European Hospital Managers, the European hospital organisation, the European Patients Forum, the European Women Lobby and many others.

Finally, I would like to stress the importance of EFN affiliatus status with ICN. Health has not only a local, regional, national or European dimension, Health is global. The CYNMA has always invested in EFN and ICN. Angeliki has been a board member of ICN and now I see her in WHO meetings. This is of significant importance to our nursing profession: you have created nurse politicians and you keep on producing them. We need them desperately!

Mission of EFN

EFN mission statement reads as follows: "To strengthen the status and practice of the profession of nursing and the interest of nurses in the EU and Europe".

Three policy objectives flow from this statement:

- 1) Ensuring that nurses and nursing are a key element in the development of **EU social and health policy** and its implementation
- 2) Strategic support for a **qualitative and equitable health service** in the EU and Europe by means of developing a workforce of effective, competent and motivated nurses
- 3) **Strengthening** EFN representation in the EU and Europe and develop EFN key role as a bridge between **nursing associations** and the EU institutions.

One clear example of an activity in relation to the first objective is EFN active participation in the discussions surrounding the Open Method of Coordination, more specifically concerning the social side of Europe, the care for the elderly and patient information and safety. This is where **equality** comes into the political sphere: this is the right of every citizen to have a say, this is about democracy, human rights. Health Care and nurses role into the system is to make sure we advocate continuously for **equality**. Equality in access to care, equality between man and women, especially their salary and equality in daily behaviour is essential for any EU initiative. Nurses need to support all advocacy work on violence against women as our society becomes more stressful, unequal and complex. So EU guaranties are needed.

Another example is EFN intensive campaigning in relation to the new Directive on Mutual recognition of Professional Qualifications (Directive 36), implemented by all EU Member States in October 2007. And this inevitably brings us to the Bologna Process. Without a doubt, this process will lead to setting standards, which will apply both to educational nursing institutes as well as to nurses and their services themselves. It is about **quality of care, making sure all nurses in the EU reach the same educational standard, before, during and after educational settings.**

Within the European Single Market, especially the 'Bolkenstein Directive' it is important to look at health in a different way as other services provided to European citizens. The Bologna Process is important in this context, because it will determine what product needs to be delivered and by whom this product will be delivered in practice. This in turn will automatically lead to a discussion of differentiation of the various professions and the individual roles and responsibilities of doctors and nurses. It is about Skill Mix and all pan European Organisations need to strengthen their relations to build synergies. It is not about us, it is about the outcomes wee all achieve together. Who is doing what, what is the cost, and what is the quality outcome?

In order to promote nursing and nurses as a strategic factor within the health care system, the second objective, EFN developed ethical guidelines for employing nurses – as well as keeping nurses in the workforce. I am aware that CYNMA has made a translation of these guidelines and distributed it

among stakeholders in Cyprus. I am also aware of the efforts made recently by your Ministry to secure Nurses from Greece and from other countries since that you also have a problem with shortage of nurses. Since the last five years EFN has been lobbying with success the European Commission, the Council of Europe and the World Health Organisation for the European region with the concrete result that mobility and human resources for health are high on the political agenda in these three institutions. I'm just coming from Bratislava where 46 Health Ministers signed the declaration on "People on the Move: Human Rights and Challenges for Health Care Systems". Exchange of experience between Member States, learning from each other, which strategies work and which ones do not work, is of the essence in this respect and the National Nurses Associations play a crucial role within this policy-making process.

Bringing together the individual organisations of nurses, joining forces and speaking with one voice at European level is the scope of the third objective. If each individual organisation would like to have its own separate voice, promoting each individual point of view, there would not be much hope for leadership and effective policy influencing within our area. EU policy influencing needs a strong, united voice. The result will be quality outcomes.

Policy Window Opportunities

If we want to be successful, EFN needs to be focussed. Therefore EFN will focus mainly on Patient Safety, Health Services and Education.

Many of you will be familiar with the Bologna Process. The Bologna Process aims to establish a European Area of Higher Education by 2010, at the same time we need to achieve the Lisbon Objectives. I have been informed by Ioannis that Nursing Education in Cyprus has been from this year onward, upgraded at University level, and that, from now on Nurses will receive education at a higher Academic level in various Universities. I must admit that your Association's visions and efforts has led to a positive outcome which need to be shared with other Member States.

At this stage, it is important to underline that across Europe, not all nurses are educated to degree level at the point of initial registration and more ways to reach registered nurse status are possible. Therefore it is important to measure the impact of the Bologna Process on the workforce composition. Furthermore, we should make sure that the ICN competencies for the Generalist Nurse are promoted at European level, in order to **facilitate mobility, high quality of care and patient safety**. Healthcare professionals' knowledge must be regularly updated, by developing continuous professional development. Member States should be urged to use Structural and Cohesion Funds to invest in continuous professional development.

EFN, together with the International Council of Nurses, advocates for a number of principles regarding nursing education:

- Admission to training institutes should only be possible after finishing secondary school, under the same conditions as those applying to access to university;
- The length of the training programme should be sufficient to guarantee the acquisition of specific competencies and shall not be less than three academic years (minimum bachelor level);
- There should be one European professional level of nurses only;
- The curriculum should be based on and consist of research, skills and competencies; and
- The institutes' Director should be a qualified nurse

Next to the Bologna process, the EU health services legislation coming out of the Brussels policy process is essential, it is our future. This legislation is essential for patient safety within the enlarged European Union. Patient Safety is becoming, finally, high on the political agenda of the European Union. EFN has just signed an EU project on Patient Safety and I am convinced that the Cyprus NNA will take up a leading role, together with your Greek colleagues.

For EFN, a key issue of any EU health service activity must be to promote and ensure high quality patient care. The common values and principles, universal access and solidarity, agreed on by the Council of Ministers, need to be taken into account. EFN considers health as a Service of General Interest.

It is important to have sufficient information on the movement of patients and professionals. There is a need to identify the competent authorities responsible for the supervision of health care services, so they can share information with each other and be aware of the situation in other Member States. There is a need to establish an independent point of contact in each Member State, who would act as a patients' ombudsman to advocate for all patients.

The EU initiative focuses on the European cooperation on a common reference programme for best practice and a European standard of quality of care and quality control. EFN hopes to sign concrete partnerships with DG Sanco when it comes to mobility and patient safety in the years to come. Therefore it is important to identify a common set of patient sensitive indicators, to gather information on quality of service and to put in place safeguards and mechanisms to address complaints. It is also necessary to develop clear lines of accountability for the continuity of patient care, and a clear system of information exchange, to assist patients to make informed choices about their healthcare. EFN will keep on lobbying the Commission, the WHO RC and the CoE to build synergies in policy-making which are beneficial for nurses and nursing.

Furthermore, EU workforce planning is a crucial threshold in any EU legislative initiative. The Commission knows and understand EFN concerns. There is a need to know where EU health professionals are; how many doctors and nurses there are and how many are leaving the profession. Mobility, brain drain, is not only a national or European challenge, it is our global concern. EFN and ICN are permanent informing each other and will both use every policy window opportunity, at European and global level, to advocate for ethical recruitment guidelines and retention strategies to be implemented at Member State level.

EFN is sharing CYNMA's concerns on the issue of staff-patient ratios in the private sector as it causes much of debate and arguments since 2003 at the level of the Health Committee of the Parliament. EFN and ICN have made significant statements on this issue and we believe that CYNMA should be heard in order to secure well educated competent workforce in the private Institutions of Cyprus.

In conclusion, I believe that despite the many challenges the nursing profession is facing in the near future, we all need to be very optimistic. Nurses are recognised by the European citizens and policy-makers as strong, competent and hard working. Nurses can and will make changes possible in practice, so recommendations and guidelines are not only ending up on book shelves. Nurses give leadership and are always eager to make change possible. Nurses are not just building new structures and alliances, in fact, nurses are helping to shape a new social landscape for a united Europe. We need to be proud of this. This is undoubtedly an ambitious, demanding and truly exciting journey and we will only achieve our goals when the nurses are united at national, European and global level.

Thank you very much for your attention.

Paul De Raeve
November 2007