



TAIEX 59979

A Workshop on the Education of Nurses and Midwives

Belgrade, 15-16 September 2015

Introduction

This workshop followed up on TAIEX 50826 held in Belgrade in January 2013. The programme had been designed to produce concrete conclusions and recommendations about how to achieve the harmonization of nurse and midwifery education with Directive 2013/55/EU which amends Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation').

Over 80 people were present, but even so, it was not possible to include all interested parties. There were representatives from the Ministry of Health, the Chambers, Nurse Associations, Nurse Trade Unions, Schools and Colleges of Education, in both the public and private sector, as well as senior nurses and midwives from their respective fields of practice. Unfortunately, the Ministry of Education was not able to be present, but the Ministry of Health was present throughout in the person of Dr Vicko Ferenc, State Secretary at the Ministry of Health, who played an active part in all discussions.

The programme was conducted as set out in the agenda with all presenters speaking concisely so as to allow plenty of time for discussion and questions, which the audience were not short of. Very helpfully, all power point presentations had been translated into Serbian, by the Association of Health Workers of Serbia, so that they could be projected bilingually simultaneously. Furthermore, all discussions were interpreted simultaneously in Serbian and English, respectively. This facilitated understanding and subsequent discussion.

The presentations from experts informed and shaped the debates, while the workshops facilitated the determination of appropriate actions as represented in the conclusions and recommendations. The question and answer sessions clarified issues, while demonstrating the level of understanding of both the process to be followed to achieve harmonization and full compliance with the Directive. This was not always received with unalloyed joy as many colleagues present recognised the extent of the changes to be achieved and how it would affect them directly. In consequence there was much informal discussion in the side-lines of the event between colleagues and with the experts who made themselves available throughout.

Conclusions and Recommendations

There was a great deal of debate about the lack of general education that nurses and midwives currently do not receive in Serbia, and the need to ensure that this shortfall of four years is remedied. There was concern about the subsequent status of the current nurses and midwives and their teachers if the proposed changes required by the Directive were implemented.

Conclusion 1 and Recommendations 1a & 1b

Nurse and midwife education in the high schools does not conform to the requirements of the Directive meaning that the students lack general education before they enter nurse or midwifery training and are too young to commence training in the terms set out in Dir 55/13/EU. The current system provides 8 years of general education only. It is therefore **recommended** that the Serbian Ministry of European Integration negotiate with the European Commission for resources to achieve the structural changes required to secondary/higher education to ensure that all students of nursing and midwifery have received a minimum of ten years of general education and are a minimum of seventeen years of age before commencing training. Further, it is **recommended** that nursing and midwifery become graduate education professions following the educational trends in the European Member States¹, the research that associates graduate nurses with higher quality and lower mortality² and the upskilling of nursing as a profession in Serbia announced at the workshop

Conclusion 2 and Recommendation

The bulk of nurse and midwife education is currently being provided by medical doctors and not nurses or midwives. While welcoming the occasional inputs of non-nurse or midwife specialists in the delivery of the curriculum, it is essential that a nurse and midwifery teaching faculty be developed so that the requirements of Dir 3013/55/EU can be met. This challenge is compounded by a general lack of resources for nurse and midwifery teaching, especially text books in Serbian. The need to be able to access publications via the internet, and in English was discussed, and is not available to any degree in Serbia at present. It is **recommended** therefore, that the European Commission be requested to provide resources for the development of nurse and midwifery faculty through development opportunities in Serbia and through exchange programmes.

¹EFN (2012). EFN Evidence Report on Nursing Education. Available at: <http://www.efnweb.be/wp-content/uploads/2012/05/EFN-Evidence-Report-on-increasing-nursing-education-entry-requirement-from-10-12-years.pdf>

² Aiken et al (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *RN4Cast. Lancet*. May 24;383(9931):1824-30.

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Conclusion 3 and Recommendations 3a, 3b & 3c

The regulatory structure for nursing and midwifery is underdeveloped and not properly equipped to meet the challenges of working in the EU. Some reforms have been initiated to strengthen the re-licensing process which will be completed in the next four years. However, the non-availability of translations of directive 2013/55/EU in Serbian reflects the lack of preparation for these changes. Also the key role of the regulatory body in implementing the changes required by the Directive has not been recognised. It is **recommended** therefore, that a translation of the Directive in Serbian be created and posted on the websites of relevant government agencies, the nurse and midwifery regulators, nurse and midwifery associations, and centres of nurse and midwifery education. It is also **recommended** that TAIEX be approached to mount workshops for the staff of the regulatory bodies and relevant colleagues in other organisations to help develop the function of the regulator. Further, it is **recommended** that TAIEX be approached for the regulators to have the opportunity to visit regulators in Western Europe to develop a fuller picture of the functional requirements and challenges to be faced.

Conclusion 4 and Recommendations 4a & 4b

The current legislation and associated regulations for the training and regulating of nursing and midwifery do not embed the requirements of Dir 2013/55/EU. It will be necessary to draft the legislation and to take it through the Serbian Parliament. It was recognised that the prime actor in this will be the Ministry of Education, who unfortunately could not provide any active representation at the event. It was **recommended** therefore, that the required resources be identified in Serbia to draft and enact the necessary legislation, seeking expert input through TAIEX as required. It was also **recommended** that a national co-ordination committee be established led by the regulatory body and consisting of professional organisations, and the relevant political agencies (especially Ministries of Health, Education, European Integration) to determine a strategy for delivering a programme for compliance and draft necessary legislation, on agreed timescale.

Conclusion 5 and Recommendations 5a & 5b

The meeting observed several times that there are limited resources in Serbia to achieve change and that politicians and senior educationalists are not sufficiently involved in the process, indeed it was suggested that organisations have been too passive. Further, that nurses and midwives are not well informed about the EU and the Professional Qualifications Directive. A further comment was that this is not helped by a lack of collaboration between different nurse and midwifery organisations and that the communication between nurse and midwifery organisations and policy makers is not well enough developed. It was **recommended** therefore that workshops for nurses and midwives be developed through TAIEX to inform them and their representative organisations about the content of the Professional Qualification Directive and develop mechanisms for devolving information to all members. Further, it is **recommended** that the Ministry of Health consider retaining an increased number of nurses and midwives to strengthen their policy resource.

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Conclusion 6 and Recommendations 6a, 6b& 6c

There was much discussion about what the status of nurses and midwives who had qualified under the non-EU regime would be. It was explained that there would, as in other countries, be the opportunity for the running of Bridging Programmes to bring those whose programmes were inadequate, up the level of the Directives requirements, and to have the possibility of having Acquired Rights. It was **recommended** therefore that the European Commission be approached for the resources to develop such programmes and to mount them. Financial assistance should be sought through the Instrument for Pre-Accession Assistance IPA II, in collaboration with the Ministry of European Integration. There is an estimate of 190 mill EUR available for education, employment and social sectors for the period 2014-2020³. In the meantime, it was **recommended** that nurses and midwives trained under the non-EU regime should be reclassified as healthcare assistants unless initiatives are taken towards full registration on completion of a bridging programme, to achieve compliance with the DIR 2013/55/EU. As numerous types of nurse training have been run in Serbia in living memory, it was also **recommended** that the regulators draw up a record of the content of all the different curricula used since 1980 in order to facilitate rapid decision-making about free-movement requests and the development of appropriate bridging programmes.

Conclusion 7 and Recommendation

There was much discussion about the demands of the curriculum as set out in directive 2013/55/EU. In particular it was identified that the current curricula did not have significant parts of the 'Annex' in it and that there was no current expertise in developing a curriculum that focused on competencies as outcomes. It was **recommended** therefore that TAIEX be approached to request two experts who could visit Serbia regularly to work with the relevant parties to develop the curriculum and support the other initiatives associated with delivering the requirements of the Directive.

Summary

The conclusions and recommendations were all offered to the meeting individually and approved by all present. There was much enthusiasm amongst all present to make rapid progress in this area. In further work, the lack of midwifery input and representation would need to be remedied. All the experts expressed their willingness to return to do further work if requested.

TK – 26.Sept15

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2. **Mr. Dr Paul De Raeve**, *EFN Secretary General EFN, Belgium*
3. **Ms.Silvia Gomez**, *EFN Policy Advisor dealing with PQD, EFN, Belgium*
4. **Mr .David Hubert**, *EU Expert regulation. United Kingdom*
5. Ms. Master of nursing, **Brankica Rimec** *Expert on Croatian Accession , Croatia*

Workshopparticipants and experts of TAIEX agreedthattheconclusions and recommendations be submittedtoAddresses:

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20. All participants in the Workshop with the obligation to submit directors of health institutions and other relevant organizations and educational institutions.