

These are the subthemes to address but to decide finally on the first date 20 April.

1- NURSE EDUCATION AND COMPETENCE BUILDING

Moderator: Walter Sermeus and Nico Decock

Nurse career building is not only the hospitals responsibility. Professional development and creating career perspective is ultimately the nurses' personal responsibility. However, any institute should facilitate the nurses' education, knowledge increase, and working experience in an interdisciplinary context. Accepting nurses as employees for a 5 week days job with a 100% expectation presence at the bedside is unrealistic. Expecting them to work at the clinic floor or at the bedside only, is a form of an inhumane exploitation of valuable human resources especially against the background of their low salary scale. It's a shared duty in providing high quality care, including the healthcare payers responsibility to support nurses in education and career pathways and invest in the continuous improvement of quality of care. One doesn't go without the other, they are complementary to each other.

The Questions to explore:

- What's your perception on this theme and what is needed to support professionals in their career pathways and is education and competence building an incentive for retention?
- What should you expect from an employer by facilitating you in the career pathway
- Where is the personal commitment in securing competence building.
- How can institutes support nurses career switching to their advantage.
- How can the revision of the Annex V contribute?

2- CROSS NATIONAL MOBILITY AND RECRUITMENT: A CURSE OR A BLESSING

Moderators: Jamie Wilkinson and Gautier Willemse

Recruitment is a necessity but also, an alternative of not having as sustainable health workforce. By attracting nurses from abroad, there seems to be a not well executed policy on investing in the current professionals and a missed chance to create an inspiring working environment. Recruitment is good, but not without a stable health workforce policy. After all, nurses from abroad tend to leave at a certain time, and with no good policy, leaving new gaps to fill and costs more in the long run. An example of instability is the absence of the revision of the Annex V of the Directive of the professional qualification of nurse specialists in health. And in addition, there are also a range of other instruments related to this like to proportionality and the Professional pass. There is a need to accept that to any formal choice a wide range of experiences, case stories, benchmarking examples are the backbone of changes. During the event, debates will take place also with commercial recruitment representatives such as [EMTG](#) and discuss the opportunities but also the mutual obstacles. In this debate, also the [ROTAYO](#) will be addressed.

“Nursing life is too short to get stuck in the right profession but the wrong place and time. To get unstuck is an art! Landing in a job in a new health domain or position can reignite your passion for you career in specialist nursing and switching need to be taught and supported by employers but to get started is a thing to learn” Gautier Willemse

The Questions to explore:

- Is recruitment from nurses abroad acceptable, does it meet the expectations of a sustainable and future proof health workforce.
- Balancing the institutional recruitment instruments versus the commercial companies operating on this field.
- How can specialist nurses do smart career switches and seize success

3- THE DIGITAL REVOLUTION IN HEALTH

Moderators: Henriette Hansen and Zoi Mylona

The digital domain is a blessing but does not contribute to the health workforce crisis. An increasing number of consultations are done remotely and face-to-face contacts take place with increasing support of digital innovations. With this blessing also a very fragile element appeared. A good digital use is reserved for the lucky few, whereas for the more vulnerable digital health makes the divide even bigger. With the Covid crisis being over, there is also a great delay in the delivery of care services and it seems that not all online consultations had the expected effect, after all, leaving some behind with symptom management where solving their health problems would have really helped them. One may ask the question of the digital revolution, was for a minority of patients and lucky enough to handle this, and not the elderly fragile or with less communications skills, the largest group in civil society.

The Questions to explore:

- How realist are the digital 'solutions' in solving health problems and how can expectations about digital health can become realistic?
- While process on education in the digital and IT domain, what is needed to aim for certification and continuing professional development
- How can achievements be recognised and certified in European cross border context.

4- THE MEDICATION DOMAIN, NO LONGER THE DOMINION OF DOCTORS

Moderator: Kate O'Regan and (TBC)

The medication prescribing domain was the dominion of the doctor. As the medical evolution had even revolutionary characteristics, due to technical innovations, it developed in parallel with higher expectation also for nurses. There is a societal expectation to non-medical profession to be knowledgeable and competent, however, nurses are not well trained and educated in becoming sufficiently competent, for example, in the Biosimilar domain and to contribute to the shortage discussion. It's important to realize that it's not effective when the nurses are not included in this evolution and when they are expected to take a docile and followers' attitude. This nursing exclusion does also not enrich their self-confidence and impacts the level of trust in their capabilities in the eyes of patients. Examples on involvement come the [NuPhaC program](#) and the ESNO relation with the EMA – [video](#).

The Questions to explore:

- Are the differences between doctors and nurses becoming less, where and how, and is there an evolution in the interdisciplinary cultural context, contributing to shared opinions, responsibilities and decisions?
- To what extend is the Biosimilar phenomenon known, and how can the nurses engagement on switching be instrumental in the new role and responsibilities of nurses in pharmaceutical care.
- How can Nurses get more involved in European institutes such as EMA and ECDC.

5- SAFETY AT WORK – NORMAL WORKING CONDITIONS LEAD TO QUALITY

Moderators: Danielle Lehwaldt and Christine Willemse

With the leave of nurses, those left over are overburdened. There is an assumption, that with a steady health case load, a steady level of qualified staffing is needed. But with the same steady case load and even increasing, in combination with fewer staff, it doesn't need a mathematician, forecasting that the system is unstable with cracks in its fundament. The impact has problems at both ends. At one end, there is an overload of patients with an obstruction in the hospital treatment flow. At the other end, a reduction of staff leading to a further outflow of nurses, and those remaining, not secured in their personal and professional wellbeing leads to further decline in quality of healthcare. It leads to this negative spiral, and to the background that the nurses, doctors, and other health providers already gave so much, it needs brave managers with guts to have the system well prepared for the future. Promotion of a normality in working conditions is crucial to safe the health systems of today. There is also a need to connect with European institute like [EU-OSHA](#) on safe working environment and conditions, implementation guidelines.

The Questions to explore:

- On what level is repairing the healthcare system at utmost relevancy and what policies and actions are required to start solving the problems from today on?
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6- RETENTION NETWORKING AND TUNING WITH HEALTH WORKFORCE PROGRAM METEOR

This program is under construction with the option, to give exposure the first day

Moderators: Anke Boone and Peter de Winter

In the variety of health workforce programs, projects, national cross border and European, it seems all have the same goals but addressing it from a different angle and a different perspective but sharing the same concern and motivation: stability and sustainability in the European health workforce. From one side this differentiation seems ineffective, unbalanced and fragmented, especially when outcomes are different.

One of the most related Program is the METEOR program. The [METEOR Project](#) focusses on the job retention of healthcare workers in the European Union. More specifically, METEOR aims to enhance the scientific knowledge on job retention of healthcare workers in Europe and we will develop policy recommendations to increase job retention for this occupational group. METEOR will achieve this in two ways. First, one online survey will be submitted to physicians and nurses in eight hospitals in four diverse EU countries (i.e. Belgium, the Netherlands, Poland and Italy). Second, co-creation workshops will be organised with various key stakeholders to develop evidence-based policy recommendations.

Questions to explore

- Strengthen relation with EU programs and projects.
- How to contribute to make the program influential.
- Local implementation and connecting other programs.
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