



# European Federation of Nurse Educators (FINE)

## Response to the GREEN PAPER

### Modernising the Professional Qualifications Directive

#### INTRODUCTION

The Green Paper on Modernising the Professional Qualifications Directive seeks to understand responses to questions on proposals to modernise key components of the directive, in order to enhance its better future utility. The European Federation of Nurse Educators (FINE) recognises that the proposals identified within the Green Paper require careful consideration. This is in order to safeguard and develop the profession as well as offer best opportunities for recognition of mobility of nursing within the EU professional healthcare workforce.

FINE is a membership organisation which consisting of Nurse Educators from across the European member states. FINE has access to networks of nurses working in nursing education practice in all member states, and contributory evidence includes collation of data from existing FINE Members; past position statements from FINE (FINE, 2009, 2011); and findings from a new survey focussed on the Green Paper including 175 nurse educator network participants from 24 member countries. As with the previous consultation review (in which FINE also participated fully), acknowledgement of those consulted can be found at the end of this document, while identified evidence will be integrated as illustration. A further report on the evidence investigation will be made available on the FINE website in due course ([www.fine-europe.eu](http://www.fine-europe.eu)). As the Green Paper on Modernising the Professional Qualifications Directive addresses a wide ranging set of concepts with many questions, this FINE response focuses only elements of the consultation which include particularly salient implications for nursing and nursing education. Part 1 offers a summary of key responses, emerging from the Green Paper and presented in priority order for FINE, with a reiteration of other relevant considerations omitted by the consultation. Part 2 offers a more detailed rationale paper supporting the FINE conclusions.

## **PART ONE –SUMMARY OF KEY RESPONSES**

### **Admission Requirements for Nurses and Midwives**

**FINE RESPONSE:** The current admission requirement for entry to nursing should increase to 12 years.

### **Minimal Training Requirements for Nurses**

**FINE RESPONSE:**

1. The title of nurse should be reserved for those who have been awarded a programme of not less than 180 ECTS achieving EQF level six. It is expected that this would take a minimum of 3 full time years of education
2. FINE seeks assurance without doubt, that the second phase of the modernisation of the Directive will be energetically pursued and the development of some competences explored as a means of determining a competent and effective professional nurse and can offer both expertise and evidence as a contribution to this development.
3. The mechanisms of the EQF and ECTS and Bologna should be developed to bring a closer relationship between higher education and the profession of nursing. This close synergy is viewed as beneficial for patients and for healthcare workforce and economy.
4. FINE seeks assurance that continuing development between professionals and universities (including nursing associations and membership groups with relevant expertise and interest) is facilitated in the continuing modernisation of the Directive.

### **A Three Phase Approach to Modernisation**

**FINE RESPONSE:** FINE firmly supports continuing development of modernisation of the Directive, but seeks to assure without doubt that the three phases are managed in an integral manner. Ongoing development must not be diluted, nor progress be slowed through subsequent delegated acts rather than inclusion within the directive in the first phase.

### **Partial Access**

**FINE RESPONSE:** Qualified accountability for independent nursing practice is awarded to those awarded the title 'nurse' to ensure patient safety and confidence. 'Partial access' would compromise full accountability to patients and fragment nursing and therefore must be prohibited for reasons of public interest.

### **Language Competence**

**FINE RESPONSE:** FINE seeks absolute reassurance that where there is reasonable doubt as to the language capacity for fitness for safe practice as a nurse; employers and regulators must be permitted to assess the language competence of the individual.

### **Deletion of the Five level classification identified in Article 11**

**FINE RESPONSE:** The 5 Level classification identified in article 11 must not be deleted without the prior articles inclusion of the EQF. Deletion of 14 (1), 13 (2) (2) as a consequence is unacceptable.

### **Reshaping Common Platforms**

**FINE RESPONSE:** There may be benefit in development of common platforms through the lowering of the current threshold of the member states to one third, taking into consideration the other requirements proposed, including backing by professional organisations and with no need for participation by all countries. This must however, be reserved for the development of specialist qualifications designed for those who have been awarded the title 'nurse' as defined above.

### **The Euro-professional Card**

**FINE RESPONSE:** A Euro-professional card may assist in accelerating recognition procedures for those with existing professional qualifications. It must be used in conjunction with other available mechanisms (NARIC) to assure parity of qualification gained, and cannot replace employers consideration of scope of practice within the host country.



**FINE ALSO take the opportunity to reiterate that within the political agenda around nursing education, the following key points must be considered with urgency;**

1. More debate around developing nurse education for the future – including staff development for nurse educators and the level, quality, and numbers required. A transitional strategy for development, might include consideration of staff student ratios, equitable standards,
2. Opportunities and outcomes in respect of E-learning approaches to professional development both for professionals and for their non-professional co-workers;
3. Adjustment of specialisation areas to the requirements of population of each region and country;
4. Harmonisation of academic degrees of specialised education to permit mobility of nurse educators between countries;
5. Social protection to assure basic conditions that the study period is concluded with success.

## **PART TWO: RATIONALE PAPER SUPPORTING THE FINE RESPONSE**

The Green Paper 'Modernising the Professional Qualifications Directive' is identified by FINE as being pivotal in the ongoing development of nursing education and of nursing as a sectoral profession. This Green Paper is valued as an indication of the Commission's commitment to participate in continuing dialogue for the betterment of professional nursing, the safe and quality care of patients and the enhancement of mobility and the mobility experience for nurses.

The mechanism of automatic recognition has enabled the benefit of mobility for nurses in General Care as well as providing a legal benchmark for the development of nursing for those intending to access the EU. This has resulted in considerable mobility for nursing. However, there are sound reasons for this current review changes in health care including increases in technological advance, change in demographics including increasing needs for health and social care provision for a growing elderly population in many member states and the need to compete in a global economy (EU Commission (2011); EU Commission Workforce Green Paper; (2008). Further, changes in European education systems in light of the Bologna (and Copenhagen processes) as well as the recognition of nursing studies to be situated within higher education have meant that current legislation is sometimes perceived as inconsistent with the educational requirements of universities (Boomgaert and De Dekker 2009). Further new societal changes and expectation have increased capacity for exchange and migration and consequently the potential for workforce mobility in Nursing. This rationale will address questions in the Green Paper which reflect these points.

## **2. NEW APPROACHES TO MOBILITY**

### **Question 2: The European Professional Card**

Nursing operates as a sectoral profession which already takes advantage of a simplified system of automatic recognition in general care and for midwives and the benefits to this system cannot be underestimated. However, the complexity of the general system is apparent in some instances in nursing, where nurses are currently assessed for mobility within the general system and this therefore merits consideration. These include specialist nursing qualifications and also where there are requirements for adaptation. In these circumstances it could be seen that there may be some benefits of the use of a professional card. However, since this would by definition relate to those who were already qualified for professional practice rather than undergoing education or further training, this is not

considered a priority for nursing educators. Within nursing education, There is already have a strong database globally which is subscribed by (NARIC, 2011) as noted in the Green Paper, and the development of the Bologna process (with accompanying materials ECTS, ECVET and Europass) assists within the EU in offering comparability at point of qualification for the further development of individuals across different countries. The Directive recognizes professional criterion for general care nurses automatically.

**FINE RESPONSE: A Europrofessional card may assist in accelerating recognition procedures for those with existing professional qualifications. It must be used in conjunction with other available mechanisms (NARIC) to assure parity of qualification gained, and cannot replace employers consideration of scope of practice within the host country.**

### **Question 3: Partial Access**

FINE maintains there is no conceivable time where the inclusion of such a principle would be in the interests of safety to the European Public in respect of nursing and healthcare. To permit a partial 'nurse' where the independent accountability was for that of a fully registered professional would risk compromising public safety. Further, without the appropriate level of autonomy, the title 'nurse' could be awarded to those who form a large unqualified workforce who currently have no accountability and who are not currently registered in many countries. This would be a critically dangerous backward precedent for patient safety. Should such an inclusion relating to partial access be inserted within the Directive, this must identify the explicit exclusion of health care workforce. While it is conceded that for some professions, the inclusion of a principle of partial access may be advantageous, in respect of nursing and healthcare the position of FINE has not changed from the original consultation.

**FINE RESPONSE: Qualified accountability for independent nursing practice is awarded to those awarded the title 'nurse' to ensure patient safety and confidence, 'Partial access' would compromise full accountability to patients and fragment nursing and therefore must be prohibited for reasons of public interest.**

### 3. BUILDING ON ACHIEVEMENTS

#### **Question 4: Reshaping Common Platforms**

The development of core European curriculum for specialist nurses may lead to the possible development of common platforms for recognition of such professional qualification. Competent authorities and quality assurance could be mutually agreed and this could enable mapping of skills and experience from many countries to an agreed 'benchmark' in specific areas not currently addressed by automatic recognition. If accompanied by appropriate investment, this could allow unprecedented development of nursing to meet workforce need, through improved appreciation of roles and practices across countries and a distinction between countries in regard to the expectation of nurses. The need for such initiatives was highlighted within the EU Green Paper Consultation on Workforce to which Costa and Hall (2009) made the following response on behalf of FINE.

*"It is suggested that in respect of Nursing, more could be done to align legislation, policy and practice in respect of preparation and mobility of nurses across the EU. Whilst there is the presence of EU DIR 2005/36/EC, this only supports generalist nurses and nurse education in the UK as well as many other countries provides different specialities which do not fit with this requirement. Dir 2005/36/EC further only makes requirements about the length of time spent in education and in specific areas of practice. It does not benchmark the quality of the education, the level of competence or the academic level of the nurse who completes a programme of nursing education.*

**FINE RESPONSE:** There may be benefit in development of common platforms through the lowering of the current threshold of the member states to one third, taking into consideration the other requirements proposed, including backing by professional organisations and with no need for participation by all countries. This must however, be reserved for the development of specialist qualifications for those who have been awarded the title 'nurse' as defined above.

#### **Question 9: Deletion of the 5 Level Classification Outlined In Article 11**

Whilst applauding the Commission desire to move forward in modernising the Directive, FINE expresses serious concern that the deletion of the five levels within article 11 without commensurate development and a smooth and legally binding transition to the levels identified within the EQF would lead to a vacuum which could create increased and unnecessary work for regulators and educators alike. This would particularly be the case in

the situation surrounding 'Childrens Nursing' for example, where the definition of a children's 'nurse' is highly variable across countries, (from a person who cares for young children in a kindergarten, to a highly specialised and technically qualified paediatric nurse within an intensive care unit). The provision of Article 11 arrangements reduce the likelihood of inappropriate and insufficiently qualified individuals seeking to work within the profession. Removal of the 5 level structure would increase the burden upon regulatory bodies and unfairly disadvantage genuine applicants, for whom waiting time would inevitably increase. The subsequent effect into the deletion of articles 14 (1), 13 (2) is unacceptable.

**FINE RESPONSE: The 5 Level classification identified in article 11 must not be deleted without the prior articles inclusion of the EQF. Deletion of 14 (1), 13 (2) (2) as a consequence is unacceptable.**

### **Question 13: Language Requirements**

The Green Paper identifies that it necessary for a professional's language requirements, under Article 53 of the Directive must be sufficient to ensure they can perform their activities in the host member state, but that Member States must take account of due proportionality which excludes systematic language test. However, this is problematic for Nursing, where there is automatic recognition and where employers may potentially accept National registration, without assessing language skills needed for employment with patients. One option proposed is to clarify the Code of Conduct, making it more conducive to future adaptations whilst the proposed alternative would be to introduce a rule specifically applicable to health professional allowing a one of control of necessary language skills prior to patient contact.

Whilst the recognition of language capacity for qualified nurses is not a concern of nurse educators per se, there is a recommendation that qualified nurses seek to undertake continuing professional development (CPD) once in employment in order to maintain and develop their nursing knowledge and remain safe practitioners. This attracts a requirement by universities for candidates to achieve a minimal level of language competence. Nurses who have limitations in language skills could be thus be further disadvantaged in the host country through a restricted capacity to participate in professional development. Additionally even if access were enabled, language difficulties may impinge upon nurse learning within CPD. Where this includes mandatory health and safety education, this represents a risk to patients. In practice, educators are concerned that qualified nurses in some member states

operate as mentors for students of nursing and may have responsibilities for providing effective support to students and other professionals while they are in practice. FINE argues that the need for language to be commensurate with the professional role thus extends not only to patient care, but also to communication of professional knowledge and ideas. While no question specifically request information about language competence, the FINE 'Green Paper' Survey specifically identified concern by educators in this respect, with many comments volunteered which highlighting that language is problematic for nursing.

Finally, the concept of a one-off control of language competence proposed by the Green Paper makes the assumption that language development is static. This is not the case as evidenced by linguists, who suggest that language learning is subject to both internal and external factors as well as opportunity to communicate within the second language. Whilst there is appreciation that it is necessary to be proportionate in response to language control, a rigid one-off control may disadvantage individuals if they fail, and equally may pass individuals who subsequently fail to use their second language sufficiently to maintain it (for example an EU nurse who became employed in the host country and passed a test and then became pregnant and took a year of maternity leave where they spoke little English).

**FINE RESPONSE: FINE seeks reassurance that where there is reasonable doubt as to the language capacity for fitness for safe practice as a nurse, employers and regulators must be permitted to assess language competence.**

#### **4. MODERNISING AUTOMATIC RECOGNITION**

##### **Question 14: A Three Phase Approach to Modernisation**

FINE wishes to commend the Commission for its ongoing and long term commitment to the development of the Professional Qualifications Directive and its appreciation of the need for consultation and the use of a wide range of expertise.

FINE appreciates the further effort required by universities, governments and professionals (including European Commission Directorates and National Governments, Professional Regulators, National Nursing Associations and Pan-European Organisations) in order to develop greater harmony between a system of Higher Education and the Directive, but highlights the critical need to pursue this activity for the benefit of consumers of healthcare in the EU. This is particularly important in light of the identified shortage of nurses in Europe (Neubauer cited in European Hospital 2010, Neubauer, 2011). There is a critical and

necessary which must be developed between the development of an education process for the production of professionals working in the healthcare sector, and the maintenance of the output of greater workforce numbers required as identified within the Green Paper on Health care (2008) and leading towards Healthcare 2020. This relationship (as epitomized by the key points of the Bologna Process (educational process) and the Key elements of the Green Paper on Workforce for Health (2008) (maintenance of workforce as an output) is illuminated in greater detail by Hall (2011), but an example includes the need for the provision of attractive and flexible means of teaching and learning to attract more nurses into professional education, to accompany the delivery of commensurate flexible policies for attractive and sustainable employment.

FINE also wish to identify that a better qualified workforce is evidenced to offer improved patient outcomes (eg Aiken, 2011). Changes to learning and teaching, adding competencies as identified in Phase two and the inclusion of ECTS in Phase three are strongly supported by FINE members and survey respondents.

**FINE RESPONSE: FINE firmly supports continuing development of modernisation of the Directive, but seeks to assure that the three phases are managed in an integral manner. Ongoing development must not be diluted, nor progress slowed through the use delegated act rather than inclusion within the directive in the first phase.**

#### **Question 16: Minimum Training Requirements for Nurses.**

FINE (2006, 2009, 2011) have consistently identified that the title of nurse should be reserved for those who have completed 12 years of secondary education and awarded a programme of not less than 180 ECTS or 3 full time years of education. FINE further recognizes 'de plus' value given to nursing education quality by those countries where pre-registration nursing education duration is 3.5 or 4 years (210 or 240 ECTS) and considers this a challenge to be considered. There is also little flexibility for accreditation of prior learning (APL) or flexible modes of study to achieve the required level of 'nurse', which are commonplace in the delivery of higher education in other professions. Such acknowledgment could support workforce planning and meet shortfall of qualified practitioners in Europe in the future. In the most recent survey of nurse educators, the 174 participants responded with mixed opinions over the clarification of the minimum training requirements. A majority (68%) identified that they would welcome greater clarity. Some participants identified that competence was the most important feature, and the exclusive use of ECT's was identified



by some participants also. Some recommended the requirement for both hours and years to be stipulated, whilst others concluded simply hours or simply years. Whilst reiterating that clarity is necessary, this new data does not alter the FINE position identified above.

It is critical that the professionals prepared for practice demonstrate their fitness for practice through their competence in order to meet the need to ensure the accessibility and delivery of high-quality, safe and evidence-based care (European Public Health Alliance 2010). FINE recognise that the determination of high quality safe health care is strongly reliant upon the competence of practitioners and that this should be assessed in terms of their output competence for qualification rather than being based on an input training requirement. In respect of competences, the first FINE consultation survey (Costa and Hall et al 2011) found that a majority of respondents would support the inclusion of some competencies within the Directive. The nature of such competences included many items around patient safety and around ensuring the provision of effective and dignified care to patients. In the survey completed as part of the consultation around the Green Paper, opportunity was taken to review identified competency areas and to seek omissions, thus creating a comprehensive and peer reviewed list of aspects of nursing which should be included. This data will be reported separately but is available and offers a contemporary view of nursing content required today.

#### **FINE RESPONSE:**

- 1. The title of nurse should be reserved for those who have been awarded a programme of not less than 180 ECTS achieving EQF level six. It is expected that this would take a minimum of 3 full time years of education**
- 2. FINE seeks assurance without doubt, that the second phase of the modernisation of the Directive will be energetically pursued and the development of some competences explored as a means of determining a competent and effective professional nurse and can offer both expertise and evidence as a contribution to this development.**
- 3. The mechanisms of the EQF and ECTS and Bologna should be developed to bring a closer relationship between higher education and the profession of nursing. This close synergy is viewed as beneficial for patients and for healthcare workforce and economy.**

4. **FINE seeks assurance that continuing development between professionals and universities (including nursing associations and membership groups with relevant expertise and interest) is facilitated in the continuing modernisation of the Directive.**

#### **Question 20: Admission Requirements for Nurses and Midwives.**

In the first stakeholder discussions undertaken by FINE in respect of this consultation, 40 educators from 11 countries strongly recognised the need to increase the duration of education prior to attending nursing programmes from the perspective of those preparing nurses who understand the population of students today. FINE's first consultation survey of 664 nurse educators across Europe also gave support for maintaining or increasing the number of years of education prior to commencing education (Costa, Hall et al, 2011). In the most recent survey, a further 174 nurse educators (97.8% of participants in the English speaking survey and 100% of participants in the french language survey) strongly supported the view that a minimum requirement of 12 years of secondary education or an equivalent of meeting the entry requirement for higher education was a pre-requisite to admission to nursing. FINE propose that examination of 'equivalence' to the entry level of twelve years of secondary education could be explored in respect of those achieving eligibility for Higher education and suggest that the use of EQF may support this consideration by offering a means to determine such equivalence. If this were the case, FINE would recommend that entry to nursing should only be considered for those who can demonstrate achievement of EQF level three. This would support completion of a nursing qualification at EQF level six or Bologna Bachelor level.

**FINE RESPONSE: The current admission requirement for entry to nursing should increase to 12 years.**

#### **Other concerns**

There is currently no requirement for CPD within the Directive. This leads to inconsistency of provision if one member is requiring a CPD minimum requirement, another may not be. This undermines consumer confidence and disadvantages professionals who wish to be mobile. FINE has already recognised that for continuous professional development to be assured and for consistency to be enhanced across all member states in the current economic



climate however presents a significant challenge (Costa, Hall et al, 2011). The inclusion of CPD within the directive would be significantly helpful in determining a minimum baseline for lifelong learning and should serve to enhance delivery of nursing care across the member states.

Further there is no consistency in requirement for the education or monitoring of nurse educators, and across the member states there is considerable variance in the qualification and support offered to educators of nurses (Barbieri-Figuedo, Costa et al 2010)

## **CONCLUSION**

Nursing has developed as a profession since the Directive on the Mutual Recognition of Professional Qualifications was introduced in 1972. The FINE RESPONSES in the initial summary document highlight the main areas which The European Federation of Nurse Educators (FINE) identify as critical to future development of the profession of nursing and within this, requirements for, and development of, nursing education. This rationale paper outlines the reasons for the FINE responses in the context of existing evidence and FINE'S own investigations. FINE looks forward to the continuing development of the Modernised Directive in light of the responses to this Green Paper.



## References

Aiken L H (2011) Nurses for the Future. *The New England Journal of Medicine*. 364;3. 196-198

Boomgaert W, De Dekker F (2010) C5.1-9 Tensions Between the Bologna Process and Directive 2005/36/EC in respect of nursing Education: the Flemish Case. European Higher Education Area (EHEA) Bologna Handbook..

Barbieri-Figueiredo, MC; Costa, MA; Lekeux, A (2010) - Bologna Process and Nursing Education in Europe: Report of a Workgroup in the Scope of FINE. *NETNEP 2010 Nursing Education in a global community: Collaboration and networking for the future*, Sydney.

Costa MA; Hall C Eds (2009) European Federation of Nurse Educators (FINE) *Response to the Green Paper on The European Workforce for Health* [http://ec.europa.eu/health/archive/ph\\_systems/docs/fine\\_en.pdf](http://ec.europa.eu/health/archive/ph_systems/docs/fine_en.pdf) (Accessed 20/09/2011)

Costa MA; Hall C (Eds) (2011) European Federation of Nurse Educators (FINE) . *Response to the Consultation Paper by DG Internal Market and Services on the Professional Qualification Directive* <http://www.fine-europe.eu/> (Accessed 20/09/2011)

ECVET <http://www.ecvet.net/c.php/ecvet/> (Accessed 20/09/2011)

Europass <http://europass.cedefop.europa.eu/> accessed 20/09/2011 and European Commission (2011) *Europe 2020 Strategy* [http://ec.europa.eu/europe2020/index\\_en.htm](http://ec.europa.eu/europe2020/index_en.htm) (Accessed 20/09/2011)

European Commission (2008) *GREEN PAPER On the European Workforce for Health* Brussels, 10.12.2008 COM(2008) 725 final [http://ec.europa.eu/health/ph\\_systems/docs/workforce\\_gp\\_en.pdf](http://ec.europa.eu/health/ph_systems/docs/workforce_gp_en.pdf)

European Public Health Alliance (2010) European Council Summary Council *Conclusions on investing in Europe's health workforce of tomorrow : Scope for innovation and collaboration* <http://www.eph.org/a/4334> Accessed 12/03/2011

Hall C (2011) A3.3-5 Implementing the Bologna Process in Nursing Education in the context of the Directive 2005/36/EC *Journal of the European Higher Education Area* 15/09/2011 [http://www.ehea-journal.eu/index.php?option=com\\_docman&task=doc\\_details&gid=311](http://www.ehea-journal.eu/index.php?option=com_docman&task=doc_details&gid=311) Accessed 20/09/2011



Neubauer K (2011) Developing an EU action plan on the health workforce. Healthcare Systems Unit, DG Health and Consumers European Commission Brussels, 31 May 2011  
[http://www.epha.org/IMG/pdf/KNeubauer\\_310511.pdf](http://www.epha.org/IMG/pdf/KNeubauer_310511.pdf) Accessed 20/09/2011

Neubauer K cited IN European Hospital (2010) By 2020 Europe may be short of two million healthcare workers  
[http://www.europeanhospital.com/en/article/7638By\\_2020\\_Europe\\_may\\_be\\_short\\_of\\_two\\_million\\_healthcare\\_workers.html](http://www.europeanhospital.com/en/article/7638By_2020_Europe_may_be_short_of_two_million_healthcare_workers.html)  
Accessed 20/09/11

***This paper has been co-ordinated by:***

Dr. Maria Arminda Mendes Costa, RN, PhD. **FINE President.** Coordinator Professor. Instituto de Ciências Biomédicas Abel Salazar – Porto University. Portugal. ([arminda@esenf.pt](mailto:arminda@esenf.pt)).

Dr. Carol Hall RN, PhD. **FINE Executive Council.** Associate Professor  
The University of Nottingham UK ([c.hall@nottingham.ac.uk](mailto:c.hall@nottingham.ac.uk)).

Cécile Dury, RN, MSc, **FINE Executive Council,** Haute Ecole de Namur – HENAM  
([cecile.dury@henam.be](mailto:cecile.dury@henam.be))

*With FINE Executive Council Co-operation:*

Jacques Mondoux. **FINE Vice president.** Head of Nursing Department HES-SO. University of Applied Sciences Western Switzerland. ([jacques.mondoux@hefr.ch](mailto:jacques.mondoux@hefr.ch))

Jane-Laure Danan. **FINE Executive Council** Professor of nursing in charge of Ifsi Nancy Laxou. Centre psychothérapique de Nancy-laxou. France,  
([janelauredanan@yahoo.fr](mailto:janelauredanan@yahoo.fr))

Dr. Maria do Céu Barbieri de Figueiredo, **FINE Executive Council** RN, PhD (Coordinator Professor. Escola Superior de Enfermagem do Porto. Porto) ([ceu@esenf.pt](mailto:ceu@esenf.pt))

*Also with FINE Advisory Board and Membership and with Nurse Educator collaborations representing: FINE Associations in EU Countries, Nursing Faculties, Universities, Nursing Schools, Nursing Departments and other Nurse Educators related or involved with FINE activities. FINE would also like to acknowledge with thanks the contributions of the many organisations involved in the dissemination of the FINE surveys around the review (n=664) and the current Green Paper (n=174) and in stakeholder consultations.*