

RESEARCH REPORT ON TRAINING OFFERS FOR NURSES IN THE INTERCULTURAL FIELD

November 2008

REPORT

ON TRAINING OFFERS FOR NURSES IN THE INTERCULTURAL FIELD IN ROMANIA

Report of the study on IVET and CVET of nurses in Romania

Definitions

The term *nurse* defines the person who has an official qualification in the nursing profession and delivers medical care with content and characteristics regulated by the law.

A nurse must possess:

- a) certificate as medical assistant
- b) graduation diploma for the post-high school education
- c) one of the diplomas to attest the training in other field of the medical assistant, and a confirmation certificate as a medical assistant, emitted by the Ministry of Health

Nurses with upper long term studies must have a university graduation diploma.

In the post-high school education institutions for general medical assistants and nurses for basic training, the period of the studies is at least 3 years and minimum 4600 hours of preparation, of which one third is theoretical training and at least a half is practical clinical training.

The minimal curriculum must satisfy the demands of the European Union and comprises subjects as: Sociology, Psychology, Administration principles, Education principles, Social and health legislation, Juridical aspects of the profession.

The preparation of general medical assistants, nurses and medical assistants of other specialties is done through the following forms of education:

- a) short and long term upper medical education
- b) post-high school healthcare education, for a period of 3 years

The learning plans and educational curricula for the two forms of education are differentiated.

The medical assistant with long term upper studies may be a medical assistant for general healthcare or a medical assistant specialised in various fields: obstetrics-gynaecology, pediatrics, hygiene, hygiene and public health, clinical laboratory, radiology, pharmacy, medico-social, nutrition and dietetics, physiotherapy, kinetotherapy and recovering,

medico-surgical emergencies, dental prophylaxis, dentistry, dental assistance or hygiene assistant for dentist's offices.

There are in the healthcare system medical assistants with post-high school studies, but also medical assistants with middle studies, with graduation diploma from a healthcare high school for a period of 5 years.

Continuous training of medical assistants and nurses

Medical assistants and nurses have to take training courses and other accredited forms of continuous education.

OMANR (The Order of Medical Assistants and Nurses in Romania) gives credit only to the members taking training courses or other forms of education approved by the organisation. OMANR may suspend the right of practice of the medical assistants and nurses who, over a period of 3 years, do not earn the minimal number of credit points established by the organisation. Credit points may be earned by participating to continuous medical education courses, scientific manifestations, contributions to field publications.

The National Programme for Continuous Medical Education regulates the scientific manifestations for which credit points are given, as well as the rules for giving them.

Exercising the profession of medical assistant and the profession of nurse

The profession of medical assistant and the profession of nurse may be exercised in Romania, according to the law, by persons who possess an official title of qualification in their profession. These persons may be:

a) Romanian citizens

b) citizens of a state member of the European Union, of the European Economic Space or of the Swiss Confederation.

Recognising and validating the studies

The official titles of qualification in the profession of medical assistant or nurse obtained outside of Romania, EU, EES or Swiss Confederation are validated according to the law. The titles already validated by one of these states are considered exception.

Migration of the medical staff

There is no official statistics of the medical workers who emigrated. A massive migration is registered among the medical assistants and nurses. Last statistics show that 4.398 medical assistants and nurses requested approval to practice abroad, especially in Italy, Belgium and Great Britain.

According to a study of the Federation of Health Solidarity and The University “Dunarea de Jos”, with the support of the Ministry of Health, in the first 9 months of the current year almost 2.300 medical workers, of which 1800 medical assistants/nurses and 500 medics chose to work abroad, especially in Italy.

The Minister of Health declared on 07.08.2008 that in the Romanian health system there is lack of medical personnel of many specialties, among which ATI, neuro-psychiatry, emergency interventions.

From the total of 48.000 active persons, 2.500 benefited of certificates of conformity, which allows them to practice abroad. 1.000 of them were already working abroad, and needed the certificate to be legal in these states.

From the other 1.500, only 500 are in the situation to leave the country, while the rest requested the certificate only to be prepared if the alternative to work abroad appears.

According to the Minister of Health, the decision of the specialists to leave the Romanian health system is justified by the lack of conditions for doing their activities or by the low level of the salaries.

REPORT

ON TRAINING OFFERS FOR NURSES IN THE INTERCULTURAL FIELD IN UK

Brief report on the training offered to nurses in the UK which aims to enable them to provide culturally appropriate services and care

Introduction

The language used in the report reflects the UK context.

There is a need to clarify in our first meeting:

- the terms the IENE project will use, e.g intercultural or transcultural
- the professional groups we will investigate, e.g nurses or nurses and doctors
- the focus of the materials which IENE will produce, e.g the structural basis of the material, the level the material will be aimed at etc.

Nursing in the UK

In the UK, the main providers of nursing education and training at both pre-registration (pre-qualifying or initial) and post registration (post qualifying or continuous) levels are universities. Small amounts of very short courses/study days which are primarily aimed at enhancing the clinical skills of qualified nurses are also provided by many employing NHS Trusts.

In the UK nursing is viewed as a profession with both academic and vocational characteristics.

The notion of cultural competence is widely used in the UK. All statutory documents related to nursing education as well as government policy related to health and the education of health professionals primarily refer to equality and diversity and cultural competence. It is not common to refer to intercultural education and training.

All providers of nursing education at all levels are bound by statute to include elements of equality and diversity. However, there are no national prescriptions as to the precise nature of the content and where in the curricula this should be taught. It is up to the providers to decide what to include, how and when to include it which inevitably results in inconsistencies. But in theory, all universities providing courses in nursing education should be addressing 'intercultural education'. However, recent literature emanating from research in the UK indicates that nurses are not well prepared to function in culturally competent ways.

Below I have summarised information which obligates education/training providers to address issues of culture and cultural diversity.

Pre-registration (pre-qualifying) statutory obligations

Standards of proficiency for nursing

<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=328>

The standards of proficiency define the overarching **principles of being able to practise as a nurse;**

- Manage oneself, one's practice, and that of others, in accordance with *The NMC code of professional conduct: standards for conduct, performance and ethics* (the Code), recognising one's own abilities and limitations.
- Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being and respects confidentiality.
- **Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practices of individuals or groups.**
- Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills.
- Create and utilise opportunities to promote the health and well-being of patients, clients and groups.
- Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities.

- Formulate and document a plan of nursing care, where possible in partnership with patients, clients, their carers and family and friends, within a framework of informed consent.
- Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe nursing practice.
- **Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences.**
- Evaluate and document the outcomes of nursing and other interventions.
- Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts.
- Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies.
- Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team.
- Delegate duties to others, as appropriate, ensuring that they are supervised and monitored.
- Demonstrate key skills.
- Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice.
- Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching.

Rules, standards and guidance

Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards. The standards are mandatory and gain their authority from the legislation, in this case the Order and the rules.

All of the content of the standards in this booklet has either been consulted on, in accordance with article 3(14) of the Order, or has been transferred from previous rules, standards and guidance.

The standards reflect the requirements of the European Community (EC) Second Nursing Directive 77/453/EEC (updated by 89/595/EEC) in relation to those intending to register as adult nurses.

Post-registration (post-qualifying) statutory obligations

1) The Code: Standards of conduct, performance and ethics for nurses and midwives

<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3056>

The people in your care must be able to trust you with their health and wellbeing.

To justify that trust, you must:

- make the care of people your first concern, **treating them as individuals and respecting their dignity**
- work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community
- provide a high standard of practice and care at all times
- be open and honest, act with integrity and uphold the reputation of your profession

The Code provides much more detail than the above.

2) The NHS Knowledge and Skills Framework

Covers all NHS staff except doctors and dentists.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

The framework contains a number of dimensions which must be met at different levels before the health professional is promoted to the next level in the salary scale. Dimension 6 is the most explicit in terms of culture and diversity.

Dimension 6:

- Act in ways that support equality and value diversity
- Support equality and value diversity
- Promote equality and value diversity
- Develop a culture that promotes equality and values diversity

(I)rena Papadopoulos, 23rd October 2008.

REPORT

ON TRAINING OFFERS FOR NURSES IN THE INTERCULTURAL FIELD IN
BULGARIA

There are about seven medical colleges for nurses in Bulgaria-in Sofia and in the towns of Plovdiv, Bourgas, Varna, Vratsa, Pleven and Shumen.

After finishing their study the students /nurses/ get Bachelor degree.

The training is held according to the modern curriculum and syllabus which answer the European and world standards. The trainees study common and specific nursing care, medico-biological and clinical sciences and the humanities-medical psychology, medical ethics, sociology, health legislation and so on.

Those who graduate in these colleges can practice their job in hospitals or out of hospitals-independently or in groups. They could also find successful realization abroad but there is a lack of special language training, computer literacy and intercultural knowledge.

Nurses, midwives and X-ray laboratory assistants from the local hospital Multisectional hospital for active treatment – Razlog, Ltd are members of BULGARIAN ASSOCIATION OF HEALTH PROFESSIONALS IN NURSING / BAHPN/. This is a non-government organization that was registered by the virtue of the Juridical Person Law on 11th May 2003.

BAHPN gives an opportunity to the medical specialists to take part in international, national and regional seminars, scientific conferences and symposia.

BAHPN also organizes advanced training courses for the medical care professionals. Each year it issues the so called 'Plan-schedule', which comprises the different topics, venues and dates of carrying out individual or group training. The topics themselves are about the last achievements and good practice in the field of surgery, cardiology, neurology, urology, anesthesiology and so on. These courses are usually done in Sofia Medical Academy or other big hospitals in our country by having academic rang people. Each course has theoretical and practical part and then the trainees sit for an examination. They get credit for their success at the exams. The examinees have to gain credit of 150. After that the BAHPN National Quality Council issues a Certificate for professional qualification. This is a legal document which guarantees to its possessor that he/she is a professional acknowledged by the class representation as a person who has the right to practice their job and can apply for work in Bulgaria and also in each country which is a member of the European Union.

In spite of the rights this certificate gives as a main defect of the whole training is that it doesn't involve language courses for medical staff.

We hope that our participation in this project will compensate at least a little of this fault.

REPORT

ON TRAINING OFFERS FOR NURSES IN THE INTERCULTURAL FIELD IN BELGIUM

The different stages of education are the same in all communities

- Basic education (Dutch: *basisonderwijs*; French: *enseignement fondamental*) consisting of
 - Pre-school (kleuteronderwijs, enseignement maternel): -6 years
 - Primary school (lager onderwijs; enseignement primaire): 6 – 12 years
 - Free education
- Secondary school (secundair onderwijs; enseignement secondaire): 12-18 years
 - Secondary education consists of three cycles (Dutch: *graden*, French: *degrés*)
 - First cycle (year 1 and 2)
 - Second cycle (year 3 and 4)
 - Third cycle (year 5 and 6)
 - Secondary school is divided into four general types. Each type consists of a set of different directions that may vary from school to school. The general types are as follow:
 - General Secondary Education (Dutch: *Algemeen Secundair Onderwijs*; ASO, French: *Enseignement Secondaire Général*. About 40% of all pupils). A very broad, general education, preparing for higher education. Once students have completed all six years, it is expected that they will continue studying (e.g. university or college). Possible directions (eventually combinations of) include: ancient Greek and Latin, Modern Languages (stressing French, Dutch, German and English), Sciences (chemistry,

biology, physics and geography), Mathematics, Economy and Human Sciences (psychology, sociology, media);

- Technical Secondary Education (Dutch: Technisch Secundair Onderwijs; TSO; French: Enseignement Secondaire Technique. About 30% of all pupils). It is divided into two groups of education. TTK (focuses more on technical aspects) and STK (focuses more on practical aspects). Both offer a general education in mathematics, languages, history, science and geography, but mostly not on the same level as ASO courses. Lessons have a less theoretical, but more technical and practical approach. Once students have completed all six years they are ready for the jobmarket or continue to study. They do a seventh specialization year, bachelor studies or even master studies. Possible directions include: Health, Trade, Engineering, Communications, etc.
- Vocational Secondary Education (Dutch: Beroepssecundair Onderwijs; BSO; French: Enseignement Secondaire Professionnel. About 30% of all pupils). Very practical and very job specific education. Possible directions include: carpentry, car mechanics, jewelry, etc. It is the only type of secondary education that does not qualify students to pursue higher education. If the student does an optional 7th year, he/she will receive a diploma of the same level as a TSO diploma, which does allow him/her to pursue higher education
- Art Secondary Education (Dutch: Kunstsecundair Onderwijs; KSO; French: Enseignement Secondaire Artistique. About 2% of all pupils). Directions include: dancing, acting, musical arts. Many students graduating from these schools go to Music conservatories, higher ballet or acting schools, and so on.

- Students with disabilities can follow Special Secondary Education (Dutch: Buitengewoon Secundair Onderwijs; BUSO; French: Enseignement Secondaire Spécial)
- Higher Education (hoger onderwijs; enseignement supérieur)
 - University (Universiteit; université)
 - Polytechnic/ Vocational university/ University colleges (hogeschool; haute école)

Higher Education in Belgium¹

Higher education in Belgium is organized by the two main communities: the Flemish and the French Community. German speakers typically enroll in institutions in the French community or in Germany.

In Belgium anybody with a qualifying diploma of secondary education is free to enroll at any institute of higher education of their choice. The 3 major exceptions to this rule are those wanting to pursue a degree in::

- Medicine/Dentistry

¹ Agency for Higher Education, Wim Leybaert: Higher education in Flanders, 2008

They have to take an entrance exam organized by the government. This is only held in Flanders, not anymore in all French community universities.

- Arts

Entrance exams are mainly of a practical nature and are organized by the colleges individually

- Engineering Sciences

Leading to the degree of Master of Science (Burgerlijk ingenieur, Ingénieur Civil), this is still organized in the French community

Since the adoption of the Bologna Process, the higher education in Belgium follows the Bachelor/ Master system:

- Bachelor's Degree:

3 years. A distinction is to be made between the *professional bachelor*, which replaces the former graduate degree and which has a finality, and the *academic bachelor* which replaces the candidate degree and which gives access to master's studies

- Master's degree:

1 or 2 years

In Belgium, both Universities and University Colleges are allowed to organize Bachelor and Master classes, either professional or academical. After obtaining a Master's degree,

they can pursue research projects leading to a doctorate degree. PhD's are only awarded by Universities.

Nursing in Belgium

Belgium is a federal State. This means that the competence to regulate nursing is divided.

- From an educational point of view the competent authorities in charge of education are ministers for the Flemish, the French, and the German communities.
- The scope of professional activity and the question of professional titles is however a federal competence and is dealt with by the relevant Federal Ministries.

In fact nurse training has begun to vary between the Flemish and the French communities, with the German community largely following the French model. In Brussels nurses follow the model of training according to the language of the institution which they join for their training. After a general introduction nurse training will be explained by region.

Types of Nurse in Belgium

There are two prime categories of nurse in Belgium: the Bachelor nurse and the certificate nurse.

The certificate nurse undertakes practical nurse training in the fourth grade of secondary school after completing the normal three grades (3x2 years) secondary school studies. The training is largely based on practice and apprenticeship. This category of nurse was being considered for phasing out, but change has been rejected. This type of nurse is not considered as a specialist nurse (in terms of title) but may in their second and third years of training follow a “hospital” (i.e. general nurse) route or train as a “psychiatric” nurse (*infirmier en santé mentale / verpleger in de geestelijke gezondheidszorg*). Geriatrische???

The Bachelor nurse now varies between the two main Belgian communities and is described more fully below. A common feature is that their education is at a higher level (higher technical education) and admission criteria are similar to that used for entry into university.

The split into these two main types of nurse is not reflected in the rules defining the scope of activity of nursing which makes no distinctions between types of nurse and the functions that they can perform.

All nurses can undertake specialised and complementary training as:-

Cancer; Imaging and radiotherapy; Operating theatre; palliative care; endoscopy; dialysis; radiotherapy; or health education nurses

As regards “Specialist nurses”, the formal professional titles were only created in 1994 (details below), and are now at post-basic level. However prior to the 1994 change in rules there was training in a series of specialist areas (for example in paediatric nurse, psychiatric nurse, social nurse).

Some of the schools, especially in Flanders allowed direct entry into this type of course. As there was no rule against using a specialist title, nurses could do so. When the new (1994) rule change is fully implemented such nurses with appropriate experience are likely to have their acquired rights recognised. It is not known when these rules will be introduced. **Is dit al veranderd???**

The Belgian Federal law sets out the titles of nurse specialists in Belgium

- **Paediatric nurse** (*infirmier gradué en pédiatrie / Bachelor in de verpleegkunde, optie pediatrie*)
- **Mental health and psychiatry** (*infirmier gradué en santé mentale / bachelor in de verpleegkunde, optie psychiatrie*)
- **Public Health** (*infirmier gradué en santé communautaire / Bachelor in de verpleegkunde, optie sociale gezondheidszorg*)
- **Intensive care and emergency care** (*infirmier gradué en soins intensifs et d'urgence / Bachelor in de verpleegkunde in intensieve zorg en spoedgevallenzorg*)
- **Geriatric nursing** (*infirmier gradué en gériatries / bachelor in de verpleegkunde, optie geriatrie*)

The nursing specialities above are set out in the Belgian Federal Law.

Flemish Community

The Flemish Community regulates nurse training with a lighter touch than the French Community. The Nursing university colleges themselves are left very much in charge of training. They are bound by the general law to take account of laws, decrees and

the EC directive. Within this overall framework they can control their curriculum individually.

The certificate nurse (*infirmier*) undertakes practical nursing training. The course lasts three years with a common first year and the second year being in either psychiatric or hospital nursing as is the third year. Until 1994 those who have completed this programme were awarded a *brevet* but since 1994 the award have been a diploma.

The nurses of Bachelor degree (*infirmiers gradués*) are graduates from the university colleges (*infirmiers gradués*). These nurses have undertaken professional nursing education which is a three year course resulting in a diploma. Within their diploma nurses may choose for some options (paediatric, psychiatric, community health, hospital or geriatric nursing) in their third year of study. They are awarded a diploma on the completion of their studies and are considered to be “general” nurses.

French and German communities

In these communities the practical training nurse also exists but is awarded a *brevet* (rather than diploma). The training is at the same level as for the Flemish Community with the same outcomes.

Infirmier gradué

The higher level nursing education is undertaken in university colleges and has a common first year between nursing and midwifery. After three years of nursing training the students become nurses (*infirmiers gradués*). After this stage they are entitled to undertake a fourth year post-basic specialisation training where a legal title of specialist nurse is in principle available.

The *infirmier gradué* can also undertake complementary training as a nurse leader (*chef de service*); in charge of continuing education (*chargé de la formation continue*); director of a nursing department (*directeur du département infirmier*); hospital hygiene (*en hygiène hospitalière*); quality assurance of health care (*assurance de la qualité des soins*). The *chef de service* is awarded a diploma on completion of the studies. The other studies lead to “qualifications professionnelles particulières. The reader will have noted that there are more specialities in the Belgian French rules than are catered to by the Belgian Federal Law. The reason for the divergence is set out in the Introduction to this chapter, and primarily is because of the split of competence between the Government (with competence over registration and titles) and the Communities who have competence regarding training.

Regulated activity

The practice of nursing is a monopoly activity. Article 21 indicates that no-one may practice as a nurse unless they have the necessary diploma or title of Bachelor degree in nursing (*infirmier gradué*) or certificate (*brevet*). Articles 21 *octies* and *novies* reinforce this monopoly by disallowing a nursing from helping any non-nurse perform any nursing acts or attributing the nursing title to any non-nurse. This causes difficulties for care assistants and the like who are not nurses. It would seem that their actions are illegal as a matter of Belgian law according to the recent report of the National Council for Nursing.

Scope of activity

The nursing activities are defined in more detail in the Royal Decree of 18/06/1990. There is no limit on the scope of activities of general nurses as compared to specialist nurses. Once on the register all nurses have potentially the same scope of activity. The advantages for specialist nurses are that they may be selected in preference to hospitals and other jobs where their speciality is needed.

The main scope of nursing activity is defined in Article 21 *quinquies* 26 and elaborated in *arrêté royal* no 1854.27

Registration requirements

Once nurses have finished their studies they must then register in order to be able to practice as a nurse. For this purpose Belgium is divided into ten provinces all applying the same rules. Once registered the nurse can practice anywhere in Belgium. In order to register with the provincial authority (a Medical Commission) the nurses must present their diploma or certificate and pay a small fee. The registration lasts for three years when it must be renewed.

Foreign nurses who wish to practice in Belgium must apply to the Ministry of Public Health in order for their qualifications to be recognised. Once the Ministry gives its approval they can proceed to register in the same way as Belgian nurses i.e. via the provincial medical commissions.

EC rules

Nog afwerken