NEWS FROM BRUSSELS





Word from Senior Policy Advisor Dr. Theodoros Koutroubas

Dear Friends,

I would really wish to especially bring to your attention to the reforms the Danish Government has unveiled recently regarding professional qualifications. I feel that we should get more information, especially relating to the merit-based programmes included in it.

We are very pleased to share with you, the information of the activities of our US Observer Member, TruMerit, and to bring you some news on healthcare regulation in the United Kingdom.

I look forward to your feedback.

Warm regards from Brussels, Theo

NEWSLETTER HIGHLIGHTS

Convening on Credential Evaluation and Patient Safety: A Triple-Pronged Approach

Danish Government Unveils Major Reforms to Educational Programmes

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Convening on Credential Evaluation and Patient Safety: A Triple-Pronged Approach



ENC would like to highlight a recent publication by our Observer Member, TruMerit. We have reproduced their text below.

At TruMerit, our mission has always been rooted in a singular, unwavering commitment: to protect the public by ensuring that only qualified, competent health professionals enter and thrive within the U.S. healthcare system. The April 2025 Convening on Credential Evaluation and Patient Safety was born from this commitment—a recognition that safeguarding patient well-being begins long before a clinician steps into a hospital or clinic. It begins with how foreign-educated health professionals are evaluated, supported, and empowered to serve the people they care for.

This Convening was not just a gathering of experts; it was a call to action. TruMerit brought together leaders from regulatory bodies, government agencies, healthcare institutions, academic organizations, and credentialing authorities to confront a critical question: how can we better ensure that foreigneducated health professionals are not only qualified on paper but are fully prepared to deliver safe, effective care in the U.S.?

We chose to focus on three foundational pillars—education comparability, English language proficiency, and authenticity of credentials—because each represents a vital safeguard in the credentialing process:

- Education comparability ensures that a health professional's training aligns with U.S. standards, not just in structure but in substance. It is the bedrock of clinical competence and professional readiness.
- English language proficiency is essential for clear, compassionate communication with
 patients, families, and care teams. It is not merely a technical skill—it is a matter of safety,
 trust, and dignity.
- Authenticity of credentials protects the system from fraud and deception. It ensures that
 those who care for our communities are who they say they are, with the qualifications they
 claim to hold.



These focus areas fill a longstanding void in the credentialing industry. Too often, evaluations have emphasized equivalency over comparability, test scores over real-world communication, and document collection over document verification. Our Convening challenged these norms and charted a new path—one that is more rigorous, more equitable, and more attuned to the realities of modern healthcare.

When it comes to foreign-educated nurses and allied health workers, the real objectives of our work are about more than gatekeeping—they are about guidance. By setting clear, fair, and evidence-based standards, we help these professionals succeed. We recognize their potential, honor their training, and support their transition into a new healthcare culture. In doing so, we strengthen the workforce and, most importantly, protect the patients they serve.

This report captures the insights, challenges, and commitments that emerged from our Convening. It is both a reflection of where we are and a roadmap for where we must go. We invite all stakeholders to join us in this journey—because public protection and professional success are not opposing goals. They are, in fact, two sides of the same promise.

Danish Government Unveils Major Reforms to Educational Programmes



The Danish government has recently reached a landmark agreement to reform higher education and professional qualifications due to be implemented gradually towards 2030. The new reforms will target specifically professional bachelor education programmes (long-cycle) and the academy profession programmes (short-cycle) which are non-academic higher education and training routes within the Danish education system.

The reform has been adopted to improve the quality of education programmes such as the pedagogue training programme as part of a comprehensive reform plan for the whole education system. To quote the official document announcing the reform 'nurses, educators and computer scientists must be strengthened, and students must be better prepared for the reality that awaits them after graduation,' demonstrating that the aim is to reform the education model of Denmark in anticipation of growing need in these fields where manpower is already below the necessary level.

In order to improve the quality of the education programmes and make them more attractive for students, the reform prioritises about DKK 2 billion annually to the education programmes, ensuring – among other things – that students shall receive 'more lessons, more feedback, instruction in smaller classes, more practice-based instruction or workplace and simulation instruction as well as enhanced opportunities for lifelong learning and continuing professional development.' Higher contact hours have been proven in multiple studies to lead to improved academic and professional performances, making this a crucial gain for students of practice-oriented professions and the industry as a whole (as graduates will be more competent).

As part of the quality enhancement effort, the reform also includes initiatives aimed at improving the work placement during the education programmes. Among other things, this may include:

- Strengthening the cooperation between the training places and educational institutions;
- Improving the connection between theory and practice at the education programmes.



In addition, the reform includes **improved opportunities for persons with relevant work experience or academic qualifications to train as a teacher, pedagogue, nurse or social worker through merit-based education programmes that award credit for prior learning.** The reform will:

- Remove the tuition fees at the current merit-based pedagogue and teacher training programmes;
- Establish merit-based programmes without tuition fees for nurses and social workers.

Finally, opportunities for practice-oriented continuing and further education and training will be expanded. From 2030, there will be established new opportunities for tuition-free, practice-oriented continuing and further education and training so graduates can enhance their qualifications later in life. It will be possible to participate full-time while receiving state educational grants or part-time without state educational grants. Furthermore, the reform establishes a new continuing education and training programmes for graduates from professional bachelor education programmes called a professional master programme. It targets complex tasks in the welfare sector and will be placed at level seven in the EQF.

News From the UK: Professional Standards Authority Study Highlights Issues in Complaints System



The Professional Standards Authority of the United Kingdom has published an interesting piece of qualitative research entitled *Barriers of Complaints*.

The study was commissioned to better understand the 'real-world experiences' of those who have and have not made a complaint, including both members of the public and healthcare professionals (HCP).

According to the study, 'for both HCPs and service users the complaints process is unpleasant and often results in a negative experience.' For many, the experience confirms the fears or expectations they had before starting the process. Regulators are hard to identify and communicate with, according to the study, which reinforces the **individual barriers** of regulator knowledge and confidence.

In addition, they often find the regulators unempathetic and find the process re-traumatising which reinforces, in turn, the **social barriers** of low trust in a system and personal belief in the seriousness of their complaints.

A highlighted issue for HCPs was that their judgement is routinely questioned, having to evaluate if a complaint was valid or put information into the complaints system multiple times through multiple channels.

This erodes the very foundation of the workers' status, a professional should have their opinion respected and sought after; to routinely undermine the professional opinions and experiences of these healthcare workers, undoubtedly feeds into resentment in the individuals that work tirelessly in this sector.

This is without a doubt an important study for Nursing Professionals, who have reported more than often similar attitudes with similar consequences.

The results of this British study would be an interesting piece of evidence to fight for further reforms in the working attitudes in the healthcare sector, to ensure patient satisfaction, and create a more effective and open system for both the service users and HCPs to ensure quality across the board.