

FEDERAL PUBLIC SERVICE - HEALTH, FOOD CHAIN SAFETY and ENVIRONMENT
GD Health Care - Professional exercise - Strategy

Role of the nurse specialist in Belgium: State of the art - unity and diversity

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Historical Background (1)

- Since 1921 : nursing education = 3 years programs
- Before 1967 : each nursing school attached to one hospital
 - If general hospital → the school deliver « hospital nurse » diploma
 - If psychiatric hospital → « psychiatric nurse » diploma
- Around '70s : some employers ask « more nurses competent for children » and some « more nurses for community nursing »
 - Some school specialise the 3rd year program in the field of pediatry or in community → « pediatric nurse » and « social nurse » diploma are born



Historical Background (2)

- 1977 : EU fixed that nurse = « general nurse » (= polyvalent, not specialized) and 3 years programs
- Years 80's = employers not happy to have diplomed nurses « not already fully competent in some areas » (emergency room, operating room, oncology, etc)
 - Schools tried to integrate every area in the 3rd years (student had to choose his/her specialization area)
- Years 90's : EU infringement procedure against Belgium : nurse = 3 years of polyvalent nursing, not specialized !
 - Schools created 4th years programs for new diplomed wanted to become more competent in some areas



Historical Background (3)

- Years 2000's (GOLDEN YEARS)
 - Post-bachelor programs (4th year) has big success (30% of bachelor nurses do it)
 - Health authorities decide to recognize and regulate them :
 - 11 nursing specialities (pediatric, geriatric, onco, ER,...)
 - 6 nursing expertises (wound care, pain, palliative,...)
 - Employers give extra salaries to attract them
- BUT...



Historical Mistakes

1. During 50 years, schools/education have followed employers' (hospitals) willings (= « we want nurses directly fitted to our settings)...

- Do we need only nurses ready for hospitals?
- Is public health directed by hospitals?
- Is the future of public health hospital-centered?
- → We don't know if all these (17) specialisations/expertises are really public-health useful + efficient

2. When health authorities decided to recognize/regulate all these, they **forget** to DESCRIBE their attended COMPETENCIES and SPECIFIC ROLES



Today Situation

- 2013 : EU fixed that nurse = « general nurse » (= polyvalent, not specialized) and 4600 hours programs (= 4 years in Belgium)
- Uncertainty about student's willings to make a 5th year specialization bachelor after 4 years general bachelor
- Yet uncertainty about public health utility - efficiency of actual specializations/expertises
- No yet official DESCRIPTION of COMPETENCIES and SPECIFIC ROLES...
- → Actual Minister of Health (2014 - 2019) decide to freeze the system and stop a lot of financial advantages for new specialized nurses from 2018



Actual Questions

- Is it realistic to organize a 5th year post-bachelor program to become a specialized nurse?
 - After 5 years education program, isn't it a Master degree?
 - Are you really a specialized nurse after 5 years education? Is it enough to add half year theoretical specialized matters and half year clinical training to the basic education?
- Which are the objectives? What is a nursing specialization ?
- Is it the same « specialized or specialist nurse » than « nurse specialist » ? What is the difference ?
- Is a « specialist nurse » the same than « advanced practice nurse » ?



Last facts

- Some surveys (by example A. Van Heck and al - 2017) shows that on the ground we have :
 - Some specialized nurses conducting consultations with chronic patients (by example diabete or nephro to adapt their treatment and lifestyle)
 - Some expertised nurses executing technical prestation by task shift from physician (by example deep veinous catheterism or anaesthesia)
 - Some nurses prescribing basic investigation (blood, Rx) or reneweing medicine prescription
- Some of these activities are illegal, some are legal... but no any is clearly described in our legislation...
- Then until now the health system is HAPPY about that, because physician localy support it, authorities don't prosecute it... and NOBODY pay them (at their just value!)
- → But actual Minister launch the idea to recognize and to regulate them as « Advance Practice Nurse » (= master degree, more autonomy, some task shifts from physicians).



Questions to ESNO participants

- We are in the European Specialist Nurse Organisation congress : what do you mean by « specialist nurse » ?
 - I searched on your website, not found
 - I looked in your membership... and I found... a LOT of disparities and possible interpretations...
- Do you mean « specialized nurse » and/or « nurse specialist » and/or « advanced practice nurse » ?
- Do you expect an EU mutual recognition and free circulation ?



IF YES, begin by taking an appointment with your national Chief Nursing Officer !

