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**Analysis of current situation in nursing education   
in EU and in the WB region**

Introduction

TEMPUS is the European Union’s program which supports the modernization of higher education in the EU's surrounding area. Tempus promotes institutional cooperation that involves the European Union and Partner Countries and focuses on the reform and modernization of higher education systems in the Partner Countries of Eastern Europe, Central Asia, the Western Balkans and the Mediterranean region.

Within this framework a consortium of Universities, University colleges and Governmental authorities engaged themselves for a project named “Competency based Curriculum Reform in Nursing and Caring in Western Balkan Universities" (CCNURCA).

The overall aim of the project is the curricular reform of higher nursing education to be in line with competence based education and professional standards that have to be met by all European Union member states. In this way this proposal fully supports the ongoing reform of higher education in the WB region.

The first step in this project was the analysis of current situation in nursing education in EU and in the WB region. This analysis will serve as starting point for identifying gaps between the current situation and the future situation aimed for. It will provide guidance in fine-tuning defined outcomes and refining the project plan of the CCNURCA project.

Part A describes the current situation on nursing education in Europe. WHO directives and the European context will be explained. Since there is no ‘one European Nursing Curriculum’, the situation in several EU countries is illustrated. Since in this project the Lead Partner is Belgian, there is an emphasis on the Belgian Nursing curriculum.

Part B will provide an overview of the nursing situation in the partnering countries form the Western Balkan. Also the future challenges in nursing education are presented. These findings are based on a literature review and presentations of the consortium during the CCNURCA meetings. The consortium contains stakeholder -representatives from Albania, Bosnia & Herzegovina and Montenegro (see Annex 1), so the information is mainly applicable to these countries.

1. **Current situation in nursing education in the EU with emphasis on Belgium**

# Nursing in Europe

Nursing education is directed by guidelines of the World Health Organization , the European law and the laws of the members states. Despite the growing convergence in educational systems and approach, at this time there no uniformity in the way nursing education is organized in Europe.

# Guidelines World Health organization.

In 2001 the World Health Assembly (WHA) supported the call to strengthen the nursing and midwifery professions by passing resolution WHA54.12, hereby validating WHO’s commitment to scale-up of the health professions.

This resolution specifically established the imperatives: a) for Member States to give urgent attention to ways of improving nursing and midwifery in their respective countries, and b) for the Director-General to prepare an action plan, with inbuilt evaluation procedures, for strengthening nursing and midwifery services. (WHO)

The need for global standards has arisen for several reasons – the increasing complexities in health-care provision, the increasing number of health professionals at different levels, and the need to assure more equitable access to health care. The great variation in the levels of initial education for professional nurses and midwives around the world can no longer be neglected. Many countries still consider initial education programs at secondary school level to be sufficient, while some countries specify university-level education as the minimum point of entry to the health professions for nurses and midwives (in practice, university-level education is more frequently specified for nursing than for midwifery).

The global standards for initial nursing and midwifery education identify essential components of education. Implementation of the standards will facilitate progress towards the highest level of education attainable in a country or region, assure equitable and appropriate placement of nurses and midwives in health-care roles and, potentially, simplify recruitment practices throughout the world .

Working globally towards university-level education for professional nurses and midwives will require country-specific strategies.

The goal of the global standards is to establish educational criteria and assure outcomes that:

1. are based on evidence and competency;
2. promote the progressive nature of education and lifelong learning; and
3. ensure the employment of practitioners who are competent and who, by providing quality care, promote positive health outcomes in the populations they serve.

The global standards have potential uses in various activities, such as in:

1. establishing a global approach to the provision of evidence based educational programs;
2. applying established competencies to provide a guide for curriculum development;
3. stimulating the creation of nursing or midwifery schools and programs that meet national, regional and societal needs and expectations;
4. establishing benchmarks for continuous quality improvement and the progression of education in nursing and midwifery.

The global standards may furthermore:

1. act as a catalyst in advocating for education change, reform and quality improvement;
2. serve as leverage in building capacity for adequate numbers of nurses and midwives and a competent, high quality nursing and midwifery workforce for strengthening health systems;
3. serve as a basis for the development of global standards for advanced nursing and/or midwifery education.

## Principles

While several factors are of paramount importance in the design, implementation and outcome of the global standards, the following three principles underpin all the standards:

1. Established competencies provide a sound basis on which to build curricula for initial education to meet health population needs.
2. The interaction between the nursing or midwifery student and the client is the primary focus of quality education and care.
3. An inter-professional approach to education and practice is critical.

It is recommended that the global standards be piloted, frequently reviewed, evaluated and revised on the basis of user feedback.

## Outcomes

The WHO described a list of outcomes for the nurse student. In this part we just look at those outcomes considering the program curriculum.

3.1 Curriculum design

3.1.1 Nursing or midwifery schools design curricula and deliver programs that take into account workforce planning flows and national and international health-care policies.

3.1.2 Nursing or midwifery schools plan and design curricula to meet national and international education criteria, and professional and regulatory requirements for practice.

3.1.3 Nursing or midwifery schools provide classroom and clinical learning that delivers the knowledge and skills required to meet the needs of their respective populations.

3.1.4 Nursing or midwifery schools establish and demonstrate balance between the theory and practice components of the curriculum.

3.1.5 Nursing or midwifery schools demonstrate use of recognized approaches to teaching and learning in their programs, including, but not limited to, adult education, self-directed learning, e-learning and clinical simulation.

3.1.6 Nursing or midwifery schools provide classroom and clinical learning based on established competencies and grounded in the most current, reliable evidence.

3.1.7 Nursing or midwifery schools enable the development of clinical reasoning, problem solving and critical thinking in their programs.

3.1.8 Nursing or midwifery schools conduct regular evaluations of curricula and clinical learning, and include student, client, stakeholder and partner feedback.

3.1.9 Nursing or midwifery programs offer opportunities for multidisciplinary content and learning experiences.

3.2 Core curriculum

3.2.1 Nursing or midwifery curricula provide core content that will enable their graduates to meet the established competencies.

3.2.2 Nursing programs provide core content in nursing theory, practice, interventions and scope of practice.

3.2.3 Midwifery programs provide core content in midwifery theory, practice, interventions and scope of practice for strengthening health systems through the primary health-care approach.

3.2.4 Nursing or midwifery programs provide supervised clinical learning experiences that support nursing or midwifery theory in diverse settings.

3.3 Curriculum partnerships

3.3.1 Nursing or midwifery schools develop partnerships with other healthcare disciplines.

3.3.2 Nursing or midwifery schools use inter -professional teamwork approaches in their classrooms and clinical learning experiences.

3.3.3 Nursing or midwifery schools have access to, and arrangements for, the clinical learning sites required for program delivery.

3.4 Assessment of students

3.4.1 Nursing or midwifery schools assess student learning, knowledge and skill development throughout their programs, using reliable evaluation methodologies.

3.4.2 Nursing or midwifery schools use a variety of methods to assess the subject matter being studied including, but not limited to, student performance-based assessment and client/stakeholder feedback.

3.4.3 Nursing or midwifery schools have student retention systems in place.

# European context in nursing education

**European context** (Akov, 2010-2011)

Although Educational policy is a competence of the Member States, the European Union seeks to support its Member States through initiatives for greater cooperation, mobility and transparency. This vision led the European Union in 2004 to the development of the European qualifications framework (EQF), building on the European policy of the Lisbon strategy and the Copenhagen process.

In 2000 the European Council formulated at a meeting in Lisbon a package of ambitious targets for the EU. Having regard to economic and social developments such as globalization, the European Union had to adjust its strategy. The Council expressed the ambition "to become the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion as a result".

An efficient economy of knowledge cannot do without a modern education system. From this point of view, the Lisbon European Council found that the European Union on education and training had to go to more transparent qualifications , in order to reach the needs of the knowledge society. Lifelong learning and an easy mobility for learners and workers between Member States are important engines in this process.

Since 2000, the European Council re -assembles each spring to supervise the progress of the Lisbon strategy and to formulate more concrete targets. Under the heading ' education and Training 2010 ' many initiatives since 2004 were founded. The program was recently replaced by a new version: "education and training 2020".

The implementation of the Lisbon strategy depends on the development of a large-scale European cooperation on high-quality vocational education and training, particularly in terms of promoting social inclusion, cohesion, mobility, employability and competitiveness. Consultation on this issue in November 2002 culminated in the Copenhagen Declaration. Following the example of the renewed Lisbon strategy and the Copenhagen process the development of the European quality assurance reference framework (EQARF, nowadays EQAVET) and the European credit system for vocational education and training (ECVET) in May 2009 took an important step forward.

Parallel to the initiatives described above the European higher education area (EHEA) was founded in 2010. This stemmed from the Bologna Declaration, signed by 29 European countries in 1999 but which currently 47 countries are connected. The signatories to this Declaration committed themselves to the creation of a high quality, attractive and competitive European system of higher education, with transparent and generally recognized programs that the mobility and employability of students within the European countries.

In particular, the participants decided to:

* found a system of easily readable and comparable degrees ;
* to develop a credit system like ECTS;
* implement a common system of two General cycles (bachelor-master), from which afterwards a system of three cycles (bachelor-master-doctorate);
* to promote mobility by the obstacles to the free movement of students, teachers, researchers and administrative staff;
* to promote European cooperation on quality assurance;
* to promote European dimensions in higher education.

At this moment the EHEA has 47 Member States.

This qualifications framework for higher education has levels that are compatible with the European qualifications framework. However, the EQF, includes -in contrast to the EHEA- all types of education, training and qualifications.

## The Bologna process (EAEC, 2009)

The Bologna Declaration of 1999, started the Bologna process in Europe. Goal of this process is:

1. implement a system of easily identifiable and comparable academic degrees (bachelor, master, doctor),
2. encourage the mobility among students, teachers and scientific researchers,
3. to ensure high-quality education

**Towards a system of comparable academic degrees**

One had a structure for eyes that essentially had two phases: a first phase of at least three years that is matched in the labor market (Bachelor) and a second phase (Master) for students who have successfully completed the first phase;

A diploma supplement is delivered at the diplomas to promote transparency; This diploma supplement includes the courses with the number of credits (ECTS). These data provide more information on the content of the study and the heaviness of the course load.

**Promote mobility.**

To promote the mobility quite a few programs were set up by the EU so that students can earn credits or a degree abroad, such as Erasmus (students go for a semester or a year to earn credits for their training abroad/Exchange also for teachers), Leonardo da Vinci (internship after obtaining the diploma), Comenius (teacher training), Erasmus Mundus (international master's programs),etc. Europe wants that in 2020 20% of the graduates of higher education have a foreign learning experience.

**The high-quality education**

ENQA (European Association for Quality Assurance in Higher Education) was established to improve the quality of European higher education area. She watches over the quality of the national agencies responsible for the Visitations of the courses of higher education study and also has an advisory role in the European policy process.

The countries that signed the Bologna Declaration, voluntarily undertake to reform their own education system. This reform is not imposed on the national Governments and universities. Flanders decided as ' good student ' fast to implement these guidelines in the Flemish regulations. This was established in three major decrees: structure Decree (2003), flexibilization Decree (2004) and the Decree on the qualifications framework (2009).

**Timeline**

The following Bologna Process Ministerial Conference will take place in Yerevan, Armenia, in 2015.

**Recognition of professional qualifications**

This Directive shall apply to any resident of a Member State residing in a Member State other than that in which they obtained their professional qualifications wishing to pursue a regulated profession, either self-employed or as an employee.

The directive makes a distinction between "freedom to provide services" and "freedom of establishment" on the basis of the criteria laid down by the Court of Justice: duration, frequency, regularity and continuity of the provision of services.

**Impact on the profession of nursing**

The profession of "nurse responsible for general care" belongs to the system of automatic recognition on the basis of coordination of minimum training requirements. In addition to nurses this system includes doctors, dental practitioners, veterinary surgeons, midwives, pharmacists and architects.

With a view to recognition, the directive lays down minimum training requirements, including the minimum duration of the training. The evidence of formal qualifications issued by those Member States that comply with the directive are listed in annex V. These qualifications enable their holders to exercise their profession in each Member State.

**Context**

This directive is a response to the 2001 Stockholm European Council's recommendations calling on the Commission to a more uniform, transparent and flexible system designs with the aim of achieving the Lisbon strategy objectives.

The three directives on the General system for the recognition of professional qualifications (recognition of diplomas, certificates and other evidence of higher education; recognition of other diplomas, certificates and other evidence of other vocational education and training; and the mechanism for the recognition of qualifications for the crafts sector, Commerce and certain services) are brought together in a single text with this directive.

It also consolidates twelve sectoral directives who regard to the professions of doctor, nurse (Directive 77/452/EEC), dental practitioner (Directive 78/686/EEC), veterinary surgeon (Directive 78/1026/EEC), midwife (Directive 80/154/EEC), architect and pharmacist (mutual recognition of diplomas in Pharmacy and professional qualifications in pharmacy).

The guidelines specifically relating to provision of services by lawyers (Council Directive 77/249/EEC) and the establishment of lawyers are not covered by this exercise because that Act on the recognition of professional practice, permissions and not on recognition of professional qualifications.

**Minimum training requirements nursing**

Nursing training is given on a full-time basis. The training includes 4,600 hours of theoretical and clinical training. The theoretical part includes at least 1/3rd and the clinical part at least 1/2nd of the total period of training.

The theoretical training is the part in which the students acquire professional knowledge, insights and skills necessary for the organization, exercising and evaluation of care. The training is provided by nursing lecturers and other competent persons, in a recognized training program in nursing schools

Clinical training is the part in which the student learns, as part of a team and in direct contact with healthy and ill persons and/or communities, in order to organize, perform and evaluate the total care based on the knowledge and skills they have acquired.

The student learns not only to work in a team, but also leads a team and organize the overall nursing care, including health education for individuals and small groups within the institution or the community.

Clinical training takes place in hospitals and other institutions within the health care and care for the community, under the responsibility of nursing lecturers and in cooperation with qualified nurses. Other qualified personnel can also participate in the training process.

Nursing students take part in activities within the department as far as these activities fit within their training. With the intention to give them visibility on the various responsibilities that nursing care services.

Nursing training ensures that the student has acquired the following knowledge and skills:

* adequate knowledge of the sciences on which nursing is based. Including a sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons. And the relationship between health status and social and physical world of mankind;
* sufficient knowledge of the ethical aspects and the basic principles of health and nursing;
* adequate clinical experience. This experience, which should be selected for its educational value, should be gained under the supervision of a qualified nurse, and in settings where a sufficient nurse and suitable materials;
* the skills to participate in practical training of health professionals and experience in working with these people;
* experience working with members of other professional groups within the health sector.

**Modernization of the directive**

On 26 October 2010, the Commission internal market policy and consumer protection assembled around the theme of the recognition of professional competences within the European Union.

The British Nursing & Midwifery Council was appointed by the European Commission for the coordination of the collection of the implementation reports (2005-36-EC) with respect to the nursing profession.

There were 26 national reports collected by them and there have been a number of meetings with European professional associations.

The Nursing Midwifery Council has formulated some concrete findings & (Hazell & Weir-Hughes, 2010) based on the information collected by them, must be held at which definitely take the revision of the directive.

A brief overview:

* the minimum training requirements go back three decades. They should be updated so that they recognize the new roles and broader responsibilities of nurses and the scientific and academic progress.
* Although nurses provide direct care professionals remain to care seekers is the job changed dramatically during the last two decades. Contemporary nursing practice includes leadership, autonomy and is evidence based.
* Continuous professional development should be included as a mandatory requirement in the European directive.

The European Commission launched a first public consultation regarding the recognition of professional qualifications and a European professional card on 7 January 2011.

On the basis of the reports requested by the European Commission and the results of this first public consultation was on June 22, 2011 the Green Paper published for the modernization of the directive. A short overview:

On December 19th 2011, the European Commission published a first draft text for the modernization of Directive 2005/36/EC. In this text is clearly chosen to maintain the number of training hours as a standard, but it is the ECTS as valid alternative considered. The load is in hours and size of a training year taken from the Bologna agreements.

For the training nursing in Flanders, this means that the current study load may be charged in determining the global study duration.

For the clinical teaching is the situation is less clear. Paragraph 5 of article 31 in which clinical teaching is defined in this draft text is not changed.

Clinical training is the part in which the student learns, as part of a team and in direct contact with healthy and ill persons seeking care and/or communities, in order to organize the nurse total care, perform and evaluate, based on the knowledge and skills they have acquired.

This definition leaves no room to the ECTS system within the clinical education and lay so still a minimum requirement of 2300 hours internship on. No school for nursing in Flanders can comply with it in the current educational structure.

# Nursing education and regulation: international profiles (Robinson, 2007)

## Overview nursing education in a selection of European countries

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Country** | **First level nurse: registered** | | | | | **Second level nurse** | |
|  | **Sector** |  | **Length in years** | **Qual** | **General/specialist** | **Title** | **Length in years** |
| **Belgium** | **HE** | **SN in UC sector** | **3** | **Degree** | **General** | **Diploma** | **3** |
| **Denmark** | **HE** | **SN in UC sector** | **3.5** | **Degree** | **General** |  |  |
| **Finland** | **HE** | **Polytechnics** | **3.5** | **Degree** | **General** | **Practical** | **3** |
| **France** | **FE** | **SN** | **3** | **Diploma** | **General** |  |  |
| **Germany** | **FE** | **SN** | **3** | **Diploma** | **DE** | **Nurse assistant** | **1** |
| **Ireland** | **HE** | **University** | **4** | **Degree** | **DE** |  |  |
| **Italy** | **HE** | **University** | **3** | **Degree** | **General ( some DE)** |  |  |
| **Netherlands** | **HE** | **SN** | **4** | **Degree** | **General** | **MBOV** | **4** |
| **Norway** | **HE** | **University/UC** | **3** | **Degree** | **General** |  |  |
| **Spain** | **HE** | **University** | **3** | **Degree** | **General** |  |  |
| **Sweden** | **HE** | **University** | **3** | **Diploma** | **General** | **Licensed** | **3** |
| **Switzerland** | **Voc HE** | **SN**  **University** | **3** | **Diploma** | **General** |  |  |
| **UK** | **HE** | **University** | **3** | **Diploma and degree** | **Branch** |  |  |

HE: Higher Education

SN: school of nursing

UC : university college

CC community college

DE: Direct entry

FE: further education

Ng coll: nursing college

PN: psychiatric nursing

Voc: vocational

## Levels, providers and length of nurse education

Ten of the 18 countries maintain two levels of nurse, this includes all the non-EU countries) and 5 of the 12 EU countries (Belgium, Finland, Germany, Holland and Sweden). In this respect the UK is in line with the majority of its European counterparts but differs from all the non-EU countries Like the UK, most countries have moved the education of first level nurses to the higher education sector and offer a diploma and/or a degree. Although France and Germany have long been the exceptions, with most nurses qualifying via schools of nursing attached to hospitals, several German universities are now offering a first level professional and academic qualification and the nursing profession in France is campaigning for nursing to move to the higher education sector.

Of those that have moved to higher education, 6 countries, including the UK, offer more than one route to registration; typically a diploma, an associate degree and a degree. While England (alone of the 4 UK countries) offers the diploma and the degree at university level, other non-EU countries tend to offer the 3-year degree and the diploma at other institutions such as community colleges.

Most of the countries offering one route to registration provide a 3-year course, some a 3.5 year course, with only Ireland providing only a 4-year course. The pattern among countries offering more than one route is for the degree course to be four years and associate degrees and diplomas to be shorter. Most countries offering more than one route to registration provide opportunities to upgrade to degree level.

Details of the second level courses vary considerably, ranging in length from 1 to 3 years and offered at a diversity of institutions. Full details are provided in the country profiles; this information was often less accessible than that about first level courses. Several countries, such as Canada and Australia provide second level nurses with the opportunity to upgrade to a first level qualification.

## Generalist or specialist education

Diversity exists over the point at which specialist qualifications are gained. Information about first level pre-registration education in the countries reviewed showed that four models exist, forming a continuum from an entirely specialist course to an entirely generic course with two variants in between.

**Specialist qualification at first level after a direct entry course (Model 1)**

The German system is direct entry to general nursing, pediatric or geriatric nursing. Ireland, with a 4-year degree course, offers 5 direct entry routes to general, children and general integrated, intellectual disability, psychiatric nursing and midwifery. Some Canadian provinces offer direct entry to psychiatric nursing and in Italy, there has been a contested move to introduce direct entry to pediatric nursing.

**Specialist qualification at first level after a core plus branch course (Model 2)**

The UK system of a core program followed by a branch in which a specialist qualification is gained (Adult, child, mental health or learning disability) appears to be unique.

**Generalist qualification following a generic course with specialist options (Model 3) and without specialist options (Model 4)**

The majority (14) of countries provide a generic nurse training with no specialist qualification at preregistration level. Specialist qualifications are obtained at post-registration level. In many countries, the move from specialist, direct entry courses to a generic education accompanied the transition of nursing education to the higher education sector. These countries differ as to whether specialist options are offered towards the latter part of the course or all students follow the same program throughout.

There is considerable debate in many countries about the possible advantages and disadvantages of the move from specialist to generic nurse education at initial qualification level. The situation is not static with some countries that moved to generic courses without specialist options (Model 4) have subsequently introduced options in certain specialties (Model 3). Debates and developments on generalist versus specialist pre-registration nurse education is the subject of a separate review by the National Nursing Research Unit (Robinson and Griffiths 2007).

The situation with midwifery education varies: some countries offering direct entry midwifery, others regarding it as a post-registration specialism.

With regard to countries that offer first and second level training, it should be noted that some have a generalist approach at one level and a specialist at the other.

## Post-registration education

The information about education after registration is, in some countries, not as readily accessible as that on pre-registration nursing education and our information is less robust. However, some trends can be identified.

All countries offer some form of post-registration education that includes specialty training leading to registerable qualifications and a diversity of courses in clinical practice, teaching and management.

Considerable differences emerge in relation to advanced nursing practice; some countries reporting that development is in very early stages, other countries report developments such as masters of nursing science being offered at an increasing number of universities, and finally most of the non EU countries offer a wide range of advanced practice courses, most typically Nurse Practitioner and Clinical Nurse Specialist courses. Information for the US and Canada indicates that these qualifications are only offered at masters and/or doctoral level. Advanced nursing practice in the countries reviewed provides a complex and changing picture.

## Regulation

Regulation practices vary by country; some are nationally based, others based on regions within the country. Responsible authorities vary from government ministries, typically those concerned with Health and/or Education, to national nursing organizations and independent statutory bodies.

Regulation of advanced nursing practice varies by country. In Canada and the US, it appears that Nurse practitioner is a registered qualification. Like the UK, most countries with a program of advanced nursing practice report that work is in progress to implement regulation.

An overview of some key figures and key facts on regulation for a selection of EU country is presented in Annex 2.

## Nursing in Belgium

Belgium is a federal State. This means that the competence to regulate nursing is divided. From an educational point of view the competent authorities in charge of education are ministers for the Flemish, the French, and the German communities. The scope of professional activity and the question of professional titles is a federal competence and is dealt with by the relevant Federal Ministries.

Nurse training has begun to vary between the Flemish and the French communities, with the German community largely following the French model. In Brussels nurses follow the model of training according to the language of the institution which they join for their training. After a general introduction nurse training will be explained by region.

## Types of Nurses in Belgium

There are two prime categories of nurse in Belgium:

* the Certificate nurse
* the Bachelor nurse

The certificate nurse undertakes practical nurse training in the fourth grade of secondary school after completing the normal three grades (3x2 years) secondary school studies. The training is largely based on practice and apprenticeship. This category of nurse was being considered for phasing out, but change has been rejected. This type of nurse is not considered as a specialist nurse (in terms of title) but may in their second and third years of training follow a "hospital" (i.e. general nurse) route or train as a "psychiatric" nurse (infirmier en santé mentale / verpleegkunde in de geestelijke gezondheidszorg).

The Bachelor nurse now varies between the two main Belgian communities and is described more fully below. A common feature is that their education is at a higher level (higher technical education) and admission criteria are similar to that used for entry into university.

The differences between these two main types of nurse is not reflected in the rules defining the scope of activity of nursing which makes no distinctions between types of nurse and the functions that they can perform.

All nurses can undertake specialized and complementary training as:- Cancer; Imaging and radiotherapy; Operating theatre; palliative care; endoscopy; dialysis; radiotherapy; or health education nurses As regards "Specialist nurses", the formal professional titles were only created in 1994 , and are now at post-basic level. However prior to the 1994 change in rules there was training in a series of specialist areas (for example in pediatric nurse, psychiatric nurse, social nurse). Some of the schools, especially in Flanders allowed direct entry into this type of course. As there was no rule against using a specialist title, nurses could do so. When the new (1994) rule change is fully implemented such nurses with appropriate experience are likely to have their acquired rights recognized. It is not known when these rules will be introduced.

The Belgian Federal law sets out the titles of nurse specialists in Belgium

* Pediatric nurse (infirmier gradué en pédiatrie / Bachelor in de verpleegkunde, optie pediatrie)
* Mental health and psychiatry (infirmier gradué en santé mentale / bachelor in de verpleegkunde, optie psychiatrie)
* Public Health (infirmier gradué en santé communautaire /Bachelor in de verpleegkunde, optie sociale gezondheidszorg)
* Intensive care and emergency care (infirmier gradué en soins intensifs et d'urgence / Bachelor in de verpleegkunde in intensieve zorg en spoedgevallenzorg)
* Geriatric nursing (infirmier gradué en gériatries / bachelor in de verpleegkunde, optie geriatrie)

The nursing specialties above are set out in the Belgian Federal Law.

After getting a degree of Bachelor in Nursing: the nurses can obtain a degree of Bachelor after Bachelor in Nursing (BANABA) in intensive care and emergency, oncology, neonatology, etc.

Finally there is also a Master of Sciences in Nursing, where you can get an academically degree. Before you enter the master education, you have to follow 60ECTS of a kind of bridge course with the special focus on science research. Afterwards you have to follow 60 ECTS of Master. Finally you can get a doctoral degree.

## Flemish Community

The Flemish Community regulates nurse training with slightly different focus than the French Community. The Nursing university colleges themselves are left very much in charge of training. They are bound by the general law to take account of laws, decrees and the EC directive. Within this overall framework they can control their curriculum individually.

The certificate nurse (infirmier) undertakes practical nursing training. The course lasts three years with a common first year and the second year being in either psychiatric or hospital nursing as is the third year. Until 1994 those who have completed this program were awarded a brevet but since 1994 the award have been a diploma.

The nurses of Bachelor degree (infirmiers gradués) are graduates from the univeristy colleges (infirmiers gradués). These nurses have undertaken professional nursing education which is a three year course resulting in a diploma. Within their diploma nurses could choose for some options (paediatric, psychiatric, community health, hospital or geriatric nursing) in their third year of study. But those options are disappearing and will be replaced by a Bachelor after Bachelor (Banaba).

Therefore are awarded a diploma on the completion of their studies, after a three year study-(180 ECTS) and are considered to be "general" nurses.

## French and German communities

In these communities the practical training nurse also exists but is awarded a brevet (rather than diploma). The training is at the same level as for the Flemish Community with the same outcomes

* Infirmier gradué

The higher level nursing education is undertaken in university colleges and has a common first year between nursing and midwifery. After three years of nursing training the students become nurses (infirmiers gradués). After this stage they are entitled to undertake a fourth year post-basic specialization training where a legal title of specialist nurse is in principle available.

The infirmier gradué can also undertake complementary training as a nurse leader (chef de service); in charge of continuing education (chargé de laformation continue); director of a nursing department (directeur dudépartment infirmier); hospital hygiene (en hygiène hospitalière); qualityassurance of health care (assurance de la qualité des soins).The chef de service is awarded a diploma on completion of the studies. The other studies lead to "qualifications professionnelles particulières. There are more specialties in the Belgian French rules than are catered to by the Belgian Federal Law. The reason for the divergence is primarily because of the split of competence between the Government (with competence over registration and titles) and the Communities who have competence regarding training.

Regulated activity

The practice of nursing is a monopoly activity. Article 21 indicates that no-one may practice as a nurse unless they have the necessary diploma or title of Bachelor degree in nursing (infirmier gradué) or certificate (brevet). Articles 21 octies and novies reinforce this monopoly by disallowing a nursing from helping any non-nurse perform any nursing acts or attributing the nursing title to any non-nurse. This causes difficulties for care assistants and the like who are not nurses. It would seem that their actions are illegal as a matter of Belgian law according to the recent report of the National Council for Nursing.

## Conclusion

Every country has its own legislation for the organization of the nursing education.

The European declaration gives some countries difficulties because the federal law on education doesn’t correspondent the European law.

Implementation of competence based education is moved forward by the WHO as a qualitative type of nursing education.

1. **Current situation in nursing education in the Western Balkan with emphasis on Albania, Bosnia – Herzegovina and Montenegro**

Nursing and nursing education cannot be seen in isolation from its context, being the health care system of a country. Therefore we will first give an overview of the current situation and challenges within the Western Balkans’ Health care organization. As a second part we zoom in on the character of nursing education in the Western Balkan and we conclude with some emerging trends in nursing education in this region.

1. **The health care context in the Western Balkan**

After a turbulent period at the end of the 20th century, the first decade of the twenty- first century was marked mostly by peace, economic growth and the final shaping of transitional health care reform. The main challenge is to continue improving populations’ health status and providing protection against the financial cost of illness, while ensuring financial sustainability of the healthcare sector. Socio economic inequalities are a threat for universal health coverage equity in all countries, but Western Balkan countries are more vulnerable due to high unemployment rates and a significant proportion of out of pocket expenses (ref.).

On both the revenue and the expenditure site action is needed to cope with the increasing costs in healthcare. Several recommendations can be made, but there is no “one size fits all solution, since strategy depends on the precise finance mechanisms for each country (i.e. region), the macroeconomic context and the political climate. More specific publications on these recommendations will follow during the project. Nevertheless, following universal types of actions should be beneficial (ref.):

* Optimize revenue collection
* Rationalize the benefit package
* Modernization of the health delivery system (with focus on primary care)
* Modernization of management of services and facilities
* Decentralize responsibility
* Emphasize on quality and transparency
* Engage the private sector
* Reform payment system for health providers
* Regulation of the pharmaceutical sector
* Improve data quality
* Prioritization of resource allocation through health economics (e.g. HTA)
* Strengthen human resource planning and training (i.e. upgrading nursing practice to cope with the increasing complexity and cost of health care)

It is on the latter recommendation we will further focus.

1. **Nursing education in the Western Balkan**

Nurses and midwifes represent the largest category of professional workforce in the health care system. The impact and contribution of this category is of vital importance in delivery of health care services, especially at the primary health care.

Today the description of nursing competencies and skills include many complexities, such as clinical reasoning, use of evidence based practice, interdisciplinary collaboration and teamwork, health promotion, participation in chronic disease management, care for terminally ill patients and high technical skills. No surprise that the generally accepted minimum level of education required for nursing practice is a Bachelor degree.

The outcome of the project aims for harmonizing nursing education with dominant European trends, taking into account the Bologna requirements. Besides optimization and harmonization of the basic training on three levels (undergraduate, graduate and post graduate), a system of continuous education, knowledge updating end cooperation with the work field is an essential add –on. (ref.)

Nursing education in the Western Balkan is in transition (e.g. Introducing new methodologies and approaches, developing new competence based approach, creation of joint programs with industry and other institutions). But there remain some serious challenges.

First of all there is the he **differences in basic nursing education**. There is a variety of types of education (secondary school qualification, post-secondary school qualification, bachelor degree) which do not comply with education approaches the EU countries. Another influence in nursing education, are emerging private universities that offer programs for initial education of nursing students with a different standard than public universities. Governance of the health sector and educational sector is dispersed and fragmented, which is not beneficial for a harmonic policy on nursing education.

There is room for improvement on the **theoretical** side as well as for the **practical** training. All programmes have too much of biomedical orientation and are not holistic. When nursing is on the bachelor level, the faculty (professors and instructors) are doctors of medicine and not nurses. In secondary level the theoretical part is taught by medical doctors and nurse graduate of the higher level of education. Theoretical formation is not compatible with new required competences in nursing.

In the clinical area, students are supervised by mentors who are also nurse graduate of the higher level of education but who often are not specialized enough in the area of practice. Internship is sometimes undertaken after the completion of the nursing studies of both levels. There is no common trajectory on the type of clinical areas and settings nor the duration of the internships. In the relationship with the work field, there is not always evidence who is clinical mentor. Most programmes do not include 4.600 hours training, including half of them in clinical settings. For practical training the educational material and methods are out-dated.

When we look at the **continuous education**, we perceive a lack of continuing education activities offered for this professional category. There is no post-graduate specialization training system; not a hospital based training or any other system. Besides the perceived need for change, transformation and creation of real capacities, there is also a perceived need to design and conduct continued education in closer cooperation with the work field.

It is yet far from common that nursing is considered as a separate **entity within the universities.** Most frequent nursing is a separate study program within the faculty of medicine. In other cases it is resided under the faculty of natural sciences. In some rare cases nursing resides under the umbrella of the faculty of health sciences, together wit other emerging professional profiles, such as speech therapists, physical therapists, laboratory technicians, etc.

**Employability** for nurses is disappointing. The number of practicing nurses is well below the OECD average of 8.4 per 1000 population. The figures are unreliable since most countries lack detailed database of all nurses registered in the health sector. There is a big number of nurses who are unemployed. Often health care organizations have no job description for nurses with university degree who are available on the labour market. Alignment between education and work field is strongly recommended.

1. **Positive trends and further priorities in Nursing education in the Western Balkan**

Despite the challenges mentioned above, there are some **positive trends emerging** in Nursing education:

On the domain of innovation and development we notice:

* + An ongoing reform in accordance with the principal tendencies of the higher education in Europe and further on, particularly with the process of Bologna.
  + More and more strategic alliances with work field and actively engaging stakeholders (HC organizations, authorities, communities, enterprises)
  + Establishment of innovation centers
  + Cooperation within and between faculties
  + Investment in equipment and infrastructure
  + National projects for improvement in nursing education

We see more and more initiatives on Quality assurance in nursing education

* Accreditation
* Establishment of Quality assurance committees
* Self-assessments and auditing
* Involvement of students

Within the consortium there is (no surprisingly) an active involvement in international and interuniversity cooperation.

* + International projects (regional, European and world wide)
  + Bilateral agreements
  + Staff and student exchange

Based on the description of the situation on nursing education in Albania, Bosnia & Herzegovina and Montenegro during the Kick of meeting of the CCNURCA project, a number of **further priorities** can be defined for reform in nursing education in the Western Balkan.:

The basic education for nurses should be on a bachelor level. 180 ECTS credits is the minimum level. Secondary schools can only develop a health care program for health care assistant. These types of education can prepare for a bachelor degree in nursing, but cannot lead to any qualification in nursing.

Teaching and training should be provided only partially by medical doctors. The majority of the practical training and theoretical courses should be provide by nurses that are trained in pedagogy, preferably with a master degree or a doctoral degree.

Competences for nurses need to be specified, recognized and approved by educational institutes and work field. There is need for mutual goal setting and closer cooperation between health care organizations and educational institutes. This requires formal organs, (e.g. nursing chambers) and a shared approach for practical training.

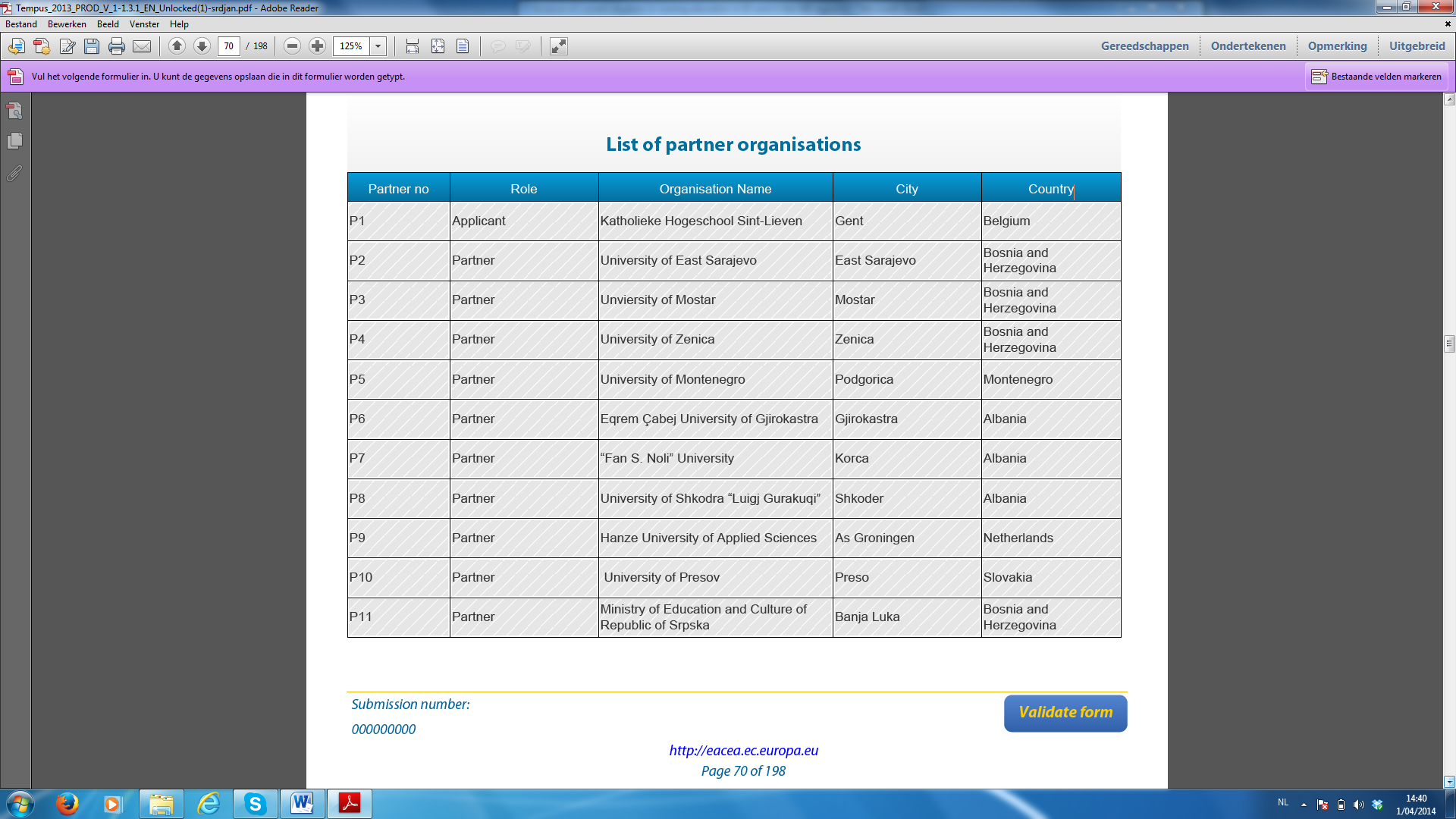
Basic education, but also continuous education (e.g. post graduate specializations) needs to be reformed on a national level. This is on the content level as well as on the legislative level.

The number of institutes that offer a nursing education can be limited. Universities will make a strategic plan, aligned with the needs of the labor market. If desirable, the number of entry places for students can be regulated. We strive for a limited number of accredited institutions with well-equipped teaching facilities (e.g. skills lab).

Trends mentioned above (innovation, cooperation, internationalization, quality assurance) can be supported by national and international projects.

The governments are warmly invited to demonstrate that they have interest at heart. Alignment of the different levels of authorities is a condition sine qua non for implementation of reform in nursing education. Governmental support will ideally take the form of a uniform, clear and straight forward policy with focus on the sustainability of healthcare.

Annex 1: Members of the CCNURCA Consortium



Annex 2

### Denmark

**Health Spend (Source: OECD 2006)**

Population: 5.416 million (2005)

Health spend per capita (US dollars): 2881 (2004)

Health spend as % of GDP: 8.9% (2004)

Source of health spend: 83% publicly funded (2004)

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 37,912

Number of practicing nurses per 1000 head of population: 7 in 2003

Number of midwives: 1312

Employing organization: Most nurses (93%) employed by government through the local regions that

provide hospital and community services

**Pre-registration Education**

**Levels/categories**

One: Bachelor degree in nursing

**Bachelor degree in nursing (BN)**

Provider: higher education institutions are grouped into the: college sector which provides

professionally oriented higher education; and the university sector. Nursing education is based in the former and is undertaken in schools or departments of nursing which are part of centres of higher education (CVUs). From 2005 onwards, CVUs fulfilling certain quality criteria can be awarded the label of university college.

Entry qualification: equivalent to university (12-13 years upper secondary education).

Length: 3.5 years (2 yrs in college followed by 18 months in clinical field and completion of a project).

Exit qualification: Professional Bachelor’s degree in Nursing. The level corresponds to that of

University Bachelor’s programmes.

General or specialist education: General education. The 18 months clinical component includes the following areas of nursing: medical, surgical, obstetric, paediatric, geriatric, psychiatric and home nursing.

Developments: In February 2008, a new national curriculum will be introduced leading to a Bachelor Degree in Nursing Science.

**Post–Registration Education and Career Paths**

**Specialist education**

After general nurse education, specialist courses are available at diploma or masters level in the college sector that lead to qualification in the following:

Anaesthetic nurse (18 mths),

Intensive care nurse (18 months),

Entry requirements for both these courses include 2 years general nursing plus 6 months in the specialty area.

Psychiatric nurse (1 year), entry requirements include 2 years psychiatric nursing experience.

Hygienic nurse (Infection control) (3 month course), entry requirements are 3 years nursing with teaching and administrative experience and preferably holding an Advanced Nursing Education diploma).

A diploma in education for qualification as a Home visiting nurse is available as a 1 year course at the University of Aarhus. Entry requirements are 1 year nursing experience that includes paediatric and home nursing.

Continuing education: Branch Boards of the Danish Nursing Organisation offer study days, seminars and theme days on topical issues, specifically aimed at meeting the local needs of nurses.

**Advanced nursing practice**

See masters programmes below.

**Masters, doctoral programmes**

Masters degrees in clinical nursing are available at some University Colleges.

Several universities offer a Master of Nursing Science; this is equivalent to a masters degree at university level (referred to as candidatus programmes). At the University of Aarhus Institute for Nursing Science this is a full-time course, other universities offer it on a part time basis.

A PhD in nursing is available at some universities.

**Education, management, research**

Education and teaching in nursing (1 year course, entry requirement is 1 year experience). Exit qualification: diploma

Management/leadership in nursing (1 year course, entry requirement is 1 year experience. Exit qualification: diploma

Both courses are available at the University Colleges of Denmark.

**Regulation**

**Regulation of first level nurses**

The Bachelor degree in Nursing is regulated by the Ministry of Education. Registration is the

responsibility of the National Board for Health which authorises the right to practise and holds registers for 17 professional groups including nurses and midwives. The Board follows up and evaluates reforms, legislation and activities conducted by municipalities, county councils and other organizations.

**Regulation of advanced practice**

No legally protected specialist nurse titles except that of home visiting nurse.

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Personal communication (2007) Senior personnel in Danish nursing profession

### Finland

**Health Spend (Source: OECD 2006)**

Population: 5.246 million (2005)

Health spend per capita (US dollars): 2235 (2004)

Health spend as % of GDP: 7.5%

Source of health spend: publicly funded

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 39,869

Number of practising nurses per head of population: 7.6 in 2004

These figures differ from those provided by Statistics for Finland (2007); in 2006 there were 68,683

nurses, of whom 42,855 were practical nurses (see below).

**Pre-registration Education**

**Levels/categories**

Two: registered and practical.

**Registered nurse/registered public health nurse**

Receive similar training but regarded as separate professions.

Provider: The Finnish higher education system consists of two parallel sectors; polytechnics (28) and universities (20). Nurse education is based in the polytechnic sector which is working life oriented, trains professionals in response to labor market needs and operates on the basis of higher education expertise requirements set by working life (Ministry of Education 2006).

Entry qualification: certificate from an upper secondary school or the matriculation certificate, a vocational qualification or corresponding foreign studies.

Length: 3.5 years (201 ECTS) for registered nurse and 4 years (240 ECTS) for public health nurse.

Exit qualification: Bachelor in Health Care (public health nurse is qualified as a nurse and a public health nurse).

Generalist or specialist education:

General nurse education with choice of a specialized area in final 6 months of course; these include mental health, acute care, youth and adolescent, geriatric, palliative care, paediatrics, multi-cultural nursing.

Midwifery: general nurse training followed by one-year midwifery (4.5 years/270 ECTS), leading to exit qualification of both nurse and midwife.

**Practical nurse**

A vocational qualification in social and health care, with just over half working in social services.

Provider: vocational institutions

Length: 3 years (2 until 1995)

Exit qualification: diploma or certificate (varies by institution).

**Post–Registration Education and Career Paths**

**Specialist education**

Variety of post-registration program are available in specialties such as nursing older people, mental health nursing, family nursing, medical-surgical nursing and health promotion. From 2005, these have been offered at masters level in the polytechnic sector. The entrance requirement is a minimum of 3 years relevant work experience after completion of first degree. The exit qualification is Master of Health Care (90 ECTS).

**Advanced nursing practice**

Development of new advanced practice programmes reported in ICN advanced practice network press release for 2006. These are the Masters degrees in Health Care (above).

**Masters, doctoral programmes**

Four universities have Departments of Nursing and Caring Sciences and offer masters and doctoral programmes. To access these courses, Registered Nurses first have to take the Bachelor of Nursing Science degree (180 ECTS).

**Education, management, research**

Courses available in leadership/management. Some university departments of Nursing Science (e,g, Tampere, Turku, Kuopio) offer a master’s programme with nursing science as the main subject with management and leadership as minor subjects. There is also a new Masters in Nursing program at polytechnics which focuses on management and leadership.

Hospitals define their own minimum requirements for qualifications for head nurses and directors of nursing, usually the former requires a masters degree and the latter a licentiate or doctoral degree.

Nurse lecturers are expected to have a masters degree and principal lecturers a licentiate or doctoral degree.

**Regulation**

**Regulation of first level nurses**

Ministry of Education approves degree programmes. One of the three national boards of the

National Authority for Medico-Legal Affairs deals with registration/authorisation to practise for both levels of nurse and keeps a register of all health care personnel.

**Regulation of advanced practice**

Specialist nurses are not recognized through separate registration.

**Sources**

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### France

**Health Spend (Source: OECD 2006)**

Population: 60.873 million (2005)

Health spend per capita (US dollars): 3159 (2004e)

Health spend as % of GDP: 10.5% (2004)

Source of health spend: 78.4% publicly funded (no date)

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 456,548 (Source: OECD data)

Number of practising nurses per 1000 head of population: 7.5 in 2004

**Pre-registration Education**

**Levels/categories**

One.

**First level nurse**

Provider: hospital-based school of nursing

Length: 3 years

Exit qualification: state diploma

Generalist or specialist education:

General training followed by specialization at post registration level.

Nursing is classified as a paramedical profession and midwives are classified as a medical profession.

Developments: the nursing profession is in discussion with government about reforming nurse education and hopes to see the introduction of an academic, higher education based approach to training and greater emphasis placed on evidence-based practice.

**Post–Registration Education and Career Paths**

**Specialist education**

Three recognized specialist career pathways are available:

Child care nurses: I year course in schools of nursing recognized by the prefect of the administrative region concerned.

Nurse anaesthetist: 2 years of prior professional experience required prior to 24 month training in approved schools for nurse anesthetist.

Operating room nurse (2 years professional experience required prior to 18 month training in approved schools.

Other specialist career pathways exist such as mental health nurses and clinical nurse specialists but are described as ‘non-official’.

Emphasis is placed on the importance of continuing training and courses are available.

**Advanced nursing practice**

The nursing profession is seeking to expand advanced nursing practice and the development of new advanced programmes were reported in 2006 (ICN apnetwork).

**Masters, doctoral programmes**

Post-graduate level study is available in some universities but is undertaken within other disciplines as there is no specific nursing discipline in France.

Nurses can access medical and paramedical training programmes in healthcare which are aimed at professionals seeking to improve their knowledge but do not give access to specific occupations.

Throughout France, universities may be authorised to grant licences (the French equivalent of the Bachelors degree) or even Masters, to students in paramedical training programmes (Campus France 2005).

Existing programmes include:

Licence in Health and Social Sciences (Universite de Paris).

University diploma in pain management (Universite de Paris)

Licence in health administration: two courses are offered at the Universite de Marne-la-Vallee; Health, occupational safety and environment and Healthcare services management.

The Ecole nationale de la sante publiques co-ordinates a 2 year European Masters in Public Health with four other European countries.

**Education, management, research**

Graduate education is available in nurse management and nurse education (10 month course in both cases). Further training at the National School for Public Health is required for posts of Director of nursing Healthcare setting and Director of nursing Education setting.

**Regulation**

**Regulation of first level nurses**

State certification is approved by the Ministry of Health.

**Sources**

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Personal communication (2007) Senior personnel in French nursing profession

### Germany

**Health Spend (Source: OECD 2006)**

Population: 82.466 million (2005)

Health spend per capita (US dollars): 3043 (2004)

Health spend as % of GDP: 10.6% (2004)

Source of health spend: 78.2% publicly funded (2003)

**Nursing Staff (Source: OECD 2004)**

Number of nurses: 799, 920 (Source: OECD data)

Number of practising nurses per head of population: 9.7

**Pre-registration Nurse Education**

**Levels/categories**

Two: first and second level. As there is no registration system in Germany, the term registered nurse is not used.

**First level nurse**

There are two routes to becoming a first level nurse

i) 3 year course based in a school of nursing attached to a hospital and organized comparably to an apprenticeship. This is the route by which all but a very small proportion of nurses qualify.

Described as regular nurse education and regarded as further not higher education.

Entry qualifications: completion of 10 years general schooling, age 17.

Exit qualification: nursing diploma.

ii) From 2004, a Bachelor’s degree in nursing has been offered by several universities and

universities of applied sciences in which nurses obtain their first professional and academic

education (e.g. at the Protestant University of Applied Sciences in Berlin); other universities also plan to start these courses.

Many universities offer bachelor degree programmes for nurses who already hold registration through regular nurse education and have at least one year of practice. Details are in the post-registration section below.

Generalist or specialist education:

Regular nurse education comprises 3 direct entry courses: paediatric, geriatric and general nursing.

**Second level nurse**

1-year course based in a school of nursing linked to a hospital.

**Post–Registration Education and Career Paths**

**Specialist education**

Post-registration education is available in: intensive care, psychiatric care, theatre nursing, oncology nursing, community nursing and infectious diseases control. Most courses are 2-year hospital based programmes.

**Advanced nursing practice**

More than 50 universities of applied science offer bachelor programmes (BA or BS) in nursing for nurses who already hold their registration; these courses focus mainly on management and education but also nursing science. For example, the programme at the Alice Salomon University of Applied Sciences (AFSH) in Berlin offers a BS in nursing for registered nurses who want to specialize in Management and Quality Enhancement.

**Masters, doctoral programs**

Doctoral degrees are available in nursing science at several universities: these include the ‘rerum cura’ at Humboldt university in Berlin, the ‘rerum medicarum’ at the Free University in Berlin, and a PhD and DPH (public health) at Humboldt, Bremen, Osnabrueck, Bielefield and Halle.

**Education, management, research**

As indicated above, courses in nursing management and education are available as hospital-based programs and degrees courses.

**Regulation**

There is no national system of registration or a regulatory nursing body, responsibility for registration is devolved to the regions.

**Regulation of first level nurses**

The National Nursing Act and an Ordnance of 1985 regulate general nurse education at national level and define the professional competence and responsibilities of nurses. The National Nursing Act regulates the education of paediatric nurses and nurse assistants whereas federal state laws regulate the education of branch nurse for care of the elderly.

**Regulation of advanced practice**

Post-basic education and specialization is regulated by the federal states.

**Sources**

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Personal communication (2007) Senior personnel in German nursing profession.

### Ireland

**Health Spend (Source: OECD 2006)**

Population: 4.131 million (2005)

Health spend per capita (US dollars): 2596 (2004)

Health spend as % of GDP: 7.1% (2004)

Source of health spend: 80% publicly funded in 2004

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 61,965 (OECD data)

Number of practising nurses per 1000 head of population: 15 in 2004

**Pre-registration Education**

**Levels/categories**

One: registered nurse.

**First level nurse**

Provider: Third level (HE) institutions (universities and institutes of technology) working in partnership with local health services.

Entry qualification: HE criteria, consideration given to mature entrants.

Length: 4 years, final year emphasizes consolidation with a prolonged placement of 36 weeks during which time students are remunerated at 80% of first year staff nurse salary.

(4.5 years for children’s and general nursing (integrated).

Exit qualification: bachelor’s degree plus professional qualification for course followed.

Generalist or specialist education:

Specialist: nurse education is divided from the outset into five separate and independent

programmes: children’s and general nursing integrated (RCN&RGN); general nursing (RGN),

intellectual disability nursing (RNID), midwifery (RM), and psychiatry (RPN).

Developments: there are discussions about the advantages and disadvantages of maintaining five separate programmes (Grant 2006)

**Post–Registration Education and Career Paths**

**Specialist education**

The following courses lead to registerable qualifications:

Children’s nursing (not integrated with general nursing), a 1 year course leading to higher diploma Midwifery: a 2 year course leading to higher or postgraduate diploma

Nurse tutor: programmes: offered at Masters level.

Public Health nursing: courses offered at post-registration level.

Post-registration courses in a wide range of specialities are available at higher diploma, post-graduate diploma and/or Masters level.

**Advanced nursing practice**

Specialist training is available for those who want to practise at an advanced level.

**Masters, doctoral programmes**

Masters courses in a variety of specialities/subjects are available. PhD programmes are available.

**Education, management, research**

Available at graduate diploma and masters level.

**Regulation**

**Regulation of first level nurses**

The regulatory body is An Bord Altranais with authority derived from statute. Registration is

mandatory.

Principal functions are to:

Provide for education and training, to establish and maintain a register, to enquire into allegations of unfitness to practise, and to provide guidance for the professions. The Board exercises its responsibilities by determining requirements for entry to training, the competencies that must be met for entry to the register and by specifying requirements and standards for pre-registration programmes.

**Regulation of advanced practice**

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### Italy

**Health Spend (Source: OECD 2006)**

Population: 58.135 million (2005)

Health spend per capita (US dollars): 2467 in 2004

Health spend as % of GDP: 8.7% (2004)

Source of health spend: 76.4% publicly funded in 2004

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 313,929 (Source: OECD data)

Number of practising nurses per 1000 head of population: 5.4 in 2003

**Pre-registration Education**

**Levels/categories**

One: registered nurse.

**Registered nurse**

Provider: Universities, nursing is based in faculties of medicine.

Entry qualification: 18 years of age, passed the school leaving examination and a multiple choice entry examination.

Length: 3 years

Exit qualification: degree

Generalist or specialist education:

The course leads to qualification as a general nurse. Specialities are included in the course but speciality training is undertaken at post–registration level. There has been a long running debate over direct entry to paediatric nursing and health visiting. The Ministry of Health favoured direct entry whereas the national nursing organization opposed it. Although the debate has not been resolved, at least one university has introduced the direct entry paediatric nursing course (personal communication).

Midwifery is a separate 3 year course.

**Post–Registration Education and Career Paths**

**Specialist education**

Courses include: intensive care, palliative-oncology, wound care, mental health. Courses are

provided by universities, healthcare institutions and continuous education agencies.

**Advanced nursing practice**

Under developed at present.

**Masters, doctoral programmes**

Masters programme: 2-year part-time course for nurse teachers, directors of nursing schools and managers.

Doctorates recently offered at some universities with courses under the supervision of the medical faculty.

**Education, management, research**

Career opportunities are underdeveloped in these areas.

**Regulation**

**Regulation of first level nurses**

Registers for nurses are kept by colleges of nursing in each province and allow practice throughout Italy. According to the law, the aims of the Provincial colleges are to protect the public and support and guarantee the professionalism of nurses. There is no central control/validation of degree courses.

**Regulation of advanced practice**

No regulation.

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Personal communication (2007) Senior member of Italian nursing profession.

### Netherlands

**Health Spend (Source: OECD 2006)**

Population: 16.320 million (2005)

Health spend per capita (US dollars): 3041e in 2004

Health spend as % of GDP: 9.2%

Source of health spend: 62.3% publicly funded in 2004

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 231,744 (OECD data))

Number of practising nurses per 1000 head of population: 4.2 in 2004

**Pre-registration Education**

**Levels/categories**

Two: there are two levels of registered nurse. In terms of European qualifications levels, nursing education is offered at level 5 (higher professional training) and level 4 (middle vocational training).

The latter is at a lower academic level than the former. Both lead to the official title Registered Nurse.

**Registered nurse: level 5**

Education provider: University based. Known as HBOV training (Hogere Beroepsopleiding voor Verpleegkundigen)

Length of course: 4 years

Entry qualification: similar to British A’ levels

Exit qualification: degree.

Generalist or specialist education:

Generalist course with specialist options. After the first two years of training, students can chose between General Health Care nursing or Mental Health nursing (which also includes care for people with learning disabilities). The qualification enables nurses to practise in any field of health care, although employers tend to favour those with the appropriate specialism (Nolan and Brimblecombe 2007).

**Registered nurse: level 4**

Education provider. MBOV: Middelbare Beroepleiding voor Verpleegkundigen.

Length of course: 4 years

Entry qualification: similar to British O’levels

Exit qualification; diploma (vocational level).

Nurses with this qualification are also entitled to work in mental hospitals, mostly on long-term care wards and in psychiatry for older people (Nolan and Brimblecombe 2007).

**Post–Registration Education and Career Paths**

**Specialist education**

Post–registration courses are available in a variety of nursing specialisations.

**Advanced nursing practice**

Nine Polytechnic-type institutions offer professional masters programmes for advanced nursing practice.

Nurse practitioners exist and ICN apnetwork (2006) states that prescriptive authority has been obtained for nurse practitioners.

A 2-year course in clinical epidemiology for nurses is available at the Amsterdam Medical Centre and enables participants to execute or participate in clinical scientific research.

**Scientific masters, doctoral programmes**

Three universities (Maastricht, Utrecht and Groningen) offer a scientific masters programme in nursing science for nurses who have completed basic nurse education at level 5 (HBOV) but not at level 4 (MBOV).

**Education, management, research**

Some management courses for nurses are available.

**Regulation**

**Regulation of first level nurses**

Education is regulated by the Ministry of Education, Culture and Science. Nurses have to register on the BIG-Register. This is a division of the Central Information Centre for Professional Practitioners in Health Care which is an executive agency of the Ministry of Health, Welfare and Sport.

Periodic renewal of registration will be introduced in the near future (possibly 2008) to ensure that the knowledge and skills of those included in the BIG-register still meet the minimum standards of quality required.

**Regulation of advanced practice**

Nurse practitioners have to register in a specialists’ register similar to the BIG-register.

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### Norway

**Health Spend (Source: OECD 2006)**

Population: 4.623 million (2005)

Health spend per capita (US dollars): 3966 in 2004

Health spend as % of GDP: 9.7% in2004

Source of health spend: publicly funded.

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 68,883 (OECD data)

Number of practising nurses per 1000 head of population: 14.9 in 2004

**Pre-registration Education**

**Levels/categories**

One: registered nurse.

**Registered nurse**

Provider: university or university college (28 in total). Most are managed by state education

authorities, although some are privately owned.

Entry qualifications: 13 years general education

Length of course: 3 years

Exit qualification: bachelor degree programme.

Generalist or specialist education

General education with specialization at post-registration level

**Post–Registration Education and Career Paths**

**Specialist education**

Specialist post-graduate courses of at least 1 year in length are available in a wide range of areas with most common being: intensive care, anaesthesia, theatre, psychiatry, public health, midwifery, geriatric and oncology. Clinical experience is required before applying and the length of experience depends on the programme.

**Advanced nursing practice**

University degrees in nursing science are offered at masters level (2 year courses) and can be

entered after the bachelors degree programme. Most applicants, however, also have clinical

experience and a postgraduate speciality qualification.

There are also masters degree courses on subjects such as nursing theories, nursing philosophy of science, nursing ethics, and advanced research methods. These courses are completed with a thesis.

Development of new advanced practice programmes is reported in ICN apnetwork press release for 2006.

**Masters, doctoral programmes**

A few are offered, including the masters described in advanced nursing practice above. A masters degree is required for entry to the 3 year doctoral programme, which comprises 1 year theoretical studies in nursing science and methods and 2 years for a dissertation.

**Education, management, research**

Career paths are available in all three; nurse lecturers are expected to have a masters degree.

**Regulation**

**Regulation of first level nurses**

The Ministry of Education and Research regulates nurse education. The Ministry of Health and Care Services issues the license for practice as a Registered Nurse after an approved Bachelor Degree.

**Regulation of advanced practice**

The Ministry of Education and Research regulates advanced practice.

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### Spain

**Health Spend (Source: OECD 2006)**

Population: 43.398 million (2005)

Health spend per capita GDP (US dollars): 2094e in 2004

Health spend as % of GDP: 8.1% in 2004

Source of health spend: 71% publicly funded in 2004

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 321,145 (Source: OECD data)

Number of practising nurses per head of population: 7.4 in 2004

**Pre-registration Education**

**Levels/categories**

One: registered nurse.

**Registered nurse:**

Provider: Universities (110 in total). Most (85%) are managed by the state education authorities.

Entry qualification: passing high school secondary education and a university access examination.

Length of course: 3 years

Exit qualification: was originally a diploma but many universities (47 by 2006) have developed bachelor of nursing science degree programmes.

Generalist or specialist education:

General nurse education followed by specialization at post-registration level.

**Post–Registration Education and Career Paths**

**Specialist education**

Post-registration courses are available in midwifery (2 years), mental health (1 year), care of the elderly, paediatrics, community health, special care nursing and nursing management. The midwifery qualification is recognized in law.

**Advanced nursing practice**

As at 2006, graduate-level advanced programmes have been developed at several universities leading to a Master of Nursing Science. The programme includes nursing research, teaching, management and advanced care.

Doctoral programmes. These were reported in 2005 as not being recognized by the Ministry of Education and Science but by 2006 agreement had been reached with some regional governments to do so.

**Masters, doctoral programmes**

Masters – see above

PhD study for nurses is available at 5 nursing and 2 physiotherapy departments.

**Education, management, research**

Careers available in both. Qualifications available at masters level.

**Regulation**

**Regulation of first level nurses**

Education is regulated by the Ministry of Education.

From 2001, registration is the responsibility of the General Council of Nursing which is responsible for regulation of nursing practice. All nurses must be registered with their local Provincial College of Nurses.

**Regulation of advanced practice**

A move towards this occurred in 2006, see above under Advanced practice.

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### Sweden

**Health Spend (Source: OECD 2006)**

Population: 9.030 million (2005)

Health spend per capita (US dollars): 2825e in 2004

Health spend as % of GDP: 9.1% in 2004

Source of health spend: 85% publicly funded in 2004

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 93, 009 (OECD data) includes registered nurses only.

Number of practising nurses per 1000 head of population: 10.3 in 2003

**Pre-registration Education**

**Levels/categories**

Two: registered nurse and licensed (enrolled) nurse.

**Registered nurse**

Provider: University (about 25 departments)

Entry qualification: completion of secondary education

Length of course: 3 years

Exit qualification: Bachelor of Science nursing degree.

There are two further programmes:

4 year course that includes 3 years general nursing and 1 year social care

4 year course that includes 3 years general nursing and I year informatics (IT) in health cares

Generalist or specialist education.

Generic nursing course with specialization at post–registration level.

There is a branch nurse programme in diagnostic radiology.

**Licensed (Enrolled) nurse**

Provider: upper secondary school

Length: 3 years

Generalist or specialist education

Licensed nurses can choose to specialise in psychiatric nursing during the course.

**Post–Registration Education and Career Paths**

**Specialist education**

Courses in post-registration specialities are available. In 2007 these included: primary health care, paediatrics, intensive care, theatre, psychiatry, care of the elderly, oncology, anaesthesia, pre-hospital medical and surgical ward, and occupational health.

2007 information indicates that psychiatric nursing is a 1-year full-time or 2-year part-time course.

Diploma in district nursing. 1 year course taken after 2 years nursing experience. Courses provided by universities.

**Advanced nursing practice**

Some courses are available e.g. Advanced nursing practice in primary care offered at Department of Health Sciences, University of Skovde. After obtaining 90 ECT credits, nurses obtain competence as an Advanced nurse practitioner in primary health care. A further 90 credits leads to a masters degree.

Clinical nurse specialist roles were reported as being developed in 1998 (Lorenson *et al* 1998).

Development of new advanced practice programmes reported in ICN apnetwork press release of 2006.

**Masters, doctoral programmes**

Both are available. Masters courses include those focusing on research. The minimum length of the doctoral programme is four years (Shields *et al* 2002).

**Education, management, research**

Universities provide courses in health administration, leadership and teaching. All university courses have to provide some research training as part of their programmes.

**Regulation**

**Regulation of first level nurses**

Licensing of health professionals, including registered nurses, is the responsibility of the National Board of Health and Welfare.

Enrolled nurses are not regulated.

**Regulation of advanced practice**

Specialist nurse titles have been protected by law since 2001. Advanced practice was reported as not regulated in 2000, although there were plans at that time to do so.

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### Switzerland

**Health Spend (Source: OECD 2006)**

Population: 7.438 million (2005)

Health spend per capita (US dollars): 4077e in 2004

Health spend as % of GDP: 11.6% in 2004

Source of health spend: 58.4% publicly funded (no date)

**Nursing Staff (Source: OECD 2006)**

Number of nurses: 79,587 (OECD data)

Number of practising nurses per 1000 head of population: 10.7 in 1998

**Pre-registration Education**

**Levels/categories**

One: registered nurse

**Registered nurse**

Currently in a period of transition to two routes: there will be:

3 year diploma based in a school of nursing (higher vocational training)

3 year Bachelors degree in a University of Applied Science (higher education).

With the introduction of the Bologna system, basic education will be obtained at BSc level.

Entry qualification: 10-12 years schooling.

Generalist or specialist education:

Until 1991, specialised basic educational programmes existed in general, psychiatric and paediatric nursing and midwifery. After 1991, all nursing education became generalist with specialisation at post-registration level.

**Post–Registration Education and Career Paths**

**Specialist education**

Specialty training programmes exist and include: psychiatry, paediatrics, oncology, palliative care, nephrology, cardio-vascular, intensive care, anaesthesia, operating theatre, gerontology, diabetes, infection control, and long-term care. Duration is usually one and a half to two years in training.

**Advanced nursing practice**

University programmes in Basle (German speaking) in Advanced Nursing Practice leading to and MSc and doctoral degree. Another will be started in Lausanne (French speaking) in 2008. Various post degree programmes are being offered in the Universities of Applied Science.

Development of new advanced practice programmes reported in ICN apnetwork press release in 2006.

**Masters, doctoral programmes**

Details under Advanced Nursing Practice.

**Education, management, research**

Courses are available in management at ward level, management at hospital level, professional teaching and director of nursing school.

**Regulation**

Regulation of first level nurses

Regulation was formerly through the Red Cross; it is now at Federal level through various

mechanisms.

Regulation of advanced practice

There is no national accrediting body for specialist programmes.

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### United Kingdom

**Health Spend (Source: OECD 2006)**

Population: 59,989 million in 2005

Health spend per capita (US dollars): 2508d in 2004

Health spend as % of GDP: 8.1% in 2004

Source of health spend: 86% publicly funded in 2004

**Nursing Staff (Source: OECD 2006)**

Number of nurses:

United Kingdom: 551, 899 (Source: calculated from OECD data)

Number of nurses and midwives on the effective register: 672,897 in 2005 (Source: NMC 2005)

Number of practising nurses per 1000 head of population: United Kingdom: 9.2 in 2004

**Pre-registraation Education**

**Levels/categories**

One: registered nurse

**Registered nurse**

Provider: Universities

Entry qualification: 17 years of age, 11-12 years general education and are required to have certain grades in specific subjects. In order to widen access to mature students and others who lack traditional educational qualifications, many universities have link schemes with further education colleges running access courses and vocational qualification schemes to give special consideration to those wanting to apply for nurse diploma courses.

Exit qualification: diploma or degree in England, degree only in Wales, Scotland, and Northern Ireland.

Length: diploma courses are 3 years, degree courses 3 or 4 years.

Generalist or specialist education.

Common foundation programme followed by specialization and qualification in: adult, child, mental health or learning disability nursing.

Midwifery is a separate course.

**Post–Registration Education and Career Paths**

**Specialist education**

Variety of subject areas and variety of levels: part of continuing professional development

programmes; post-graduate diplomas; bachelors and masters degrees.

**Advanced nursing practice**

Nurse practitioner (NP) and clinical nurse specialist (CNS) posts are available in a wide range of areas. A list of NP courses published by the Royal College of Nursing (RCN) indicates that some but not all are at masters degree level (RCN 2005)

Consultant nurse posts have been introduced to improve the clinical career structure.

**Masters, doctoral programmes**

Many universities offer Masters and PhDs in nursing/healthcare. Some universities offer a taught doctorate with a professional orientation.

**Education, management, research**

Wide range of courses are available at a variety of levels and diverse career paths exist.

**Regulation**

**Regulation of first level nurses**

The regulatory authority is the Nursing and Midwifery Council for the United Kingdom (NMC). The Council’s authority is derived from statute and it has a statutory obligation to protect the public. The Council Assures fitness for practice at the point of registration through: determining standards for education and entry to the register; assuring standards through course and institutional approval; quality monitoring, and periodic review. The council is also responsible for professional conduct matters and ensuring continuing competence.

In order to practise in the UK, nurses have to be registered with the NMC. This has to be renewed every three years and is dependent on evidence of continuing professional development (PREPP).

**Regulation of advanced practice**

As at 06.07, the NMC stated that work is in progress on legislation to register advanced nursing practice and that competencies are being mapped to Knowledge and Skills framework.

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