



Nurses and Midwives: A Force for Health

WHO European Strategy for Continuing Education for Nurses and
Midwives

2003

Keywords

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1. Context

This WHO European Strategy for Continuing Education for Nurses and Midwives is set firmly within the context of the Second WHO Ministerial Conference on Nursing and Midwifery in Europe, which addressed the unique roles and contributions of Europe's nurses and midwives in health development and health service delivery (WHO 2001). At that Conference of Ministers of Health of Member States in the WHO European Region, the Munich Declaration "Nurses and Midwives: A Force for Health" (WHO 2000a) was signed, and this key document, together with the WHO European Strategy for Nursing and Midwifery Education (WHO 2000) form the context for this Continuing Education Strategy.

1.1 The need for a Continuing Education Strategy

Nurses and midwives together constitute the largest proportion of the health care workforce in all countries of the WHO European Region, numbering approximately six million at the start of this new century. The service they provide covers 24 hours of every day of the year. It is imperative that they are competent to provide the highest quality of nursing and/or of midwifery care. In order to do this, their initial nursing and midwifery education must be such that the people of their nation can be assured of their competence to practise on entry to their professions of nursing and midwifery, and that the foundation has been laid for them to continue to learn throughout their professional lives. Maintenance and further development of competence is essential to the ongoing provision of high quality nursing and midwifery care. In the rapidly changing health care services of today, with the knowledge explosion and the impact of technology upon health care, many nurses and midwives are increasingly called upon to work in expanded, specialist and/or advanced practice roles. The WHO European Strategy for Continuing Education for Nurses and Midwives has been developed in order to assist Member States to ensure the continuing competence of their nursing and midwifery workforce. In some cases this will be by developing new knowledge for specialist fields of clinical nursing and midwifery practice, in others by deepening their knowledge of an existing field of practice, and in yet others by gaining new competencies in the field of nursing and/or midwifery education, management or research. The Continuing Education Strategy does not stand alone. Firstly, it builds upon the firm foundation provided by the WHO European Strategy for Nursing and Midwifery Education (WHO 2000), in which the link between initial and continuing education is clearly stated:

The initial programme of education must prepare nurses and midwives who are not only competent to practise in today's health services, but who value and are committed to maintaining that competence. This they will achieve through continuing to update their knowledge, skills and attitudes, in order that they can continue to meet the changing health priorities and needs of the people of the Member States (WHO 2000).

The close harmony between this Strategy for Continuing Education and the Strategy for Initial Nursing and Midwifery Education will be seen in the sections which are common to both strategies. This repetition is necessary not only because the content is pertinent to both, but also because it is recognized that the reader of this strategy may not have the strategy for initial education in front of them so as to consult it at the same time.

Secondly, the principles upon which the Continuing Education Strategy is based are in harmony with continuing education developments in nursing and midwifery more generally in Europe and

worldwide, and with the growth of specialization in nursing. The International Council of Nurses considered specialization as implying a deeper level of knowledge and skill in a specific aspect of nursing than would be acquired in initial nursing education (International Council of Nurses 1987 and 1992). The European Commission's Advisory Committee on Nursing (Commission of the European Communities 1994) recommended that specialist educational preparation was necessary in order to prepare qualified nurses to continue to meet the changing and increasingly complex needs of patients for whom advanced technology was enabling new treatment regimes, with resulting advanced practice roles for nurses. ENNO, the European Network of Nursing Organizations advocates a European Framework for Specialist Nursing Education, in recognition of the reality that the field of nursing knowledge and skills has become too vast and complex for any one individual to master in full. If quality of care is to be ensured, then specialization within nursing is essential and they cite European Directives 89/48/CEE and 92/51/EEC, as amended in 1997, as the directives which are appropriate for specialist nurses (European Network of Nursing Organizations 2000).

1.2 The aim and purpose of the Continuing Education Strategy

The key aim of the strategy is to ensure fitness for purpose of each Member State's nursing and midwifery workforce. Ongoing competence to practise can only be achieved by a commitment to lifelong learning on the part of all nurses and midwives. However, that personal and professional commitment can only be realized if each Member State accepts its obligation to ensure, or set in place, plans to ensure that opportunities for continuing education are provided, and that the requirement for nurses and midwives to maintain their competence is regulated under legislation, in order to support safe and up-to-date practice, which wherever possible is also evidence-based.

The purpose of this strategy is therefore twofold; it is both visionary and pragmatic. It provides the vision that will help shape the philosophy of continuing education in nursing and in midwifery, often termed continuing professional development, and it outlines and/or confirms some fundamental guiding principles. If followed, these principles should enable Member States to set up, or further develop existing systems of continuing education. In turn, this will enable nurses and midwives to maintain their competence, and so feel confident that their knowledge, skills and attitudes are "fit for purpose" in the multiprofessional team in the health care services of which they are an essential part.

1.3 Background to the Continuing Education Strategy

Of crucial importance to the implementation of the Continuing Education Strategy is the implementation by Member States of the WHO European Strategy for Nursing and Midwifery Education. Of equal importance is the belief, which underpins both strategies, that education and practice are very closely related. Education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. This is essential to the provision of an appropriate quality of cost-effective and efficient nursing and midwifery care and of health promotion for all the people of the Member States of the WHO European Region. This progress and partnership must be achieved within the changing structures of health care priorities and provision in the different Member States, many of which are undergoing major political, economic, social and demographic change and are in the midst of health care reforms. Although some of these differences can be significant, the shared values were clearly demonstrated at the Second WHO Ministerial Conference on Nursing and Midwifery in Europe (WHO 2001) when, in The Munich Declaration (WHO 2000a), Ministers of Health stated their belief that:

Nurses and midwives have **key and increasingly important roles** to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs (WHO 2000a).

In the "Munich Declaration" which was issued by Ministers at the Conference, all relevant authorities were urged to "step up their action" in order to strengthen nursing and midwifery by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of policy development and implementation;
- addressing the obstacles, in particular recruitment policies, gender and status issues and medical dominance;
- providing financial incentives and opportunities for career advancement;
- improving initial and continuing education and access to higher nursing and midwifery education;
- creating opportunities for nurses, midwives and physicians to learn together at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the knowledge and evidence base for practice in nursing and midwifery;
- seeking opportunities to establish and support family-focused community nursing and midwifery programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in public health, health promotion and community development.

Of the above actions, those of direct relevance to this Continuing Education Strategy are the need to improve continuing education and access to higher nursing and midwifery education, to create opportunities for nurses, midwives and physicians to learn together at both undergraduate and postgraduate levels, in order to ensure more cooperative and interdisciplinary working in the interests of better patient care; to support research and dissemination of information in order to develop the knowledge and evidence base for practice, to provide financial incentives and opportunities for career advancement and to ensure nurses and midwives contribute to decision-making at all levels of policy development and implementation.

On a worldwide basis, at the Fifty-fourth World Health Assembly in May 2001 (WHO 2001a), delegates from the 191 countries present stressed the crucial and cost-effective role of nurses and midwives in reducing mortality, morbidity and disability in populations, in caring for those who are ill and in promoting healthier lifestyles.

If nurses and midwives are to fulfil these key roles to their maximum potential, if they are to work effectively in partnership with others in the health care team, then it is imperative that they build systematically upon their initial nursing and midwifery education, continuing their professional education in ways which ensure they maintain competence to meet the needs of the people of their nations for health care.

1.4 The health care context

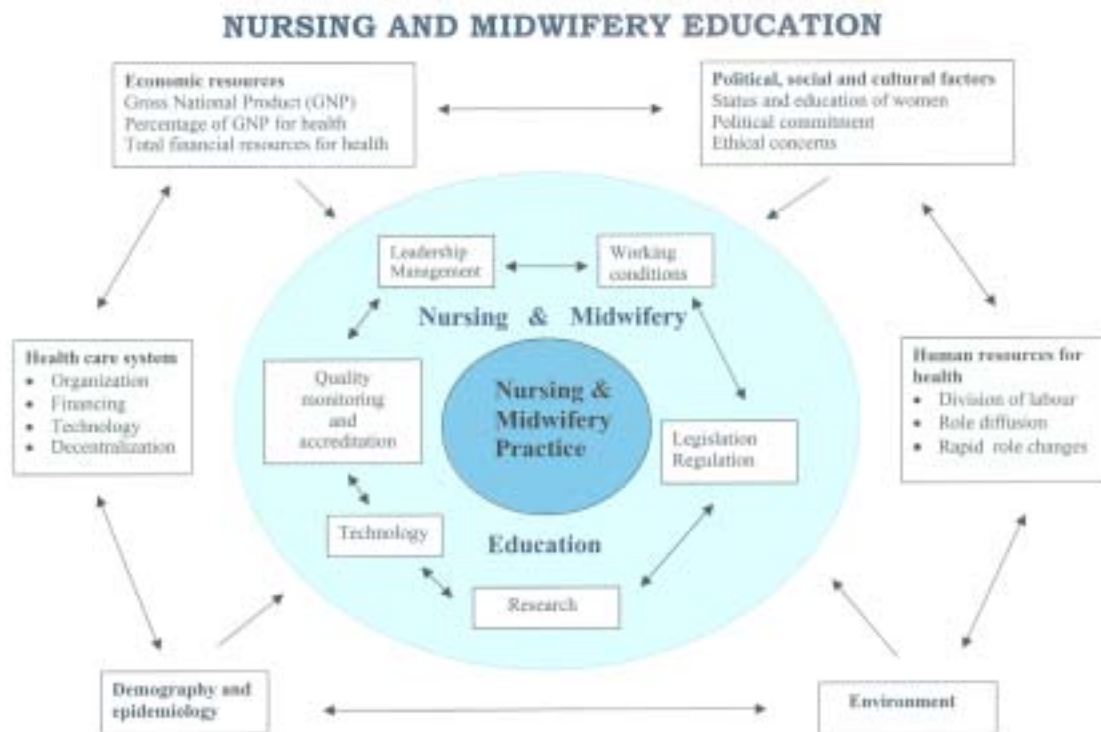
As this strategy is being prepared, all governments across Europe continue to face a wide range of complex health problems. Although in each Member State the existence and the severity of these problems varies, they include environmental pollution; the increasing gap between the rich and the poor; unacceptable levels of maternal and child morbidity and mortality; and a resurgence of diseases thought to have been conquered such as, for example, tuberculosis, cholera, typhoid fever and malaria. There are increases in the level of chronic illness, including cancer, cardiovascular diseases and mental health disorders; in lifestyle-related problems such as unhealthy diet, lack of exercise, smoking, alcohol and substance misuse and in sexually transmitted diseases. In some parts of the Region, wars and ethnic conflict continue to cause intense suffering, increasing numbers of refugees and homeless people and disruption to society's essential infrastructures. There are also the major challenges for health care systems which are inherent in the changing demography, i.e. the steady increase in the proportion of elderly people in the population which, in some Member States, is compounded by a gradual decrease in the proportion of those who normally contribute to the gross domestic product through working.

The future is likely to see continuing reforms of the health sector. These include a greater involvement of citizens and the community in decision-making about care; more people cared for at home and therefore a growing demand for community-based health services; a steady increase in the availability of new treatments and therapies; increasing costs of providing care; and more and more ethical challenges. Care which is centred upon the individual will remain the starting point of the health care organization and of the work of all nurses and midwives.

Continuing advances in practice in the evidence base and in the quality of care required make it imperative that the capabilities of the nursing and midwifery workforce are regularly updated, and that there is a commitment by Member States to ensure provision of appropriate continuing education. Effective implementation of the role of the nurse and of the midwife as outlined in the strategy for initial nursing and midwifery education is the essential first step. Effective implementation, or setting in place of plans to achieve implementation of the Strategy for Continuing Education is also essential if the workforce is to be prepared for the necessary specialist and advanced practice roles which the developments outlined above demand. Member States will be required regularly to evaluate and, if necessary, update their existing continuing education provision, to keep pace with the priority of maintaining a nursing and midwifery workforce which is fit for purpose, and which remains fit for purpose.

Just as "health care does not take place in isolation from political, economic and cultural realities" (WHO 1996), so nursing and midwifery education and practice do not take place in isolation from the political, social, economic, environmental and cultural realities of the Member States; neither must they be seen in isolation from the various stages of health care reform and the dynamic nature, or otherwise, of progress. Figure 1 depicts that complexity.

Figure 1. The dynamic context of nursing and midwifery education
(Adapted from WHO 1996)



Likewise, nurses and midwives do not practise in isolation from their colleagues in the other health care professions. Although each profession contributes unique knowledge and skills to health promotion, the care of patients and to the health care system as a whole, there is a need for much more multidisciplinary and interdisciplinary work, in a spirit of recognition and respect for each other's authority, responsibility, ability and unique contribution. Thus, nurses and midwives must continue to build upon their initial professional education so as to continue to take their full part as members of the multiprofessional health care team, sharing both in decision-making and, when appropriate, in taking responsibility for leadership of the team and for the outcomes of the work of the team.

In the face of fundamental health care reform, the complex factors depicted in Figure 1 and the resulting social transformation, and because nursing and midwifery education and practice are at very different stages of development in the Member States, it is timely that the professions be proactive in building upon the WHO European Strategy for initial Nursing and Midwifery Education (WHO 2000) and prepare their Continuing Education Strategy, following the principles outlined in this document.

The Member States of the WHO European Region need well prepared, up-to-date, competent nurses and midwives, who participate in lifelong learning and who are able to work confidently, maintaining professional standards of care as the sound basis for multiprofessional collaboration and partnership with patients, healthy individuals, families and communities. If properly educated, organized and resourced, and vested with the necessary authority, nurses can have a major impact on all these health issues, and do much to reduce the burden of disease, as well as promoting health and improving the quality of life for the people of their countries. Although

fewer in number, midwives, if properly educated, organized, resourced and vested with the necessary authority, can similarly play a crucial role in family planning and reproductive health, in promoting safe motherhood and in caring for the newborn within her/his family.

2. Nurse and midwife roles

Before defining the role of the experienced nurse or midwife who has maintained her competence either by deepening her knowledge of an existing role, or by undertaking an expanded, advanced or specialist nursing or midwifery role, it is necessary to define the role of the nurse and of the midwife on entry to practice because no nurse or midwife can maintain or further develop her competence if she is not already a competent registered or qualified nurse or midwife, as described below.

2.1 Roles on entry to practice

2.1.1 *The nurse*

The role and functions of the nurse:

A nurse is a person who, having been formally admitted to a nursing education programme duly recognized by the Member State in which it is located, has successfully completed the prescribed course of studies in nursing and has obtained the required qualifications to be registered and/or legally licensed to practise nursing.

Nurses help patients, families and groups to determine and achieve their physical, mental and social potential, and to do so within the context of the environment in which they live and work. Nurses require competence to develop and perform functions that promote and maintain health as well as prevent illness. They also assess, plan, give and evaluate their professional care during illness and rehabilitation, which encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying. They may practise in hospitals and the community. They are competent to work autonomously and as members of the health care team. In certain circumstances they may delegate care to health care assistants, but they retain responsibility for care, supervise where necessary and are accountable for their decisions and actions.

The nurse promotes the active involvement of individuals, including patients, and of families, social groups and communities as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment.

Nursing is both an art and a science. It requires the understanding and the application in practice of specific nursing knowledge and skills which, wherever possible, are research- and/or evidence-based. It draws on knowledge and techniques derived from the humanities, from the physical, biological and behavioural sciences, from management and leadership theories and from theories of education (WHO 1996).

2.1.2 *The midwife*

The role and functions of the midwife:

A midwife is a person who, having been formally admitted to a midwifery education programme duly recognized by the Member State in which it is located, has successfully completed the

prescribed course of studies in midwifery and has obtained the required qualifications to be registered and/or legally licensed to practise midwifery.

Midwives must be able to provide the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, to conduct deliveries on their own responsibility and to care for newborn babies and infants. This care includes preventive measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and, in its absence, the execution of emergency measures. An important task is health counselling and education, not only for the women but also within the family and the community. The work should involve antenatal education and preparation for parenthood, and extends to certain areas of gynaecology, family planning and child care. The midwife may practise in hospitals, clinics, health units, homes or under any other conditions (WHO 1996a).

2.2 All practising nurses and midwives

The above definitions describe nurses and midwives who, on entry to practice and throughout their professional careers, are capable of competent professional decision-making and have the formal authority to do so. They will accept professional and personal accountability and responsibility for their practice. They will increasingly work in partnership with individuals, families and communities, and with the multidisciplinary team. They will promote individuals' right to freedom of choice as to whether or not they will be involved in decision-making about their care. In addition to caring for those who are ill, the nurse will work with healthy individuals, families and groups in society in disease prevention and health promotion. The midwife will at all times work to promote safe motherhood.

Although each of the health care professions can make its own unique contribution to care, the three closely allied professions of nursing, midwifery and medicine share a number of common skills, all of which are essential to the provision of an acceptable quality of care. These skills (WHO 1996b) are those of:

- *care provider*, who considers the patient holistically as an individual and as an integral part of the family, the community and the culture, and provides high-quality, ethical, comprehensive, continuous and personal care within a relationship based on trust;
- *decision-maker*, who identifies relevant health- or illness-related needs or problems and chooses which interventions to use ethically and cost-effectively to achieve holistic and high quality care;
- *communicator*, who is able to promote healthy lifestyles by effective collaboration, explanation, teaching and advocacy, thereby motivating and empowering individuals and groups to protect and enhance their health;
- *community leader*, who, having won the trust of the people among whom he or she works, can identify and reconcile individual and community health requirements, facilitate action by individuals, groups and the community or initiate action on their behalf;
- *manager*, who can make appropriate use of available data and work harmoniously with individuals and organizations inside and outside the health care system to identify, mobilize and coordinate available resources to meet the needs of patients and communities.

3. The roles and attributes of the experienced nurse or midwife who is practising at a level beyond that of the entry level

There are four recognized routes of career advancement for experienced nurses and midwives. All require, or should require, successful completion of the appropriate course of post-qualification study, at either degree, Masters degree or Doctoral degree level. In addition to the clinical career pathway, there are those who specialize as educators, researchers and/or as managers of the service, and all should retain a close link with nursing and/or midwifery practice. Whatever the career choice, it is imperative that the health care priorities of the Member State and the needs of all those receiving nursing or midwifery care are reflected in the continuing education provision and that the requirement for regular updating is part of the legal and regulatory requirements for nurses and midwives who wish to retain their right to practise and/or to renew their registration.

3.1 The Specialist Nurse

A specialist nurse is a person who has successfully completed a post-qualification course of study in a specific clinical field and who applies higher levels of judgement, discretion and decision-making in clinical care in order to improve the quality of patient care, meeting the needs of patients within the specialty and in the specific area of practice (Commission of the European Communities 1994, European Network of Nursing Organizations (ENNO) 2000, International Council of Nurses (ICN) 1992, United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) 1998). These higher levels of judgement, discretion and decision-making will focus upon evidence-based clinical practice, care management, practice development, clinical leadership and acting as the patient's advocate, protecting and promoting their rights as citizens as well as patients. The specialist nurse's practice will:

enable the monitoring and improving of standards of care through: supervision of practice; clinical audit; development of practice through research; teaching and the support of professional colleagues and the provision of skilled professional leadership (UKCC 1998).

From a range of literature which discusses the specialist nurse role, sometimes termed the expanded role of the nurse, it is clear that many specialist nurses are involved in regular evaluation and audit of nursing practice within their specialist field, some are directly involved in carrying out clinical research, many act as a supervisor and consultant in clinical practice for nursing colleagues and, more and more, for the wider multidisciplinary team (National Council for the Professional Development of Nursing and Midwifery 2001). The International Council of Nurses also views the specialist nurse as a resource for colleagues (1992). ICN considers that specialist practice implies the application of a level of knowledge and skill which is deeper than that acquired during the course of initial nurse education, and that, as a result, direct benefits to patient care should ensue.

That there is considerable consensus about the role of the specialist nurse is further demonstrated by the definition recommended by the European Network of Nursing Organizations (ENNO 2000):

The specialist nurse is a nurse formally educated and practically trained beyond the level of generalist nurse and authorized to practise as a specialist nurse with advanced expertise in a branch of nursing. Specialized practice includes advanced nursing and/or clinical skills and related tasks, and advisory, research, teaching and administrative activities in the field of the specialty.

3.2 The concept of advanced practice

“Advanced practice” is a relatively new term. Advanced practice can and does occur without necessarily being underpinned by a formal course of education. The concept is increasingly prominent in literature about continuing education, maintenance of competence and fitness for purpose of the health care professions, including nursing and midwifery, although there is considerable lack of clarity about exactly what is meant by the term. Atkins and Ersser (2000), as a result of careful observation of innovative nursing practice and several years of work in developing and evaluating a multidisciplinary postgraduate course in Advanced Health Care Practice (including Advanced Nursing Practice) have contributed significantly to clarification of the concept of advanced practice. They present and critique, in the light of international literature on the concept, a framework of professional attributes which they argue “has continuing national and international relevance to nursing and health service developments” (Atkins and Ersser 2000: 524).

The term “advanced” is seen by these authors, both nurses, as:

reflecting a relative developmental position, where practice is progressive or is in some way ahead in terms of its development. Advanced practice within a health care system will always be a relative and changing position, relevant to a socio-historical context. As such it is in the nature of advanced practice that it will remain subject to ongoing debate (Atkins and Ersser 2000).

Their framework or set of attributes, which is given below, reflects the day-to-day abilities of all nurses working at an advanced level. This encompasses not only those directly involved in clinical care, who are leading and developing practice, but also some who are working in education, management and research. No one of these fifteen attributes, taken in isolation, could reflect the practice of a nurse (or of any health care professional) who is working at an advanced level of practice. It is the entire set or gestalt of the attributes, which reflect advanced practice.

The fifteen attributes are listed below. The justification for their selection is given in the article by Atkins and Ersser (2000).

Advanced Practice Attributes:

1. Expertise in a health care field;
2. Ability to use generic areas of knowledge applied to the field of health care practice (knowledge derived from beyond the field or not located in any one field);
3. Ability to recognize the complex nature of knowledge used by health professionals and to critically appraise this knowledge to inform practice;
4. Ability to use a deliberative, reflective and analytical approach to problem-solving and decision making within practice;
5. Ability to recognize the beliefs and values underpinning health care practice and their role in the development of practice;

6. Ability to employ a width of vision when exploring and managing opportunities to develop practice;
7. Ability to enhance the quality of health care, through effective working with clients and their carers, colleagues and agencies;
8. Ability to enhance the quality of care delivery through the use of practice development and education strategies;
9. Recognition of the social and political context of health care practice within and across professional spheres, at local, national and international levels;
10. Ability to plan and develop health care provision through effective development, use and evaluation of policy;
11. Ability to engage effectively in interprofessional and multiprofessional situations in order to enhance health care provision;
12. Ability to manage and anticipate change competently to meet health care needs;
13. Ability to employ evaluation and research approaches to enhance the quality of health care policy and provision;
14. Ability to recognize the capacity of information technology to develop and evaluate health care provision;
15. Ability to lead in the delivery and development of health care.

From the above descriptions of the specialist nurse and of the nurse working at the level of advanced practice, both of which are firmly rooted in observations of the actual practice of many nurses in today's health care provision and both of which reflect the priorities and needs for nursing care, it is clear that no nurse, on entry to practice, could have attained these abilities and the related competencies. There is therefore an incontrovertible need for nursing and midwifery education to continue beyond the initial education, if Member States are to maintain a nursing and midwifery workforce which is fit for purpose. There is a concomitant need for all nurses and midwives to have a personal and professional commitment to lifelong learning and there is a need for all Member States to maintain, or work towards the creation and maintenance of a legal and regulatory framework which requires nurses and midwives regularly to renew their registration (licence) to practise.

4. Provision of continuing education for nurses and midwives

Whereas the initial nursing and midwifery education programmes must meet statutory requirements as to content and standards, and must take place in an accredited university or equivalent institute setting, with clinical and community placements taking place in similarly accredited practice areas, continuing education can be much more flexible, and is offered in a variety of settings and in varying formats. Across the Member States of the WHO European Region the provision is varied, ranging from a relatively sophisticated provision, which utilizes the university system, to a work-based learning and quality controlled accreditation of experiential learning, to the opposite extreme where no continuing education provision exists. To a large extent, opportunities for continuing education, (this term is synonymous with the term continuing professional development) depend upon the recognition by each Member State that

such education is essential, but also upon the state of development of a Member State's nursing and midwifery education system and of its university or equivalent institute systems. Likewise, the availability of adequate financial resources to support continuing education is crucial. However, in the spirit of the Munich Declaration (WHO 2000a), it is anticipated that all Member States will work towards implementation of the Continuing Education Strategy.

4.1 Types of continuing education

Continuing education opportunities fall into two main categories.

4.1.1 Formal accredited courses

In many Member States, continuing professional development, including the attainment of the knowledge, skills and attitudes to work in a specialist clinical role and/or at an advanced level of clinical practice will be achieved by undertaking a full-time or part-time course at degree or Masters degree level, as a minimum. In addition to clinically focused degrees, there are many different examples of degree and other courses undertaken as preparation for educators, managers, researchers and those in leadership positions. All such courses should take place in a university or equivalent institute and should be subject to regular review and external evaluation, so as to ensure quality control. They must be accredited with academic credit points, using a system such as the European Credit and Transfer Scheme (ECTS) (WHO 2001b).

In some Member States, successful completion of an appropriate course is a prerequisite for practice as a Specialist Nurse and for a career change within nursing and midwifery, such as becoming an educator, manager or researcher.

In an effort to harmonize post initial nursing education and thus to facilitate free movement of specialist nurses across the European Union, groups of Specialist Nurses have come together in Specialist Fora to make recommendations about the education of the Specialist Nurse (ENNO 2000), and in some specializations have set out a core curriculum. The European Network of Nursing Organizations (ENNO 2000) recommend that specialist nursing education should take a minimum of one academic year (normally of 40 weeks) with theory and practice equally balanced, that adequate access to clinical placements should be available, that the course should be formally recognized by the country, should have a full-time teaching staff qualified by education and experience (preferably with a Masters or Doctoral degree) and be “developed, controlled and administered by or in collaboration with the nursing profession, including specialists” (ENNO 2000).

4.1.2 Flexible learning opportunities

Work-based learning, “on-the-job” short courses, refresher courses, return to practice courses and attendance at conferences are just a few examples of the types of flexible continuing education opportunities available to nurses and midwives, and increasingly on an interdisciplinary basis. As quality control and accreditation systems have developed, a number of Member States, and their nursing or midwifery regulatory bodies have enabled students to gain credit points towards a more formal programme, as a result of their demonstration of learning from these opportunities. Such points, for example based on the European Credit and Transfer Scheme (European Commission 1995) allow advanced standing entry to some programmes in which the curriculum content and learning outcomes are similar to those of the student's prior learning.

Examples of this flexible type of continuing education include:

“In-service” or “on-the-job” education activities, which are normally delivered at hospital/primary health centre level. They are typically used to fulfil an immediate need, as noted above, such as orientation to the use of new equipment or treatment regimes, including safe lifting and handling practices.

Short courses, including study days, workshops and seminars, which may take place within the workplace or externally. They should wherever possible be multiprofessional and normally focus on current issues or themes in health care.

Return to practice courses, which may be delivered in the workplace or the university. Return to practice courses are generally arranged for nurses who have had a break from practice, most commonly due to having children. In a number of Member States, legislation is in place which makes it mandatory for a nurse or midwife who has been away from practice for a specified length of time to attend such a course.

Other continuing education learning opportunities may arise as a result of a nurse or midwife’s personal interest in a particular activity, for example undertaking a study tour or competing for a scholarship. Experienced nurses and midwives are often those who are best able to point out what their learning needs are, and in some cases, their employers will conduct a training needs analysis in order to assess what education is necessary to ensure their employees are sufficiently up-to-date to deliver the high quality of care desired. For example, it is obvious that when new surgical techniques, new technology, new treatments and new forms of investigation are developed and come into use, it is necessary to educate staff so that they understand the implications of the various developments for their care giving. Much of this is achieved by “on-the-job” training, when staff are given time out to attend classes or demonstrations. Sometimes less obvious is the need to educate staff about how to address the ethical implications of certain new treatments, or how to deliver evidence-based health promotion, which may mean trying to influence individuals as to their lifestyles.

Where nurses and midwives have ready access to libraries and/or to the Internet, and where distance learning, video-conferencing and E-learning (electronic or on-line learning) have been developed and are resourced, then various forms of independent learning can flourish, either as part of formal courses or as part of an “individual learning contract”. Where none of these are available, then formal classes are more likely to be the mode of delivery of continuing education. Attendance at the latter requires the release of staff from their workplace, and this can be problematic for employers, if replacement staffing costs are not provided by the Member State’s government.

Whatever the type of continuing education, and whatever the methods of teaching, learning and/or assessment used, it is important to value and to build upon the rich resource of the nurse and/or midwife’s experience of practice. Reflection upon such experiential learning, and its analysis in the light of related theories and relevant research can lead to considerable enlightenment and to the effective application of the newly gained knowledge in the nurse’s or the midwife’s practice. Continuing education opportunities which are undertaken on a shared basis with other health care professionals can be particularly effective in promoting mutual understanding, more efficient teamwork and as a result, improved patient care.

5. Fundamental guiding principles of continuing education for nurses and midwives

The following principles are fundamental to the provision of appropriate continuing education for nurses and midwives. All Member States must work towards the inclusion of these principles in their Continuing Education Strategy. It is acknowledged that the implementation of the strategy in different Member States will be according to a time scale agreed within each country as being appropriate and realistic.

1. The requirement for nurses and midwives to undertake continuing education appropriate to their sphere of practice (be that clinical, education, management or research) must be an integral part of the essential legislative and regulatory framework for the health care professions within each Member State. Where no legislation or regulation of the professions exists, nurses and midwives must work to promote the establishment of such legislation or regulation.
2. Entry to nursing and midwifery continuing education must be open only to qualified nurses and/or midwives.
3. Nursing and midwifery continuing education must focus upon the health care priorities of the country, the health care needs of the people and be conducted to agreed standards for quality of care.
4. Nursing and midwifery continuing education and practice must be underpinned by values focusing on the promotion and maintenance of health in individuals, families and communities and on individual and holistic care of those who are ill. It must promote non-judgmental care that is sensitive to the social, cultural, economic and political context of the country.
5. Nursing and midwifery continuing education must have the individual, be it the patient or the healthy person, as its main focus, but also take into account the significance of the context within which those individuals live and work, including their family, partners, social group and community.
6. Wherever possible, nursing and midwifery continuing education must be interdisciplinary and multiprofessional, in order to facilitate effective teamwork and contribute to cost-effective delivery of health care.
7. Continuing education must be based on the philosophy of lifelong learning and be research-based, evidence-based and competency-based.
8. The length of any continuing education course or activity must be sufficient to achieve the specified competencies and, in the case of the specialist nurse qualification, must be of no less than one academic year (normally of 40 weeks). These weeks should reflect the equal importance of both the theory and the practice elements.
9. Attendance at continuing education activities may be full-time, part-time or of such flexible nature as can be agreed between the nurse and/or the midwife and her employer, in collaboration with the education provider.
10. Continuing education provision must be regularly evaluated and have in place systems of quality improvement/control.
11. Wherever possible, continuing education provision should have academic credits allocated to the learning which takes place, whether in the university or in the practice placement settings.

12. Where an academic qualification is required for competence to undertake a particular specialist or advanced practice role, this shall be at no less than university degree level, and in countries where initial nursing and midwifery education is already at degree level, it should be at postgraduate diploma or Masters degree level.
13. There should be available within each Member State the opportunity for nurses and midwives to study their discipline of nursing and/or midwifery to doctoral level and beyond.
14. Successful completion of all continuing education studies should be recorded as appropriate to the requirements of the Member State for continuation of the nurse's or the midwife's right to practise her profession. Some Member States require formal notification of completion of certain educational programmes to the Registering Body. Others do not yet have this system in place, although all must work towards it. The key principle is that there should be verifiable evidence of completion of any continuing education activity.
15. The teaching of continuing education which is directly related to nursing practice, in both theory and practice, must be carried out by a qualified nurse and the teaching of continuing education in midwifery, in both theory and practice, by a qualified midwife.
16. As experienced nurses and/or midwives, much of the learning achieved during continuing education activities will be self-directed, as advocated by educational research into how adults learn. Skilled facilitation and support for these adult learners must be provided both by nurse or midwife teachers in the university and by senior nurses or midwives who are up-to-date in the field of practice relevant to the nurse or midwife's studies.
17. Nurse and/or midwife teachers who provide continuing education opportunities must:
 - hold a degree at an academic level equivalent to the requirements for university teachers in the country;
 - hold a teaching qualification in order to appropriately apply the full range of research-based teaching, learning and assessment strategies within the theory and clinical components of the curriculum;
 - hold the qualification to which the programme leads, or be able to provide evidence of updating of knowledge, skills and attitudes relevant to the nurse or midwife's programme of study;
 - teach and/or work within the area of specialist or advanced nursing and/or midwifery practice about which the nurse or midwife is learning;
 - take responsibility for the clinical supervision of the nurse or midwife on practice placement within their areas of specialization. This responsibility must be shared with the clinical mentor.
18. The clinical nurse and/or midwife who is acting as mentor must be experienced in the specialist field and must hold the academic qualification which is equivalent to that for which the nurse or midwife is studying.
19. Where there are no qualified nurse or midwife teachers or mentors in the Member State, efforts should be made to consult with qualified teachers or mentors from other countries by means of validated networks, including, where feasible, the possibility of exchange study and practice visits.
20. Teachers from disciplines that contribute to continuing education for nurses and midwives, such as for example health and medical sciences, pharmacology and epidemiology,

behavioural and biological sciences, law and ethics, must be experts in their own subjects and hold a degree equivalent to the requirements for university teachers within the country in question.

21. University schools and departments of nursing and midwifery must have, or have adequate shared access to appropriate human and physical resources, including equipment, clinical skills laboratories, libraries and information technology to enable the delivery of the continuing education provision.

6. The curriculum

The concept of curriculum for all continuing education refers to both the theory and the practice components and includes the objectives, design, content, teaching/learning experiences and assessment strategies, methods of evaluation and outcomes, all of which will be designed to enable the nurse or midwife on successful completion of the particular course or other continuing education opportunity to demonstrate the competencies which are required for the particular area of practice.

6.1 Curriculum design

Overall, the curriculum design must demonstrate integration in:

- *structure*, i.e. it must be logically sequenced, so as to ensure an appropriate mix of theory/classroom teaching and learning and of protected time in practice in order to meet the clinical objectives;
- *process*, i.e. it must adopt an adult learning, approach and juxtapose theory and practice in such a way as to further develop the nurses' and midwives' ability to integrate their classroom or laboratory learning with their experiential learning and so advance their knowledge of their specialist or advanced practice;
- *outcome*, i.e. it must ensure maintenance of competence of the nurse or midwife and/or development of new higher level competencies appropriate to area of practice.

Whether a formal course or a less formal continuing education opportunity, the content of the curriculum must be research- and evidence-based and utilize appropriate teaching/learning and assessment methods which are congruent with evidence-based adult education.

6.2 Teaching, learning and assessment strategies

The teaching, learning and assessment strategies will be congruent with the principles of adult education, based on the rationale that both teacher and student, i.e. the qualified nurse and/or midwife will bring prior knowledge, experience and competencies to contribute to a mutually educative process. Active student participation, facilitated by nurse teachers (who will have a role both in the university setting and in practice), and by mentors (in practice), will be the norm. Wherever possible, nurses and midwives will learn together with physicians and other health care professionals. This multidisciplinary learning is particularly effective when each participant share their experience and knowledge about practising their own discipline.

Overall, the emphasis will be on interactive approaches and a wide variety will be used, including, for example, reflection as a means of learning from and developing expert practice, discussion and debate, tutorials, seminar presentations by students, problem-based learning and the analysis of care scenarios. While there will be a place for the didactic lecture, it will constitute a relatively minor proportion of the curriculum. The latest education technology available in the particular Member State should be used to enhance learning. In the practice settings, nurses and midwives will benefit from supervision by an appropriately prepared mentor, but will be encouraged to develop their skills of reflection so that they can learn from their experience.

Assessment strategies, both for the theory and the practice components of the curriculum, will be appropriate to the adult learning approach, to the requirement for reflection on practice and to the need to seek an evidence base, where such exists.

Increasingly, there will be the opportunity to incorporate distance learning and on-line learning in the teaching/learning and assessment approaches.

6.3 Sample programme, core curriculum and competencies for Specialist Nurse Education

Many specialist nurse roles have developed in order to improve the quality of health promotion and of care for patients with particular diseases. Other specialist nurse roles relate to care of those in particular age groups and/or those who are being cared for in a particular setting. Just some of the many examples of these specialist nurse roles include anaesthetic nursing, cancer nursing, children's (paediatric) nursing, critical care (intensive care) nursing, gerontological nursing, mental health nursing, occupational health nursing and primary health care/dispensary nursing. In some Member States midwifery is a specialist role which requires, as a foundation, initial preparation as a nurse. Sample curricula for the education of specialist nurses practising in each of the above roles are available from the WHO Regional Office for Europe. While these sample curricula can provide useful guidance, Member States choosing to model their own curricula on these examples will require to adapt the content so as to ensure their country's specific health priorities and needs are met.

6.3.1 Entry requirements

The minimum entry requirements to the Specialist Nurse education programme are qualification as a nurse and two years' post-qualification relevant practice experience.

6.3.2 The programme

The programme will be at no less than degree level, and preferably will be at Masters level, thus building upon the initial qualification of the nurse which, as stated in the WHO European Strategy for Nursing and Midwifery Education (WHO 2000), should be at degree level. It will take place within the university or equivalent institute setting and the practice placement areas, will be a minimum of one academic year, normally 40 weeks in length, will reflect the equal importance of both the theory and the practice elements, and be accredited with 60 ECTS credit points.

It will normally be a full-time programme, but should be modular in structure in order to facilitate flexible modes of part-time study, including study by distance or on-line learning.

Specialist nurse programmes have two main components. There is a core component which is common to all specialist nurse preparation, and a specialist component which is specific to the area of the specialist nurse's practice.

6.3.3 Core curriculum content

Many of the courses which have been developed by various groups of specialist nurses in the European Union are structured around a core curriculum, the content of which is common to courses in that particular specialization in all countries within the group. This ensures a degree of consistency, which allows comparison across countries, but it will be essential that countries add or adapt content so that it is specific to their own priorities and needs.

In the core component, the main subject must be the theory and practice of specialist nursing, in relation to the aspects which are common to all specialist nurses. This will lay the foundation for the study of the additional theory and practice of nursing which is relevant to the specific focus of the specialist nurse's practice.

The following supporting subjects must be included, as a minimum, and their application to specialist nursing must be made explicit:

- Health needs assessment;
- Nursing documentation;
- Health promotion and health education;
- Biological, behavioural, and environmental studies;
- The nature and causation of disease and/or conditions and their physical, emotional and social consequences;
- Advanced pharmacological studies and, where legislation permits, nurse prescribing;
- Diagnostic, therapeutic, resuscitative and technological procedures and techniques;
- Ethics of professional practice and relevant legislation;
- Patients' rights;
- Problem solving and decision-making;
- Teamwork;
- Intervention techniques for abuse and violence;
- Clinical supervision, mentoring and competency assessment;
- Counselling, support and communication;
- Quality assurance – setting, audit and evaluation of standards and of outcomes of clinical nursing care;
- Leadership, organization and all aspects of management;
- Health policy and health economics;
- Research methods and implications of research for practice;
- Appreciation of information technology and its application to practice.

6.3.4 Core competencies

All specialist nurses, following successful completion of the specialist nurse education programme, and whatever the specific focus of their practice, will demonstrate the following core competencies. Additional specific competencies will be demonstrated in relation to the nurse's specialist field of practice.

In relation to the undernoted four main areas of practice, the specialist nurse will be competent to (derived from UKCC 1998):

Specialist clinical practice

- Assess health, health-related and nursing needs of patients, their families and other carers by identifying and initiating appropriate steps for effective care;
- Set, implement and evaluate standards of nursing interventions by planning, carrying out and evaluating specialist clinical nursing care across a range of care settings;
- Assess and manage emergency patient situations to ensure safe and effective care;
- Support and empower patients, their families and other carers to influence and participate in decisions concerning their care;
- Contribute to setting in place systems to ensure patients, their families and other carers have access to relevant information to enable them to make informed choices about their care;
- Facilitate appropriate learning in relation to identified health need for patients, their families and carers;
- Provide counselling and psychological support for patients and their carers.

Care management

- Supervise and manage clinical practice to ensure safe, effective, research-based care;
- Initiate and contribute to strategies designed to promote and improve health and prevent disease in patients, families and communities by identifying and selecting from a range of health and social care agencies those that will assist and improve care;
- Provide culturally sensitive, patient-centred care at all times;
- Recognize ethical, legal, cultural and spiritual issues which have implications for nursing practice and take appropriate action;
- Communicate relevant, accurate and comprehensive information about the patient's health and nursing needs.

Leadership in practice

- Lead and clinically direct the nursing team, to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of resources;
- Work effectively to ensure the nursing contribution within the multidisciplinary team, always maintaining the patient, family and carers as the central focus;
- Introduce and monitor appropriate systems of clinical supervision;

- Identify individual potential in qualified nurses and specialist nurses through effective appraisal systems;
- As a clinical expert, advise on educational opportunities that will facilitate the development and support of their own and others' specialist knowledge and skills to ensure all develop their clinical practice;
- Ensure effective learning experiences and opportunities to achieve learning outcomes for students through supervision, mentoring and provision of a positive learning environment;
- Contribute to the development of health policy and health care management.

Practice development

- Create an environment in which practice development is fostered, evaluated and disseminated;
- Identify specialist learning opportunities in the clinical setting that contribute to teaching and assessment of learning in a multidisciplinary environment;
- Initiate and lead practice developments to enhance the nursing contribution and quality of care;
- Identify, apply and disseminate research findings relating to specialist nursing practice;
- Explore and implement strategies for quality assurance and quality audit.

7. Funding of continuing education

Continuing education cannot take place without adequate resources. This includes the costs of:

- preparing an education needs analysis for all nurses and midwives employed within the health care services;
- developing and delivering education programmes, whether these be formal accredited courses or any of the variety of flexible learning opportunities;
- course fees;
- periodic evaluation and updating of courses;
- formal recording of qualifications and other forms of verifiable continuing professional development;
- salaries of replacement staff, whose employment will be a prerequisite to the release of nurses and midwives to undertake their continuing education.

There are a number of ways in which Member States may fund continuing education. Whatever procedures are used, they must be transparent and equitable. Some examples are national or local government funding, scholarships or fellowships funded by employers and/or government or by sponsors/donors, and shared funding in which the nurse or midwife contributes part of the cost of her/his continuing education.

8. Essential factors to enable the implementation of the Continuing Education Strategy

Continuing education must be included in the law of the Member State, i.e. be obligatory for all practising nurses and midwives. The law should describe, in formal legislative and regulation documents, the rights and obligations of employers in relation to continuing education of its employee nurses and midwives and also of individual nurses and midwives in this regard.

There should be a systematic plan for the continuing education of all nurses and midwives, at whatever level of seniority or position.

All health service employers should clearly describe what education is a prerequisite for particular posts. This description should state what should be done to prepare and regularly update those already in a post, and whether those applying for posts for which specific expertise is required must have attained the necessary prerequisite education prior to their application being considered.

Documents held by a university or equivalent institute, or by a health care institution which provides continuing education for nurses and/or midwives, must describe clearly the number of days or weeks which must be spent in continuing education activities per annum, how continuing education is to be financed, and how it will be quality assured, updated and evaluated.

9. Support and timescale

As with the WHO Education Strategy for initial education of nurses and midwives, it is the intention that a Strategy Task Force will be established by WHO, in order to support countries in their plans to implement the Continuing Education Strategy. In response to specific requests from some Member States, some sample curricula which are specific to particular areas of practice of the Specialist Nurse have been prepared. These will be available from the WHO Europe office, at the same time as the publication of the Continuing Education Strategy.

The Prospective Analysis Questionnaire, developed for the initial education strategy, will be adapted for use in establishing the baseline position in relation to continuing education in each Member State. From that analysis, each country can establish their realistic timescale for implementation, together with their detailed Implementation Plan.

National and international networking will be essential to support the implementation of the Continuing Education Strategy. These networks must be validated.

Member States will be encouraged to set up a Country Implementation Group and to include a patient representative in its membership.

Options for appropriate forms of support to individual Member States will be explored with them.

WHO will monitor progress towards each Member State's achievement of the Continuing Education Strategy.

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In addition to the above references and bibliography, the Expert Group wish to acknowledge all the relevant professional documents from the countries represented in the Group. These provided useful background information.

Glossary

For more detail on all those terms, please refer to the Guidelines to the WHO European Strategy for initial education for Nurses and Midwives (WHO 2001b)

Academic level

The level of difficulty of a subject. For example level one is commonly used to describe the first year studies in a baccalaureate degree, with levels two, three and four describing second, third and Honours year respectively. Masters level describes postgraduate studies at Masters degree. Doctoral level describes study at Doctor of Philosophy/Doctor of Science level. In general, the higher the level of difficulty, the more requirement there is for demonstration of analytical, critical, evaluative and innovative thinking.

Accreditation (of an institution, programme or curriculum)

A process, based on a system of external peer review, and using written standards, by which the quality of a university's activities and its educational programmes are assessed and, if satisfactory, approved.

Accreditation of prior learning

Procedures, which are subject to quality control, whereby nurses or midwives are awarded credit towards an academic award on the basis of learning achieved prior to the point of registering for the award and/or commencing the course of study. The term includes two types of accreditation of learning: (a) accreditation of prior certificated learning (APL), e.g. credit for successful completion of a course which had not at that time been credit-rated; and (b) accreditation of prior experiential learning (APEL). The latter requires presentation by the nurse or midwife of evidence of learning from experience and of how that meets the learning outcomes of the course of study on which the nurse or midwife is entering.

Advanced Practice

This reflects a relative developmental position, where practice is progressive or is in some way ahead in terms of its development.

Authority

The rightful power to take action. This subsumes the right to make decisions on what action is appropriate.

Clinical Supervision

A clinically focused professional relationship between a practitioner and appropriately prepared clinical supervisor.

Competencies

Broad composite statements, derived from nursing and midwifery practice, which describe a framework of skills reflecting knowledge, attitudes and psychomotor elements.

Competent

A level of performance demonstrating the effective application of knowledge, skill and judgment.

Continuing education

Education that builds on initial professional or vocational education.

Credit points

See Accreditation of prior learning.

E-learning

E-learning means electronic learning, (just as e-mail means electronic mail). E-learning is a form of distance learning. Course materials are on-line, students communicate with their lecturers via e-mail, lecturers give feedback via e-mail, assignments are sent in via e-mail and comments returned to students via e-mail. Systems may be set up to enable several students and their lecturers to communicate via “chat rooms”, i.e. where questions and discussions can take place through e-mailing.

Fitness for purpose

Employers are primarily concerned about whether nurses and midwives are able to function competently in clinical practice. The speed of change in the context and content of health care makes it difficult to define fitness for purpose. Its meaning cannot be fixed. Fitness for purpose depends on the commitment of employers and of practising nursing and midwives to constant professional updating (Adapted from UKCC 1999).

Health care reform

Any intended change towards improvement of health care of the acutely and chronically ill, rehabilitation, case-finding, health promotion and maintenance, prevention of disease and disability and health education.

Licence (See Registration)

Mentor

An appropriately qualified and experienced person who, through example and facilitation, guides, assists and supports individuals in learning and in acquiring new attitudes. The term is particularly used in relation to supporting learning in practice settings.

Multiprofessional team/Multidisciplinary team

A team of health care professionals from different disciplines, e.g. nurses, midwives, physicians, physiotherapists, who work together towards a common goal which enables them to make the best use of their knowledge, skills and experience in providing patient care.

Network

A grouping of individuals, organizations and/or agencies organized generally on a non-hierarchical basis around some common theme or concern.

On-line learning

See E-learning.

Patient

The real person who is the end-user in all our health systems. S/he is the human being who is meant to benefit from our efforts, but who, if reduced to a mere statistic, demonstrates that the heart has gone out of the profession. User(s) of health care services, whether healthy or sick (WHO 2000).

Peer review

Scrutiny of the work, activities or output of individuals or a group by other individuals or groups who have qualifications and experience that are directly comparable to those of the people being scrutinized.

Practice placement

The clinical area to which nurses and/or midwives are allocated in order to undertake the practice components of their education. These clinical areas may be in hospital or community settings.

Programme

This term is synonymous with course, i.e. a course of study, and denotes the entire course, in all its elements. It may be a full-time or part-time programme or course, e.g. a degree, or a short course.

Promote health

The process of enabling individuals, families and communities to increase control over the determinants of health and thereby improve their health. An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health.

Prospective Analysis Questionnaire

A questionnaire, based on the Prospective Analysis Methodology (PAM), which is a process that facilitates decision-making, interchange of ideas and opinions, and recognition and development of a need to change.

Resources

Human resources, money, materials, skills, knowledge, techniques and time needed or available for the performance or support of action directed towards specified objectives.

Registration

A method of ensuring a record is maintained of those who are *bona fide* nurses and/or midwives, i.e. they have successfully completed the initial nursing and/or midwifery education programme

which is required in their country. In several Member States it is necessary to regularly renew this registration. In order to do so, nurses and midwives must provide evidence of successful completion of continuing education relevant to their area of practice.

Specialist Nurse

A nurse who has successfully completed a post qualification course of study in a specific clinical field and who applies higher levels of judgement, discretion and decision-making in clinical care in order to improve the quality of patient care, meeting the needs of patients within the specialty and in the specific area of practice.

Standard

Statement of a defined level of quality or competence which is expected in a given set of circumstances. In nursing and midwifery, the statements identify and define the criteria which influence the quality or competence of the nursing/midwifery service, and clarify what is expected in relation to the structures, processes and outcomes.

A means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme with that of others.

Strategies

Broad lines of action to be taken to achieve goals and objectives incorporating the identification of suitable points of intervention, the ways of ensuring the involvement of other sectors and the range of political, social, economic, managerial and technical factors, as well as constraints and ways of dealing with them.

Video-conference

The use of video to bring groups together for discussions and a sharing of views. Groups in geographically separate areas can be connected via video link and can see and hear each other.

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