



*Raising standards for consumers*

## POSITION PAPER

ANEC position paper on the updated training requirements in rules recognising the professional qualifications of nurses, pharmacists & dental practitioners Delegated directive - C(2024)1319 amending Directive 2005/36/EC



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## SUMMARY

With this paper, ANEC supports the delegated directive updating training requirements for nurses, pharmacists, and dental practitioners, highlighting the importance of aligning these requirements with the European Qualifications Framework (EQF). We emphasize the need for aspirational rather than prescriptive legislation to accommodate varying national specifications while aiming to improve professional qualifications across the EU. We further suggest leveraging EU initiatives like EU4Health to facilitate adequate training amid challenges such as healthcare worker shortages and aging populations. In specific comments on the proposed text, we have addressed the need for preventive medicine education for nurses, legal awareness, patient rights, and occupational health and safety training to address increasing aggression against healthcare staff. Overall, our analysis advocates for comprehensive training to enhance healthcare practices and ensure patient safety.

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## INTRODUCTION

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In these comments we analyse the delegated directive with updated training requirements in rules recognising the professional qualifications of nurses, pharmacists and dental practitioners<sup>1</sup>. This is an excellent initiative which deserves ANEC's strong support. Difficulties have arisen in drafting European standards that satisfactorily addressed issues of recognition of professional qualifications of clinicians; in our experience this was one of the key factors in the limited adoption of the work developed in the European standardisation committee CEN/TC 403 'Aesthetic surgery services'.

It is important that the requirements for knowledge and skills shall be aligned with the European Qualifications Framework (EQF) level scale.

We also draw attention to the relevant European standardisation activities on patient centred care, in which ANEC has ensured the collective consumer voice is heard, and that we believe can serve as valuable references for good practices.

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<sup>1</sup> [Recognising the professional qualifications of nurses, pharmacists & dental practitioners: updated training requirements \(europa.eu\)](http://europa.eu), <http://tinyurl.com/bdcv93vk>



## 1 | Identifying good practices

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The draft is not very specific about exact training requirements. It could usefully be descriptive as to the sources of information for good practice.

Of particular interest when looking at good practices at European level in this context, ANEC sees an important role in the application of European standards for person-centred care, among which EN 17398 'Patient involvement in health care - Minimum requirements for person-centred care'. Namely, ANEC contributed to EN 17398, a standard that focuses on specifying minimum requirements to enable patient involvement, a key aspect in facilitating person-centred care. As such, special attention is given to the partnership between patient and health care personnel, the patient's story/narrative and the importance of information sharing and documentation. The standard does not impact on the medical profession to any extent.

ANEC expressed agreement with the philosophy and requirements in that CEN standardisation deliverable and thinks this first standard on person-centred care to be a valuable first step in this field. The standard is intended to be applicable to different types of health care services such as hospital care, general practice, primary care centres, dental practices etc., and does not exclude its potential use in social care.

We also draw attention to the work done in CEN TC 449 'Quality of care for elderly people in ordinary or residential care facilities' on [CEN/TS 17500:2021](#) 'Quality of care and support for older persons'. This Technical Specification includes requirements and recommendation on the provision of services of care and support to older persons beyond meeting the older person's basic needs. It promotes the idea that every person has the right to age with dignity and be included as a full member of society.



## 2 | Balancing aspirations and realities in EU healthcare qualifications

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There are already diverse requirements for clinician qualifications across the EU. This new EU legislative proposal has some good ideas in a difficult area. A central challenge is that if the legislation is too prescriptive then some Member States may be unable to accommodate their less rigorous specifications. But if the legislation is less precise then it may not achieve the objective of raising the quality of professional qualifications across less developed health systems. The draft directive gets round this difficulty by making its requirements aspirational, aiming for these “higher” level of qualifications will support compliance, without being prescriptive.

The pace of innovation in clinical research is such that new medical treatments and procedures will always co-exist. It will always be near impossible for all delivery of healthcare treatments and therapies across the whole of the EU to be at the level of best-known practice. There may be debate as to whether newer treatments are indeed better and not all innovations will be clearly better superior in the initial stages. Yet such advances will always have implication for training of clinicians. A further factor is that clinical advances can be associated with greater cost, particularly where complex equipment or expensive drugs are concerned.

As dentistry is specifically mentioned in this case, it is worth noting that this is an area where there are many new treatments and procedures, including surgical procedures, becoming available that are in unequal use across the EU on grounds of cost. There would appear to be no need for dental practitioners to be trained in providing treatments that are unlikely to be offered in their Member States, but with the current EU legislative proposal compliance could still be achieved by aspiring to its requirements.

### 3 | Specific comments on the text of Delegated Directive amending Directive 2005/36/EC

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We welcome the requirements for the ability to participate in adequate training in *Amendments to Directive 2005/36/EC* Article 1 (c) and (d). It is especially key that EU initiatives like EU4Health are leveraged to make this possible at national level, at a time when the health systems in the EU are strained by unprecedented challenges like shortage of healthcare workers, insufficient bed capacity, aging, and growing population.

An additional aspect to consider is that better education regarding environmental issues would do great benefits in the sector.

#### **2.1 Enhancing Healthcare Practices: Empowering Nurses and Ensuring Safety**

It is unclear what preventive medicine is going to cover in the *Annex under 5.2.1 Training programme for nurses responsible for general care - A. Theoretical instruction - "b. General health sciences"*. It is important for it to cover injury prevention as well. Large part of patients come for treatment due to injuries it is therefore important as part of the patients' education for the nurses to be able to give preventive information and understand how injuries happen and what can be done to prevent them.

#### **2.2 Legal Awareness and Patient Rights**

In reference to *c. Social sciences: "Social and health legislation" and "legal aspects of nursing"*:

Nurses play a crucial role in healthcare delivery ANEC finds it essential that nurses understand their responsibilities within the legal framework and have familiarity with patients' rights.

In relation to "Occupational health and safety", We also express concern at the increase in aggression in hospitals against nursing and medical staff. Although this is not directly relevant to consumer protection, we recommend attention is given to training or education on this issue how professionals can protect themselves and their rights.

Comprehensive training should cover protection against work-related injuries that are many and these also include injuries caused to patients, such as misunderstandings of diagnoses or administration of wrong (concentration of) medicaments.

Vigilance and competence are critical to prevent such incidents. In this collaborative effort, nurses can champion patient well-being while safeguarding their own rights and safety.



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ANEC was established in 1995 as an international non-profit association under Belgian law and is open to the representation of national consumer organisations in 34 countries.

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