

**89<sup>th</sup> EFN GENERAL ASSEMBLY  
EFN MEMBERS TOUR DE TABLE**



Country	Organisation	Profession	Public Policy
<p><b>UK</b></p>	<p>› RCN dignity campaign - champions patient dignity by giving nurses practical tools to ensure compassionate care and challenge poor practice where it exists. The campaign draws on the report "Defending dignity: challenges and opportunities for nursing", based on a survey of over 2,000 RCN members. It highlights key concerns around dignity and makes a number of important recommendations.</p>	<p>› Pay (re-opening of negotiations) and the economic climate: The RCN and other organisations have been continuing discussions with government and NHS Employers over the process for re-opening talks on the NHS pay award for 2009 and 2010, which had been agreed as part of a three year pay deal. Our push to re-open talks has come in the light of pressure for nurses and health care assistants to cope with the increasing cost of living and the rises in inflation announced recently. The Retail Price Index (RPI) which trade unions and leading economists consider to be the most accurate measure of inflation, as it includes housing costs, has risen to five per cent. This is 3% above the Government's official target for inflation of 2%. Even the inflation rate which the Government prefers to use - the Consumer Price Index which excludes housing costs - rose to 4.4 percent. It has now been agreed that the Review Body will receive evidence around the changing economic and labour market conditions. Provided the Review Body are convinced by the evidence of the impact of changing economic factors, this, in turn, could lead to a review of the pay awards for 2009 and 2010. The RCN's view is that the facts will speak for themselves and that there is a clear case for review. The UK Nursing and Midwifery Council (NMC) will develop a new framework for pre-registration nursing education. Key elements include a degree being the minimum academic award for pre-registration nursing programmes; the</p>	<p>› UK National Health Service (NHS) reform UK minister, Lord Darzi has issued a report that sets out the ground rules for how the NHS will handle changes to services. The RCN has said that any change must be transparent, clinically evidenced, locally led and for the benefit of patients. Our argument is that whilst it is right to tailor local services to the needs of local communities, the public rightly expect the NHS to provide free access to healthcare, regardless of location.</p>

		<p>introduction of strengthened points of progression at pre-determined stages of a pre-registration course and a period of preceptorship to support all newly qualified nurses. Nursing content of electronic patient/client records: The RCN has produced documents covering a wide range of e-Health issues such as the definition of consent, obtaining consent to access records, standards and the structure expected for nursing content and safety. Emphasis is placed on patient care being the primary driver for deciding on all electronic nursing content.</p>	
<b>Switzerland</b>	<ul style="list-style-type: none"> <li>› The NNA (ASI) is reflecting on its future: how to keep the specialist nurses in the association? How to attract the nurses not member of the association? Should the NNA be open to the assistants to nurses?</li> <li>› The NNA is preparing its 100th anniversary in 2010.</li> </ul>	<ul style="list-style-type: none"> <li>› Important debates in Switzerland take place on the level of education of nurses; if the service sector needs to be questioned; the university level for all nurses (Bachelor) is being combated, especially in the German side of Switzerland. ASI is, at the same time, participating in the creation of a nursing science University Institute in Lausanne. This autumn the institute will open a Doctoral level, the 2nd Doctoral School in the French-speaking world.</li> </ul>	<ul style="list-style-type: none"> <li>› ASI is in process of publishing an ethical position on 'nursing and vaccination against influenza'.</li> <li>› The financing of nursing services has achieved derogation in the law on Health Insurance. As a consequence, the patient will have, in the future, to pay more upfront.</li> <li>› Collaboration with unions and associations in order to review the work in night shift and on call services: we fight to defend professionals good rest conditions for the quality of care for the patients.</li> </ul>
<b>Spain</b>		<ul style="list-style-type: none"> <li>› Working on a Regulation on prescription from nurses;</li> <li>› Challenges in Education – New study plans (approved 2 months ago), with new certificates --&gt; 4 years degrees &amp; 240 ECTS – student can then choose to go for a second level, a Master and then a speciality. The NNA has set up a PhD school to help to set up these studies, and a special PhD was created in memoriam of Myriam Ovalle.</li> </ul>	<ul style="list-style-type: none"> <li>› The implementation of legislation on prevention of infections in 12 of the 17 regions decreased the injuries up to 80%.</li> </ul>

<p><b>Slovenia</b></p>	<ul style="list-style-type: none"> <li>› We continue with the regulation system (registration, licences, professional audit, and we try to maintain specialisations); we have an accreditation system for continuous professional development in nursing.</li> <li>› We have a representative in the ICN board for two mandates and have a new candidate for the elections in ICN board in 2009 (Peter Požun).</li> </ul>	<ul style="list-style-type: none"> <li>› We have done a peer review of the Bologna system on some nursing education programmes (schools); we have done some suggestions with implementing the system into the praxis, especially in clinical environments regarding Directive 36. Regarding to the past in Slovenia there is now a great number of new nursing schools on university level in Slovenia and we have done some suggestions to the government not to exaggerate with tem, because there is a question of the quality of outcomes and employment. It would be useful to have unique accreditation system in EU for assessing Bologna system education for nurses.</li> <li>› New salary system: after long period (six years) and hard negotiations our nurse union succeeded with better salaries for nurses and increasing them for about 20 % in the next two years. We have 10 different salary classes for nurse but still some problems with implementing this achievement into working areas.</li> <li>› In June we finished with well succeeded 17<sup>th</sup> World Enterostomal Therapist Congress in Slovenia.</li> </ul>	<ul style="list-style-type: none"> <li>› From January we have a new law for patients' rights and Nurses and Midwives Association has participated on it as in some other laws regarding health system. We have a representative from the Nurses and Midwives Organisation Slovenia also in the National Committee for Patients' Rights at the Ministry of Health.</li> <li>› We have a nurse in the National Council – Parliament.</li> </ul>
<p><b>Slovak Republic</b></p>		<ul style="list-style-type: none"> <li>› Nurse/patient ration for the 1<sup>st</sup> time;</li> <li>› Sustainable Education evaluation – project to start in June 2009.</li> </ul>	<ul style="list-style-type: none"> <li>› New Ministry of Health;</li> <li>› Trying to establish a nursing department in the government.</li> </ul>
<p><b>Romania</b></p>	<ul style="list-style-type: none"> <li>› The Association organized a National Conference on "Nurses and Primary Care", 9-10 May 2008.</li> <li>› Closed the project Research in Nursing</li> <li>› The Association organized four meetings with working group of education</li> <li>› In present we prepare the conference from October with the topic – Nursing and</li> </ul>		<ul style="list-style-type: none"> <li>› Participation at Conference from Southampton „The Future of Primary Health Care in Europe“ (two nurses attended this conference)</li> <li>› We had a meeting with the representatives' persons from The Ministry of Education regarding all problems from nursing education at the university level.</li> </ul>

	<p>Patient Safety</p> <p>› Association published and launched books: Research in Nursing; Second edition of Nursing Procedures; Last week we finished to translate and adapt in Romanian Language book NANDA-I "Nursing Diagnoses"</p>		<p>› The Association sent a letter at the Ministry of Education with twelve requests, on 15 July, but until now we don't received any answer. 1. Enrol a nurse in the Ministry of Education which represents nursing profession. 2. Collaboration of the Ministry of Education with all professional nursing association and involve them in making decisions regarding settlements in our profession. 3. Adopting a new curriculum in nursing for university level, regarding teaching and practice, at this time the curriculum is after the medical model. 4. The nursing teachers and the leaders of the Nursing Schools/Universities must be graduated nurses with university degrees, conform to the legal aspects (At present in Romania we have three promotions of graduates from University; nursing teachers are doctors who teach the disease not the nursing). 5. The nursing teachers must be nurses with university degrees and they must be trained by nurses from the West Universities or in the West Universities, conform to the declaration signed by Romania regarding the training of nurses and midwives. 6. Formation the mentors for the clinical practice of students. Now, these mentors are also doctors. 7. Replacing the term "medical assistant" with "nurse/nursing" in the educational laws regarding nursing education. 8. Changing the title of graduates "licensed in medical general assistant" with nurse. There is the occupation of "nurse" in Classification of Romanian Occupation, since 2001, adopted by the Romanian Government. There is the occupational standard for nurse; at present the title "licensed in medical general assistance" is not conform to the European Directive; actually the medical assistant does not define/mean a profession,</p>
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			<p>suggesting more to help/to assist with - other profession, term which creates a lot of confusion by the time when our studies must be recognized to nursing studies from other countries. 9. Solve the dysfunction between correlation qualifications recognized international and the qualifications from Romania (the domain must be Nursing – not Medical Assistance, and the title should be nurse. 10. Change the title Faculty of Medical Assistance with Nursing Faculty. 11. Introduction of specialized nursing programs. World Health Organization has already established the curriculum for many programs of specialization. 12. Introduction the Master and Doctoral programs in nursing.</p>
<b>Portugal</b>	<ul style="list-style-type: none"> <li>› The 'Ordem' organised a conference on regulation and submitted a 4 years strategic plan to the government.</li> </ul>		<ul style="list-style-type: none"> <li>› The ICN mobile Library is now a reality in Cabo Verde.</li> <li>› National strike on 30/09-01/10 2008 (participation of 2.500 nurses).</li> </ul>
<b>Poland</b>	<ul style="list-style-type: none"> <li>› 2 new NNA District Corps;</li> <li>› Open ceremony Central Nursing Archive in Warsaw;</li> <li>› Organising together with Senator Janina Fetlinska First Conference Nursing History in Poland in Polish Senate;</li> <li>› Summer workshops for nurses "Physical examination" - "Researches in Nursing";</li> <li>› Preparing for next year NNA election.</li> </ul>	<ul style="list-style-type: none"> <li>› Preparing with Warsaw Medical University ICNP Conference in Poland 28-30.09.2009 in Warsaw;</li> <li>› Working with ICNP Group with ICNP Translations (it is almost finished);</li> <li>› Preparing publications: Ethics in Nursing Practice: A Guide to Ethical Decision Making; ICNP® Catalogue – Partnering with Individuals and Families to Promote Adherence to Treatment; HIV/AIDS guidelines; Researches "Positive practice environment in Poland" - preparing Report;</li> <li>› Polish Nurses Congress 15-16 ay Solina first time with students session; Nursing Competition "Nurse of the Year 2008".</li> </ul>	<ul style="list-style-type: none"> <li>› Working with Main Chamber Nurses and Midwives with preparing new act drafts in nursing;</li> <li>› Start establish Program "Patient Talk!" Polish version;</li> <li>› Working with e-patient about patient safety;</li> <li>› HealthProElderly Project - working with partners - preparing Conference Proceedings;</li> <li>› Participation in several Nursing Conferences and gave information about safe work in Hospitals and nursing development;</li> <li>› Abstract for ICN Congress.</li> </ul>

<p><b>Norway</b></p>	<ul style="list-style-type: none"> <li>› New international section with 3 full time staff members;</li> <li>› Organisational review and certification (Norad);</li> <li>› Assistance to Montenegro;</li> <li>› New focus in international development work.</li> </ul>	<ul style="list-style-type: none"> <li>› Lobbying for a new Regular General Nurse scheme;</li> <li>› Lobbying for a Government Chief Nursing Officer.</li> </ul>	<ul style="list-style-type: none"> <li>› Several abstracts and a larger delegation to ICN's Congress Introducing KOMPASS - Competence based governance in municipal health services and in hospitals;</li> <li>› Lobbying for magnet hospitals.</li> </ul>
<p><b>The Netherlands</b></p>	<ul style="list-style-type: none"> <li>› A sharing Point where members can share questions/problems was set up.</li> </ul>	<ul style="list-style-type: none"> <li>› Expected shortage of nurses as the 45 years old nurses are now starting to leave their jobs --&gt; workforce issue remains a main problem in The Netherlands.</li> </ul>	
<p><b>Malta</b></p>		<ul style="list-style-type: none"> <li>› Agreement on nurse/patient ratio;</li> <li>› CPD - reimbursed by the government (agreement).</li> </ul>	<ul style="list-style-type: none"> <li>› Challenges: Getting new health care settings (new hospitals); lack of occupational health and safety; recruitment still a problem → nursing shortage.</li> </ul>
<p><b>Latvia</b></p>	<ul style="list-style-type: none"> <li>› Involvement in the supervision of structural and social project.</li> <li>› Involvement in the 2nd Congress on nursing and Midwifery.</li> </ul>	<ul style="list-style-type: none"> <li>› Implementation of a specialist Education University.</li> </ul>	
<p><b>Italy</b></p>	<ul style="list-style-type: none"> <li>› Association has set up different working groups (quality and accreditation- Safety-Education, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>› On May a large Conference on Continuity of Care has been set up.</li> <li>› Following Bologna - implementation of a nursing curricula and now working on organisation inside the University.</li> </ul>	<ul style="list-style-type: none"> <li>› The Association is present in Ministerial Commissions to push nursing ahead in Education setting and in Management Public Health and Family nursing Master collaboration</li> <li>› Main challenges: Management (do not have a Chief Nurse); How to define nursing budget to recruit nurses.</li> </ul>
<p><b>Ireland</b></p>		<ul style="list-style-type: none"> <li>› Working on Work Practice/Skill Mix/Work Flexibility - report to come out.</li> </ul>	

<p style="text-align: center;"><b>Iceland</b></p>	<ul style="list-style-type: none"> <li>› Nurses/Nursing Improvements Committee – new statutes for the association.</li> <li>› The Icelandic Nurses Association (INA) Improvements Committee was formed following the passing of a resolution at the association congress of representatives in May 2007. The committee was given the task of preparing proposals for changes to the statutes and to the organisation of the association. In the committee members' brief it said that the role of the committee was to review and where appropriate propose changes to: - the stated purpose of the association, - conditions for membership of the association, - the building of the association, including the existence and role of regional units, voting rights at the association's AGM, the association's board including its composition and roles, and other aspects of the association. - the status of the association's professional units, - the number, roles and composition of association committees and boards, - staffing at the association offices, the role of the chairman and of the notional general manager and the relationship between the chairman and the association's board. - other aspects of association organisation where committee members felt there was room for improvement. The main proposals of the committee, whose members were volunteers from the body of association members, were that the association should continue to emphasise its dual role of representing its members' interests and being a professional organisation. The emphasis is placed on strengthening and expanding the existing role of professional units within the association for example by clearer participation by the board. It is proposed that the association organisation be changed by electing an 18 man board at</li> </ul>	<ul style="list-style-type: none"> <li>› Image project - The 15 January marked the start of the INA image project. The project is the association board's reaction to members' pressure for a campaign to improve the profession's image. The project is wide in scope and in many ways complex. It is intended to present a clearer picture of the work of nurses and of nursing as a profession. The project working group deals with the conceptual and development work and acts as a support group for the project manager who is responsible for practical implementation. What is an image and what should a nurse's image be? There is no easy answer to this question, but the concept of an image includes not only how others see us but also how we see ourselves and how we wish others to see us. So the image of nurses as professionals is a complex matter and a delicate issue to get all nurses to see their profession in the same way. The working group agrees that nurses' dialogue about their jobs has been negative rather than positive. They also feel that salaries and the working environment are major factors in the negative attitudes that prevail in the profession. The group agrees that to develop a clear image of the profession and of tasks of nurses one has to break the vicious circle of negative dialogue. The project, which has been entitled "When the going is toughest", is not only directed at nurses but also at the general public, as there is no guarantee that people in general realise that nurses have an excellent education and that their work requires considerable knowledge. Nurses themselves need to appreciate the worth of their education, value it and talk about it with respect, if a positive image is to be created in the minds of those outside the profession. It is the nurses' own responsibility to disseminate positive</li> </ul>	<ul style="list-style-type: none"> <li>› New Minister of Health - Following the parliamentary elections in the spring of 2007 and the appointment of a new Minister of Health from the Independence Party, the emphases in the running of the health service have changed significantly. The current Minister of Health emphasises variety in operational models and independent involvement of health service professions in specific operational units. In accordance with this policy, talks are currently taking place between representatives of the Icelandic Nursing Association and of the minister on the subject of development projects concerning independent clinics run by nursing graduates. It is hoped that Iceland's first nursing clinic will open this year.</li> <li>› New laws governing the Directorate of Health - New laws took force in September along with new laws governing health service. There are various innovations there that will have significant effects on the operations of the Directorate of Health in the coming months and years. The tripartite role of the directorate, advice, processing of information and quality development, and monitoring are well covered by the laws. The Directorate of Health authority to maintain health registers at a national level is strengthened as is its authority to process information for the purposes of assessing the health of the population and for managing and monitoring the health service. In addition, the duties of those providing health services to provide the Directorate of Health with the necessary information is specified. The importance of quality development in the health service is also underlined and the Directorate of Health role in this respect is specified. In the light of the new legislation, the division of roles</li> </ul>
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	<p>the AGM instead of the current 7 man board. The new board shall define policy for the association's operations. The main supports for association management shall be the professional and regional units. The committee also proposes that daily operations be managed by a management board comprising a chairman elected by the association and two co-members who are association employees. It is also proposed that a manager or office manager be appointed by the association. Another proposal is that standing committees be reduced significantly and emphasis placed on forming working groups or ad hoc committees to handle specific issues.</p> <ul style="list-style-type: none"> <li>› The association's board presented the Improvements Committee proposals more or less unchanged to the AGM where they were approved. An implementation group has already been appointed to supervise implementation of the laws and the changes they will bring about.</li> <li>› Salaries agreements Salary agreements were due for re-negotiation at the worst possible time, i.e. at the beginning of the summer holiday period when there is a minimum of staff at health institutions and difficult to get members to attend meetings and to get information to them. Nor did the state of the economy help. At the same time as members demanded significant increases in salary to keep pace with inflation, the government demanded that pay claims be curtailed in order to keep inflation down. The INA claim was put on the table at the first meeting between INA and the state negotiator (SNR). The INA negotiation committee had great expectations of the pending pay negotiations, not least because of the policy statement from the coalition government of the Independence Party and the social</li> </ul>	<p>attitudes to their work so that others discern a more positive image of the nursing profession. The project has sought cooperation with a public relations company and with an advertising agency that both provides advice and produces the publications required by the project. The project has been instrumental in the writing and publication of more than 100 articles on nursing and nurses in newspapers and magazines. It has also organised radio and TV interviews, sent newsletters to all nurses in the country that dealt with nursing in a positive manner and covered the work of nursing in a wide perspective. The project also published a 16 page supplement in the country's most circulated newspaper, which reaches 64% of homes. The supplement emphasised coverage of the nursing profession in its widest sense and the public were given an insight into the valuable work done by nurses. The project has created major coverage on nurses and nursing in the media and members themselves have reacted well to the request to write about the positive aspects of their work. A major part of the image project was support for the salaries negotiations through creating an image for nurses that was conducive to public support for their demands and for the possible pay disputes and industrial action. Press coverage after the announcement of an overtime ban showed clearly that the project had achieved its aims and that the public supported the nurses. The project is not a campaign but a continuing task for the immediate future. Vision of the Future Health Workforce: The shortage of nurses is still a problem and there are concerns about lack of renewal. It was agreed two years ago to increase the number of places for nursing students, but unfortunately demand for entry into the profession has</p>	<p>within health administration is being clarified and a number of tasks have been moved from the ministry of health to e.g. the Directorate of Health as a result. Society Matters concerning the elderly were moved to the Ministry of Social Affairs at the end of the year, except that which relates to health service for the elderly, which remains at the ministry of health. One Achilles heel of health services in Iceland, not least for the elderly and the mentally handicapped, has been that health services and social services have sometimes not been in step and it has proved difficult to harmonise these two systems. Hopefully this will be rectified with the new organisation of issues related to the elderly. From the point of view of the recipients of the services, harmony is paramount and that the services are in step. We sometimes organise services more according to the needs of those providing the services than of the patients. There is still work to be done here in organisation and policy-making.</p>
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	<p>democrats (Samfylkingin) from 2007 which promised to reduce gender-related salary discrepancies in the public sector by 50% during the current parliament. In particular, women's salaries in the public sector were to be reviewed, especially in jobs with a high proportion of women. A promise was also made to narrow the salaries gap between the public and private sectors in cooperation with parties to the employment market. So far the government has done little to fulfil these promises. Negotiations began on 18 March 2008. At the end of April, after five meetings, the SNR negotiation committee referred the matter to the state arbitrator. Many meetings were held with the state arbitrator without results. The SNR offer did not change between meetings and it was repeatedly rejected by INA, as the negotiating committee felt that there was little point in presenting something to members that they would not accept. The INA negotiation committee tabled many ideas in order to gain agreement, where the main emphasis was on raising basic salaries and on recognising experience in the salary calculation. At the end of May the association's representatives recommended to the INA board that they get a mandate for action from the members to apply pressure for a new pay deal with the Minister of Finance. As striking during the summer did not seem a practical option it was decided to find an alternative. The idea of an overtime ban was proposed. 2068 nurses were employed on the basis of the current pay deal when the vote was taken on the overtime ban. There was more than 60% participation in the vote of which 95% voted in favour and the ban was announced to start on 10 July. An overtime ban is a new and untried weapon in nurses' fight for improved terms of employment. When the</p>	<p>continued to drop. Other solutions have been considered and in relation to this issue on the one hand the issue of working conditions and environment in health service, and on the other of salary and terms of employment, have been raised. There is interest and willingness among managers of health institutions to improve conditions and this is widely being implemented, but it has proved more difficult to reach agreement on terms of employment and salary. The Directorate of Health has indicated that poor staffing is a threat to quality of service and to patient security.</p>	
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	<p>vote was taken, people were beginning to appreciate what a powerful weapon it could be. But there was some uncertainty about the implementation. Early in the process, INA sought legal advice on the legality of such a ban. The lawyers concluded that the exemption lists that applied to strikes did not apply to an overtime ban. The day before the overtime ban was to commence there were long and arduous meetings with the state negotiators and state arbitrator. Finally things started to fall into place and an agreement was reached late in the evening on 9 July. The agreement is good given the circumstances and is hopefully a step in the right direction towards tackling the problems of staff shortages in nursing. The main effects of the new salaries agreement One of INA's main emphases in the negotiations was to raise the basic salary for nurses, where the most common basic salary for a nurse with 20 years' experience was ISK 288,006. About 40% of INA members are in day jobs. The proportion of overtime has been about 20% of total salary which nurses feel is too high. The changes in salary structure achieved by the current settlement mean that the basic salary of an experienced nurse has risen by about 14%. The basic salary of newly qualified nurses has risen by about 15%. The shift weighting has increased by the same percentage. The overtime percentage has been lowered from 1.0385% to 0.95%, but because of the increase in the day rate the amount in crowns paid for each hour of overtime has increased. The salaries agreement that was agreed with 91% of votes cast is in force until 31 March 2009. Parties negotiating with INA The Minister of Finance for the treasury, The Association of companies in health service (SFH), The Municipalities Joint Salaries Committee (LN), Reykjavík City, other trusts, the</p>		
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	<p>National Institute of Social Security and companies in the private sector.</p> <ul style="list-style-type: none"> <li>› Lifelong Learning - The cooperation agreement between The University of Iceland Continuing Education and INA on lifelong learning for nurses was signed on 12 February 2008. The agreement includes the offer of courses tailor made for nurses and the cost of the courses is kept to a minimum. The University of Iceland Continuing Education also offers members selected courses from their course offer at specially discounted prices. Distance learning is offered where the organisation of the course allows.</li> </ul>		
<b>Greece</b>	<ul style="list-style-type: none"> <li>› New Board member;</li> <li>› Important for the NNA to have new members and to build new alliances (important to cooperate with Greek regulatory bodies);</li> </ul>	<ul style="list-style-type: none"> <li>› Education – trying to unify the nursing education.</li> </ul>	<ul style="list-style-type: none"> <li>› Try to come together with the ministry to have a new legislation for one national nursing education.</li> </ul>
<b>Germany</b>	<ul style="list-style-type: none"> <li>› NNA organising a conference in November.</li> </ul>	<ul style="list-style-type: none"> <li>› Reform regarding Long Term Care – Family Health.</li> </ul>	<ul style="list-style-type: none"> <li>› Big demonstration from hospitals' employees in Berlin, under the ban "save the hospitals" as financial deficits which leads to less jobs and less nurses. No system of nurse/patient ration. 21.000 nurses need to come back to work to hospitals.</li> </ul>
<b>France</b>		<ul style="list-style-type: none"> <li>› Professional associations are struggling to influence the numerous reforms launched in the French healthcare system.</li> <li>› Main nursing organisations and unions developed a common project regarding the global reform of the nursing education system. In accordance with the bologna process framework and the tuning project orientations we began a strong lobbying campaign.</li> </ul>	<ul style="list-style-type: none"> <li>› Many laws and reforms are in final phases of preparation: -Introduction of advance practice for non physician healthcare professionals including nurses, this reform aim is to manage the physicians' shortage issue - nursing education reform - nursing regulation reform including scope of practice.</li> </ul>

		<ul style="list-style-type: none"> <li>› We also try to impose our vision in the matter of advance nursing practice in nursing.</li> <li>› Accreditation of prior learning (experiential) will be introduced soon to give access to experimented nurses to post basic diplomas in nursing (anaesthesiology, operating room and child care) Self employed nurses negotiated a contract with the social security: they lose the freedom to create new nursing clinics in the community but their services will be better paid. We hope to better regulate the demography of self employed nurses in regions.</li> <li>› The order election process is still going on. Local and regional representatives are already elected and working in their regions. The election of the national council will start next November and the results will be available on November 25<sup>th</sup>.</li> </ul>	
<p><b>Denmark</b></p>	<ul style="list-style-type: none"> <li>› Long lasting collective bargaining; all nurses went on strike for more than eight weeks.</li> <li>› Three very important agendas in the Danish health debate: Equal pay not only between genders but also educational and between public/private sector.</li> <li>› Another very good result was that we managed to break the framework, set by the government, for the collective bargaining's (12, 8%) and got 13, 1 % over the coming 3 years.</li> <li>› The strike gave a tremendous cohesiveness in the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>› We try to change the State regulation for nurses, so it is in coherence with reality. Pr 1 October 2008 nurse assistants will get their state registration and our registration only safeguard the nursing title.</li> </ul>	

<p><b>Cyprus</b></p>	<ul style="list-style-type: none"> <li>› Within the framework for better organization, utilization and promotion of the specializations, expertise and particular Nursing and Midwifery Services, CYNMA established Nursing Branches (sectors) which function under the auspices of the Association;</li> <li>› A detailed Report of Activities for the years 2006 - 2007 has been submitted to EFN. This can be viewed in English at <a href="http://www.cyna.org/files_uploaded/report%20cynma%202008%20v.1.pdf">http://www.cyna.org/files_uploaded/report%20cynma%202008%20v.1.pdf</a></li> </ul>	<ul style="list-style-type: none"> <li>› CYNMA participated and expressed its views and suggestions in various meetings with the Academics at the University regarding issues relevant to postgraduate educational programs in Nursing.</li> <li>› A comprehensive list of activities which can be carried out by Midwives and Nurses in the Community has been prepared and submitted to the Health Insurance Organisation in order to make it possible for Nurses and Midwives to get contracts for providing care autonomously.</li> </ul>	<ul style="list-style-type: none"> <li>› The Association suggested relevant amendments to the legislation for the New National Health Scheme which has been submitted to the Parliament. The amendments were prepared through consecutive summits of the BOD and were submitted in the meetings of the Sounding Board of the Health Insurance Organization (HIO). Most of these have been included in the proposal.</li> <li>› CYNMA was invited at several meetings of the Health Committee of the Parliament and provided input on important issues like the provision of primary health care by Health Visitors and the Staff ratios in the Private Hospitals.</li> <li>› Since the establishment of Nursing Departments in 3 private Universities took place CYNMA Board had met with representatives of these Universities and exchange ideas for future cooperation. A press released has been communicated to the Media.</li> <li>› A Joint Position Statement has been prepared concerning Mental Health Nursing Education with the Union of Mental Health Nurses</li> </ul>
<p><b>Croatia</b></p>	<ul style="list-style-type: none"> <li>› The NNA signed an agreement with the medicine faculty;</li> </ul>	<ul style="list-style-type: none"> <li>› Some important books will be translated into Croatian from the English.</li> </ul>	<ul style="list-style-type: none"> <li>› Involvement in the TAIEX Mission;</li> <li>› Peer review – finalised in July 2008.</li> </ul>
<p><b>Bulgaria</b></p>	<ul style="list-style-type: none"> <li>› Member of ICN</li> </ul>	<ul style="list-style-type: none"> <li>› Have Bachelor and Masters in nursing;</li> <li>› Many demonstrations beginning of the year because of the salaries (got 10% increase);</li> <li>› Shortage of nurses.</li> </ul>	

<p><b>Belgium</b></p>		<ul style="list-style-type: none"> <li>› Presentation of a plan for nurses support and attractiveness by the Ministry of Health – 4 parts:             <ul style="list-style-type: none"> <li>- At least one more nurse in each hospital unit (for each 30 beds);</li> <li>- Increase salary of nurses and specialist nurses in the hospitals;</li> <li>- One single training title by 2010 (Bachelor);</li> <li>- More competencies for consulting nurses;</li> </ul> </li> <li>› Creation of a regulatory body – will be discussed in October in the Belgian Parliament &amp; Senate.</li> </ul>	<ul style="list-style-type: none"> <li>› Ministry of Health hired a nurse as adviser – Ms Cécile Fontaine.</li> <li>› Financial support to the NNAs (as from 2009), if they get together.</li> </ul>
<p><b>Austria</b></p>	<ul style="list-style-type: none"> <li>› The new board and president (elected Dec. 2007) have installed different working groups, i.e. registration of health care professionals, guidelines for subgroups, accreditation system for ongoing education.</li> </ul>	<ul style="list-style-type: none"> <li>› ANA uses election of new parliament to put nursing issues on the agenda: which are registration, quality assurance, education, nursing shortage, strengthening the primary care system.</li> </ul>	<ul style="list-style-type: none"> <li>› Nursing schools in an apprenticeship model are moving to higher education. First one to start this autumn in Vienna.</li> </ul>