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Qualifications requirements and the training of EU professionals for healthcare quality, equity and opportunity in aging societies

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Thank you for inviting me….


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Introduction

Qualifications requirements and the training of EU professionals for healthcare quality, equity and opportunity in aging societies

Presentation Aims

- To outline contemporary practice in the education and training of healthcare professionals (and specifically nurses) in the EU

- To examine opportunities and challenges in establishing quality, equity and opportunity in healthcare education for aging societies across the EU

- To consider future directions for delivery of healthcare education

Qualifications requirements and the training of EU professionals for healthcare quality, equity and opportunity in aging societies

Some key questions….

Where is professional education currently?

How can contemporary practice help us to understand future needs and requirements ?

What are the challenges of meeting future health needs for aging populations?

What are the future directions we should be considering for professional education?

Definging ‘Quality, Equity and Opportunity’ in the context of Healthcare Education

Quality
- Preparation
- Provision
- Output

Opportunity
- Education
- Care
- Employment

Equity
- EU/Region
- Citizens
- Workforce

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Contemporary Contexts

A brief overview

Global contexts in the quality and equity of health care in aging societies – for Patients and Carers

Health Priorities	-	Local, Regional, National, EU patient care and Global Health including cross-border arrangements to meet need
Economic /Workforce Priorities	-	Affordable, high quality health care for all wherever this is needed
Academic Priorities	-	Benefits of pedagogy, research and scholarship in contributing to innovation in eldercare
Professional /Legal Priorities	-	Effective and safe care within mutual professional recognition for mobility

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Global contexts in the quality and equity of health care in aging societies – For Professionals

Health Priorities	-	Local, Regional, National, EU and Global Health including cross-border professional mobility
Economic/Workforce Priorities	-	Aging workforce and issues related to economic capability to employ and prepare staff
Academic Priorities	-	Priorities of pedagogy, research and scholarship Opportunity and equity in learning
Professional /Legal Priorities	-	Effective and safe work and mutual professional recognition for mobility

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Contemporary Influences on the Education of Professionals in Europe – Nursing as one example

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Governance

Regulation and guidance in the delivery of education and training for nursing

Key Instruments of Governance

- EU Directive EC/36/2005 Amendment EU/55/2013 Professional Directive on requirements for mutual recognition of professionals

- Bologna Declaration and European Higher Education Area (+ Copenhagen Agreement), European Qualifications Framework (EQF) University and Academic Governance

- Europe 2020 - Towards a jobs rich recovery EU Commission focussed workforce and productivity strategy (including Action Plan for Health Care Workforce)

EU Directive EC/36/2005 Amendment EU/55/2013 Professional Directive on requirements for mutual recognition of professional qualifications (MRPQ)

- Covers 800 Professions in the General Sectoral part of the Directive
- Aimed at promoting mobility of workforce across Europe and removing barriers to mobility
- 7 sectoral professions where recognition is automatically defined in Europe including 5 in Healthcare

✓ General Nursing
✓ Medicine
✓ Dentistry
✓ Pharmacy
✓ Midwifery

AIMS TO ENABLE PARITY……..

Updated Version - Professional Directive on requirements for mutual recognition of professionals MRPQ (EC/36/2005 Amendment EU/55/2013)

The amended MRPQ Directive (EU/55/2013) updated existing regulation for an evolving labour market, with emphasis on the use of modern technologies *(Footman, Knai et al 2014, p 9)*

Added provisions to;

- modernise harmonised minimum training requirements
- including more developed competency structure
- give delegated authority to make changes to supplementary annexes
- set up common training principles (platforms),
- extend the scope of the Directive to professional who are not fully qualified (partial access)

Challenges for care of aging societies

The MRPQ identifies **Sectoral minimum requirements** which enable Member states to accept migrating workforce from other countries automatically in the sectorally regulated professions. Standards include theory and practice hours, training content requirements and outline competencies for intial registration. MRPQ has clear benefits, but there are issues…..

1. Only initial professional qualification, and only those meeting main requirements fully – eg in nursing – **elder care nurses** included and **no specialist nurses (eg for specialist nursing in elder care)**
2. Based originally on hours of work and content completed rather than on competence. Annexe content includes **Care of the older person but not how much…..**
3. Minimum requirement may risk employment safety, where the norm is higher in a receiving country

Questions…..

Is legal acknowledgement of **professional recognition** the best way forward - or are there alternatives??

Is **sectoral division** still useful in today's healthcare society?

Can **Common platforms** be used to enhance mobility of Specialist professionals?

Does the opening of **Technological advance** pave the way for useful change in future?

The Bologna Process and European Higher Education Area

- Three cycle system: Bachelor / Master / Doctorate and support for universities (EUA and EURASHE)
- Recognition of qualifications and periods of study (EQF and ECTS)
- Quality assurance (ENQA, ESG, EQAR)
- Diploma Supplement
- Student centred approach (learning outcomes) and student support (ESU)
- Can enable development of cross profession subjects to any level (eg ERASMUS +)

(Adapted from Dury, 2013)

Benefits of Bologna in delivering healthcare education for aging societies

- '***A bachelor is a bachelor***' Allows inter-professional understanding and benchmarking in delivery of all studies at 1st 2nd and 3rd Cycle *(eg Tuning 2003, 2008)* – **Very important in hierarchical professions**
- Enables the development of **joint** and **cross border** degree programmes and paves the way for future collaborative research across professions – so specialist elder care modules and degrees can be developed across Europe for multi-professional teams
- Based upon learning outcomes and focussed upon student learning through achievement so can offer flexibility and transferability
- Diploma supplement offers a transcript of training for all degrees, so components studies which relate to elder care can be made visible

Challenges for nursing education

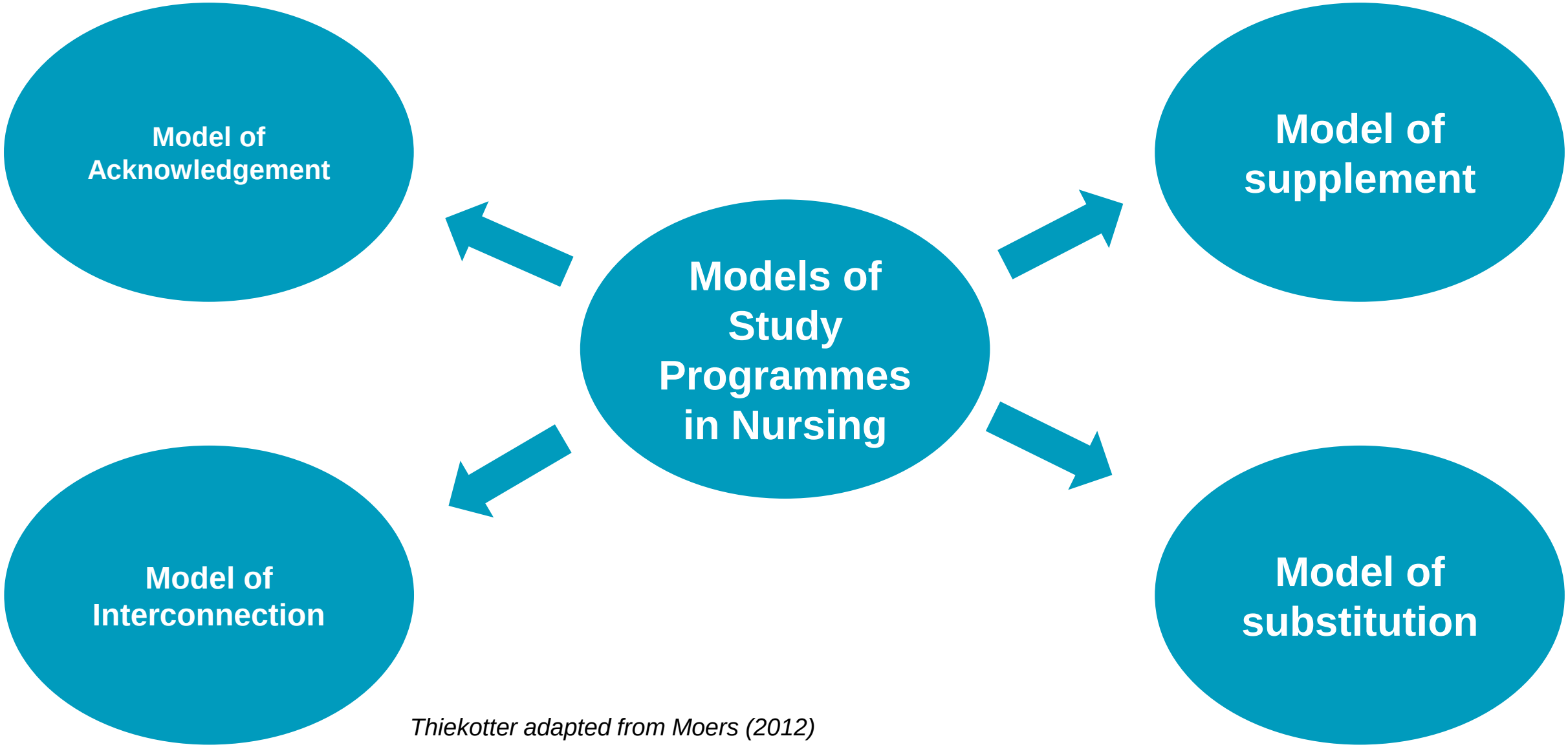
- Implementation of Bologna is responsibility devolved to Nations – No legal binding at EU level
- Higher Education (University/Polytechnic/Vocational School) is not a requirement for all healthcare education
- First cycle (180 ECTS) is not a requirement for registration of professionals within in EU Directive
- EU Directive as legal guidance takes priority over Bologna Process for studies including professional registration
- Different stages of academic development means different professions are treated differently
- Employability requirements are different
- Second and third levels are treated differently

How is initial nursing education delivered across Europe today ?

Model	Countries
3 – 3.5 Year Bachelor	Albania, Andorra, Bosnia and Herzogovina, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Ireland, Italy, Malta, The Netherlands, Norway, Slovakia, Slovenia, Spain, Switzerland, UK
4 Year Bachelor	Bulgaria, Cyprus, Greece, Iceland, Portugal, Turkey
3 Year Diploma or Vocational Diploma	Austria, Luxembourg, Montenegro, Russia
Other	Azerbaijan, Georgia, Kazakhstan, Lichtenstein, Moldova, Ukraine
Dual system (Bachelor & Diploma)	Armenia, Belgium, Germany, Hungary, Latvia, Lithuania, Romania, Serbia, Sweden

Adapted and updated from Lahtinen et al. (2014)

Contemporary Nursing Education across Europe



Thiekotter adapted from Moers (2012)

Specialist nurse in Europe: education, regulation and role
(Dury Hall et al 2014)

- 77 experts from 29 European countries responded
- online descriptive questionnaire survey

- Variations in titles, levels and length of education, certification, regulation and scope of practice for specialized nurses in Europe

- High level of knowledge and competence found

- Supports Footman et al finding of variability and lack of consistency

Policy and Practice

International Nursing Review

Specialist nurse in Europe: education, regulation and role

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DURY C., HALL C., DANAN J.-L., MONDOUX J., AGUIAR BARBIERI-FIGUEIREDO M.C., COSTA M.A.M. & DEBOUT C. (2014) Specialist nurse in Europe: education, regulation and role. *International Nursing Review* **61**, 454–462

Background: The concept of a 'specialist nurse' has existed for many years and related education programmes are proliferating. However, while literature clearly outlines the roles and practice of registered nurses and advanced practice nurses, those of specialist nurses remain unclear and nursing specializations across Europe need clarifying.

Aim: This pilot study aimed to explore the competencies, education requirements and regulation of specialist nurses in Europe.

Design: A descriptive cross-sectional survey.

Methods: An online questionnaire named 'Specialist nurse and specialization in Europe' was sent to 550 members of the European Federation of Nurse Educators and ten members of the European Specialist Nurses Organizations. Snowball sampling was then used to build a convenience sample of nurse educators, clinical nurses and specialist nurses, national nursing association members, and chief nursing officers from all European countries. Besides quantitative aspects, responses to open-ended questions were analysed using a qualitative content analysis process.

Results: A total of 77 experts from 29 European countries responded to the questionnaire. Findings highlighted variations in titles, levels and length of education, certification, regulation and scope of practice for specialized nurses in Europe. Analysis of the promoted competencies revealed dominant clinical and technical aspects of the role with a high level of knowledge.

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Funding statement
This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.
Conflict of interest
No conflict of interest has been declared by the authors.

Questions

Can collaborative cross border or inter-professional joint degrees contribute in future training/education paths for specialist practice?

Can initial nursing training requirements override restrictions related to variability in level of study and place of study?

Can specialist learning outcomes and content for elderly care be mapped across different study programmes for the multi-professions?

Europe 2020 - Towards a jobs rich recovery

"Health workforce planning for 2020 should start right now in order to provide the right number of health workers; in the right place; with the right attitudes and commitments; doing the right work effectively and efficiently; at the right cost; with the right productivity at the right time we need them".

Sermeus and Bruynel (2010, Leuven Policy Dialogues)

But there are challenges…

- Quality health workforce is vital but expensive…. *And in very short supply*

(Aiken, Sloane et al 2016; WHO Europe, 2017)

- Health workforce is aging

(Filkins 2011; Sherman, Chiang-Hianisko et al 2013)

- Health workforce migrates

(European Observatory, 2015)

- Healthcare in an aging society is changing….

….. And healthcare must change too….

"Unless the European Union effectively aligns innovation, economic and industrial policies with health and social care policies and with users' and patients' needs, to create a joined-up comprehensive and multi-sectoral response to demographic change and new disease patterns, thus ensuring fiscal sustainability and access to good quality care services, our social and economic models as well as the quality of life of our population are at risk. This is a crucial point we need to address……"

Blueprint Digital Transformation of Health and Care for the Ageing Society (last updated on 15/1/2017 and accessed 26/06/2017)

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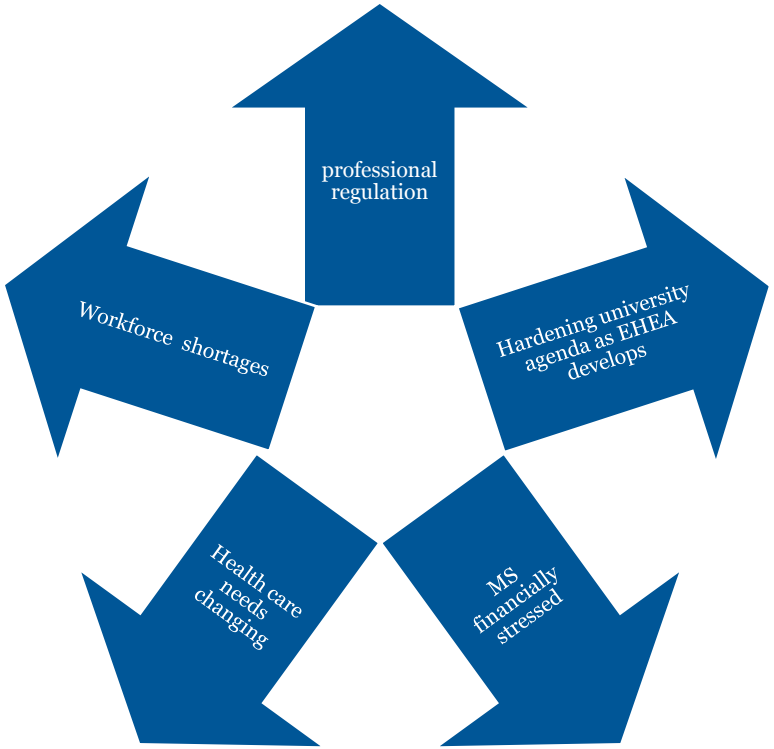
This or This? ??



Questions

How can the use of health human resource be maximised to support aging societies?

Will existing historically developed models of education regulation and governance work, or are new models needed to meet future training requirements?

Can existing models be used in new ways to meet the needs for patients and for professionals more effectively ?

What will be the role of professional expert groups in developing specialist education?

How can the paternalistic approach of the sectoral regulatory processes be reconciled with the need for integration of workforce skills and attributes?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Future
Directions

Ensuring a sustainable and appropriately trained health workforce

WHO (2015) identified key actions that might be taken include;

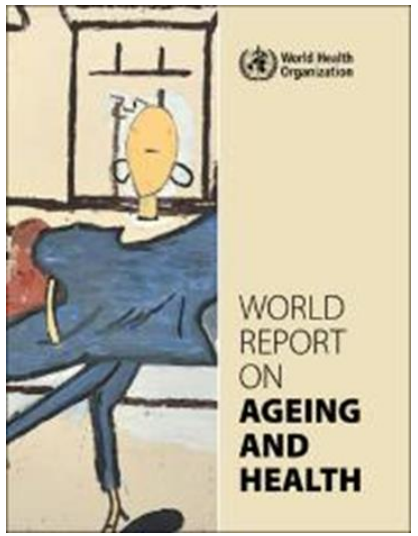
- providing **basic** training about geriatric and gerontological issues during **pre-service** training and in **continuing professional development** courses for **all health professionals**
- including **core geriatric and gerontological competencies** in **all health curricula;**
- ensuring that the supply of geriatricians meets population need, and encouraging the development of geriatric units for the management of complex cases
- **considering the need for new workforce cadres** (such as care coordinators and self management counsellors) and **extending the roles of existing staff**, such as community health workers, to coordinate the health care of older people at the community level

World Health Organisation World Report on Healthy Aging 2015
http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1

BUT……..

…..ensuring that health-care workers have skills and knowledge in geriatric care will probably not be sufficient on its own. Most health workers will also need competency in several nonmedical processes, including using shared decision-making, implementing team-based care, using information technology, and engaging in continual quality improvement. They will also need to be trained to overcome the ageist attitudes that are widespread in health-care settings

http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1
WHO Report on Aging and Health (2015)



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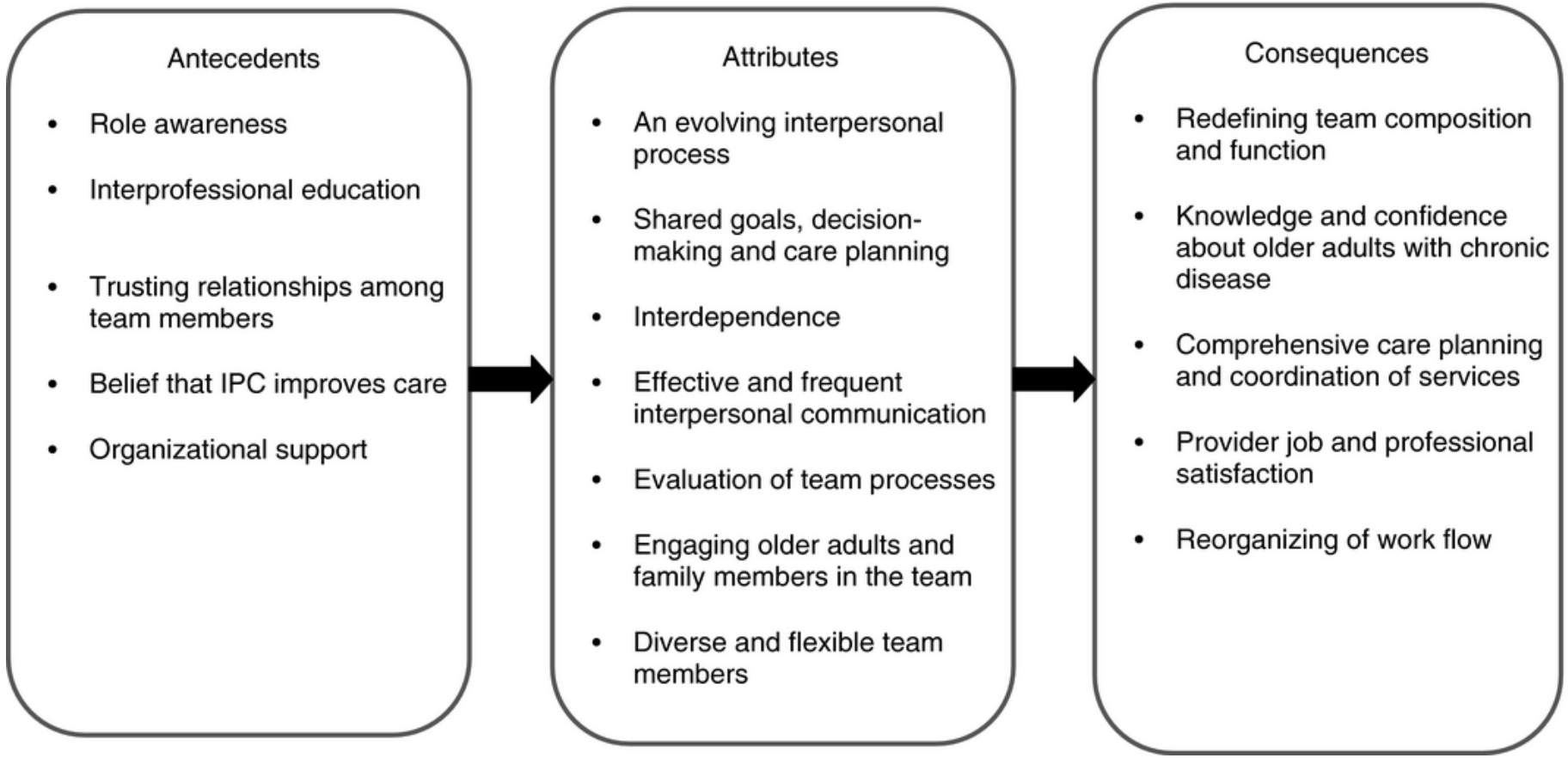
Understanding interprofessional collaboration in the context of chronic disease management for older adults living in communities



Booker –Bassett et al 2017 Journal of Advanced Nursing
Volume 73, Issue 1, pages 71-84, 17 OCT 2016 DOI: 10.1111/jan.13162
http://onlinelibrary.wiley.com/doi/10.1111/jan.13162/full#jan13162-fig-0002

A brave new world?

- New models **could** move the focus of education toward requirements for future care (putting patients first and using evidence based practice) with less focus upon the **paternalism** of regulation and more on the **utility** of the regulatory outcome - this could enable greater responsiveness to change and facilitate patient safety and professional opportunity

- Stronger use of evidence based care pathways with associated skills for care for delivery across borders could lead to create integrated learning across professions

- Specialist learning could be mapped and delivered in units of workload ECTS (Almost like re-useable learning outcomes RLO's – portable and identifiable)

- Common platforms could make better use of skills and knowledge sets to identify automatic recognition and support cross border professional mobility

People First!

Thank you

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