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The Royal College of Nursing and the European Union

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The EU and why it matters

Today the European Union has 27[1] countries in membership and a number of other countries are in talks with the EU to become members, such as Croatia (which is due to formally accede on July 1, 2013) and Turkey. Before joining the European Union, every nation must amend its laws to match EU treaties and incorporate new legislation agreed by the EU through their national parliaments. It is estimated that about half the legislation adopted nationally today originates at EU level.

Historically, the EU was largely focused on economic, trade and industry policies and on creating a single European market. This has been balanced over recent years by a stronger social dimension to secure better employment rights and working conditions and address some of the inequalities within and between European countries.

The EU can only act in areas where the European Union treaties have given it "competence" to do so. Often what it can do in each of these areas is clearly defined.   A formal remit in health policy was only introduced in 1993 and is largely restricted to "public health" measures and "health protection", although this has since been expanded to ensure a "high level of health protection in the definition and implementation" of all EU policies. Responsibility for the organisation, delivery or financing of health services remains with national and local authorities and is specifically excluded from the EU's remit[2]. However, in practice many initiatives related to other EU policy areas (particularly the single European market) do impact on health service delivery in the UK, including free movement of patients and professionals; public procurement; manual handling policies and standards for medical devices. For those countries which are part of the Eurozone[3], there are even wider implications for public sector spending.

EU policies and legislation have had a major impact on policy issues that directly impact on nurses' working lives, such as employment rights; equal opportunities; health and safety at work; environmental protection and food safety. As an EU member country we are part of a system for recognising nurses' qualifications which allows UK nurses to practise in other European countries and lays down common minimum standards for nursing and midwifery education across the EU. This system is currently being reviewed and further information on the RCN's position can be found at:
http://www.rcn.org.uk/nursing/international/mutual_recognition_of_professional_qualifications_in_europe

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[1] Current member states are Austria, Belgium, Czech Republic, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

[2] Article 168 (Public Health) of the European Treaty states that individual member states retain responsibility for the "definition of their health policy and for the organisation and delivery of health services and medical care", including the "management of health services and medical care and the allocation of the resources assigned to them."

[3] EU countries which have adopted the Euro as a common currency: Austria, Belgium, Cyprus, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Slovakia, Slovenia, Spain.

The RCN's involvement in the European Union and key RCN European alliances

Given the significant areas of EU policy, legislation and activity that impact on the health sector in the UK, the RCN has for many years worked directly with the European institutions and in collaboration with similar organisations in other European countries to influence EU decision making and share information and experience. As part of this work the RCN regularly responds to European Commission consultations and seeks views from its members on significant pieces of legislation.

Recent EU proposals and policies which the RCN has been engaged in include:

- The review and proposed changes to the legislation allowing nurses and other health professionals to have their *qualifications recognised* in other EU countries on the basis of *harmonised education standards*. Many of the issues raised by the RCN have been picked up in the proposals – such as greater scope for language testing of EU nurses, an increase to 12 years or equivalent of general education to enter nurse training across Europe and a commitment to updating the minimum standards for nurse education.

- Contributing to a range of EU initiatives to develop the *health workforce* of the future, including horizon scanning on future needs; mapping the support workforce and different roles; and promoting effective regulation and staffing levels.

- A European agreement on *combating needlestick injuries*, which the RCN, along with its European alliances, helped to negotiate.

- Draft legislation, adopted in 2011, outlining *EU patients' rights to cross-border care*. The RCN worked to ensure that this legislation did not result in patients always having to pay costs up front and then seek reimbursement, and highlighted the importance of continuity of care if patients seek treatment in another EU country.

- Sharing key UK nursing innovations as part of the European Commission's promotion across Europe of care models and initiatives to *promote active ageing*.

- Lobbying with other health professional groups and non-governmental organisations for a comprehensive *EU alcohol strategy* for 2013-2020, given the significance of alcohol consumption as a risk factor for ill-health and premature death in Europe.

The RCN also seeks to influence the EU agenda by working jointly with its European alliances, such as the European Federation of Nurses Associations (EFNA), the European Public Health Alliance (EPHA), the European Federation of Public Service Unions (EPSU) to influence the European Commission and other key institutions at an EU level.

A summary of the key organisations that the RCN is a member of are outlined below:

The European Federation of Nurses Association (EFNA)

Established in 1971 as an independent body, it brings together nurses' associations in the present EU countries, the accession countries and Norway, Iceland and Switzerland to represent nursing interests with the EU. Established a Brussels office in 1996 and since 2002 has a full-time General Secretary based there.

European Federation of Public Service Unions (EPSU)

Made up of public sector trade unions across the EU, including Unison, GMB, Unite and Amicus from the UK. The RCN joined in 2000. EPSU acts as a committee of the European Trade Union Confederation (ETUC) in the social dialogue negotiations to reach collective agreements at European level. EPSU is also involved in negotiations between employers and trade unions in the hospital sector.

European Public Health Alliance (EPHA)

Formed in 1994 after public health became a specific competence of the EU. EPHA brings together about 80 non-governmental and not-for-profit organisations from across Europe, including professional and patient groups, health promotion agencies and academic institutions. It monitors and disseminates information on EU developments and lobbies on public health/health protection issues.

European Health Management Association (EHMA)

A network of policy makers, senior managers, academic and research institutes, professional organisations and health care providers. It seeks to improve health through better management by exchanging experience and co-ordinating research projects to inform EU policy.

The RCN is also involved in a range of European networks and associations with an interest in specific aspects of nursing and health.

The RCN's Policy and International Department

Many parts of the RCN are involved in aspects of the RCN's European work. The Policy and International Department plays a lead role in identifying, analysing and developing RCN positions on draft EU legislation and policy that impact on health and nursing in the UK. It advises other RCN entities and departments on opportunities and strategies for impacting on European initiatives, and the implications of doing so.

The international team also maintains and develops relations with key contacts in the European institutions to influence EU legislation, as well as with the RCN's European allies and equivalent organisations in the other EU member countries.

These relationships are also important for the team's role in identifying evidence and cutting-edge practice from outside the UK to inform the RCN's domestic policy and practice in areas such as the shift of services from acute to community settings and reform of nurse education.

Within the UK, the RCN works collaboratively with other health organisations and politicians on European issues of common interest, for example the review of EU rules for mobility of health professionals.

More information on the current work of the Policy and International Department, team roles and RCN positions can be found on the RCN website.

APPENDIX

How the EU Works

The EU has no single government and its three main decision-making bodies do not equate directly to any institutions within the UK's political system.

The ***European Commission*** is the nearest institution to the civil service but it is much more influential because it develops proposals for new laws and policies, oversees their implementation in the member states and administers much of the EU's expenditure. It is a relatively small but open organisation and depends on external expertise to help shape policies. It is headed by 27 Commissioners, including the Commission President José Manuel Barroso, who are appointed by national governments. Their role is not to protect the national interest but to do what is best for Europe as a whole. For this reason the European Commission often prefers to work with pan-European alliances, many of which now have offices in Brussels, where most Commission services are based.

The ***European Parliament*** is the only directly elected EU institution and is currently made up of 754 MEPs elected every five years. Originally it was "consulted" on the proposed legislation but it has gained more power over the years. It now "co-decides" with national governments on many issues, including public health, environment and free movement of workers, what final shape the legislation should take.

In the UK the 72 MEPs are elected for a particular region and there are a minimum of three MEPs in any region[4]. The next elections will take place in 2014. MEPs see themselves as the most direct link between individual citizens and the EU. They are more interested than the European Commission in the consequences of EU proposals for their region and country and in any potential opportunities, e.g. funding, business links, development opportunities.

Within the European Parliament most MEPs are organised into wider political groups and are allocated to different permanent committees (such as the Environment, Public Health and Consumer Protection Committee or the Women's Rights Committee). This is where one of the MEPs from the relevant committee, the "rapporteur", drafts the European Parliament's amendments to a particular European Commission proposal. This report is then voted on by the committee and then by the whole Parliament. But it is the Council of Ministers that finally adopts legislation.

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[4] To find out who your MEPs are in the UK, their background and their contact details see:
http://www.europarl.org.uk/view/en/your_MEPs.html

MEPs also have other powers, for example over agreeing the EU budget, or in calling the European Commission to account by submitting written or oral questions to European Commissioners and by approving their appointment.

The **Council of Ministers** is where national governments are represented by the relevant national minister for that particular Council meeting (e.g. Economic and Finance Council, or Employment, Social Affairs and Health Council). On some issues the Council of Ministers still has the final say (such as economic and monetary policy) but on many if it disagrees with the European Parliament's report then the two institutions have to go into conciliation and hammer out an agreement. Most voting in the Council of Ministers is now by qualified majority. This means that no one country can block a proposal, but the bigger countries have more votes than the smaller ones. In practice governments try to reach compromises amongst themselves or trade off one concession against another. The Council of Ministers meetings are chaired by whichever country has the rotating six-month EU Presidency.

UK ministers are supported in the Council of Ministers by an outpost of the UK civil service or embassy in Brussels called the United Kingdom Permanent Representation to the European Union (UKREP). These civil servants get involved in the detailed discussions on a proposal in preparation for ministerial meetings.

The Council of Ministers should not be confused with the **European Council** (the official name for summits of EU leaders held every three months) or the **Council of Europe**. This is a separate organisation of 47 countries established to promote democracy and human rights and is based in Strasbourg (it developed the European Convention on Human Rights and the associated European Court on Human Rights).

The European Union has also developed a process for formal negotiations between trades unions and employers at European level, called the **social dialogue**. Instead of agreements and legislation being reached between the European Commission, European Parliament and Council of Ministers, the social partners can negotiate directly with each other and adopt collective agreements. The RCN is involved in this process as a member of EPSU which acts as a committee of the European Trade Union Confederation (ETUC) on public service issues. These can then also be turned into EU law with approval from the Council of Ministers. This is how EU legislation on paternity leave, part-time workers and most recently protection against needlestick injuries for health workers were agreed.

The **European Court of Justice** settles disputes on behalf of individuals and between member countries and the European Union. The judgements it hands down can set precedents that member states must implement and the ECJ can issue infringements against them for not implementing EU legislation. It is the highest court in the European Union and can overrule national supreme courts.

The EU's official website provides information on the institutions, existing EU legislation, EU citizens' rights and current policy and legislative initiatives.

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