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This resolution is proposed by FAGE and drafted by FNESI (French Federation of Nursing Science Student) in the context of the implementation of general care nurses' education in France.

INTRODUCTION

In an ever-changing world where health challenges are multiplying, the quality of nursing education is of the utmost importance. This resolution is part of a desire to modernise the vision of the profession and training conveyed by the DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) N°1024/2012 on administrative cooperation through the Internal Market Information System¹.

In a context of major developments in healthcare, innovation and emerging public health issues, it is necessary to review the EU's vision and its training conditions. The development of Europe-wide recognition of the profession is indeed awaited, but it must be seen in its proper context : an evolving profession.

¹ [Directive 2013/55/EU of the European Parliament and of the Council. \(2013, November 20\). Official Journal of the European Union, C \(2013\) 111, Amending 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 \('the IMI Regulation'\). 132-170.](#)

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The content and training conditions the EU wants to put forward must not restrict the development of the profession. We want this directive to be modernized and put on a long-term footing. The attractiveness of training and the profession is crucial if we are to meet the European challenges of access to care and the demographic challenges facing nurses.

In France, training is provided in establishments run by hospitals or private associations (such as the French Red Cross). Universities do not have their own responsibilities for training, but provide a certain amount of teaching, mostly by distance learning. Training is funded by the regions, which are decentralised. The Ministry does not provide this funding directly. Graduates are awarded a state diploma by a regional department, with a bachelor's degree awarded by the university. Even though it is recognised at EQF 6 as well², as this is distinct from the national bachelor's degree awarded by the university, it does not offer the same recognition and limits access to further study, such as access to Master or PhD. This governance and particular distribution of institutional competences in the field of training means that the latter is marginal in comparison with other higher education courses. It also means that all the specificity and processes mandatory for Universities like the quality process, learning & teaching are not applying to the training institutions.

AN UNSUITABLE NUMBER OF HOURS

The constraints of the European directive stipulate a minimum of 4600 hours of training, which has led to a change in training in France, with an increase in training weeks. In particular, nursing training in France is characterised by the largest number of teaching units and a weekly rhythm that is higher than the average for French workers, if personal work is included.

² [France Compétence. \(2021\). Update of the referencing report of: The French qualifications framework to the European Qualifications Framework for Lifelong Learning and the Qualifications Framework for European Higher Education Area \[Rapport\] 1-53](#)

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However, France doesn't include this personal work in the 4600 hours required by the European directive, creating a paradox between the ECTS load defined by the European Union and the reality of nursing training. This directive has a direct impact on the quality of life and study of student nurses. According to a survey on the well-being of student nurses carried out by the FNESI in 2022³, more than 1 in 2 students have felt tired "often" or "all the time" since starting their training, in connection with their workload and accumulated fatigue. To resolve this problem, it is essential to adapt this hourly volume and its definition in harmony with the recommendations and ECTS equivalences of a European bachelor's degree (EQF 6).

UNFINISHED UNIVERSITY INTEGRATION IN CONFLICT WITH THE EUROPEAN DIRECTIVE

Nursing training in France must evolve towards a university education in order to harmonise with European countries. Challenges persist, particularly in terms of the fact that this training is set apart from other university programmes. The 3-cycles system in the field is still hard to discern from one member state to another, due to variations in the length of training. The regulations, especially in terms of admission, are not always followed ; a specific pathway enables nursing assistants to enter nursing training in the 2nd year although no equivalence is required to enter care assistant training. As a result, some people can join university training without the required academic level, without equivalence or specific support. This situation has led to the creation of fast-track nursing training programmes, compromising the quality of teaching. In addition, despite European directive 2013/55/EU, diversity persists in training programmes in French training courses, leading to major disparities in learning, assessment and in the quality of training. Finally, this lack of university integration is reflected in the absence of any external quality assurance process.

³ [FNESI. \(2022\). Enquête Bien-Être #NousSoigneronsDemain. \[Dossier de Presse\] 1-33](#)

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Academic knowledge is not always aligned with good practice, evidence-based learning or research-based. This dissociation from university has a direct impact on the quality of training and therefore on the quality of future healthcare professionals. The European directive could help to remedy these disparities and improve the quality of training by setting in the provision of nursing training and the issuance of diplomas by universities. It would also encourage the development of nursing research, as it's still a huge lack in the French health system.

TRAINING THAT CANNOT BE ADAPTED TO CHANGING HEALTHCARE NEEDS AND PUBLIC HEALTH ISSUES

The directive sets out a reference framework of skills to be acquired as part of the training programme. These wide-ranging competencies enable the nursing profession to progress. The definitions of "clinical teaching" and "theoretical teaching" in this reference framework seem inappropriate in the light of developments in higher education and innovative teaching techniques. These definitions need to be updated to include, for example, health simulation, virtual reality, role-playing, serious game, and mistakes rooms, among others not mentioned here, as recognised methods of clinical teaching. This is the subject of one of the 4 recommendations of the National Patient Safety Programme of the French National Authority for Health⁴ : "Improving the safety culture by introducing training in safe care ; using innovative teaching methods such as healthcare simulation ; and providing healthcare professionals with support from expert structures".

Other developments are conceivable, such as a broader approach to the nurse as a public health player, helping to promote the health of populations. The skills listed mainly apply in a hospital context. It would seem appropriate to review the profile of nurses in the light of current challenges : public health nurses, involved in health prevention, promotion and education.

⁴ [Direction Générale de l'Offre de Soins, Direction Générale de la Santé & Haute Autorité de Santé \(HAS\). Programme national pour la sécurité des patients 2013-2017.\[Rapport\] Février 2013.](#)

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The healthcare system is moving towards a model that encourages health promotion and the prevention of diseases. The directive doesn't address this practice. In addition, the current model focuses on a single practice, whereas nurses are multi-skilled and work in a variety of settings (schools, liberal practice, workplace health, etc.). Following the recent global pandemic, mental health pathology and care have increased sharply, 1 in 2 felt depressed or anxious in the last 12 months. In France, this has notably promoted the role of advanced practice nurses, specialising in mental health and psychiatry with a 2-year master's degree (EQF 7). It is also crucial to train general care nurses in mental health to better meet the needs of the population⁵.

MAINTAIN AND DEVELOP GENUINE EUROPEAN EQUIVALENCE OF DIPLOMAS OBTAINED

The main objective of the directive is to "strengthen the internal market and promote the free movement of professionals". An evaluation seems necessary to detail the effectiveness of the directive since its introduction. As far as student mobility in the health sector is concerned, it should be noted that although health students account for more than 12% of all students in France, they represent only 2% of all mobility departures in France⁶.

One of the obstacles encountered is the lack of credit mobility recognition between different countries. In fact, apart from internships (clinical teaching), there are very few academic mobilities (theoretical teaching) are done. This problem also arises when a student plans to move to another country (transfer) during the course. The European Credit Transfer System (ECTS) is a way for all students to acquire knowledge abroad during international travel or mobility, which will then be recognised in their curricula of study in France.

⁵ [European Commission. \(2023\). Health - Mental Health. In Health and Food Safety; Society, Culture, and Demography.](#)

⁶ [Pauline Bluteau. 2021. Les étudiants en santé, frileux à l'idée d'effectuer une mobilité internationale](#)

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However, ECTS acquired during mobility in the host country are not easily transposable to France because training establishments consider that teaching is not equivalent due to a lack of knowledge acquired in the hosting country. On another note, it is also important to highlight that not all training institutions are fully integrated into the university and therefore cannot benefit from their ECHE, which means that Erasmus+ mobility is not possible. In 2024, only 37% nursing training establishments have signed the ECHE.

At a time where the benchmarks for mobility are rising and internationalisation is considered as one of the main objectives to achieve for the future of higher education, it should not be acceptable that there are still higher education institutions in France or anywhere else in Europe that don't have access to the Erasmus+ program. If the will of the member states is really to increase mobility, therefore, we are asking them to act accordingly. It should be possible to integrate Erasmus+ mobility into everyone's training plans, especially in the case of the nursing profession, where discovering the various healthcare systems and practices throughout Europe is an enriching experience.

CONCLUSION

We would like to see a better recognition system of nursing science, nursing studies and nursing diploma at the European Union and national level : our EQF 6 diploma should have the same recognition than any other EQF 6 diploma. Nurses' activities and skills also need to evolve, taking into account public health issues, new clinical skills, leadership, research, access to care and health innovation. The directive should allow flexibility and adaptation rather than limiting the options.

These new skills need to be applied in a variety of contexts, to both healthy and sick people. The curative system is no longer the only approach to health ; investment is now being made in the role of promoting, preventing and educating people about their health.

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Nurses throughout Europe must be able to benefit from training that is adapted to the emerging health needs of the European population, with study conditions that are conducive to success, and a suitable and not overcrowded timetable imposed by the European directive.

In addition, the definitions of training and teaching methods need to be updated to take account of innovations, and it is essential to give priority to the quality of training.

In order to improve the quality of nursing education, a research-led approach is needed, as well as the successful integration of nursing at university level across Europe.

Improving training involves recognition and promotion of student mobility. The demographic challenge and access to healthcare are crucial on a European scale ; nurses, who play a major role in healthcare, must be able to see their missions and activities evolve thanks to high-quality, modernised training.