

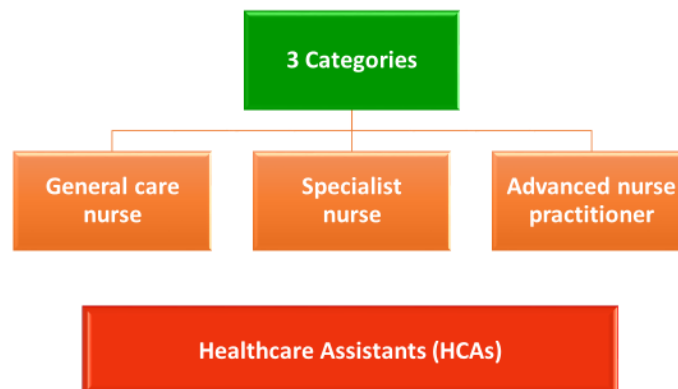


EFN POSITION PAPER ON EU NURSING WORKFORCE MATRIX 3+1

Already a few years ago, the EFN together with other major European stakeholders brought the debate on the healthcare workforce on the agenda of the European Parliament. The result was a written declaration on the [EU Workforce for Health \(n°40/2010\)](#), signed by a number of MEPs. Although the topics has been high on the agendas of European institutions since then, the actual work that was produced, work that can be used by frontline professionals and help ameliorate the health systems around Europe, is minimal. A big part of the problem is the comparison and analysis of data, collected at national, EU and international level, being fragmented, incomplete, and not comparable. This results in studies that do not depict the reality and sometimes conclusions or solutions that do not tackle the actual problems at hand. Therefore, it was felt that an updated and comprehensive picture on the nursing profession workforce was urgently needed.

In this context, the EFN members decided to develop the [EFN Workforce Matrix 3+1](#), to be used at EU and national level for policy mainstreaming and effective outcomes. The EFN Workforce Matrix 3+1 incorporates three categories of nurses, General Care Nurse (as defined in article 31 of Directive 2005/36/EU on the mutual recognition of professional qualifications), Specialist Nurse, Advanced Nurse Practitioner, as well as the competences that each of those should have. The Matrix also encompasses the Healthcare Assistants (HCAs) as the only category supporting the delivery of nursing care. The EFN Workforce Matrix 3+1 aims at supporting future scenarios of workforce configurations which keep on delivering high-quality and safe care to those who need it.

EFN Workforce Matrix 3+1



The Matrix, includes information on education, qualifications and competences for each category, and shows the commonalities and differences of the three Nursing categories and the HCAs. The correct composition of the nursing workforce is of major importance for the functioning of health and social care ecosystems throughout the EU. Depending on the capacities, skills and educational background of each of the actors, a coherent composition is needed to achieve maximal patients' and citizens' outcomes while utilising everyone's competencies to deliver patient-centred care. This will enable the support of a Value-Based Health Ecosystem, led by the nursing profession.

These 3 categories are aiming to provide clarity not only to collect comparable data for planning and forecasting, but also on the European skills/competences, qualifications and occupations for the future health workforce development: the first category "General Care Nurse or Registered Nurse" is legally set out by EU law, Directive 2005/36/EC; the second category "Specialist Nurse" incorporates different specialities and length of education existing across the EU Member States, but the common trend is that the specialist education starts after achieving the qualifications of as General Care Nurse, through postgraduate studies. As such, the Specialist nurse complies with Directive 2005/36/EC. The third category "Advanced Nurse Practitioner" is a registered nurse who has acquired further knowledge and expertise, clinical judgment, skilled and self-initiated care, and research inquiry. This level is a highly-qualified workforce demanded for in clinical practice to face the major societal challenges.

The following graph gives a good overview of the differences in the categories:



Next to the categories of nurses, guiding principles concerning HCAs are developed by the EFN members, some representing HCAs thought their membership. The education and development of HCAs is an increasingly important issue for patient care across Europe, as healthcare systems are relying more and more on HCAs carrying out an ever-increasing number of duties, due to more pressure on health budgets and increased task shifting. Nurses play a crucial role in the supervision of HCAs and ensure an effective line of accountability between the registered nurse and the HCA. Although there is a clear distinction between HCAs and the three categories of nurses, it is crucial for nurses and the EFN to shape the debate on HCAs, as it goes forward.

The categories developed are included in the European multilingual classification system [ESCO](#) (European Skills/Competences, qualifications and Occupation). Within a context of growing and changing healthcare needs, health system reform, and new and more exigent requirements of care, a broader understanding of the different roles and professional categories in the nursing care is needed, next to having a clear picture of the exact and comparable numbers of the entire nursing workforce. Therefore, the categories used to classify the professions need to be well defined and usable for statistical analysis. Due to their clear structure from a lower to a higher qualification level (Likert scale), the three categories proposed by the EFN are suitable to be used by statisticians and economists to conduct analysis which are trustworthiness and can be connected to outcomes.

The value-based health ecosystem needs to be based on trustful data to design 'fit for purpose' policies.

A concrete focus for promoting this work is the [New Skills Agenda for Europe](#), which launches several actions to ensure that the right training, the right skills and the right support is available to people throughout the European Union. One concrete action of high importance for the healthcare sector is the development of a "[Blueprint for sectoral cooperation on skills](#)", which the Commission asked the EFN to engage in.

The EFN therefore:

- Advises national and European policy-makers use the EFN Nursing Workforce Matrix 3+1 to plan their nursing workforce. Although planning is only one part of securing accessibility, the Matrix 3+1 helps in design fit for purpose policies impacting the daily work environment of nurses, even on the entire team operating in the ecosystems;
- Encourages Member States to invest in the basic education of the nursing workforce in order to comply with Directive 2013/55/EU. Making nurses redundant by replacing them with cheaper workers will have a negative impact on the Value based systems as already proven in global nursing research: patients will die if governments lower down the threshold to make service delivery cheaper, putting safety and quality at risk;
- Promotes the design advanced roles in nursing that contribute in creating a sustainable health and social ecosystems throughout the EU. Advanced roles have proven to be successful in outcomes and in sustainability. There is no need to have gatekeepers limiting access, what we need is care coordinators, 24 on 24, 7 on 7, 365 days a year. As such, we can move care back to the community, make the value -based ecosystem sustainable;
- Contributes to the implementation of ESCO and the Internal Market Strategy, boosting the free movement of professionals. Member States are afraid of losing their workforce, the famous brain drain, but do not forget free movement in the EU is a human right, within a single European Market. However, if governments do not improve salaries and working conditions for nurses, women, it is inevitable nurses will find another job elsewhere.

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