NEWS FROM BRUSSELS

European NURSING Council



Word from Senior Policy Advisor Dr. Theodoros Koutroubas

Dear Friends,

Just before the summer break, do take a moment to read these interesting articles:

- The European Union considers that redeploying midwives as nurses remains a prerogative of Member States;
- Lithuania strives to strengthen nursing workforce;
- Portugal fails to update minimum training requirements for nurses;
- The UK Government underlines the need to protect the title “nurse;”
- The Irish Presidency has set a health agenda with focus on biotech and digital medicine.

We shall take a break from the 1st to the 15th of August, and after that there is a lot of work waiting for all of us given the important decisions taken at our General Assembly Meeting.

Have a good summer break, and of course, feedback at your convenience.

Kind regards,
Theo

NEWSLETTER HIGHLIGHTS

EU says Redeploying Midwives as Nurses Rests with Member States

Lithuania Strengthens Nursing Workforce through Recruitment, Retention and Professional Development

Brussels sues Portugal for Failure to Update Minimum Training Requirements for Nurses, Dentists, Pharmacists

UK: Under-Secretary of State for Women's Health and Mental Health, Gillian Merron, Baroness Merron -
‘If someone is using the title ‘nurse’ in a way that could mislead, the public deserves protection’

Ireland sets health agenda for EU presidency with focus on biotech and digital medicine

EU says Redeploying Midwives as Nurses Rests with Member States

European Commissioner for Social Rights and Skills, Quality Jobs and Preparedness, Roxana Mînzatu: "We do not intend to change any of the minimum training requirements for healthcare professions."

The EU is ageing, maternity wards are closing, and midwives are unable to retrain as nurses due to obstacles to the recognition of their professional qualifications. This is a growing problem that the EU is seeking to address by leaving it to Member States to resolve. Given that healthcare is a matter of exclusive national competence, the European Commission – partly out of respect for the Treaties and partly to avoid friction with national capitals – intends to leave things as they are, even though healthcare workers in maternity wards are increasingly seeking new roles within hospitals.

Poland knows this well, an exemplary case that has become the subject of a parliamentary question, in which the sponsor **Marcin Sypniewski (ESN) denounces that the country "is seeing the progressive closure of obstetric and gynaecological units, leading to thousands of highly qualified midwives losing their jobs." At the same time, the Polish healthcare system suffers from a "chronic shortage of nursing staff."** Now, the issue is that midwives often have "extensive skills acquired during their studies and many years of professional practice, including in the departments of surgery, general medicine, anaesthetics and intensive care." Added to this is the completion of specialisation courses in surgical and anaesthetic nursing, yet these professionals "face barriers to these qualifications being recognised in other branches."

The European Commission takes note, but goes no further. The Directive on the Recognition of Professional Qualifications sets minimum training requirements for accessing the profession of nurse responsible for general care across the EU, and "the Commission does not intend to modify any of the minimum training requirements for health professions which are provided under the Directive," said the Executive Vice-President responsible for Skills and Quality of Work, Roxana Mînzatu. **If Poland and countries in similar situations are seeking solutions to the problem, they must look for or devise them at the national level.**

Under the Directive, Mînzatu insists, **“bridges between different health professional career paths can be set at the national level for equivalent training in terms of content and level to the ones required for nurse training.” Not only that: under the same legislation, she points out, “Member States may grant full or partial exemption based on a case-by-case assessment via academic recognition to professionals wishing to change or evolve in their professional career path.”**

These two suggestions are a clear call for a ‘do-it-yourself’ approach. If, regarding the recognition of doctors’ qualifications, the EU intends, at the very least, to speed up the procedures, no action is to be taken regarding midwives who are to be redeployed elsewhere. In short, if Poland is unable to redeploy midwives to other hospital departments, that is its own problem, one that Warsaw must address, in keeping with national competences that Brussels has no intention of encroaching upon. The case of the Polish midwife, however, once again highlights the phenomenon of Europe’s ageing population in all its aspects and all its critical issues.

Source: EUNews

Lithuania Strengthens Nursing Workforce through Recruitment, Retention and Professional Development

Event highlights

Lithuania is stepping up efforts to address nursing retention and recruitment, including an ageing nursing workforce, low attractiveness, health worker migration, concerns around mental well-being and regional disparities in access to care. During International Nurses Week, the Ministry of Health convened a series of national discussions to strengthen dialogue between stakeholders and identify solutions to build a more sustainable workforce for the future.

These discussions form part of a broader national programme of health workforce reform, including legislative changes, education reforms, expanded professional competencies and measures to improve workforce sustainability.

The Government's commitment is reflected in its 2024–2029 Health Workforce Recruitment and Retention Plan, which sets a clear objective of reducing projected workforce shortages by 2029 through expanded training opportunities, recruitment of diaspora health professionals and stronger retention measures.

Across the country, a range of events brought together key stakeholders from across the health system and education sector to build a shared understanding of workforce challenges and identify priorities for action across education, policy and practice.

The parliamentary conference “Our nurses – Our future. Empowered nurses save lives” marked the culmination of the week and a broader year-long national campaign to strengthen the nursing profession. Bringing together policy-makers, academic institutions, nursing students, health professionals and WHO/Europe, the initiative reflected a growing national commitment to addressing current and future workforce challenges.

Speaking at the conference, interim Minister of Health Marija Jakubauskienė underscored the importance of investing in the nursing workforce as the strategic pillar of future health care systems. “We are facing new challenges, and this profession requires more than we used to do. This year, our priority is strengthening nursing based on 3 pillars: attracting, retaining and returning.” Discussions focused on findings from WHO/Europe’s Mental Health of Doctors and Nurses (MeND) survey and explored opportunities to strengthen workplace support for nurses and doctors. Participants examined ways to improve the attractiveness of nursing careers, strengthen the education pipeline, expand nurses’ professional autonomy and advanced practice, strengthen their contribution across the continuum of care – particularly in primary health care and long-term care – and harness digital solutions to support people-centred service delivery.

WHO supports Lithuania's nursing workforce priorities

As a trusted partner of the Ministry of Health, WHO/Europe participated in the week's activities and engaged with nursing students, educators, clinicians and health leaders to better understand the opportunities and challenges facing the profession in Lithuania.

During visits to the Lithuanian University of Health Sciences (LSMU) and the University Hospital Heart Centre, WHO/Europe met with students, faculty members and health professionals to discuss their experiences, aspirations and perspectives on the future of nursing.

Across these discussions, participants highlighted 3 common priorities:

- expanding nurses’ roles and professional autonomy in all areas, including primary care;
- protecting and supporting the nursing workforce; and
- attracting more people to the profession.

Discussions across the country confirmed a shared commitment to continue working together to strengthen nursing education, improve working conditions and ensure that nurses are supported to play their full role in delivering high-quality, people-centred care across Lithuania.

Participants also highlighted the importance of strengthening nursing leadership, career development opportunities and competency-based professional development to ensure a resilient and future-ready nursing workforce.

Strengthening collaboration through the Nursing Action project

WHO’s collaboration with Lithuania is supported through the Nursing Action project, launched in September 2024 and funded by the European Commission’s Directorate-General for Health and Food Safety (DG SANTE) under the EU4Health programme.

The project supports countries in developing tailored, evidence-based solutions to improve the recruitment and retention of nurses, strengthen working conditions and increase the attractiveness of the profession for both young people and second-career professionals.

The project also provides opportunities for participating countries to exchange good practices and jointly develop innovative policy solutions to strengthen the nursing workforce across Europe. **“Participation in the Nursing Action project provides an opportunity to share international best practices, strengthen the prestige of the nursing profession, improve working conditions and develop sustainable solutions for the future,” said Jurgita Platakytė, interim Adviser to the Minister of Health of Lithuania.**

“Lithuania is implementing comprehensive reforms to strengthen the nursing workforce by expanding professional competencies, investing in education and creating better conditions for nurses to build long-term careers,” she added. “International collaboration through the Nursing Action project enables us not only to learn from other countries, but also to contribute Lithuania’s experience to strengthening nursing policy across Europe. Ultimately, these efforts contribute to a stronger health system, improved patient safety and better health outcomes for the population.”

Brussels sues Portugal for Failure to Update Minimum Training Requirements for Nurses, Dentists, Pharmacists

The European Commission has recently initiated infringement proceedings against Portugal, and several other countries, for failing to adopt European Union (EU) rules on the recognition of professional qualifications for nurses, dentists and pharmacists.
In a letter of notification, the commission refers to EU Directive 2024/ 782 which it says should have been transposed by March 4.

The **Directive updates minimum training requirements for general care nurses, dentists, and pharmacists**, in order to reflect generally-recognised scientific and technical progress.
The updates, according to a commission press release, introduce or develop at EU level training requirements in areas such as e-health, digital technologies, immunology, regenerative medicine, dentistry, biopharmaceuticals, biotechnology, genetics, and pharmacogenomics.

As the commission has explained, the “directive aims to maintain high standards of public health and patient safety across the European Union. By modernising these training thresholds, the EU facilitates the automatic recognition of professional qualifications between Member States. This ensures that healthcare professionals moving across borders can easily have their credentials validated, while guaranteeing that a patient receiving care in Portugal, Germany, or any other EU country is treated by a professional who has met the most up-to-date and rigorous educational benchmarks.”

To date, Denmark, Germany, Greece, Croatia, Cyprus, Malta, Austria, and Portugal have failed to communicate full transposition of these new rules into national law.

The eight will now have two months to respond to their letters.

UK: Under-Secretary of State for Women's Health and Mental Health, Gillian Merron, Baroness Merron -

'If someone is using the title 'nurse' in a way that could mislead, the public deserves protection'



Nurses are there for us at some of the most vulnerable moments in our lives. They deliver safe, skilled and compassionate care every day, and the public rightly places huge trust in that title.

But at the moment, the title "nurse" is not protected in the same way as "registered nurse". This means people without the right qualifications or registration can use a title that may wrongly give the public confidence in their professionalism and accountability.
That is why we are launching a call for evidence on how best to protect the title in law.

We want to hear from patients, the public, regulators, employers, unions, educators, charities and the health and care sector about how this should work in practice. This is not about creating unnecessary bureaucracy or stopping legitimate roles from using established titles. **It is about getting the safeguards right.**

Our message is simple: if someone is using the title 'nurse' in a way that could mislead patients, the public deserves protection. This call for evidence will help us make the right decision – based on real-world insight from those who know the system best. It is a practical step to protect patients, back professionals and strengthen trust in one of the most respected roles in healthcare.

Source: The Nursing Times

Ireland sets health agenda for EU presidency with focus on biotech and digital medicine

Dublin puts life sciences competitiveness at the heart of its six-month term, but tobacco regulation falls outside the scope of the high-level programme

Ireland has outlined an ambitious health agenda for its European Union Council presidency, prioritising the bloc's life sciences competitiveness, digital health infrastructure and cardiovascular disease prevention, while leaving more specific regulatory questions – including the governance of tobacco and novel nicotine products – to sector-level policy discussions.

The priorities emerged in a written parliamentary answer from Jennifer Carroll MacNeill, the minister for health, in response to a question from Deputy Colm Burke on Ireland's contribution to the 18-month Trio Presidency programme being developed jointly with Lithuania and Greece.

The minister confirmed that the overarching Trio programme is structured around three strategic pillars – a free and democratic Europe, a strong and secure Europe, and a prosperous and competitive Europe – and does not address tobacco or novel nicotine products directly, describing the programme as a high-level strategic document that does not reference specific EU legislation.

Biotech as flagship priority

Ireland's most prominent health legislative priority for the presidency is the Biotech Act I, published in December 2025, which the minister described as a strategic priority for EU competitiveness and sovereignty. The legislation streamlines regulatory requirements across clinical trials, advanced therapy medicinal products and biomanufacturing, and is backed by €10bn in investment funding mobilised through a joint initiative with the European Investment Bank for 2026 and 2027.

The minister said the act would "dominate health policy discussions" during Ireland's presidency, citing Ireland's established enterprise base in pharmaceuticals and its track record in clinical trials as giving the country a particular stake in its passage.

Also on the agenda are amendments to the Medical Devices Regulation and In Vitro Diagnostics Regulation, published alongside the Biotech Act. The revisions are expected to generate between €3bn and €5bn in annual cost savings for manufacturers, accelerate patient access to innovative devices and address chronic shortages of critical medical equipment.
Cardiovascular and public health

The EU Safe Heart Plan, which targets a 25 per cent reduction in premature cardiovascular deaths by 2035, will also be advanced during the presidency. The plan calls for a shift from treatment to prevention and includes specific measures targeting tobacco and smoking – the minister's indirect acknowledgement that nicotine regulation will feature in the presidency's work, even if it sits outside the top-level Trio programme.

Carroll MacNeill said Ireland would seek to position population health and wellbeing as a foundation for European security and competitiveness, arguing that health innovation and economic productivity are mutually reinforcing rather than competing priorities.

Digital health and pandemic preparedness

Ireland's presidency will also push forward the European Health Data Space, the EU's digital health strategy, as part of a broader effort to modernise health service delivery across member states. Additional files expected to progress include the Critical Medicines Act, the WHO Pandemic Agreement annex on pathogen access and benefit-sharing, and reforms to the EU Civil Protection Mechanism, subject to the progress made during the preceding Cyprus presidency.

The minister's statement reflects a strategic framing that aligns Dublin's health priorities with the European Commission's 2026 work programme and the "Choose Europe for Life Sciences" strategy, which aims to bolster the pharmaceutical sector's long-term sustainability and global competitiveness.

The Irish presidency of the Council of the EU runs for six months from July 2026.