RCN RESPONSE TO THE EUROPEAN COMMISSION CONSULTATION ON MUTUAL RECOGNITION OF PROFESSIONAL QUALIFICATIONS

ABOUT THE ROYAL COLLEGE OF NURSING UK

With over 400,000 members, the Royal College of Nursing (RCN) is the world’s largest professional association and trade union for nursing staff, including registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets. RCN members deliver care in health and social care settings, in both the public and the private sector. The RCN works locally, nationally and internationally to promote high standards of care and the interests of patients and nurses, and of nursing as a profession. Nurses compose the largest group of healthcare professionals in the European Union.

The RCN’s response focuses on those issues raised in the consultation that are most relevant to the RCN’s role and mission. The RCN’s response has been informed by the views of its members, including nearly 500 nursing staff from a range of health settings, who responded to an RCN online questionnaire. The RCN’s detailed responses to the three priorities highlighted in the Internal Market and Services Directorate General of the European Commission’s consultation begin on page 3.

1. BACKGROUND

Since the late 1970s the EU legislation on mutual recognition of qualifications for regulated health professions has played an important role in the development of nursing, through a period when EU membership has expanded from nine to 27 Member States. It introduced a system of mutual recognition underpinned by harmonised education standards.

The RCN welcomes the opportunity to comment on the review of the current EU directive on mutual recognition of professional qualifications (directive 36) at an early stage and looks forward to working with the European Commission and other stakeholders as the work progresses on this significant piece of legislation.

The directive has had a number of important consequences for the profession across Europe and beyond, and needs to be seen within the wider context of societal and economic change.

With an ageing population and an ageing health workforce, there will be greater demand for nursing services for older people and those with long-term conditions across Europe and a need to train and retain health professionals to meet this need, at a time of severe economic pressures on public services.

In the past some countries, including the UK, have sourced nurses from other countries in order to meet some of the shortfall in trained health professionals, rather than working towards greater country self-sufficiency, which should be the long-term
goal. However, the current economic downturn in the UK is likely to see a contraction in the registered nursing workforce despite increasing demand.

Nursing is a global profession, and individual health professionals have every right to seek recognition and employment in another EU country. Relative wage levels, career opportunities, working conditions, as well as family ties and wider national immigration policies all impact on the levels of mobility as well as levels of mutual recognition of qualifications.

Over the last three years, the highest numbers of nurses joining the Nursing and Midwifery Council’s register in the UK from other EU countries have been from Romania and Poland. Economic disparities between European countries in the current economic climate could stimulate further East/West migration which would have a detrimental effect on health service provision in the EU’s more recent member states. The EU’s internal market policies to foster free movement cannot, therefore, be seen in isolation from its wider employment, public health and social cohesion policies and the RCN would like to see broader dialogue on how to align these policies better.

Discussions on the mutual recognition of qualifications directive also need to acknowledge changes in higher education and the Bologna process and its impact on the development of academic and professional qualifications in Europe, given the trend in most member states towards placing nurse education in higher education. The RCN strongly supports the move to degree level education for all qualified nurses.

And given the rapid pace of change in today’s health care environment and the growing complexity of health care needs, continuing professional development and lifelong learning for all health professionals is crucial in ensuring safe and effective practice.

2. SUMMARY OF RCN COMMENTS

The RCN sees directive 36 and its predecessors as key milestones in allowing for a for a simpler, clearer system for EU migrants to register in other EU countries, particularly nurses in general care and midwives covered under the automatic recognition arrangements. The RCN strongly supports the continuance of the current legislative framework and its core elements, including specification of hours, years and content in relation to nurses in general care.

The directive has provided a legal basis for the nursing and midwifery profession and it has made identifying a competent authority compulsory in all member states, providing a level of patient safety and quality assurance.

It is important that the European Commission continues to hold member states to account for implementation of the minimum standards and a fair process for assessing and recognising nursing qualifications.

The directive has also acted as a wider benchmark for the development of nurse education and convergence of qualifications, not only for EU accession countries but

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1 Figures obtained from the Nursing and Midwifery Council (Jan 2008-Dec 2010). Total for Poland: 848, total for Romania: 895
also other countries, particularly in the Middle East, North Africa and in the former states of the U.S.S.R.

The minimum requirements enable nurses and midwives, who are predominantly female, to access a minimum level of general education, thus playing a role in promoting gender equity and opportunities for women.

Whilst we support the regulatory framework for allowing free movement in Europe the promotion of safe and quality care of patients has to be the overriding concern and the RCN’s comments seek to maintain this balance. In summary, the RCN would like to see:

a) The Commission continuing its important role in ensuring implementation of the directive by member states and competent authorities and access to information on processes for recognition.
b) Greater clarity and guidance on the role of regulators and employers in terms of ensuring language competency and understanding of cultural and organisational differences for nurses and other health professionals who seek to work in other EU member states.
c) Piloting of European curricula rather than legislative changes at this stage.
d) Further work on what the costs, benefits and risks of a European Professional Card would be as these are currently unclear.
e) Retention of the hours/years requirements for the length of nurse education outlined in the directive as legally enforceable requirements.
f) Retention of the theory/practice split in the hours.
g) Guidance on interpreting these hours requirements to take into account modern teaching and learning methods, including self-directed study.
h) Increase in the requirements from ten to 12 years general education in order to enter nurse education.
i) Some updating of the annex relating to the content of education for nurses in general care to align with modern requirements of the profession.
j) Exploration of a limited number of competencies to add to the annex to move towards learning outcomes and not just inputs.
k) Reference in the directive to continuing professional development for nurses, and the need for member states to have systems in place to ensure nurses update their skills.
l) Greater confidential exchange of information between regulators on fitness to practice and disciplinary cases, if the necessary groundwork is done to allow for common understanding of definitions and migrants have clear systems of appeal.

3. DETAILED RESPONSES TO THREE PRIORITIES HIGHLIGHTED IN THE DG INTERNAL MARKET CONSULTATION

3.1 A Call for Simplification

The automatic recognition processes for nurses and other health professionals outlined in the directive show how a simpler more straightforward system can be introduced for mutual recognition where there is convergence of education and a legal requirement to meet set standards, so as not to compromise patient safety. Any further “simplification” would need to ensure that public protection was kept paramount.
Respondents to the RCN’s questionnaire outlined their own experience of seeking recognition under the directive, which offered a mixed picture. Many reported having positive experiences with easy, straightforward and relatively swift processes, others complained about lengthy waits, costs and burden of translating documents and difficulties in accessing information. This indicates that there is further work to be done by the EU and national agencies in publicising access points and sources of information and advice and in ensuring implementation of the requirements of the directive, including proportionate application of translation requirements which allow competent authorities to make an accurate assessment of the health professional.

Given the history of inward and outward migration of nurses in the UK, the RCN offers advice both to its members seeking to work abroad and to nurses seeking to register and work in the UK. This includes information on overseas elective placements for nursing students\(^2\).

For those nurses not covered by automatic recognition the availability of tailored adaptation programmes has been a challenge, when education institutions and employers have little incentive to provide these.

Whether the Code of Conduct drawn up by the European Commission should be made compulsory is an issue for the competent authorities. However, in terms of revision, it is worth noting that two of the common themes from our members’ feedback on the challenges of practising in another EU member state were language competency and understanding of cultural and organisational differences. These are clearly significant issues for effective and safe practice. It would therefore be helpful for the Code of Conduct to provide greater clarity on the role of regulators in relation to language competency and provide some reference to guidance to employers so they are clear about what the recognition processes do and does not entail and their responsibilities in relation to effective recruitment of competent professionals with the necessary communication skills, as well as induction into the health system and culture when employing EU nurses.

The RCN has produced overall good practice guidance for nursing staff and employers on European and international recruitment in the UK which also highlights the importance of good induction training.\(^3\)

Compensation measures for nurses and other health professionals who do not have a recognised “nurses in general care” qualification and are subject to individual assessment, are an important means of ensuring that practitioners have the required knowledge and skills to carry out their roles without compromising patient safety. We would not want to see these measures removed. However, the compensation measures should be proportionate to any gaps identified in the training and the roles expected of professionals in that country.

The Code of Conduct could act as a means of identifying best practice between competent authorities in devising adaptation programmes and aptitude tests.

The European Commission raises the issue of “partial access” to the profession where there are major gaps in training. The RCN does not support any moves

\(^2\) [http://www.rcn.org.uk/nursing/comingtouk](http://www.rcn.org.uk/nursing/comingtouk)

towards partial access for the profession and does not see how this could apply to nursing in the UK, since nurses once registered with the Nursing and Midwifery Council, are expected to work as autonomous professionals based on a scope of practice, not on a list of defined tasks that could be restricted by “partial access”. Recognition and registration can only occur for a nurse who has the complete accountability of the qualification.

3.2 Integrating Professionals into the Single Market

The European Commission has established an interprofessional working group to look at the pros and cons of introducing a European Professional Card. The RCN will be interested to see the recommendations of this group. However, based on the description provided in the consultation paper it is difficult to see what the professional card would add to the system of automatic recognition, since nurses would still be required to seek recognition and register with the relevant health regulator to ensure public protection. For those health professionals not covered under this “sectoral” system, individual assessments along with translation of key documents would still be required when seeking recognition.

The RCN would not be in favour of using a professional card to water down the notification requirements to health regulators by nurses working temporarily in another member state. These should always be registered with the relevant competent authority in the member state where they are temporarily practising, particularly since patients treated by such professionals need to be assured about access to complaint and redress systems in the country where the treatment takes place.

The consultation paper does not deal with issues of cost, interoperability, fraud and who would be expected to pay for such a system. These are all important considerations that need to be addressed.

Better and swifter electronic exchange between health regulators through the existing International Market Information System (IMI) would seem to be a more sensible, cheaper and simpler approach.

In relation to the removal of common platforms and the introduction of European curricula, nurses responding to our consultation were cautious about their introduction for nursing qualifications not covered under the automatic recognition arrangements and unclear about whether they could work, particularly given the wide variation in specialist nurse training and the challenges even within the UK of gaining agreement on issues such as advanced practice. Since common platforms have failed to emerge despite the provisions within the directive, rather than legislating for European curricula the Commission could consider establishing pilots within professions where there is clear enthusiasm to test out their applicability.

3.3 Injecting More Confidence into the System

The RCN supports the continuance of harmonised standards of nurse education for nurses in general care and the simpler automatic recognition system that this offers. Rather than constituting a barrier to access to the profession, the directive has had wider benefits to the development of nursing, girls’ education and women’s professional work which have been highlighted earlier in the RCN’s general comments. With future accession of further countries from South Eastern Europe
the directive offers a means of developing nurse education, patient care and mutual recognition of the largest professional group in the health sector.

In relation to the specific requirements for nurses in general care outlined in the directive, the RCN would want to see **retention of the number of hours and years, theory/practice split and a list of contents**. These have offered a minimum standard that is measurable and enforceable and the European Commission has been able to challenge Member States for non implementation using these clear criteria.

However, there needs to be agreement between the Commission, regulators, professional associations and educators on the interpretation of the hours and the theory/practice split so that the definitions better reflect modern learning methods—such as distance learning, the use of simulation which blurs the theory/practice split, and the importance of self-directed study as well as traditional taught lessons. This would also offer greater transparency on the way in which the current requirements are being interpreted in different member states.

Given the increasing complexity of health services, the expansion of the evidence base in nursing and the trend towards nurse education being part of higher education, the RCN would also like to see the directive updated to specify a **minimum general education of twelve years** before entering nurse education.

In addition to, but not in place of, the minimum hours/years and content, the RCN would like to see some updating of the directive to fit with current trends in learning and assessment. This could be done by exploring ways of introducing **a number of competencies into the annex, to capture learning outcomes and not just inputs**. Further work would be needed on how these could be legally definable. The RCN would also like to see some updating of the list of contents in recognition, for example, of the need for evidence based practice and nurses role in management.

The RCN agrees that in order to facilitate free movement of health professionals it is important for competent authorities to notify the Commission in a timely and transparent fashion of any new diplomas/degrees and their content, which meet the requirements for recognition as nurses in general care.

Over 70% of those nurses who responded to the RCN’s consultation supported **continuing professional development (CPD)** being made mandatory across the EU as a requirement for continuing registration. It is essential that nurses maintain and update their skills in order to be safe to practice and this is a requirement of all nurses and midwives who are on the Nursing and Midwifery Council register in the UK. The RCN would like to see a specific reference in the directive to the need for all member states to have systems in place to ensure that professionals regularly update their practice through continuing professional development. Recognition that CPD is an essential component of a nurse’s role, could help nurses to gain greater support and access from employers.

Nurses who responded to the RCN’s questionnaire were generally supportive of **greater exchange of information between health regulators** or “competent authorities” in relation to fitness to practice and disciplinary cases. However, in order to share such information confidentially there would need to be much clearer shared understanding of definitions and national legal frameworks, since certain actions
which would result in removal from the register in one country might not be treated in the same way in another. From the individual migrant’s point of view it also needs to be clear what appeal systems are in place and what access they have to any records exchanged between regulators.

The RCN would also like to see greater collection and reporting of data on the application of the directive, particularly the level of requests for mutual recognition of nursing qualifications received by competent authorities and data on successful applications, to identify trends in free movement across Europe.

Language competency was raised most frequently by respondents to the RCN’s questionnaire in response to a number of questions, both as a barrier to their ability to practice in another country and in their experience of working with EU nurses. Respondents also clearly acknowledged the responsibility of the individual nurse, the employer and the regulator in ensuring language competency. Some thought that the regulator should test, others that this should be done by the employers and some thought that all EU migrant professionals should have access to proper induction/adaptation or probation from the employer which included understanding of cultural and organisational differences and language skills.

Further guidance is needed on what action can be taken by the regulator in terms of testing language competency under the current directive, which may need to be strengthened if it restricts necessary checks at the point of recognition and registration. The RCN would also like to see some reference in the directive or code of conduct to guidance for employers on their responsibilities to ensure that any health professional is competent to carry out the role for which they are being recruited, including ability to communicate effectively with patients and colleagues.

Royal College of Nursing UK
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