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- In the US, Male Nurses Wages are on Average €5,000 more than those of their Female Colleagues.
- The Recognition of Prescriptions issued by Nurses in another Member State
- UK to amend language requirements for nurses
- Revised code for UK Nursing and Midwifery Council

In the US, Male Nurses Wages are on Average €5,000 higher than those of their Female Colleagues



One month ago, the 8th of March 2015 the World was celebrating Women's Day. Equal payment for equal work carried out has always been one of the principle revendications of women's movement.

The struggle for Equal Pay continues because of the unequal pay conditions women still face in the labour market. While the pay gap has declined in the recent years, there is no reason to celebrate.

According to Ms. Viviane Reding, European Commissioner for Justice. "The principle of equal pay for equal work is written in the EU Treaties since 1957. It is high time that it is put in practice everywhere. The pay gap between the two sexes is in fact still very large and much of the change actually resulted from a decline in men's earnings rather than an increase for women",

Women earned on average 16% less than men in 2013 in the EU - 2 out of

3 managers are men, 2 out of 3 clerical workers are women.

In 2013, the gender pay gap stood at 16.4% in the European Union (EU), ranging from less than 5% in Slovenia to more than 20% in Estonia, Austria, the Czech Republic and Germany.

This problem does not only exist in Europe. A new research published at the end of March in the **Journal of the American Medical Association** found that **male nurses earned substantially higher salaries than their female counterparts, regardless of specialty**-and that this pay gap has persisted for 25 years.

For the study in question, Ulrike Muench, Ph.D., R.N., of the University of California, San Francisco, and her colleagues analyzed trends in salaries of registered nurses (RNs) in the United States from 1988 through 2013. To do this, they examined representative data from the National

Sample Survey of Registered Nurses (NSSRN) that occurred from 1988 to 2008 (after which it was discontinued) and from the American Community Survey (ACS) from 2001 through 2013. The NSSRN sample included 87,903 RNs, of whom 7% were men, while the ACS sample included 205,825 RNs, of whom 7% were also men.

The data revealed that male RNs received higher wages than female RNs during every year in the period of both surveys, with no significant narrowing of the pay gap over time. Overall, the adjusted earnings difference was estimated to be an average of \$5,148. In ambulatory care, the gap was higher (\$7,678), while in hospital settings it was found to be lower (\$3,873). The gap was also present in all specialties with the exception of orthopedic care. For instance, male RNs received an average annual salary of \$3,792 higher for chronic care and \$6,034 higher for cardiology than female RNs.

Though the gender pay gap is nothing new, it is especially surprising to find it in such a female-dominated field, with men comprising just 9.6% of nurses in the United States as of 2011. One would think this would put men at a disadvantage when entering the field.

“I think that nursing is perhaps an area where a woman with equal skills might have an edge over men thanks to history,” says Harwood.

“We often have patients that request no male caregivers and only once have I encountered a patient request only male [nursing] caregivers.”

Yet, male nurses are on the rise. In 2013, the U.S. Census Bureau reported that the number of male nurses has tripled since the 1970s.

“A salary gap by gender is especially important in nursing, because this profession is the largest in health care and is predominantly female, affecting approximately 2.5 million women,” the study authors write in JAMA. “These results may motivate nurse employers, including physicians, to examine their pay structures and act to eliminate inequities.”

However, there are some policies in effect that can protect pay discrimination that RNs can look toward for recourse.

This is the reason why FEPI would like to know which policies are currently operating in your country and if you consider them effective.

If you want to share your opinion and knowledge about the policies implemented in your country in order to work for a more equalitarian Europe, please do not hesitate to contact our secretariat.

For any further information on that issue, please feel free to contact our Secretariat.

The Recognition of Prescriptions Issued by Nurses in another Member State



The EU Directive 2011/24/EU on patient's rights in crossborder healthcare provides rules to facilitate access to safe and high quality cross-border healthcare and to promote cooperation on healthcare between Member States whilst respecting national competencies in the organisation and delivery of healthcare.

The Directive defines a prescription as a medicinal prescription or medical device prescribed by a professional of a regulated profession under the terms of the Directive 2005/36/EC, and legally allowed to prescribe in the Member State where he/she works.

In some EU Member States, nurses can now prescribe medications, and others are implementing the nursing prescription process. This process can be seen as a well-designed health project which shows that the cost effectiveness of management strategies, coordinated with the increasing investment on advanced roles for nurses is viable and efficient, ensuring a safe and quality care to European citizens.

According to Directive 2005/36/ EC, nurse prescriptions from other Member states, if meeting a set of requirements defined by Member state law, are recognised as valid prescriptions in the Member States (there exists some exceptions).

Taking into account the recent transformation of the health market and its focus on cost-effectiveness, the mandatory coordination of Member States legislation to ensure equal access and high quality of care to European citizens, and the growing role of nurses including nurses prescription in several Member States, it is no longer acceptable to have discussions within each Member State about the legal recognition of nurses competences to prescribe.

According to Rui Alexandre Fernandes Moreira, member of the Board of Jurisdiction of the Ordem dos Enfermeiros, Portugal, the focus should be on asking what kind of system enhances patient safety and quality of care within nurse prescribing. That includes discussing the nurse prescriber role, further academic education and training and granting equal reimbursement on prescriptions from different type of health prescribing professionals.

For any further information on that issue, please do not hesitate to contact our Secretariat.

UK to amend language requirements for nurses

Following a UK Language controls for healthcare and associated professions consultation, the UK Department of Health (DH) is planning to amend the rules around language knowledge in relation to the recognition of nurses.



In this consultation, the vast majority of the 71 responses received support proposals to allow regulators to have the power to apply language controls, where appropriate, to healthcare professionals, to ensure they have a sufficient knowledge of the English language to practise safely in the UK.

The 4 UK Health Departments (England, Scotland, Wales, and Northern Ireland) want to amend legislation to protect patients from risk associated with the poor English language skills of a minority of health care professionals. The law currently allows language checks on overseas non-European applicants and on doctors from the European economic area.

Changes will require migrants to the UK to supply evidence that they are able to communicate effectively in English before they can be registered, or, if they cannot supply the evidence, complete an English language test.

This process will only take place after a professional's qualification has been recognised as required by the revised Recognition of Professional Qualifications Directive.

As FEPI have explained regarding Directive on the Recognition of Professional Qualifications competent authorities have the possibility to carry out language controls on applicants from the European Economic Area (EEA) if the profession has patient safety implications.

Current UK legislation does not allow the Nursing and Midwifery Council, to request evidence of an EEA applicant's knowledge of the English language prior to registration, even if they have cause for concern.

The changes proposed by the consultation would bring their procedures in line with the Directive. Regulators expect to introduce the new requirements in late 2015/early 2016.

What are the language controls for your country?

For any further information on that issue, please do not hesitate to contact our Secretariat.

Revised code for UK Nursing and Midwifery Council

This month, a new Code comes into effect for the 680,000 nurses and midwives on the Nursing and Midwifery Council's (NMC) register.



This change will affect every nurse and midwife who practises in the UK.

The revised Code is based around four themes:

1. Prioritise people
2. Practise effectively
3. Preserve safety
4. Promote professionalism and trust.

Together, these themes signify what good nursing and midwifery practice looks like.

Whenever somebody joins the NMC's register and signs up to the Code, they are agreeing to uphold these themes.

At the end of 2015, a system of revalidation which will align practice and the Code more closely will be introduced. This will allow the NMC to be the regulator able to check that nurses and midwives are fit to practise throughout their careers.

NMC Officials explained that "as a responsible regulator we have to make sure all the standards we set,

including the Code, remain up to date and relevant".

The existing version of the Code dates from 2008 – since then, there has been a huge amount of change which has had an impact on practice and public expectations.

In updating the Code, two consultations which heard from over 10,000 people, including nurses, midwives, patients, carers and their representatives were held. In them, they listened to the expert advisory groups, held twitter chats and undertook a huge amount of desk-top research.

NMC states that qualitative and quantitative researches were commissioned, and summits across the UK were run in order to gather all feedback necessary to help to shape the revised Code.

The Code will strike a chord with the nurses and midwives who already demonstrate these principles in their practice. It will put patients and service users at the heart of practice, and will help us to protect the public better, concluded NMC.

Does in your country exist such a code? Do you think it is updated and a good tool for nurses?

For any further information on that issue, please do not hesitate to contact our Secretariat.