

## **Meeting of Representatives of European Pediatric Nurses Associations**

Sophia Children's Hospital, Rotterdam  
12<sup>th</sup> and 13<sup>th</sup> May 2003 (12<sup>th</sup> May International Nurse's Day)

### **NOTES AND ACTION POINTS**

#### **Attending:**

Corrie van den Hoed Heerschup

Ingrid Hankesdrielsma

Eva Lundberg

Mary Godfrey

Dutch Paediatric Nurses Association

Swedish Association of Paediatric Nurses

Nursing Policy Division, Department of Health  
and Children, Ireland.

Fiona Smith

Anne Casey

UK Royal College of Nursing children and young  
people field of practice

Representatives from the following countries responded to the invitation but were unable to attend: Poland, Belgium, France, Estonia, Norway

#### **1. Welcome**

Corrie opened the meeting, reviewing the objectives and outlining the programme. Wil de Groot-Bolluijt, Patient Care Director, Department of General Paediatrics with overall responsibility for managing paediatric nurses at Sophia Children's Hospital, welcomed participants and provided an overview of children's hospital services in the Netherlands. Summary points:

Hospitals are staffed by qualified paediatric nurses with no unqualified carers. Post graduate and advanced practice education takes place in universities which are integrated with hospitals. There are 8 children's hospitals in Netherlands – all academic linked to an academic institute. All have queen's names – the first 5 founded by 5 friends so had the same standards, uniforms etc.. There are many other children's units in other hospitals. The Netherlands has strong primary care service and there are some home care nurses. Rotterdam has a community children's nursing team. General nurses with special training provide preventive child health nursing from 0-18yrs.

The Sophia Children's Hospital has three 3 main departments (paediatrics, surgical paediatrics, psychiatric and orthodontic, maternity). Care is organised on three levels:

- Intensive care
- Medium care
- Ambulatory care

#### **2. Related organisations**

Corrie gave an update on the International Association of paediatric nurses (IAPN). First International Nursing Congress organised in 1998 when the Dutch Paediatric Association organised the 22<sup>nd</sup> Congress of the International Paediatric Association (IPA). Beijing 2001: 2<sup>nd</sup> International Congress for Paediatric Nurses. Agreed with

IPA that every 3 years we will have a nursing congress in parallel with medical congress.

Eva described the Nordic group for associations for nurses working with children and young people (NOSB) which consists of associations from Norway, Iceland, Sweden, Denmark (with Faroes soon to be added). They hold a conference every third year with one this year in October in Iceland. The Board meets annually and aims to promote standards, quality and movement of nurses between countries. Swedish associations for school nurses and district nurses are also members of NOSB.

### **3. Information about the Paediatric Nursing Associations (PNAs) and Nursing Education in each country (Summarised in Appendix 2).**

#### **4. Issues List**

A list of European level issues for paediatric nursing was developed (see Appendix 1) and the issues were categorised into themes so that they could be better defined and developed.

##### 4.1 Priority Work items

Definition of Paediatric Nurse (Competencies)

Registration, 'protected title' see Munich plus consult

Ability to work across Europe

Raising the profile of PN in Europe for the benefit of patient care

Educational principles

Consensus / Evidence to support lobbying

Data

##### 4.2 Later work items - to be addressed once priorities are completed

Staffing ratios

Subspecialties

Research and development

Curriculum and educational standards

Recruitment and retention

Recognition of additional qualifications in PN (e.g super-specialist, advanced practice)

##### 4.3 Networking & Sharing expertise

Clinical Standards

Benchmarking

Quality monitoring / audit

Website

Networking

Research & development

##### 4.4 European Paediatric nursing Group

Language

Nordic Group – model already exists

Relationships & liaisons

Multi-disciplinary relationships

Consumer relationships

Countries without PNA

PNA members = volunteer

European health bodies: ENNO etc see Vardforbundet guide to international countries

#### 4.5 Challenges

Politics – within countries, between nursing groups, between organisation, between countries, Brussels, PCN, ICN

### **5. Further analysis of Priority work items**

#### 5.1 Definition of the Paediatric Nurse

##### Clear statement of the issue:

There is a lack of clarity within countries and between countries about the minimal requirements for recognition of the paediatric nurse

##### Whose issue?

- Children, young people and families – knowing one if they see one
- Children, young people and families – protection
- Employers and government
- Paediatric nurses – lack of clarity between countries

##### What needs to be done? By whom

A definition is needed which contains theoretical and practical elements and competencies, knowledge skills.

Base definition on ICN Code of ethics and other ICN, PCN, WHO documents  
EPNG should do this in Consultation with employers (Shared with education)

##### Outcomes

- Greater understanding of the nature and value of paediatric nursing – see ‘raising the profile’.
- Increase in exchange scheme for students
- More recruits to paediatric nursing.

#### 5.2 Registration, ‘protected title’

Clear statement of the issue: Protection of the child, in acknowledging UNCRC. A standardised mechanism for recognising paediatric nursing qualification across Europe. Numbers identified in paediatric nursing, enable monitoring and auditing of practice (fitness to practice) mechanism for supporting paediatric nursing from a European platform. Paediatric nurses who meet the criteria should be registered on a specific nursing register in each country.

NOTE: following initial registration paediatric nursing should provide evidence demonstrating ongoing acquisition of competencies etc. Some mandatory elements. Evidence provided from practitioners of learning in clinical as well as academic settings.

Whose issue?

National Nursing regulatory bodies / Government / EU

What needs to be done? By whom

- Definition
- Identify mechanism for registration of nursing & paediatric nursing in each country
- Identify European WHO bodies / rules around regulation
- Who can do this: National Nursing regulatory bodies / Government

Outcome

Each European country will have a register of Paediatric nurses

5.3 Ability to work across Europe

Clear statement of the issue: In the countries of Europe there is a shortage of nurses and employers want to attract appropriately qualified nurses from within the EU and then outside the EU. In some countries a nurse can train as a paediatric nurse without having first trained as a general care nurse. This does not comply with current EU Directives and therefore those nurses cannot be registered in some other countries and thus be eligible for employment (see registration issue).

NOTE: it is better to say this is an issue for employers rather than to say it's a professional issue

Whose issue?

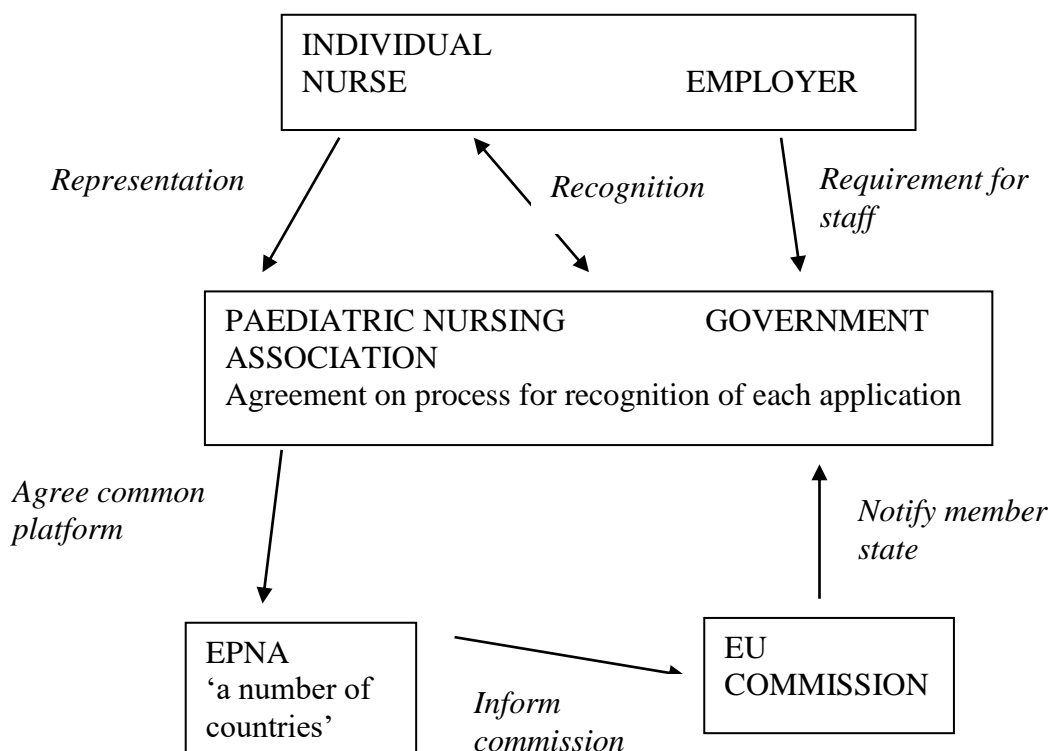
- Employers, Government and EU
- Paediatric nurses without general care qualification

What needs to be done?

- evidence of shortages and labour movement – and measures for outcomes later
- registration issue
- definition that is agreed by European Paediatric Nursing Group, perhaps endorsed by PCN
- Establish common platform – see picture

Outcomes

1. If you are trained/educated as a paediatric nurse and meet the definition then you are able to work as a paediatric nurse (only) in any European country.
2. Measures indicate free movement of paediatric nursing.



#### 5.4 Raising the profile of paediatric nursing in Europe for the benefit of children

##### Clear statement of the issue:

- Children and young people within society in Europe with the result that health care services for children and young people do not have the same priorities.
- In some countries Paediatric nurses are not seen as equivalent to other qualified nurses with the result that they do not have the same career opportunities.
- Value and status of paediatric nursing is low in some countries with the result that they not included in management structures, policy consultations etc.
- Decision-makers do not have any understanding of paediatric nursing so their decisions are ill-informed .
- Most countries do not have a paediatric nursing association that is in a leadership role in the country for the profession.

##### Whose issue?

paediatric nursing associations  
 Individual nurses  
 Multi-disciplinary and consumer groups collaboration

##### What needs to be done?

- Definition, title etc
- Clear distinction definition between nurses and carers
- Message marketed -
- Support development of paediatric nursing as in European countries

- Develop (political) leadership in paediatric nursing at national and EU level

#### Outcomes

- Problems are resolved - Increase in status etc
- Improved recruitment and retention
- Long term - Improvement in general nursing staffing levels in some countries
- ‘The paediatric nurse is known as widely as the Midwife’

#### 5.5 Educational principles

##### Clear statement of the issue:

General nursing programmes do not prepare nurses to provide care for children, young people and families. There are specific educational requirements for the education of paediatric nurses: principles such as ‘Any educational programme for nurses needs to be based on the UN Convention on the Rights of the child’ and ‘The education of paediatric nurses must prepare nurses to deliver care that focuses on the children, young person and family in any healthcare setting’.

##### Whose issue?

children and young people  
nursing profession and paediatric nurses  
paediatric nurse educators  
education providers  
service providers  
government and employers (EU)

NOTE: there must be a balance between theoretical and practical components – school must be linked to hospital and community.

##### What needs to be done?

Consensus throughout Europe on the paediatric nursing educational principles, based on the UN Convention on the Rights of the Child, and including:

- developmental perspective
- child and family centred care etc

(see the RCN document on preparing nurses to care for children and young people)

##### Outcome

1. Similarities of programmes (content, philosophy etc) across Europe.

#### 5.6 Consensus / Evidence / Data

##### Clear statement of the issue:

1. There is no EU level data about paediatric nurses in Europe. European health policy is decided by the EU based on data provided by member states. There needs to be comparable data about paediatric nursing (and child health) across countries.
2. In order to raise standards of care we need to convince the people who make decisions about education and staffing of children’s health services that any nurse caring for children must be properly qualified to do so.

### Whose issue?

Children and young people  
Paediatric nurses in Europe  
(Government, EU)

### What needs to be done?

1. Decide whether we need evidence or is consensus sufficient  
This group needs to have some authority to speak so it will be listened to – and form alliances to make the messages more convincing
2. Identify what data is available about Paediatric nurses and about services provided for children and young people at the national level in each country  
Identify what data is needed about Paediatric nurses and about services provided for children and young people at the national level in each country  
Make recommendations on the data which should be available at the national level

### Outcome

1. there is an Authoritative voice for paediatric nursing in Europe
2. there is comparable data about paediatric nurses and nursing at national and European level
3. Paediatric nursing is more visible at national and EU level

## **6. Further Decisions**

The group agreed some further points during the discussion:

- The priority topic is the definition as everything else depends on that
- ‘Sharing’ – providing a mechanism for paediatric nurses in Europe to share information is important but not the first priority
- Informing and involving consumer organisations such as the European association for Children in Hospital (EACH), paediatric (medical) associations and other European paediatric groups is also important but it is the nurses who must specify the definitions / standards.
- Declarations and statements from International nursing groups such as ICN and PCN should form the basis of any documents
- Terminology used in EU documents should be used wherever appropriate.

## **7. The Group**

Even though each country has its own health system and nursing education system, there was complete consensus on the common issues across the four countries represented at the meeting. The need for a European paediatric nursing group was discussed.

### Is there a need? Yes

The Nordic paediatric nursing group was formed in 1995 to address quality, standards and staff movement etc between the 4 countries (Sweden, Denmark, Iceland and Norway – with Faroes Islands joining). This meeting of paediatric nursing representatives from the Netherlands, Sweden, Ireland UK agreed that there is a need for a similar group but across wider Europe.

### What is there a need for?

For children, young people and families across Europe to be guaranteed the quality of nursing care they have a right to receive, action is needed to :

- establish and communicate a clear visions for paediatric nursing across Europe

- promote common standards in paediatric nursing practice, education, management, research
- promote conditions for free movement of Paediatric nurses
- proactively inform and advise European organisations and others on paediatric nursing issues

### Who?

Paediatric Nursing Associations of Europe: A Regional grouping of the international association of paediatric nursing of professional organisations for nurses working with children and young people.

Not individual nurses but paediatric nursing associations. Objective is for all paediatric nursing associations in Europe to be members but the new association can speak only for its member associations.

### How?

Request secretariat support from RCN

Circulate this report to European PNAs with a summary and request for expression of interest; Invite to meet at RCN conference in Glasgow fringe on 11<sup>th</sup> September (see next steps below)

### Where in the other structures?

A Regional group for International association of paediatric nursing

Need to inform:

- PCN of the formation of the group and pursue the relationship
- ICN
- European NNAs
- WHO European
- European Medical Associations
- EACH
- UNICEF

### **Next steps**

1. Anne to establish an email list for this core group and circulate notes of meeting to this core group for corrections. Once the corrections are made, the full notes will go out to all who responded to the invitation; Corrie to inform Belgian contact
2. Anne to draft a summary ('foundation') document for corrections by the core group and the to use to communicate with other PNAs in Europe and with other organisations – as above.
3. Eva to contact VordfB re WHO European group lead on women and child health
4. Fiona to organise meeting of those who can attend on Thursday September 11<sup>th</sup> at RCN conference in Glasgow to discuss process and structure to take forward the issues and actions from this meeting.



## **Appendix 1: issues for Paediatric Nursing at the European level**

Competencies  
Education  
Definition of paediatric nursing  
Standards  
Field of expertise  
Staffing ratios  
Relationship to medical groups  
And other nursing groups, PCN etc  
EACH etc  
Benchmarking / Quality  
Brussels  
Nordic group  
Ability to work across Europe  
Recruitment and retention  
Research and development  
Networking  
Website  
Profile of paediatric nursing in Europe  
Members=volunteers  
Discrimination against Paediatric nurses  
Registration & protected title  
Language  
Culture (nursing) Politics

## **Appendix 2: Information on PNAs and Education**

**The Netherlands.** The Dutch Association of Paediatric nurses was built up from paediatric specialty groups who wishes to group together. Founded in 1994 it has around 2200 members. It is the largest group of specialised nurses among the 51 members of Dutch Council of Nurses and Carers (AVVK). The AVVK is the official voice of nursing and is subsidised by the government. The nursing union (NU91) has a seat on the Council but not for union business, just for nursing content business. NU91 is the international lead organisation for the Netherlands i.e. it is the official NNA at PCN and ICN.

The Dutch Association has 9 committees: professional content (protocols), international, Congress, transmural care, quality, education, editorial, website, scientific. The Board is at present re-arranging to 4: international, Congress, editorial, website and will establish short term groups for specific projects. The board are all volunteers: they organise an annual congress, 5 journals per year and have several protocols (standards for education and competence as a paediatric nurses, protocols for pain, anxiety, nutrition). They link with medical and consumer groups.

**Education** – nurses had 3 year training in nursing schools 1+2 gen/paed or 3+1 gen/paed. Change to school training with lots of theoretical (Level 4 and bachelor). Post graduate courses in pediatric nursing 1 year. Hospitals not happy with clinical

skills. Now govt supported National Board for Postgraduate Training – developed by committee of assessors for each specialty. Committees analysed curricula, trainers etc of the twelve schools. Developed national standards for theoretical and practical curriculum, effectiveness and efficiency and assessed all training courses. Recognised certifying hospitals (not education centres). Paediatric committee defined paediatric practice, minimal requirements for defined pediatric practice (VVKV documents). National board for regulation of pediatric nurses – constructed instruments for application and assessments: hospitals, education centres VVKV, clinical. National standards for postgrad education.

Postgrad as paediatric nurse, neonatal nurse (paed 0-1), portfolio based and flexible based on existing competencies. Postgraduate funded by hospital.

**SWEDEN** – Swedish Association of health professionals (Vardforbundet); negotiates salaries, working environment. Now just nurses; don't have to be a member but most are. Swedish nurses association for professional issues. 9 million population but vast area.

Swedish PNA founded 1975 – membership of both umbrella orgs. around 2,000 members, around 50% of nurses working with children. Volunteers only. Working on professional standards, children's rights etc., Developing research etc. Journal / newsletter 4 times a year. Annual congress and board meeting. Attempt to have local representatives – one from each clinic (around 40) – sharing information. Asked to monitor employment practices for paediatric qualification – send protest letters. Compared all training courses and met with org responsible for higher education and nursing schools 'protected working title'. Paediatric specialisation often requires payment for education – not many take training (even though paid for adult specialty).

Member of NOBAB - produced Nordic standards for child health care – multi-disciplinary and taken up by government. Growing number of multi disciplinary groups e.g. Children and pain organisation. Working relationship with Swedish PA.

**Education** – General nursing registration 3years: paed content 3 weeks theory and 4 weeks practical. Most nurses do extra 10 weeks work for bachelor degree. Work as nurse for 1 year before specialising (including midwifery) – 12-18 months depending on speciality. Public health nurses first 6 months is child health. PN course health and hospital care for children and young people – first 6 months same as public health course second 6 months in hospital care half theory and half practice. Then further super specialisation. Degrees later. Distance learning and part time courses available. Clinical lectors on wards.

**IRELAND** – No PNA. The main NNA is the Irish Nurses Organisation. Also Psychiatric Nurses Association (PNA), plus 2 other general unions SIPTU and IMPACT (Nurses Alliance is 4 bodies for major employment issues). An Bord Altranais (Irish Nursing Board ) is the regulatory body with responsibility for registration in 6 divisions, educational standards. Population of 3.9mill (April 2002) / 1.14 mill children under 18 years of age (April 1996). 3 children's hospitals in Dublin, 27 units around the country. New legislation pertaining to nurses currently being drafted . 4,299 (November 2001) Paediatric nurses qualified and registered but

not known how many working in children's nursing practice – Majority are in hospitals / paediatric units

EACH member Children in Hospital, Ireland strong lobbying. No CCN service. Some outreach, shared care. 2 community paediatric liaison / link nurses in one region appointed within last 2 years. Public health nurses have responsibility for developmental screening, some school health but not a priority; Small number of school nurses no paed. training / specific preparation and under supervision of GP.

### **Education**

Since 1996, paediatric nurse education only available as a post-registration Higher Diploma programme over 18 months. 3 centres with 133 places, not all taken up: Dublin? Falling numbers mean that not all nurses are paediatric trained in 3 children's hospitals. Units outside city nearly all paediatric trained but most dual qualification (a requirement of employers). Proposal for integrated sick children's / general (adult) degree programme leading to a dual qualification on the table – still belief that can't work in Europe and problems of employers not wanting single qualified because they cannot be used as cover elsewhere. Low profile of paediatric nursing, low emphasis on child health.

Fees are paid by the government, but commitment required to practice in paediatric nursing in the public sector post registration for 2 years.

**UK** – largest professional trade union in the world 360,000 members. Professional and trade union. Governed by RCN Boards Wales, Northern Ireland, Scotland and 9 English Boards – elected members and Council. About 800 staff.

Nursing and Midwifery Council – registration and educational standards.

Other organisations outside RCN – neonatal nurses association, community practitioners and health visitors association etc. 7 stand alone children's hospitals – used to be more but many have moved onto general hospital sites.

RCN Field of Practice map described.

**Education** – at present mainly diploma level first registration as child branch nurse. Not enough places and better workforce planning to