

**4<sup>th</sup> Meeting  
Paediatric Nursing Associations of Europe**

**Notes 30<sup>th</sup> September 2004, Racecourse, York**

Attendees

Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]  
Immaculata Dall'Oglio on behalf of Italian Nurses Association [ID]  
Elina Reva, Estonian Paediatric Nurses Association [ER]  
Imelda Coyne [on behalf of Mary Godfrey], Irish Association of Paediatric Nurses organisation [IC]  
Anne-Marie Bangels, Paediatric Nurses, Belgium [AMB]  
Hamziara Pamagiota, Hellenic National Nurses Association, Greece [HP]  
Eleni Kyritsi-Koukoulari, Hellenic National Nurses Association, Greece [EKK]  
Beisa Zabkar, Pediatric Nurses Association of Slovenia [BZ]  
Fiona Smith, Advisor in Paediatric Nursing, Royal College of Nursing, UK [FS]  
Anne Casey, Editor Paediatric Nursing, UK [AC]

Apologies

Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]  
Mary Godfrey, Department of Health and Children, Republic of Ireland & Irish Association Pediatric Nurses [MG]  
Ewa Lundberg, Swedish Pediatric Nurses Association  
Joseph Cachia, Malta Union of Midwives & Nurses, Malta  
Claus Sixtus Jensen, Danish Paediatric Association  
Bogumila Rozycka/Krystyna Piskorz, Polish Association of Pediatric Nurses  
Aldona Liociene, President Lithuanian Nurses' Organisation

1. Welcome/introductions

MG possibly unable to represent Ireland at future meetings. IC/MC will represent Ireland. Irish Association of Paediatric Nurses established in 2003. Holding a one day conference on 15<sup>th</sup> October 2004.

*Post meeting note: MG will be able to attend future meetings on behalf of Ireland but had been unable to attend this particular meeting.*

Belgium – section of Nurses Association for paediatric nurses. AMB recently elected as the president. 126 paediatric hospitals/units in Belgium.

ER from Estonia. Estonia Pediatric Nurses Association - established in 1993. 25<sup>th</sup> August 424 nurses registered. 181 are registered as child nurse. Have 2 children's hospitals. In September Estonian guidelines for school nurses – in June 2005 specialisation for all nurses – clinical [paediatric is one of these], ITU, psychiatry and health nurse

AC outlined the Royal College of Nursing and the Children's and Young People's Field of Practice. Membership 8,500 nurses.

CvH representing Dutch Association of Paediatric Nursing. 2,200 membership in DAPN. 9 children's hospitals. One stand alone children's hospital, others are combined with main hospital and university.

ID works in Rome. There is not yet a paediatric nurses association. General nurse council in Italy asked IDA to represent them at PNAE. Approximately 200 nurses enter university. 6 children's hospitals. Also many general hospitals that have a section with children.

HP/EKK - 551 paediatric nurses in Greece. Paediatric hospitals since 1987. 4 year programme. 12 month programme for paediatrics. Attend 5 days of the week – 2 days theory and 3 days clinical practice. Last week election to establish a new part of the nursing association for paediatrics. 4 specialities following qualification – paediatric, psychiatric, surgical and pathological. Sub specialities - specification for renal, haematology. Intend to establish specification for neonates. Paediatric nurse has to work for 2 years in general hospital before undertaking paediatrics.

BZ from Slovenia. Have paediatric nursing association. Number of problems in the country, including money difficulties and still in period of change.

## 2. Background to establishment of PNAE

AC outlined establishment of IAPN and PNAE, including purpose and aims [see attached]. Discussions at the meetings held in Rotterdam, Glasgow and subsequent meeting in London outlined.

### *Issues:*

- Working across Europe
- Standards for education
- Standards for practice – guidelines
- Lack or recognition of the need for paediatric nurses
- Inequalities in salary, career opportunities etc
- Guidance on staffing

### Issues for European group

- Language – aim to translate
- Nordic group – model already exists
- Relationships & liaisons
- Multidisciplinary relationships
- Consumer relationships
- Countries without PNA
- PNA members = volunteer
- European health bodies: see Vardforbundet guide to international countries – incl. UNICEF, WHO

### *Key priorities*

- Definition of Paediatric Nurse (competencies)
- Registration, protected title' see Munich
- 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

*PNAE – ways of working*

- Volunteers – no funding
- Meet where and when we can but at least once per year
- Ad hoc reports
- Consensus position statements – no response accepted as agreement
- Post, email, (website)
- Links to NNAs/PCN (+ medical and consumer organisations)

Later work items – to be addressed once priorities completed included:

- Staffing ratio's
- Research and development
- Subspecialties
- Research and development
- Curriculum and educational standards
- Recruitment and retention
- Recognition of additional qualifications in PN (e.g super-specialist, advanced practice)

*Networking & Sharing expertise*

- Clinical Standards
- Benchmarking
- Quality monitoring / audit
- Website
- Networking
- Research & development

*Challenges*

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

**ACTION:**

- FS to send notes of previous meetings to all attendees.

3. Review of notes of meeting 19<sup>th</sup> March 2004

- AC clarified terms and abbreviations.
- AC provided feedback from Canadians/Americans. Wish to work closely with PNAE

4. Matters arising

4.1 *PNAE summary translations*

Finalised and circulated to all Presidents of Nurses Associations/Paediatric Nursing Associations across Europe.

Other translations to be considered by PNAE members for use in their country. Copy of translations to be sent to FS.

4.2 *Glossary of abbreviations*

Not yet completed

**ACTION:**

- AC to complete

4.3 *Communications update*

Contact established with most European Countries. Communication established with IPA President and ICN President. Further communications to be made with PCN following this meeting.

4.4 *IPA Congress 2004*

FS attended the above in Mexico. Several nurses attended. Only one hour session devoted to nursing. Several attendees expressed disappointment. IPA President apologised for difficulties experienced.

4.5 *Definition of Paediatric Nursing*

Consensus from PNAE members. Agreed statement circulated to all Nurses Associations across Europe, PCN and ICN.

**ACTION**

- Amend 4<sup>th</sup> column to add 'young people' alongside 'adolescents'
- Members to translate into own language if needed. Copy to be sent to FS
- To be reviewed in 2006.
- Add number and date on documents. Create index and log of all documents.

5. Review of Paediatric Nurse Education/regulation/registration across Europe

IDO asked to speak at a conference last year [see attached paper]. Very difficult to gather information about paediatric nurse education across Europe:

- general idea of childhood and paediatric nursing
- free nurse exchange
- professional field and activity standard
- curricula and new teaching methods

General idea

- What do children and society need?
- A special nurse for the child, or a general nurse for all?

Different curricula in evolution

- branch nurses in paediatric nursing
- post-basic nurses in paediatric nursing
- absence of specific education in paediatric nursing

Issues

Consideration of childhood as specific

Number of children in the population

Number of nurse in population

Total education duration and salary recognition

*2 helpful documents*

- paediatric nursing education in the European Community (April 1986)
- study of specialist

### *Paediatric branch nurses*

Not always limited by law – Austria exclusive

- Austria – secondary level
- Germany – secondary level
- Italy – higher level
- UK – higher level

### Post-basic

Austria – secondary level

Belgium – higher level

France (2 years) – secondary level, higher level

Germany – secondary level

Greece – higher level

Ireland (18 months) – higher level

Luxemburg – secondary level, higher level

United Kingdom – higher level

Italy – higher level

Estonia - ??

Finland – higher level

Spain – higher level

Sweden – higher level

Absence of specific education in paediatric nursing

- Denmark – higher level [only health visitor]
- Netherlands – higher level
- Portugal – higher level
- Croatia – secondary and higher level
- Malta – ?higher level

Other specialist paediatric nursing education

- Germany secondary level
- Ireland higher level
- United Kingdom higher level

Which education is better?

### *Problem*

European legislation plus WHO – mobility and recognition

Adult nurse can work with the child, but the child nurse cannot work with any others. Mental health nurse can work with children. Need to be from PNAE that children, young people and parents have a right to be cared for by a paediatric nurses. We should work towards all nurses working with children must be a paediatric nurse

### Regulation

*Recognition/protection of the child*

*The issue (from Rotterdam meeting)*

- Protection of the child, in acknowledging UN Convention.
- A standardised mechanism for recognising paediatric nursing qualification across Europe.
- How many paediatric nurses?
- 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.

*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

*PNAE Position statement*

- Agree purpose and reason, who and how to consult to produce first draft by .....
- Then – send to all PNAE members for discussion in own country, feedback
- Prepare revised draft by .....
- Decide on dissemination plan – also based on feedback from members

*The basic statement*

The child / young person and the family have the right to be cared for by nurses who have been specifically educated to care for them: paediatric nurses

*Purpose of 'Recognition'*

To enable citizens (including children and adolescents), employers, planners and regulators to distinguish between the nurse who has *successfully completed a recognised course of study and practice experience in the nursing care of infants, children and adolescents / young people* and other nurses.

*Why is this distinction important?*

- To protect of the child / adolescent / young person
- Children, parents and public can have confidence in the care that is being given
- To safeguard standards of practice
- Plan the workforce – how many PNs are there and how many do we need?
- Plan for Education – how many do we need to educate?
- To support free exchange of nurses between countries

*Issues to consider*

- Recognition or protection: legal and translation differences?

- Education systems are different in each country
- Regulation systems are different in each country?
- What about PN specialties?
- Who is the position statement aimed at? Is this different in each country? What do we want them to do? *'Each European country will have a register of Paediatric nurses'*

#### *Way Forward*

- Position statement to be drafted following completion of above work
- Share lessons in establishing paediatric nursing programmes between countries

#### **Action**

- IAO's questionnaire to be reviewed – FS/IDO
- Add question to data collection re: register of paediatric nurses across Europe – FS/IDO
- Database to be established and kept up to date – FS/IDO
- Draft regulation position statement – AC [circulate and add 2 questions do you agree and who should be send it too in each country] - FS

#### 6. Paediatric Nurse Educational Models

- Papers tabled to be reviewed following completion of data gathering.
- Identify picture now and then make recommendations in a position statement

#### **NOTE**

If documents are circulated with request for comment/agreement and no response is received it will be assumed that there is agreement.

#### 7. IPA/IPAN Congress, Greece 2007

Dates - 31<sup>st</sup> August – 5<sup>th</sup> September 2007

FS met the Congress conference organiser and Chair of the local organising committee.

- PNAE to lead and communicate to international colleagues from IAPN list.
- Need to ensure call for papers/abstracts includes nursing papers to form nursing stream.
- Need specific scientific nursing committee.

#### **Action**

- Contact conference manager to discuss inclusion of information re: nursing stream in call for papers.- **FS**
- Greek Nurses Association to circulate information to all Nurses Associations about the Congress – **HP/EEK**
- Seek volunteers from PNAE/IAPN to assist Greek Nurses Association to select papers as part of scientific committee [7 people] – **FS to write letter to request volunteers following communication from HP/EEK**

#### 8. IAPN

Discussion re: website and communication

#### **ACTION**

Explore potential for information to be included on IPA and PCN websites - **FS**

9. Dates of meetings for 2005

22nd April 2005, Rotterdam, Denmark

2<sup>nd</sup> October 2005, Copenhagen, Denmark [*Nordic conference October 2005  
3<sup>rd</sup> and 4<sup>th</sup> October 2005*]

Spring 2006, Greece

10. Any other business

- Need to include explicit reference to inclusion of neonates and neonatal nurses association in all our work and conference programmes
- Need to agree position statement around neonatal nursing

Meeting closed 17.45