

## **Briefing document:**

### **Modernisation of the Professional Qualifications Directive 2005/36/EC**

#### **Meeting with MEPs 21<sup>st</sup> March 2012**

The Psychiatric Nurses Association and the Irish Nurses and Midwives Organisation welcome the opportunity to discuss issues of concern to the profession in relation to the following:

- 12 years of General Education versus 10 years
- Professional Card
- Partial Access
- Temporary Registration
- Alert Mechanism
- Language Competency
- Delegated Acts

In today's turbulent economic climate the ability to provide a comprehensive health service to individuals and families is somewhat challenging. Future projections of an ageing population and decreased health care personnel in Europe requires a cultural shift towards expanded roles for nurses in a redesigned health care system. To take advantage of these opportunities, however, nurses must be allowed to practice in accordance with their professional training, and the education they receive must better prepare them to deliver patient-centred, equitable, safe and high- quality health care services. Additionally, they must engage with all health care professionals' to deliver efficient and effective care and assume leadership roles in the redesign of the health care system. In particular we envisage the educational preparation of an expanded nursing workforce is necessary to serve the population of Europe. This belief is set in the context of a European population who now live longer and require care and management of chronic illness and disease in a community setting. Changes in nursing scopes of practice, advances in the education of nurses across all levels, improvements in the practice of nursing across the continuum of care, transformation in the utilisation of nurses across settings, and leadership at all levels is required so nurses can be deployed effectively and appropriately as partners in the health care team.

#### **12 years of General Education versus 10 years: Article 31 (1)**

Ireland has had 12 years of general education prior to entry to nursing over 3 decades and furthermore in 2002 in line with the needs of patient care and the increasing complexity of healthcare, nursing moved to a four year honours degree programme. The competency of graduates exiting from this programme has been recognised by employers in the U.K, U.S and Australia who are recruiting Irish nursing graduates on a large scale due to the moratorium on recruitment in Ireland.

There is a misconception that increasing the number of years of schooling prior to entry to nursing will affect demand for nurse training however, statistics in Ireland has shown the opposite with increasing numbers seeking entry to the profession, (see attachment) **Appendix 1.**

*Aiken L et al (2003)*<sup>1</sup> has shown evidence that nurses with a Bachelor's Degree provide better patient outcomes and patients deserve no less than the most competent professionals to provide their care.

#### **Professional Card: Article 4 (a), (b), (c), (d), (e)**

Ireland welcomes the concept of a professional card which would improve efficiency in information exchange and allow ease of mobility.

However, we would like to highlight some difficulties which would need to be addressed across the EU.

- Although the Commission has collated a list of nursing competent authorities in the 27 Member States there are differences in the roles and responsibilities of these competent authorities in each country. Some of the competent authorities are regulatory in function i.e. they set out the competencies and standards of training programmes, review clinical sites, register the nurse and or midwife, provide a mechanism of protecting the public by ensuring the nurse and or midwife is a safe practitioner e.g. Ireland, U.K and Portugal. In other countries competent authorities serve only to provide a register for the nurse and or midwife.
- There is a need for competent authorities to have appropriate information systems to provide for exchange of information on candidates in order to provide for efficient and up to date verification of application for a European Professional Card within such a short timeframe as two weeks.
- The cost of introducing the Professional Card by Member States should not have to be met by the individual professional.

#### **Partial Access: Article 4 (f)**

The concept of amending the Directive is to simplify recognition of qualifications across the EU and to provide for ease of mobility without posing a risk to patients.

Partial Access would mean an increasing number of titles and programmes to be interpreted in accordance with the provisions in the Directive. This could make recognition of qualifications more complex and have the opposite effect to the Commissions intent to simplify recognition.

One of the central planks of healthcare delivery is that of "*safety, quality and standards*" for patients. Formal structures and processes to support clinical effectiveness are essential. In this context the PNA and INMO opposes partial access on the following grounds:

- There is evidence to support the fact that higher educated nurses result in improved patient outcomes and better retention rates in the profession.
- Essentially there is need to balance the objective of simplifying arrangements for professional recognition in another Member State with the overriding need to maintain safety and quality.

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<sup>1</sup> *Aiken L et al. "Educational Levels of Hospital Nurses and Surgical Patient Mortality", Journal of the American Medical Association, 290(12):2003*

Ireland would recommend therefore that all health professionals are excluded from this provision.

#### **Temporary Registration: Article 4 (c)**

There is a relaxation of the rules for health professionals providing services temporarily when they choose to use the European Professional Card, this could potentially jeopardise the quality of the healthcare provided. The host Member State should be able to verify documentation of a migrant seeking to practise temporarily in their country when they have overriding concerns for patient safety.

There needs to be some method of monitoring temporary registration so as to allow for competent authorities to seek information in regard to any restrictions on professional practice/registration. In effect a professional i.e. a nurse could be suspended or be prohibited from practice and could effectively move from country to country under the temporary registration criteria without the host country being aware of a suspension.

#### **Alert Mechanism: Article 56 (a)**

The aim of the Alert Mechanism is to alert Member States to professionals who due to whatever reasons are no longer authorised to practice the profession in their home Member State and not because they cannot move to another country. We would like to seek more clarification from the Commission in relation to the interpretation of the Alert Mechanism.

#### **Language Competency: Article 53**

Language skills competency is critical for nurses in performing their professional duties and in communicating both with patients, colleagues and other health care professionals. There is no room for mis-understanding . To allow for nurses/health professionals to register without ensuring language competency may pose a serious risk to patient safety.

There are necessary provisions in the Directive for Member States to introduce systems to control the language skills of migrant professionals on patient safety grounds, which should include the regulator testing for general language competency and the employer testing for skills related to specific activities.

#### **Delegated Acts: Article 58 (a)**

The PNA and INMO welcomes the Commissions provision to amend certain articles in the Directive through delegated acts but would seek the Commission to have consultation with relevant stakeholders and organisations to ensure appropriate interpretation of the said article.

**Appendix 1** – Provides statistics on applications to the Nursing Programme in Ireland.

**Appendix 2** – The European Federation of Nurses Associations (EFN) document provides suggested amendments for each of the above areas.

