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| **Abstract** | This document includes the description of a Delphi Study that was conducted to identify the "core competencies" of the Family and Community Nurse (FCN) and represents the main outcome of WP2.

A total of 23 experts from 10 European countries responded to the Rounds of the Delphi Study, through which 27 core competencies were identified, plus an underlying 28th Core Competence which was identified after the Delphi Study by the ENHANCE Partners.

The document also describes the way the identification of these core competences was driven and informed by the most relevant WHO recommendations, as well as by the analysis of the current existing curricula referred to the field of family and community nursing in Europe and by a number of scientific papers in the field.

Moreover, it describes the way these competences can be framed within the ESCO classification.

These core competencies will constitute the basis on which the WP3 partners will develop the "Key Activities" and the "Learning Outcomes" of the Modules of the European FCN curriculum. |
| **Keywords** | Family and Community Nurses, current curricula, core competencies, knowledge, competency, skills. |

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Table of Contents

1. Executive summary

This document includes the description of a Delphi Study that was conducted to identify the "core competencies" of the Family and Community Nurse (FCN) and represents the main outcome of WP2.

A total of 23 experts from 10 European countries responded to the Rounds of the Delphi Study, through which 27 core competencies were identified.

The document also describes the way the identification of these core competences was driven and informed by the most relevant WHO recommendations. Moreover, it describes the way these competences can be framed within the ESCO classification.

These core competencies will constitute the basis on which the WP3 partners will develop the "Key Activities"[1] and the "Learning Outcomes" of the Modules of the European FCN curriculum.

In addition to the e-Delphi study, any existing officially recognized current curricula in the field of family and community nursing in Europe were collected to inform the definition of the core competencies. For this purpose, a template was used by the WP2 partners, who collected information on current curricula from 15 European countries: Austria, Belgium, Croatia, Cyprus, France, Greece, Ireland, Italy, Latvia, Norway, Portugal, Romania, Slovenia, Sweden, and UK. These curricula provide a snapshot of the current FCN courses officially provided in Europe, which vary a great deal not only across countries but often also within the same country. Also this part will be used to inform the work of WP3.

Then there are four Annexes that include:

a) The Template used by the WP2 Partners for this task;
b) The documents on FCN competencies collected through the template;
c) An example of a Template used to collect current FCN curricula;
d) A table that summarizes the FCN curricula currently available in 15 European countries.

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[1] A "Key Activity" is defined as an integrated group of professional competences, which are in their entirety necessary to perform a task relevant to the job profile. The key activities of one profession must together cover all activities for the performance of a profession, regardless of its application context. "Units of Learning Outcomes" can be derived from key activities (described according ECVET principles). They thus may be identical to the key activities of a profession but can also be adapted according to the needs of a training operator or the relevant target groups (see also ENHANCE Glossary).

2.   Introduction to the ENhANCE project

EU population ageing is a long-term trend, which began several decades ago, placing many challenges at EU and national level. EU recommendations point out the importance of family and community in the ageing process, emphasizing Primary Health Care (PHC), frailty prevention, early detection and diagnosis.

To face these challenges, many WHO reports underline the need of implementing new healthcare models centred on PHC, i.e. a first-contact, accessible, continued, comprehensive and coordinated care providing a gateway between the community and the health systems. In particular, a need analysis conducted prior to the ENhANCE proposal preparation and focusing on the existing research in the field, as well as on the most recent international reports and recommendations regarding the health context (WHO 1988, WHO 2005, Chłoń-Domińczak et al., 2014), has pointed out the need of investments on the innovative professional profile of "Family and Community Nurse". Moreover, ongoing EU projects focusing on skill gaps in the specific economic sector, such as the CONSENSO Project (www.alpine-space.eu/projects/consenso/en) and the CARESS Project (http://www.project-caress.eu), have provided important research evidence on the crucial role of a well-trained FCN, as well as on the sustainability of the FCN-centred model and FCN employability.

Based on the above-mentioned needs, and given that currently no standardized Professional Profile (PP) for Family and Community Nurses (FCN) is available at EU level following the WHO and EU recommendations, the ENhANCE project is aimed to define a PP for FCN. Such Professional Profile will be competence-based and will serve as a baseline for the definition of a European, innovative, learning outcome-oriented modular VET Curriculum for FCN. This way, the ENhANCE project targets a specific existing mismatch between the skills currently offered by nurses working in Primary Health Care and those actually demanded by both public health care institutions and private service providers when applying innovative healthcare models centred on PHC.

In ENhANCE the activities leading to the definition of the FCN-PP and the Curriculum are structured around two work packages, namely:

- WP2 – "Definition of Family and Community Nurse Professional Profile"
- WP3 – "Design and localization of the Family and Community Nurse European Curriculum".

The present document (D2.2) in the main outcome of WP2, as it is described in the following section.

2.1   WP2 - Definition of Family and Community Nurse Professional Profile

According to the ENhANCE proposal, Work Package 2 is aimed at the definition of a Professional Profile (PP) for the Family and Community Nurse (FCN), which could become the European benchmark for the Vocational Education and Training (VET) of FCNs. By "Professional Profile" we mean the component of "qualification" that describes the job requirements in terms of *core competencies*.

To this aim, the work under WP2 is structured into two main tasks:

- Task 2.1 - Identification of the current FCN working and occupational contexts
- Task 2.2 - FCN Professional Profile

In particular, under Task 2.1, which was carried out during the first four months of the project, a study was conducted by the ENhANCE Alliance to complete the existing evidence about FCN skills needs in order to make the PP for FCN as adherent as possible to the current (and future) working and occupational context for FCN. Since policies about healthcare systems are changing both at EU level and at national level and challenges caused by ageing population and economic crisis are taking governments to important choices, this study made the point about:

- The actual roles played by FCNs in different EU countries taking into account;
- The role played by public and private entities in the social-health system;
- The specific country-related contextual elements affecting the role played by FCN;
- The sustainability of FCN role in social-health systems.

Furthermore, the study made the points regarding the evolution of the employment market for the Family and Community Nurse occupational profile, by providing an overview of labour market and the related economic performance in all the relevant EU countries. The study is contained in D2.1.1, which was delivered at month 4.

Task 2.2, instead, has the main aim to produce the FCN Professional Profile (PP). The present document is the main outcome of this task and contains the list of core competences for the FCN, as they were derived by a Delphi Study conducted by the University of Genoa (Task leader) involving a number of stakeholders in a participatory definition of the most relevant competences for a FCN. The document describes both the method adopted, as well as the outcomes of the Study.

3.   The Delphi Study to identify the FCN Core Competencies

3.1   Preliminary analysis of existing documentation

In line with what is described in the project proposal, for the definition of a Professional Profile for the Family and Community Nurse, first of all a review of the international documents that describe the competencies of family and community nurses was conducted. Current literature and documents mainly used three different terms to describe the role of the family and community nurse: either 1) Family Health Nurse; 2) Community Nurse; or 3) Public Health Nurse.

Since there was no single framework for the Family and Community Nurse, two WHO documents were identified, one that provided the Framework for the "Family Health Nurse" (WHO, 2000) and one with the "Community Nursing Framework" (WHO, 2010). As it will be illustrated in the following, these were used as the main input for the identification of the core competences for the FCN.

Moreover, in line with what it is described in the ENhANCE proposal, available information on current curricula from European countries were also collected and analyzed to inform the definition of the core competences for the FCN. More details about this activity are contained in Section 5 of this document.

Last but not least, a number of scientific papers were also collected and analyzed (see Appendix 2a) and then used as a preliminary input for the definition of the core competences.

After this work of analysis of the existing documentation, the Alliance decided to conduct a European Delphi Survey to collect the opinions of the experts on the core competencies of the **integrated figure** of the "Family **and** Community Nurse".

3.2   The Delphi technique

The Delphi technique is a consolidated methodology widely used to achieve consensus concerning real-world knowledge solicited from experts in certain issue for which no agreement previously existed (Hsu, & Sandford, 2007). Dalkey and Helmer (1963) describe it as a method to obtain the most reliable consensus of a group of experts through a series of questionnaires with controlled feedback, organized in various rounds. The Delphi method is based on the assumption that group opinion is more valid than individual opinion. In each round the results of the opinions of the previous round are summarized so that they can be evaluated by the expert panel, and this enables to the 'systematic emergence of a concurrence of judgement/opinion' (McKenna, 1994 - p. 1222). The number of rounds depends on the topic needs and time available, but they usually range between two and four.

In our specific case, we adopted the *e-Delphi technique*, because it enables a more rapid way to collect and organize responses and ensures higher response rates (Keeney, Hasson, & McKenna, 2010).

3.3   The Panel of Experts in the ENhANCE Delphi Study

The Delphi technique does not use a random sample but a selected group of experts, defined as a group of 'informed individuals' (McKenna, 1994). For the present study, 34 European experts in family and community nursing (nursing academics, regulatory board members, nursing service directors, and experts of family and community nursing) were identified by the WP2 partners. For this purpose, a template was

specifically designed.

Of the 34 invited experts on a voluntary basis, 23 participated in all of the rounds of the e-Delphi study. The panel of experts were from 10 different countries and included:

- Peter Van BOGAERT (Belgium)

- Cecilija ROTIM; Enida Sièaja (Croatia)

- Peter PESCHEL (Germany)

- Athena KALOKERINOU-ANAGNOSTOPOULOU; Theodoros PESIRIDIS (Greece)

- Paola OBBIA; Ginetto MENARELLO; Davide AUSILI; Ercole VELLONE; Maria Adele SCHIRRU; Laura RASERO; Giancarlo CICOLINI; Gianluca BUGNOLI; Anne DESTREBECQ (Italy)

- Tamara Stemberger Kolnik; Andreja Lijubic (Slovenia)

- Alberto Bernardo Martín; Virtudes Niño Martín (Spain)

- Elizabeth HANSON (Sweden)

- Cesarina PRANDI (Switzerland)

- Carol HALL (UK); Clair GRAHAM (UK).

3.4 The ENhANCE e-Delphi Study (Rounds 1, 2 and 3)

In preparation of Round 1 of the Study, a template was created by the University of Genoa (Annex 1) that each partner could use to:

a) identify European experts to invite to participate in the Delphi Study, and

b) identify existing EU documents, existing curricula, and scientific papers which could be helpful to prepare a provisional list of Family and Community Nursing core competencies to be then evaluated and amended by the panel of experts through the Delphi.

Through the template, a total of 27 documents were collected (see Annex 2) and then analysed by the University of Genoa in the light of the competencies already described in the two "frameworks" of the WHO, thus defining the preliminary list of FCN core competencies to be included in Round 1 of the Delphi Study. Note that, by "core" competences, we intend very broad areas in which Family and Community Nurses need to be competent

Table 1. The 17 Core competencies drawn from "The family health nurse context, conceptual framework and curriculum" (WHO, 2000)

CORE Competencies	Underpinning competencies
Care provider **Decision-maker** **Communicator** **Community leader** **Manager**	1. Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities; 2. Make decisions based on ethical principles; 3. Plan, initiate and provide care for families within their defined caseload; 4. Promote health in individuals, families and communities;

	5. Apply knowledge of a variety of teaching and learning strategies with individuals, families and communities;
	6. Use and evaluate different methods of communication;
	7. Participate in disease prevention;
	8. Coordinate and manage care, including that which they have delegated to other people and personnel;
	9. Systematically document their practice;
	10. Generate, manage and use clinical, research-based and statistical information (data) for planning care and prioritizing health- and illness-related activities;
	11. Support and empower individuals and families to influence and participate in decisions concerning their health;
	12. Set standards and evaluate the effectiveness of family health nursing activities;
	13. Work independently and as members of a team;
	14. Participate in the prioritization of health- and illness-related activities;
	15. Manage change and act as agents for change;
	16. Maintain professional relationships and a supportive collegiate role with colleagues; and
	17. Display evidence of a commitment to lifelong learning and continuing professional development.

Table 2. The 9 Core competencies drawn from "A Framework for Community Health Nursing Education" (WHO 2010)

CORE Competencies	Underpinning competencies
Competencies in evaluating community health conditions and health risks. Competencies in identifying social networks for community care. Competencies in the implementation of community assistance interventions.	**Clinical care skills:** 1. Evaluation of health, health promotion and risk assessment. 2. Management of symptoms and treatment 3. Case management 4. Monitoring of delegated care. 5. Therapeutic education **Skills for the implementation of community nurse functions:** 1. Relationship of trust and cultural competence 2. Interventions for community health

| | 3. Design and implementation of care plans |
| | 4. Involvement of the community to participate in care |

In Round 1, the experts were invited to approve or modify the following 27 core competencies, and to add any other missing core competencies.

Table 3. The list of 27 Core Competencies used to launch Round 1 of the Delphi Study

1. Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities.

2. Make decisions based on ethical principles.

3. Plan, initiate and provide care for families within their defined caseload.

4. Promote health in individuals, families and communities.

5. Apply knowledge of a variety of teaching and learning strategies with individuals, families and communities.

6. Use and evaluate different methods of communication.

7. Participate in disease prevention.

8. Coordinate and manage care, including that which they have delegated to other people and personnel.

9. Systematically document their practice.

10. Generate, manage and use clinical, research-based and statistical information (data) for planning care and prioritizing health- and illness-related activities.

11. Support and empower individuals and families to influence and participate in decisions concerning their health.

12. Set standards and evaluate the effectiveness of family health nursing activities.

13. Work independently and as members of a team.

14. Participate in the prioritization of health- and illness-related activities.

15. Manage change and act as agents for change.

16. Maintain professional relationships and a supportive collegiate role with colleagues.

17. Display evidence of a commitment to lifelong learning and continuing professional development.

18. Provide patient education and build a therapeutic relationship with the patient.

19. Managing and negotiating health care delivery systems.

20. Monitoring and ensuring the quality of health care practice.

21. Analytic assessment, cultural competence, program planning, and community dimensions of practice.

22. Financial planning and management.

23. Leadership and family and community policy development, implementation and evaluation.

24. Systems thinking, Public health Sciences.

25. Clinical care competencies and case management.

26. Community health assessment, interventions, mobilization.

27. Managing diversity and fostering inclusiveness.

In addition to the changes proposed, the experts suggested to add another 23 core competences.

Therefore, we arranged Round 1BIS, where we asked the experts to agree, disagree or amend the additional competencies:

At the end of Round 1BIS, we come up with the following 23 additional core competencies:

Table 4. The results of Round 1BIS of the Delphi Study **-** The 23 additional core competencies.

1. Assess the social and economical context in which the patient lives.

2. Accountability, in terms of working responsibly and making decisions based on evidence, and taking into account the preferences and values of the families and the community, and the resources available.

3. Perform a multidimensional nursing assessment.

4. Care management competencies, according to the national strategic framework for chronic conditions.

5. Know how to analyse the social-cultural context of the community in which you work.

6. Defining a nursing care plan based on the needs of individuals and their families.

7. Enhanced communication competence and therapeutic relationship building.

8. Patient safety role. Particularly in cognisance of the human factors.

9. Patient centred care, family inclusive practice.

10. Development of leadership skills to ensure clinical effectiveness**.**

11. Enhanced clinical decision-making skills.

12. Ability to negotiate, provide counselling, mediate, and manage groups.

13. Documentation and official certification in community and family nursing care. (e.g home health care).

14. Attract potential health agents in the community.

15. Monitoring chronic illness in the community.

16. Provision of advanced care in direct clinical care in the field of family and community care for people throughout their life cycle and for families in all stages, both in terms of their management and planning and development, according to the needs of the population and the demands of health services.

17. Public and community health competencies, related to the design of health education programs, epidemiological and environmental surveillance, and emergency and catastrophe situations.

18. Teaching individuals and families, as well as students and other professionals.

19. Use the best scientific evidence available, generate knowledge and disseminate the already existing knowledge.

20. Planning for disaster prevention and decreasing the hazards for public health

21. Disaster planning, management and coordination of the resources during a disaster.

22. Participation in disaster planning and policy development.

23. Work independently in disease prevention, health protection.

In this new list, we excluded the competencies that in Round 1BIS did not reach a consensus of at least 70%, as well as any overlapping competencies. Therefore, 8 of the 23 additional competencies were removed, thus remaining 15 additional competencies, which added to the initial 27, produced a total of 42 competences.

In Round 2, we asked the experts to rate each competence from 1 to 10 on the basis of their level of priority and at the end we asked for further comments on the new list of the following 42 core competencies:

Table 5. The list of 42 Core competencies used to launch in Round 2.

1. Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities

2. Make decisions based on professional ethical standards

3. Plan, initiate, provide and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.

4. Promote health in individuals, families and communities.

5. Apply knowledge of a variety of teaching and learning strategies with individuals, families and communities for purposes of health promotion and patient safety.

6. Use and evaluate evidence-based methods of communication in relation to a specific context.

7. Communication competencies and therapeutic relationship building.

8. Disease prevention, health protection, rehabilitation, and treatment, and alleviate patient suffering even during end of life.

9. Coordinate and be accountable for managing nursing care, including that which they have delegated to other people and personnel in collaboration with the community healthcare team.

10. Accountability for the outcomes of nursing care in individuals, families and the community.

11. Systematically document and evaluate their own practice.

12. Generate, manage and use clinical, research-based and statistical information (data) for planning care and prioritizing health- and illness-related activities and assess nursing sensitive outcomes.

13. Advocate, support and empower individuals and families to influence and participate in decisions concerning their health and wellbeing.

14. Set standards and evaluate the effectiveness and impact of family and community health nursing activities.

15. Work independently and as members of a multidisciplinary team.

16. Participate in the prioritization of activities to address problems related to health and illness.

17. Manage change and act as agents for change to improve family and community nursing practice.

18. Maintain professional and interprofessional relationships and a supportive role with colleagues to ensure that professional standards are met.

19. Display evidence of a commitment to lifelong learning and continuing professional development.

20. Provide patient education and build a therapeutic relationship with patients and their families.

21. Negotiating family and community care delivery systems to improve health outcomes for patients and their families.

22. Monitoring and ensuring high quality family and community care practice.

23. Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team.

24. Participate in financial planning and management together with the community healthcare team to promote community health.

25. Leadership and family and community policy development, implementation and evaluation for purposes of health promotion.

26. Knowledge of systems thinking in Public Health Sciences for community participatory Health Promotion and Prevention.

27. Family and community care competencies, clinical competencies and case management.

28. Community health needs assessment to implement appropriate clinical interventions and mobilization.

29. Managing diversity and fostering inclusiveness

30. Assess the social, cultural, and economical context in which the patient lives.

31. Perform a multidimensional nursing assessment.

32. Care management competencies.

33. Defining a nursing care plan based on the needs of individuals and their families.

34. Competencies to ensure patient safety.

35. Development of nurse leadership skills to ensure clinical and healthcare effectiveness and appropriateness.

36. Clinical and healthcare decision-making skills.

37. Ability to negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centres.

38. Facilitate contacts of patients and families with social support networks present in the same community.

39. Monitoring people affected by chronic and rare illnesses on one community in collaboration with other members of the multidisciplinary team.

40. Competencies to educate any member living in the same community, and as well as mentoring students and professionals of other disciplines to promote the health and wellbeing of the community.

41. Use the best scientific evidence available.

42. Work together with the multidisciplinary to prevent disease and promote and maintain health.

In Round 2, we considered the comments of the experts, who almost unanimously highlighted the excessive repetition and redundancy of the contents included in this list of 42 core competencies. After removing the competencies that achieved the lowest scores and summarizing the remaining ones, this list was synthesized and reduced to 27 core competencies.

In Round 3**,** we asked our experts to rate again the level of priority of each of these 27 core competencies, but this time knowing the mean scores provided by the other exerts. The final 27 core competencies included in Round 3 were the following:

Table 6. The list of the final 27 Core competencies according to priority scores.

Core Competence	Mean score
1. Use the best scientific evidence available.	9.61
2. Systematically document and evaluate their own practice.	9.28
3. Plan, implement and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.	9.23
4. Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities.	9.14
5. Provide patient education and build a therapeutic relationship with patients, informal carers and their families.	9.14
6. Work together with the multidisciplinary team to prevent disease and promote and maintain health.	9.14
7. Apply educational strategies to promote health and safety of individuals and families.	8.95
8. Involve individuals and families in decisions concerning their own health and wellbeing.	8.95
9. Monitoring and providing long-term care to people affected by chronic and rare illnesses on one community in collaboration with other members of the multidisciplinary team.	8.95
10. Communication competencies based on evidence in relation to a specific context.	8.90
11. Promote health in individuals, families and communities.	8.85
12. Mentoring students to promote the health and wellbeing of the community.	8.85
13. Make decisions based on professional ethical standards.	8.76
14. Maintain professional and interprofessional relationships and a supportive role with colleagues to ensure that professional standards are met.	8.71
15. Multidimensional community health needs assessment to implement appropriate clinical interventions and care management.	8.71
16. Ability to negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centres.	8.66
17. Assess the social, cultural, and economical context in which the nurse's patient lives.	8.61
18. Coordinate and be accountable for attributing community healthcare activities to support workers.	8.57
19. Accountability for the outcomes of nursing care in individuals, families and the community.	8.57
20. Development of nurse leadership and decision-making skills to ensure clinical and healthcare effectiveness and appropriateness.	8.52
21. Alleviate patient suffering.	8.47
22. Participate in the prioritization of activities of the multidisciplinary team to address problems related to health and illness.	8.47

23. Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community.	8.38
24. Managing diversity and fostering inclusiveness.	8.33
25. Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team.	8.19
26. Manage change and act as agents for change to improve family and community nursing practice.	8.09
27. Leadership and development, implementation and evaluation of policies for the family and the community for purposes of health promotion.	8.09

3.5   The 28th Competence: e-health

After sharing and analysing the above 27 Core Competencies with all the ENHANCE Partners, it was unanimously agreed that an important factor was underlying the 27 core competencies listed above: e-health.

Since, e-health[2] is widely recognized as a health priority for the near future, all the ENHANCE partners unanimously decided to include it as the 28th Core competence, by adding some words to describe in which areas e-health is most needed: "Managing health promotion, education, treatment and monitoring supported by ICTs (e-Health)".

Thus, the project ended up with a Professional Profile described in terms of a total of 28 core competencies.

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[2] eHealth Network Multiannual Work Programme 2018-2021
https://ec.europa.eu/health/sites/health/files/ehealth/docs/ev_20171128_co01_en.pdf

4. Compliance with existing standards /classifications /recommendations

According to the ENhANCE proposal, the FCN Professional Profile needed to be informed by the WHO recommendations, the ESCO classification as to "nursing professionals" skills/competences (given that a specific classification for FCN is not yet available) and be complaint with ECVET.

As to using the WHO documents as a reference, we have already described in the above sections, the way the two WHO reports (WHO, 2000; WHO, 2010) were used as the main input for the definition of the FCN core competences proposed in the Delphi Study.

Regarding the ESCO, the following sections describe how the identified 28 core competences are comparable and can be framed within the ESCO classification.

As far as the compliance with the ECVET, we understand this is something that needs to be postponed to WP3, when – starting from the core competences identified here – we will derive the Units of Learning and the Learning Outcomes for our FCN European Curriculum.

4.1 What is ESCO?

ESCO[3] is the multilingual classification of European Skills, Competences, Qualifications and Occupations, which identifies and categorizes skills, competences, qualifications and occupations relevant for the European labour market and education and training. The aims of ESCO are:

- to improve the communication between the education and training sector and the EU labour market;

- to support geographical and occupational mobility in Europe;

- to make data more transparent and easily available for use by various stakeholders, such as public employment services, statistical organisations and education organisations;

- to facilitate the exchange of data between employers, education providers and jobseekers irrespective of language or country;

- to support evidence-based policy making by enhancing the collection, comparison and dissemination of data in skills intelligence and statistical tools and enabling better analysis of skills supply and demand in real-time based on big data.

4.2 A "description" of the Family and Community Nurse based on ESCO recommendations

A summarized introductory description of this profession as it is given in ESCO could state: "Family and Community Nurses (FCNs) are in charge of promoting health in individuals, families, and in the community, and are accountable for the outcomes of nursing care in individuals, families, and the community. FCNs involve individuals and families in decisions concerning their own health and wellbeing using the best scientific evidence available. FCNs also provide patient education and build a therapeutic

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[3] https://ec.europa.eu/esco/portal/home

relationship with patients and their families to provide long term care and alleviate patient suffering".

Starting from the above, we argue with regard to the ESCO classification, the FCN is comparable to an "Advanced Nurse Practitioner" corresponding to the EQF level 7. However, we understand that in some European Countries, the FCN can also be envisioned at the EQF 6. The FCN is in any case a registered nurse in compliance with Directive 2005/36/EC (and its amendments) on the recognition of professional qualifications.

In the following table, we show how the 28 core competencies fundamentally meet the ESCO competences for the Advanced Nurse Practitioner.

Table 7. The list of the final 28 Core competences compared the ESCO competences concerning the "advanced nurse practitioner", equal to "head of community nursing"; "community team leader"

Core Competences	ESCO classification of competences
1. Use the best scientific evidence available.	- Apply health sciences - Conduct research in advanced nursing care - Develop advanced health promotion strategies - Implement scientific decision making in healthcare - Lead healthcare services changes - Lead research activities in
2. Systematically document and evaluate their own practice.	- Advise on healthcare users' informed consent - Adhere to organizational guidelines - Analyse the quality of care - Comply with legislation related to health care - Follow clinical guidelines - Manage information in health care - Use electronic health records in nursing
3. Plan, implement and assess nursing care to meet the needs of individuals, families, and the community within their scope of competence.	- Apply nursing care in long-term care - Apply person-centred care - Diagnose nursing care - Evaluate nursing care - Implement fundamentals of nursing - Implement nursing care - Organise home care for patients
4. Identify and assess the health status and health needs of individuals and families within the context of their cultures and communities.	- Interact with healthcare users - Listen actively - Perform health assessment - Plan advanced nursing care - Promote inclusion - Respond to changing situations in health care
5. Provide patient education and build a therapeutic relationship with patients, informal carers and their families.	- Develop a collaborative therapeutic relationship - Empathise with the healthcare user - Empower individuals, families and groups - Ensure safety of healthcare users

	● Provide health education
6. Work together with the multidisciplinary team to prevent disease and promote and maintain health.	● Advise on healthy lifestyles ● Coordinate care ● Educate on the prevention of illness ● Work in multidisciplinary health teams
7. Apply educational strategies to promote health and safety of individuals and families.	● Deal with emergency care situations ● Initiate life preserving measures ● Advise on healthy lifestyles ● Develop advanced health promotion strategies ● Provide health education
8. Involve individuals and families in decisions concerning their own health and wellbeing.	● Empower individuals, families and groups ● Make clinical decisions ● Promote human rights
9. Monitoring and providing long-term care to people affected by chronic and rare illnesses on one community in collaboration with other members of the multidisciplinary team.	● Organise homecare for patients ● Screen patients for disease risk factors ● Work in multidisciplinary health teams
10. Communication competencies based on evidence in relation to a specific context.	● Apply context specific clinical competences ● Interact with healthcare users ● Listen actively ● Respond to changing situations in healthcare
11. Promote health in individuals, families and communities.	● Provide health education ● Provide nursing advice on healthcare ● Educate on the prevention of illness ● Develop advanced health promotion strategies ● Advise on healthy lifestyles
12. Mentoring students to promote the health and wellbeing of the community.	● Mentor other health professionals ● Participate in health personnel training ● Promote a positive image of nursing
13. Make decisions based on professional ethical standards.	● Accept own accountability ● Follow clinical guidelines
14. Maintain professional and interprofessional relationships and a supportive role with colleagues to ensure that professional standards are met.	● Follow clinical guidelines ● Comply with quality standards related to healthcare practice
15. Multidimensional community health needs assessment to implement appropriate clinical interventions and care management.	● Apply context specific clinical competences ● Apply sustainability principles in healthcare ● Impact of social contexts on health ● Provide treatment strategies for challenges to human health
16. Ability to negotiate healthcare with patients and their families, with the multidisciplinary team and healthcare centres.	● Work in a multidisciplinary team ● Work in a multicultural environment in healthcare ● Solve problems in healthcare ● Interact with healthcare users

17. Assess the social, cultural, and economical context in which the nurse's patient lives.	● Work in a multicultural environment in healthcare ● Impact of social contexts on health ● Apply context specific clinical competences
18. Coordinate and be accountable for attributing community healthcare activities to support workers.	● Accept own accountability ● Delegate activities ● Develop plans related to the transfer of care
19. Accountability for the outcomes of nursing care in individuals, families and the community.	● Address problems critically ● Accept own accountability ● Impact of social contexts on health ● Perform health assessment
20. Development of nurse leadership and decision-making skills to ensure clinical and healthcare effectiveness and appropriateness.	● Adopt leadership styles in healthcare ● Apply organizational techniques ● Clinical decision-making at advanced practice ● Contribute to high level health strategic decisions
21. Alleviate patient suffering.	● Diagnose advanced nursing care ● Prescribe medication ● Implement nursing care ● Apply person centred care
22. Participate in the prioritization of activities of the multidisciplinary team to address problems related to health and illness.	● Work in multidisciplinary health teams ● Solve problems in healthcare ● Respond to challenging situations in healthcare ● Coordinate care
23. Set standards and evaluate the outcomes related to nursing activities in people's homes and in the community.	● Analyse the quality of care ● Comply with quality standards related to healthcare practice ● Evaluate nursing care
24. Managing diversity and fostering inclusiveness.	● Work in a multicultural environment in health care
25. Analytic assessment, cultural competence, program planning, and community dimensions of practice to pursue community health promotion goals together with the community multidisciplinary team.	● Work in multidisciplinary health teams ● Respond to challenging situations in healthcare ● Adopt leadership styles in healthcare ● Develop advanced health promotion strategies
26. Manage change and act as agents for change to improve family and community nursing practice.	● Lead healthcare services changes
27. Leadership and development, implementation and evaluation of policies for the family and the community for purposes of health promotion.	● Adopt leadership styles in healthcare ● Implement policy in healthcare practices ● Inform policy makers on health -related challenges.
28. Managing health promotion, education, treatment and monitoring supported by ICTs (e-Health)	● Use e-health and mobile health technologies ● Have computer literacy ● Prescribe advanced nursing care

5.   FCN current curricula in Europe

As already mentioned in Section 3, WP2 also had the purpose to identify any existing FCN curricula currently available in Europe to inform the definition of the Professional Profile, as well as to facilitate the work of WP3.

Since this task required a great deal of work, each WP2 Partner decided to collect current FCN curricula from those countries where they had good contacts, which would allow them to collect the most reliable information. To organize the collection of current curricula, a template consisting of seven sections was designed (see Appendix 3a), which the WP2 partners used to collect information on current curricula from 15 European countries: Austria, Belgium, Croatia, Cyprus, France, Greece, Ireland, Italy, Latvia, Norway, Portugal, Romania, Slovenia, Sweden, and UK. The information collected by all that Templates were then summarized into one table (see Appendix 3b).

These curricula provided a snapshot of the great variability of current FCN courses officially provided in Europe, thus substantially confirming also the absence of a standardized common FCN curriculum not only among countries, but often also within the same country.

6. Discussion and Conclusions

In most European countries, life expectancy is well over the age of 80 years, implying an increasingly aged and chronically ill population mainly affected by cardiovascular diseases, cancer and mental health disorders. Therefore, health priorities mainly involve unhealthy lifestyles, socio-economic inequalities in health and wellbeing, caused by living and work conditions as well as cultural and behavioural differences between socio-economic groups. In addition, the younger population requires increasing health prevention interventions, such as the promotion of physical activity, the prevention of obesity, tobacco and alcohol consumption, and road accidents. Another priority is to improve access to healthcare services and homecare especially in older people and people affected by chronic illnesses who require long term care services and often also the availability of informal carers who are present on a 24/7 basis.It is estimated that chronic patients usually represent less than 10% of the general population, but use up to 65% of the total health resources (Miguélez-Chamorro & Ferrer-Arnedo, 2014). Due to the ageing of the population, this situation is bound to get worse and Family and Community Nurses (FCNs) are the health workforce who could provide and efficient and cost-effective response to the needs of this population by promoting self-care and self-management.

The health priorities today are also the result of economic hardship, homeless, increasing immigration flows and ethnic groups and cultures, which generate new healthcare needs and priorities. Thus, FCN competencies should include the personalization of health care, and the reduction of institutionalization / hospitalization. Therefore, FCNs should be able to make decisions considering the preferences and values of individuals, families and the community, without forgetting their economic resources available. This implies that FCNs must also be able to analyse the social, cultural and economic context in which they work and promote patents' access to local health and social services.

FCNs play a key role in ensuring continuity between the health system and the community social support system, thus ensuring the necessary link between various institutions and interests, as well as multi-professional teamwork. Through effective teamwork, FCNs also ensure an integrated management of chronic illnesses, with the potential to play a key role for epidemiological control in a given territory. The current rapid changes of the socio-demographic contexts require effective monitoring of the community, both for the risks linked to communicable diseases and to deal with chronic diseases (non-communicable diseases).

To conclude, considering the level of complexity of family and community care, and the level of professional autonomy and leadership FCNs are required to have, their curriculum necessarily needs to be at a postgraduate level, which in terms of EQF standards, is equal to level 6-7, in order to ensure that outcomes for individuals, families and the community are effectively achieved.

Through the ENhANCE e-Delphi technique, a participatory and deductive approach (bottom up) was adopted in order to ensure that the core competences for FCNs actually reflected the current requirements in terms of knowledge, skills, and competencies, which will then be developed in detail in WP3 in the next months of the project. A strength of this e-Delphi study is that the experts involved, in addition to being from 10 different European countries, were nursing academics, regulatory board members, nursing service directors, and experts of family and community nursing, and this enabled to produce a more comprehensive and exhaustive list of core competences. Therefore, as shown above, each "core competence" includes a set of performance domains and required behavioural standards, which a nurse is required

to demonstrate in order to perform a set of activities at an acceptable level of proficiency[4].

Through the identification of the FCN Core Competencies, WP2 of the ENhANCE project has taken a first important step forward towards the definition of a European Professional Profile of the Family and Community Nurse. Due to the extremely varying socio-economic contexts in Europe and to the great differences across and within countries in the way nurses that currently provide family and community care, a lot of work still needs to be done in order to develop the Curriculum for FCNs. This will be done in the upcoming months within WP3.

4

http://www.healthprofessionals.gov.sg/content/dam/hprof/snb/docs/publications/Core%20Competencies%20%26%20Generic%20Skills%20of%20RN_SNB_April%202018.pdf

7. References

[1] Chłoń-Domińczak, A., Kotowska, I. E., Kurkiewicz, J., Abramowska-Kmon, A., & Stonawski, M. (2014). Population ageing in Europe: facts, implications and policies. *Brussels: European Commission*.

[2] Dalkey, N., & Helmer, O. (1963). An experimental application of the Delphi method to the use of experts. *Management science*, *9*(3), 458-467.

[3] ESCO Handbook. Available in http://europa.eu/citizens-2013/sites/default/files/content/publication/DGEMPL_ESCO_EN_Accessible.pdf

[4] Hsu C-C, Sandford BA (2007) The Delphi Technique: Making Sense Of Consensus *Practical Assessment, Research & Evaluation* http://pareonline.net/pdf/v12n10.pdf

[5] Keeney S, Hasson F, McKenna H (2010) *The Delphi technique in nursing and health research* Wiley, Oxford.

[6] McKenna, H.P. (1994) The Delphi technique: a worthwhile approach for nursing? *Journal of Advanced Nursing* 19, 1221–1225.

[7] Miguélez-Chamorro, A., & Ferrer-Arnedo, C. (2014). The family and community nurse: Health agent and model for the chronic patient within the community. Enfermeria clinica, 24(1), 5-11.

[8] World Health Organization. (1988). Learning together to work together for health: report of a WHO Study Group on Multiprofessional Education of Health Personnel: the Team Approach [meeting held in Geneva from 12 to 16 October 1987].

[9] World Health Organization. (2000). The family health nurse: Context, conceptual framework and curriculum.

[10] World Health Organization. (2005). Fourth workshop on WHO family health nurse multinational study: intercountry evaluation: report, Glasgow, Scotland 20-21 January 2005.

[11] World Health Organization. (2010). A framework for community health nursing education.

8.   Appendices

8.1   APPENDIX 1- Template used to collect data to prepare the e-Delphi Study for FCN Core Competencies

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Work Package 2:

Definition of a Professional Profile for the Family and Community Nurse (FCN)

Task 2.2. Define the FCN Professional Profile

- D2.2. Define FCN professional profile (M7) <u>Deadline 30th July 2018</u>

Task 2.2. Partners

A.Li.Sa (Italy),

AWV (Germany)
ENE (Greece)
European Association of Service Providers for Persons with Disabilities (EASPD - Belgium)
Future Balloons (Portugal)

SI4LIFE (Italy)
TEI-The (Greece)
UEF (Finland)

TASK 2.2. OBJECTIVES

Define the core competencies to meet patients' needs, which will enable to design the Professional Profile for the Family and Community Nurse (FCN), which could become the European benchmark for the Vocational Education and Training (VET) of FCNs.

For this purpose, a **European e-DELPHI Study** shall be conducted to define a list of FCN core competencies. In addition, partners will identify the presence of current curricula at the EU level.

The e-Delphi shall include 3 Rounds:

Round 1: Each participant will receive a list of Family & Community Nurse core competencies (from WHO and EU documents) and will be invited to confirm, amend or add other competencies. They will have 20 days to reply.

Round 2: We will send each participant the updated list of competencies and we will ask then to score those items in terms of their priority: they will have 10 days to do this.

Round 3: After ranking the items we will return the scored list to each participant

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so that they can view the rankings and, if necessary adjust their own score given in the 2° Round: they will have 5 days to do this.

DELPHI STUDY STEPS:

1. Identify a panel of experts.

2. In addition to the WHO document "The family health nurse: Context, conceptual framework and curriculum (2000)", identify and provide any other official EU documents on FCN core competencies.

TEMPLATE TO PREPARE THE LAUNCH OF THE E-DELPHI STUDY ON 1ST MARCH 2018

Your details:	Name:
	Email:
Your organization	

PAT 1 - CANDIDATES TO PROPOSE FOR THE DELPHI EXPERT PANEL

Candidate 1	Full name:
	Titles:
	Institution (with full address):
	Phone:
	E-mail:

Candidate 2	Full name:
	Titles:
	Institution (with full address):
	Phone:
	E-mail:

Candidate 3	Full name:
	Titles:
	Institution (with full address):
	Phone:
	E-mail:

Please copy and paste here the above boxes if you wish to add more candidates.

PART 2 - EU DOCUMENTS AND SCIENTIFIC PAPERS WHICH COULD BE HELPFUL TO PREPARE A PROVISIONAL LIST OF FAMILY AND COMMUNITY NURSING CORE COMPETENCIES TO BE EVALUTED AND AMENDED BY THE PANEL OF EXPERTS – PLEASE PROVIDE ALSO THE PDF FILES (OR URL TO DOWNLOAD) OF THE DOCUMENTS.

DOCUMENT 1	**Title:**
	Reference:
	Core competencies suggested:
	Link:

DOCUMENT 2	**Title:**
	Reference:
	Core competencies suggested:
	Link:

DOCUMENT 3	**Title:**
	Reference:
	Core competencies suggested:
	Link:

DOCUMENT 4	**Title:**
	Reference:
	Core competencies suggested:
	Link:

Please copy and paste here the above boxes if you wish to add more documents.

8.2 APPENDIX 2a – Documents and scientific papers regarding FCN core competencies collected through the Template above.

Documents	Competencies draw from each document to build the list of 27 competencies in Round 1
1. Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System (the IMI Regulation')	
2. International Family Nursing Association (IFNA) – Position statement on generalist for family nursing practice, February 2015	1, 4, 11, 22, 24
3. Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health Crabtree, M. Katherine; Stanley, Joan; Werner, Kathryn E.; Schmid, Emily. (2002). Health Resources and Services Administration (DHHS/PHS), Rockville, MD. Bureau of Health Professions. **Link:** https://files.eric.ed.gov/fulltext/ED471273.pdf	1, 3, 4, 18, 20, 21, 22
4. Excellence in School Nursing Practice: Developing a National Perspective on School Nurse Competencies (Competence n. 17) **Nichole Bobo, Virginia W. Adams, Leslie Cooper, (2002)** *The Journal of School Nursing* **, Vol 18, Issue 5, pp. 277 – 285** **Link:** http://journals.sagepub.com/doi/abs/10.1177/10598405020180050701#articleCitationDownloadContainer	17
5. Gerontological Nursing: Competencies for Care (Competencies n. 4, 22, 23) Kristen L (2010) Gerontological Nursing: Competencies for Care, Sudbury, Jones and Bartlett Publishers (book) **Core competencies suggested:** Gerontological Nurse Competencies **Link:** https://books.google.gr/books?hl=el&lr=&id=8IUdasfPWSYC&oi=fnd&pg=PP2&dq=family+nurse+competencies&ots=PINijalsFv&sig=cvDO9vuxFsk-kJ1aEar2FieUpsM&redir_esc=y#v=onepage&q=family%20nurse%20competencies&f=false	4, 22, 23
6. Nurses' competencies in home healthcare: an interview study (There are no formal requirements for home healthcare nurses) Andersson H, Lindholm M, Pettersson M, Jonasson L-L. Nurses' competencies in home healthcare: an interview study. *BMC Nursing*. 2017;16:65 **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693583/	(Generic) Nurses' Competencies in home healthcare
7. Evolving Public Health Nursing Roles: Focus on Community Participatory Health Promotion and Prevention	1, 4, 25

Kulbok, P.A., Thatcher, E., Park, E., Meszaros, P.S. (May 31, 2012) OJIN: The Online Journal of Issues in Nursing Vol. 17, No. 2, Manuscript 1. **Link:** http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No2-May-2012/Evolving-Public-Health-Nursing-Roles.html	
8. Managerial nursing competencies in the expansion of the Family Health Strategy. Lowen, Ingrid Margareth Voth, Peres, Aida Maris, Crozeta, Karla, Bernardino, Elizabeth, & Beck, Carmem Lúcia Colomé. (2015). Revista da Escola de Enfermagem da USP, 49(6), 964-970. **Link:** https://dx.doi.org/10.1590/S0080-623420150000600013	2, 15, 20
9. Motivational interviewing competencies among UK family nurse partnership nurses: a process evaluation component of the building blocks trial. Channon, S., Bekkers, M.-J., Sanders, J., Cannings-John, R., Robertson, L., Bennert, K., … Robling, M. (2016). BMC Nursing, 15, 55. **Link: http://doi.org/10.1186/s12912-016-0176-0**	15, 22
10. A Delphi approach to developing a core competency framework for family practice registered nurses in Ontario. Moaveni A, Gallinaro A, Conn LG, Callahan S, Hammond M, Oandasan I. Nurs Leadersh (Tor Ont). 2010 Dec;23(4):45-60. **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693583/	17, 21, 22
11. Public Health Nursing Education Programme – Standards and Requirements Published by the Nursing and Midwifery Board of Ireland concerning PHNs competencies.	All competencies
12. Family Health Nursing in European Communities (FamNrsE) November 2013 Reference: Final Report Public Part Core competencies suggested: Work package 7: Gap Analysis - Consistent with the outcomes of previous work packages, it was found that **current education and training programmes delivered at both undergraduate and postgraduate level cover many of the core elements of the FHN curricula** (based on the WHO (Europe) concept). (Education/Training) Elements of the FHN curricula that are not currently provided within existing undergraduate and postgraduate programmes were recommended to be developed by this project. The analysis identified **four gaps** that the WP3 module development should focus. These include: **1) The Public Health Agenda 2) Working with families 3) Information management, research and evidence-based practice. 4) Case management** **Link:** http://eacea.ec.europa.eu/LLp/project_reports/documents/erasmus/CD/ECDCE/era_ecdce_518233_fr.pdf	1, 2, 3, 4. 10, 26

13. Assessing the clinical skills training needs of community healthcare staff. Chappell M., Ford K.(2014). *Journal of community nursing*, 28 (2). **Link:** https://www.jcn.co.uk/files/downloads/articles/04-2014-assessing-the-clinical-skills-training-needs.pdf	2, 5, 6, 10, 18, 25
14. Enhancing the role of community health nursing for universal health coverage. WHO Regional Office for South-East Asia, 2010 **Link:**http://www.searo.who.int/entity/nursing_midwifery/documents/SEA-NUR-467/en/	18, 27
15. A framework for community health nursing education WHO Regional Office for South-East Asia, 2010 **Core competencies suggested: Clinical care, health care, support for healthy activity** **Link:** http://www.searo.who.int/entity/nursing_midwifery/documents/SEA-NUR-467/en/	Used as main framework
16. The family health nurse context, conceptual framework and curriculum World Health Organization, 2000 **Core competencies suggested:** care provider, decision-maker, communicator, community leader, manager. **Link:** http://www.euro.who.int/__data/assets/pdf_file/0004/53860/E92341.pdf	Used as main framework
17. Exploring the community nurse role in family-centred care for patients with dementia Harisson Dening K., Hibberd P. (2016**).** *British journal of community nursing* **Link:** https://doi.org/10.12968/bjcn.2016.21.4.198 (Abstract)	1, 2, 4, 10, 11, 20, 26
18. Nursing and midwifery actions at the three levels of public health practice - Improving health and wellbeing at individual, community and population levels. Department of health and social care, Public Health England (2013). **Link:** https://www.gov.uk/government/publications/nursing-and-midwifery-actions-at-the-three-levels-of-public-health-practice	1, 4, 5, 10, 19, 25, 27
19. Education Committee of the Council on Cardiovascular Nursing and Allied Professions. A core curriculum for the continuing professional development of nurses: Developed by the Education Committee on behalf of the Council on Cardiovascular Nursing and Allied Professions of the ESC. Astin F, Carroll DL, Ruppar T, Uchmanowicz I, Hinterbuchner L, Kletsiou E, Serafin A, Ketchell A; *Eur J Cardiovasc Nurs. 2015 Jun;14(3):190-7. doi: 10.1177/1474515115572048* **Core competencies suggested: competences on Elderly care** **Link:** https://www.ncbi.nlm.nih.gov/pubmed/25711215	4, 22, 23
20. An overview of systematic reviews on the collaboration between physicians and nurses and the impact on patient outcomes: what can we learn in primary care? **Matthys E, Remmen, R Van Bogaert P.** *BMC Fam Pract. 2017; 18: 110. doi: 10.1186/s12875-017-0698-x*	8, 16, 26

Core competencies suggested: communication competences **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5741858/ **21. The Changing Role of Health Care Professionals in Nursing Homes: A Systematic Literature Review of a Decade of Change** Van Stenis AR, van Wingerden J, Kolkhuis Tanke I. Frontiers in Psychology. 2017;8: 2008. doi:10.3389/fpsyg.2017.02008. **Core competencies suggested: Caregiver skills and competences** **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694658/	1, 3, 14,15, 25
22. Leadership and Cultural Competence of Healthcare Professionals Dauvrin M, Lorant V. Nursing Research. 2015;64(3):200-210. doi:10.1097/NNR.0000000000000092. **Core competencies suggested: Cultural Competence** **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418777/	1, 24, 25, 26, 27
23. Suggested components of the curriculum for nurses and midwives to enable them to develop essential knowledge and skills in genetics. Skirton H, Barnoy S, Erdem Y, et al. Journal of Community Genetics. 2012;3(4):323-329. doi:10.1007/s12687-012-0098-9. **Core competencies suggested: Competencies of Nurses in Primary Care** **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3461229/	1, 2, 3, 4, 5, 6, 7, 9, 14, 22
24. Validation of a New Instrument for Self-Assessment of Nurses' Core Competencies in Palliative Care Slåtten K, Hatlevik O, Fagerström L. Nursing Research and Practice. 2014;2014:615498. doi:10.1155/2014/615498. **Core competencies suggested: Competencies in Homecare** **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4124716/	1, 2, 3, 14,17, 21, 26
25. What establishes an excellent nurse? A focus group and Delphi panel approach Paans W, Robbe P, Wijkamp I, Wolfensberger MVC. BMC Nursing. 2017;16:45. doi:10.1186/s12912-017-0239-x. **Core competencies suggested: Primary Care Competencies** **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5553753/	1, 2, 3, 14, 22, 26
26. Primary care for the Roma in Europe: Position paper of the European forum for primary care. De Graaf P, Rotar Pavlič D, Zelko E, Vintges M, Willems S, Hanssens L. Slovenian Journal of Public Health. 2016;55(3):218-224. doi:10.1515/sjph-2016-0030. **Core competencies suggested: Primary Care Competencies** **Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5031074/	1, 2, 3, 14, 22, 26
27. A survey of engagement and competence levels in interventions and activities in a community mental health workforce in England. Competencies n. 17) Lang L, Orton S, Sallah D, et al. BMC Health Services Research. 2011;11:352. doi:10.1186/1472-6963-11-352. **Core competencies suggested: Competencies for Community Nurses Link:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3315436/	17

8.3 APPENDIX 3a – The Template used to collect current curricula for FCNs in Europe.

TEMPLATE TO IDENTIFY CURRENT CURRICULA FOR FCNs IN EUROPE

Your details:	Name:
	Email:
Your organization	

WHEN COMPLETING EACH SECTION, PLEASE BE AS SYNTHETIC AND CLEAR AS POSSIBLE.

IF NO INFORMATION IS AVAILABLE FOR A SECTION, WRITE "NOT APPLICABLE".

Country of curriculum	

SECTION 1. A general contextual introduction explaining the formal, recognized training path to become a Family and Community Nurse with reference to the specific law.

SECTION 2. A general description of the Curriculum defined by law (IF AVAILABLE)

SECTION 3. Provide some examples of official FCN curricula.

CURRICULUM 1	Title:
	Institution (full details):
	Link:

CURRICULUM 2	Title:
	Institution (full details):

	Link:

CURRICULUM 3	Title:
	Institution (full details):
	Link:

Please copy and paste here the above boxes if you wish to add more examples.

SECTION 4. (OPTIONAL) Ways for granting the title of specialist FCN nurse by exceptional means.

SECTION 5. A short introduction of any FCN courses NOT officially recognized, but that provide competencies in the field of FCN, and 1 or 2 examples:

COURSE 1	Title:
	Institution (full details):
	Link:

COURSE 2	Title:
	Institution (full details):
	Link:

Please copy and paste here the above boxes if you wish to add more examples.

SECTION 6. (Optional) Any other important information

SECTION 7. Bibliographic references

Thank you for your kind collaboration.

8.4   APPENDIX 3b – Summary of the FCN curricula currently available in 15 European countries.

	Section 1: General contextual introduction	Section 2: General description of curriculum defined by law	Section 3: **Official FNC Curricula**	Section 4 Ways for granting the title of specialist FCN nurse by exceptional means. **Optional**	Section 5: **Non official courses**	Section 6 Any other info (optional)	Annexes
A U S T R I A	- European Commission Directive 2013/55/EU (that amended the Directive 2005/36/EC), the EFN guidelines for implementation of the Article 31 on the mutual recognition of professional qualifications (EFN, 2015), the Nursing and midwifery Council Standards of Competence for registered nurses, acquires the	The general competencies that a nurse acquires or deepens in the predicted postgraduate education are summarized from the ICN (International Council of Nurses - ICN) guidelines for community and family nurse (2002): - Coordinating a territorial project - Researching: identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, early detection and management of frailty in older people, - Identifying the needs and nursing problems of the older adults, their families and the communities in which they live ; early detection and					

competencies to perform of nursing care in Europe.	management of frailty in older people, evaluation of the status of seniors living at home, - Health promotion and education of the elderly and their families (formally or informally) about health and illness; acting as the main provider of health information, - Care providing and supervising: providing direct care and supervising care given by others, including family members, nursing assistants and other professionals according to the needs of the older adults, - Older adults and family advocating: working to support older adults and families and discussing issues such as safety and access to services, - Case finding and epidemiology: tracking disease and playing a key role in disease surveillance and control. - Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care. - Counselling: playing a therapeutic role in helping to cope with problems and to identify resources, creating therapeutic relationship, - Consulting: serving as consultant to older adults and families and agencies to identify and facilitate access to resources.				

		Environmental modification: working to modify, for example, the home environment so that the older adults can improve their mobility and engage in self-care.					
B E L G I U M	- The Specialization in Community Health is available to holders of a Bachelor's degree in Nursing. The activity of the Specialized nurse in Community Health is part of Public Health, namely to prevent illness, promote health, improve living conditions.	Objectives: • the priority is promotion to health; • the efforts will be directed towards the whole population; • actions are based on integration of knowledge in nursing and community health; • Screening, prevention, the development of community programs, health activities, health education, animation or leadership of primary health care teams but also curative functions are his daily practice. - The Specialized Community Health Nurse must be able to perform several functions: • communication; • health education and promotion; •technical; •management; • applied research.	- CURRICULUM 1 Title: SPÉCIALISATION EN SANTÉ COMMUNAUTAIRE Institution : HELMo - Haute Ecole Libre Mosane Association sans but lucratif Mont Saint-Martin 41 4000 LIEGE BELGIQUE Tél. : Voir toutes les coordonnées E-mail : info@helmo.be Link: https://www.helmo.be/CMS/Formations/Paramedical/Specialisation-en-Sante-Communautaire/Formation.aspx - CURRICULUM 2 Title: SPÉCIALISATION EN SANTÉ COMMUNAUTAIRE Institution : Haute Ecole Léonard de Vinci - Place de l'Alma, 2 -				

			1200 Bruxelles Tél : +32 2 761 06 80 - info [at] vinci.be Link: http://www.vinci.be/fr-be/Parnasse-Isei/Pages/sant%C3%A9-comm.aspx - CURRICULUM 3 Title: SPÉCIALISATION EN SANTÉ COMMUNAUTAIRE Institution :Haute École de Namur-Liège-Luxembourg - Rue Saint-Donat, 130 5002 Namur (Belgique) Link: http://www.henallux.be/specialisation-en-sante-communautaire - CURRICULUM 4 Title: SPÉCIALISATION EN SANTÉ COMMUNAUTAIRE Institution Haute École Galilée – ISSIG INSTITUT SUPÉRIEUR DE SOINS INFIRMIERS GALILÉE Rue Royale 336, 1030 Schaerbeek Tél. : +32 2 613 19 70 Fax : +32 2 613 19 89 issig@galilee.be				

			Link:				
			https://www.issig.be/etudes-et-formations/specialisation-en-sante-communautaire				
			- CURRICULUM 5				
			Title: SPÉCIALISATION EN SANTÉ COMMUNAUTAIRE				
			Institution ASBL - Ilya Prigogine, Avenue Besme, 97 à 1190 Bruxelles				
			Link: https://www.helb-prigogine.be/santecommu-menu/				
			- CURRICULUM 6				
			Title: SPÉCIALISATION EN SANTÉ COMMUNAUTAIRE				
			Institution Haute École de la Province de Liège				
			Link: http://www.provincedeliege.be/art 503				
CROATIA	There aren't currently any programs or studies in universities or institutions in Family and Community Nurce in Croatia.	The Academy for Nurses was re-opened in 1966, and in 1984 it merged with the Zagreb University School of Medicine into a single institution. The basic nursing education is attained at the secondary school level. Today, five higher education institutions (polytechnics) with nursing studies and 23 secondary vocational schools are					

		registered, and their numbers appear to be on the increase.					
C Y P R U S	- Regulated by the Nursing and Midwifery Laws 214/1988 - All practising nurses should be registered in the Nursing and Midwifery Register held by the Cyprus Nurses and Midwives Association. - In order to register, a nurse should apply to the Registrar, who by law is a nurse. - The Registrat will forward the application to the Nursing and Midwifery Council, which will examine it and determine whether the applicant is eligible or not for registration.	- to gain access to the master's degree, you must obtain a degree in nursing - the training of the nurse responsible for general care shall comprise at least three years of study in total - it shall consist of at least 4,600 hours of theoretical and clinical training. - Theoretical training shall cover at least one-third and clinical training of at least half the minimum duration of education. - The clinical training takes place in hospitals and other healthcare institutions as well as within the community, under the responsibility of nursing teachers - The graduate of a nursing programme in general care shall be capable of at least applying the following skills: - to independently identify the required nursing care using theoretical and clinical knowledge and to design, organize and provide nursing care; - cooperate effectively with other actors in the health sector, including participation in the practical training of health personnel;	Curriculum 1 Title: Nursing (BSc) Institution (full details): University of Nycosia Link: https://www.unic.ac.cy/schools/school-sciences-and-engineering/department-life-health-sciences/nursing-bsc-4-years-english Curriculum 2 Title: Nursing (BSc) Institution (full details): European University Cyprus Link: https://www.euc.ac.cy/easyconsole.cfm/id/176/dep/168/program_id/139 Curriculum 3 Title: Nursing (Master of Science) Institution (full details): European University Cyprus	The Nursing and Midwifery Council may grant some exceptions to professionals who have received their education through training courses of at least an equivalent level as the requirements set for the nursing education.	Course 1 Title: Family Nursing Institution (full details): University of Nycosia Link: https://www.cut.ac.cy/studies/occasional-education/Modules+list/?languageId=100 Course 2 Title: Multidimensional nature of Alzheimer's Disease and related dementias Institution (full details): University of Nycosia Link: https://www.cut.ac.cy/studies/occasional-education/Modules+list/?languageId=100		Per dettagli relativi a esami e curriculum, si rimanda al template

	The application fee for the registration in the Nursing or Midwifery Register is 35 euro.	- encourage individuals, families and groups to adopt a healthy lifestyle and self-care; - immediately implement life-saving measures and take action in crisis and disaster situations; - provide independent advice to people in need of care and their relatives, guide and support them; - to independently ensure the quality of nursing care and evaluate it; - to communicate in an analytical and professional manner and to cooperate with other professionals in the health sector; - analyze the quality of care in order to improve the exercise of the profession as a nurse responsible for general care.	Link: http://euc.ac.cy/easyconsole.cfm/id/176/dep/168/program_id/112/lang/en			
FRANCE	- European Commission Directive 2013/55/EU (that amended the Directive 2005/36/EC), the EFN guidelines for implementation of the Article 31 on the mutual recognition of professional qualifications (EFN, 2015), the Nursing and midwifery	The general competencies that a nurse acquires or deepens in the predicted postgraduate education are summarized from the ICN (International Council of Nurses - ICN) guidelines for community and family nurse (2002): - Coordinating a territorial project - Researching: identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, early detection and management of frailty in older people,				

	Council Standards of Competence for registered nurses, acquires the competencies to perform of nursing care in Europe.	- Identifying the needs and nursing problems of the older adults, their families and the communities in which they live ; early detection and management of frailty in older people, evaluation of the status of seniors living at home, - Health promotion and education of the elderly and their families (formally or informally) about health and illness; acting as the main provider of health information, - Care providing and supervising: providing direct care and supervising care given by others, including family members, nursing assistants and other professionals according to the needs of the older adults, - Older adults and family advocating: working to support older adults and families and discussing issues such as safety and access to services, - Case finding and epidemiology: tracking disease and playing a key role in disease surveillance and control. - Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care. - Counselling: playing a therapeutic role in helping to cope with problems and to identify resources, creating therapeutic relationship,					

		- Consulting: serving as consultant to older adults and families and agencies to identify and facilitate access to resources. Environmental modification: working to modify, for example, the home environment so that the older adults can improve their mobility and engage in self-care.				
G R E E C E	- The post-graduate studies program "PRIMARY HEALTH CARE" aims to specialize graduates of the area of health sciences. - The Postgraduate Program of the Faculty of Nursing provides every year the specializations in Community Nursing. - The curriculum of the post-graduate studies program "Nursing " is a two year duration postgratuate program	The objective of the Primary Health Care post-graduates program is to provide students with knowledge and skills concerning: • The promotion and growth of research in health care sciences • The study of health care models • The development of techniques and the determination of measures regarding the promotion of both physical and mental health • The design of health care programs for the community, work and family • The management of organizations and institutions that provide health care services • The confrontation of life threatening and dangerous situations • The study and characterization of both care and behavior, associated with	- CURRICULUM 2 Title: PROGRAM PRIMARY HEALTH CARE Institution (full details): Department of Nursing , National and Kapodistrian University of Athens Greece. Papadiamantopoulou 123 11527 Goudi Athens phone: +302107461402 Fax: +302107461500 Link: http://en.nurs.uoa.gr/postgraduate/postgraduate-pr.html http://www.nurs.uoa.gr/fileadmin/nurs.uoa.gr/uploads/Metaptixiaka				Other techniques and specific methods learned during courses are in the specific template

		health, of certain population groups with specific cultural habits.	/Anakoinoseis/1_Symbatiko/2014 /Metaptixiaka/2016/Odigos_Spoy don_PMS_2016- 2017___efi_papanikolaou_s_con flicted_copy_2017-01-23_.pdf			
I R E L A N D	-The Irish VET system for nurses envisages a specialization called "Public Health Nursing", to develop valuable knowledge and skills in the areas of primary healthcare and community nursing leading to registration on the Public Health Nursing Division of the Nursing and Midwifery Board of Ireland. - The programme is thus a post-registration education programme. - The candidate must have two years	-Learning outcomes: Practice as a competent, accountable, autonomous public health nurse, work in partnership to support and empower individuals and their carers/families/groups and communities, lead/co-ordinate and/or participate in all types of community health needs assessment, planning, implementation and evaluation of health education programmes and care intervention, maternal and child health care in a primary care context, work collaboratively within the interdisciplinary/multidisciplinary environment, be able to identify health inequalities, health promotion and health education, awareness of policy development and strategic planning in health services, apply leadership skills, develop competence in the ability to analyse health policy and the political, social, economic and environmental factors. - Indicative content of the curriculum: see details in the full template.	1) CURRICULUM 1 Title: Graduate Diploma Public Health Nursing Institution: UCD School of Nursing, Midwifery and Health Systems; UCD College of health and Agricultural Sciences, University College Dublin Link: https://www.nmhs.ucd.ie/study-with-us/graduate-programmes/courses/graduate-diploma-public-health-nursing 2) CURRICULUM 2 Title: Postgraduate diploma/master in Health sciences (Public health Nursing) – Full Time Institution: College of Medicine, Nursing & Health Sciences; national University of Ireland, Galway Link: https://www.nuigalway.ie/courses		1) Course 1 Title: Nursing & Patient Care Assisting Course Institution: International Career Institute Link: https://icieducation.ie/course s/health-and-fitness/nursing-assistant/ There are NO previous work or education requirements for entry into any course level. Students may enrol directly into the diploma or advanced diploma levels without completing lower ranked qualifications. 2) Course 2 Title: Public Health Nursing Institution: Short and online courses approved by NMBI		Public Health Nursing Education Programme, Standars and requirements, Nursing and Midwifery Board of Ireland pag 6-11 https://www.nm bi.ie/nmbi/media /NMBI/Publicati ons/public-health-nursing-education-programm-standards-requirements.pd f?ext=.pdf

clinical experience in nursing. - Unlike in the nursing home and residential home sector where there are national care standards regarding training level, there is no task differentiation in the home nursing, personal care and domestic aid sectors set out formally by the state, other than An Bord Altranais regulations regarding the title and role of nurses. - PHN work from local Health Centres. - PHN provides a range services free of charge to people in your community: child health visits and school visits, visits and care for older people, care on discharge from hospital.		/taught-postgraduate-courses/nursing-public-health.html#course_outline 3) CURRICULUM 3 Title: Master in Science in Community Health Institution: Trinity College Dublin, The University of Dublin Link: http://nursing-midwifery.tcd.ie/postgraduate/taught-masters/community-health/ 4) CURRICULUM 4 Title: Master of Public Health Institution: University College Cork; National University of Ireland, Cork Link: http://catedraefyc.ua.es/index.php https://www.ucc.ie/en/ckw01/		Link: https://www.nmbi.ie/Education/Short-Courses-Online		

I T A L Y	- European Commission Directive 2013/55/EU (that amended the Directive 2005/36/EC), the EFN guidelines for implementation of the Article 31 on the mutual recognition of professional qualifications (EFN, 2015), the Nursing and midwifery Council Standards of Competence for registered nurses, acquires the competencies to perform of nursing care in Europe.	The general competencies that a nurse acquires or deepens in the predicted postgraduate education are summarized from the ICN (International Council of Nurses - ICN) guidelines for community and family nurse (2002): - Coordinating a territorial project - Researching: identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration, early detection and management of frailty in older people, - Identifying the needs and nursing problems of the older adults, their families and the communities in which they live ; early detection and management of frailty in older people, evaluation of the status of seniors living at home, - Health promotion and education of the elderly and their families (formally or informally) about health and illness; acting as the main provider of health information, - Care providing and supervising: providing direct care and supervising care given by others, including family members, nursing assistants and other professionals according to the needs of the older adults,	Curriculum 1 Title: INFERMIERE DI FAMIGLIA E DI COMUNITÀ Master Primo Livello Institution (full details): Università di Pisa Link: https://www.unipi.it/index.php/master/dettaglio/2867 Curriculum 2 Title: Master di I livello in "Infermieristica di famiglia e di comunità" Institution (full details): Università degli Studi del Piemonte Orientale Link: https://www.med.unipmn.it/corsi/master/I/2013-2014/ifc Curriculum 3 Title: Assistenza infermieristica in Sanità Pubblica: l'infermiere di famiglia e di comunità Institution (full details): Università degli Studi di Milano Bicocca				

		- Older adults and family advocating: working to support older adults and families and discussing issues such as safety and access to services, - Case finding and epidemiology: tracking disease and playing a key role in disease surveillance and control. - Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care. - Counselling: playing a therapeutic role in helping to cope with problems and to identify resources, creating therapeutic relationship, - Consulting: serving as consultant to older adults and families and agencies to identify and facilitate access to resources. Environmental modification: working to modify, for example, the home environment so that the older adults can improve their mobility and engage in self-care.	Link: https://www.unimib.it/didattica/master-universitari/master-attivati-aa201718/assistenza-infermieristica-sanità-pubblica-linfermiere-famiglia-e-comunità Curriculum 4 Title: INFERMIERISTICA DI FAMIGLIA E DI COMUNITA' Institution (full details): Università degli Studi di Torino Link: http://www2.almalaurea.it/cgi-asp/lau/postlaurea/dettaglioCorso.aspx?ID=52783&lang=it Curriculum 5 Title: Infermiere di famiglia e di comunità Institution (full details): Università degli Studi di Napoli Federico II Link: https://www.unina.it/-/8169213-ma_scmt_infermiere-di-famiglia-e-di-comunita Curriculum 6				

			Title: MASTER IN INFERMIERISTICA DI FAMIGLIA E DI COMUNITÀ			
			Institution (full details): Università Politecnica delle Marche			
			Link: http://www.univpm.it/Entra/Master_in_Infermieristica_di_famiglia_e_di_comunita_1			
			Curriculum 7			
			Title: Master online in Infermiere di famiglia			
			Institution (full details): Università degli Studi Internazionali di Roma			
			Link: http://www.unint.eu/it/didattica/master-universitari/primo-livello/item/2764-master-in-infermiere-di-famiglia.html			
			Curriculum 8			
			Title: Infermiere di famiglia e di comunità			
			Institution (full details): Università degli Studi di Pavia			
			Link: http://www.fnopi.it/universita/mas			

			ter/offerta-formativa/infermiere-di-famiglia-e-di-comunit--id338.htm				
			Curriculum 9				
			Title: Infermieri e ostetriche di comunità (Brescia)				
			Institution (full details): Università Cattolica del Sacro Cuore				
			Link: http://roma.unicatt.it/master/infermieri-e-ostetriche-di-comunita-2016				
			Curriculum 10				
			Title: Infermieristica di Famiglia e di Comunità				
			Institution (full details): Università degli Studi dell'Aquila				
			Link: http://www.univaq.it/include/utilities/blob.php?table=new_master&id=107&item=scheda_informativa				
			Curriculum 11				

			Title: ESPERTO DI ASSISTENZA INTEGRATA DI COMUNITÀ E DI FAMIGLIA Institution (full details): Università di Parma Link: http://www.master-esperto-comunita-e-famiglia.it Curriculum 12 Title: Master universitario di I livello in Infermiere di famiglia e comunità Institution (full details): Università degli Studi del Molise Link: https://www.unimol.it/blog/aperte-da-oggi-le-iscrizioni-al-master-universitario-di-i-livello-in-infermiere-di-famiglia-e-comunita-28172/ Curriculum 13 Title: Master Universitario di I livello in "Assistenza Infermieristica Territoriale e Cure Domiciliari" Institution (full details): Università degli Studi di Genova			

			Link: https://www.studenti.unige.it/sites/www.studenti.unige.it/files/master/D.R.n.%204164%20deL%2031.10.2017%20F.TO%20.pdf			
			Curriculum 14			
			Title: Infermieristica territoriale e per la continuità territorio-ospedale territorio			
			Institution (full details): Università degli Studi di Siena			
			Link: http://www.fnopi.it/universita/master/offerta-formativa/infermieristica-territoriale-e-per-la-continuit--territorio-ospedale-territorio-id311.htm			
			Curriculum 15			
			Title: MASTER UNIVERSITARIO ONLINE DI I LIVELLO IN Management delle Cure primarie e Territoriali: il Professionista Specialista			
			Institution (full details): Università LUM (Bari)			

			Link: https://professionistaspecialista.eu/it/il-master Curriculum 16 Title: Master I Livello in Management delle cure primarie e territoriali Institution (full details): Università degli Studi Niccolò Cusano – Telematica Roma Link: https://www.unicusano.it/master/management-delle-cure-primarie-e-territoriali Curriculum 17 Title: Master Universitario di I Livello in "Infermieristica di Comunità: cure primarie e territorio Institution (full details): Università degli Studi G. D'Annunzio – Chieti/Pescara Link: https://www.unich.it/sites/default/files/d.r._1806_-_2017_bando_ammiss._master_cure_primarie.pdf				

| | | Curriculum 18

Title: Master in Assistenza integrata ospedale territorio

Institution (full details): Pegaso Università Telematica

Link: https://www.unipegaso.it/website/post-laurea/master-livello-1/sanita/assistenza-integrata-ospedale-territorio-2 | | | | |
| L A T V I A | - According to the Law On the Regulated Professions and the Recognition of Professional Qualifications of 20.06.2001.
- To practise as a nurse a person should:
  ▪ have a diploma of an accredited study programme for nurses in secondary vocational education (such programs are not offered anymore), first level | - to gain access to the master's degree, you must obtain a degree in nursing
- neurology, psychiatry, haematology, phthisiology, nephrology, gastroenterology, endocrinology, cardiology, pneumology, rheumatology, allergology, pharmacotherapy, rehabilitation and disease prevention, patient care principles for internal diseases, dietetics, patient training principles;
- balanced diet for diabetes patients, complications of diabetes and its prevention, training for diabetes patients and their family members, insulin therapy, the specifics of pharmacotherapy for patients with diabetes, principles of care for patients with diabetes;
- aetiology, pathogenesis, symptomatology, diagnostic and | Curriculum 1

Title: First Level Professional Higher Education Study Programme in Nursing

Institution (full details): Riga Medical College of the University of Latvia

Link: http://rmkoledza.lu.lv/en/study-programs/nursing/

Curriculum 2

Title: First Level Higher Vocational Education Study Programme in Nursing | Person with a previous medical education (e.g. physician assistant, nurse's assistant) can requalify as a FCN by acquiring a second professional qualification and applying a | Course 1

Title: Care of patients with diabetes in the nursing practise

Institution (full details): Latvian University, Faculty of Medicine

Link: https://www.lu.lv/gribustudet/katalogs/kursu-katalogs-talakizglitiba/?user_phpfileexecutor_pi1%5Bfilter%5D%5B0%5D=prog_id%3A288E8 (in Latvian)

Course 2

Title: Home care of patients | | |

vocational higher education or higher education; be included in the Register of Medical Practitioners held by the Health Inspectorate of Latvia. - The Register of Medical Practitioners and Medical Support Staff is held by the Health Inspectorate of Latvia. The initial registration period in the register is 5 years. - The certification of nurses in conformity with their competence is provided by the Latvian Nurses Association (According to the Medical Treatment Law, 12.06.1997.). A professional qualification certificate is issued for a period of 5 years after passing a	treatment principles of inherited, acquired, acute and chronic diseases, soft tissue damage and neoplasms; - patient care principles in case of a disease, planning, implementation and evaluation of specific patient care; aseptic and antiseptic, enteral and parenteral nutrition, rehabilitation of patients in the recovery period, wound care and treatment principles, dressing principles, provision of emergency medical aid and cardiopulmonary resuscitation; - care of patients with oncological diseases, palliative care, communication psychology in the care of oncology patients, educating patients and their family members in case of oncological diseases; - psychiatry, principles of care for patients with mental disorders and diseases, planning, implementation and evaluation of specific care for patients with mental disorders and diseases, educating patients and their families; principles of pedagogy and communication, communication skills in dealing with aggressive patients, the legal basis of professional activities.	Institution (full details): Red Cross Medical College of Riga Stradiņš University Link: https://www.rcmc.lv/studiju-programmas/pirma-limena-profesionala-augstaka-izglitiba/maszinibas-masa/ (in Latvian) Curriculum 3 Title: Nursing (Professional Bachelor's Degree in Health Care) Institution (full details): Riga Stradiņš University Link: https://www.rsu.lv/en/study-programme/nursing-lv-0 List of subjects: https://www.rsu.lv/studiju-programma/maszinibas-0 (in Latvian) Curriculum 4 Title: Nursing Studies (Master's Degree of Health Sciences in Health Care) Institution (full details): Riga Stradiņš University	partial exemption for study courses completed before, if they comply with the nursing programme.	Institution (full details): Red Cross Medical College of Riga Stradiņš University Link: https://www.rcmc.lv/studiju-programmas/talakizglitiba/ (in Latvian) Course 3 Title: Introduction to Ayurveda Institution (full details): Latvian University, Faculty of Medicine Link: https://www.lu.lv/gribustudet/katalogs/kursu-katalogs-talakizglitiba/?user_phpfileexecutor_pi1%5Bfilter%5D%5B0%5D=prog_id%3A288LT (in Latvian		

			Link: https://www.rsu.lv/en/study-program/nursing-studies-masters List of subjects: https://students.rsu.lv/syllabus/Pages/StudijuKursi.aspx?StudijuProgramma=MZFM (in Latvian)				
N O R W A Y	- Norwegian public health nurses are Registered Nurses with 1 year of postgraduate studies in public health nursing. -PHNs in Norway provide services to a more specialised target group: in municipalities, home visits to families with newborn babies or to children and young people with special needs; consultations at child health clinics and school health services, including immunisation of the children, they can prescribe contraceptives to young people aged	- The purpose of public health nursing education is to educate nurses for health promotion and prevention with children, adolescents, and their families (Ministry of Education and Research, 2005). Learning outcomes: understanding for how the various factors of societal, environmental and personal character create conditions for health, special competence in information, counselling and supervision to parents, children, adolescents, young people, groups and local communities, to discover, support and supervise children, adolescents and young people in need of special follow-up because of illness, decreased functional competence, abuse and/or neglect or risk for this, The closest collaborators are physicians, midwives, physiotherapists, personnel in child welfare, pedagogical psychological service, nursery school and school.	1) CURRICULUM 1 Title: Nursing Masterprogramme Institution: University of Bergen Link: http://www.uib.no/en/studyprogramme/MAMD-HELSE/MAMD-SYK 2) CURRICULUM 2 Title: International Communication Health (master's two year) Institution: University of Oslo; Institute of Health and Society; Faculty of Medicine Link: http://www.uio.no/english/studies/programmes/ichealth-master/ 3) CURRICULUM 3 Title: Public Health Institution: University of Tromso – The Arctic University of Norway				

	between 16 and 19 years. Before entering specialist studies in public health nursing, a minimum of one year of nursing practice in required. The specialist studies give 60 study points, and completion requires 1 year full-time or 2 years part-time studies		Link: https://en.uit.no/education/program?p_document_id=271255			
P O R T U G A L	- Higher education in Portugal comprises of two branches: University and Polytechnic studies. - As to "nursing" training, a first cycle of studies can be carried out both in Universities and in Polytechnics. It allows to get a Nursing Degree and a Provisional Professional Licence.	- The Profile of Specific Competences of the Specialist in Family Health Nursing has been published in a specific Regulation in 2011 (Diário da República in Regulation no. 126/2011, of February 18). - The profile of the Specialist in Family Health Nursing includes the following specialized expertise : 1. Caring for the family as a care unit; 2. Providing specific care in the different phases of the family life cycle. - The family nurse provides nursing care, as a proximity resource, in articulation with other health team, evaluating the health condition during all phases of life, privileging the areas of education and	- CURRICULUM 1 Title: Master's degree in Community Nursing Institution (full details): Escola superior de enfermagen do Porto Link: http://www.esenf.pt/pt/estudar-na-esep/mestrados/comunitaria/ - CURRICULUM 2 Title: Master's degree in Family Health Nursing Institution (full details): Universidade de Trás-os-Montes e Alto Douro			See Template for specific details

	- The Professional title of Nurse is provided by the Ordem dos Enfermeiros (Board of Nurses) through the Competence Certification System (CCS). - The specialization course in community nursing has normally a duration of one year (60 ECTS). In the end of the year, the students have a diploma of a post graduate course.	health promotion, disease prevention, early detection of diseases, management of chronic diseases and home visits. -Developing the care process in collaboration with the family and encouraging the meaningful participation of its members in all phases of that process; - Focusing on the family as a whole and its members individually and caring for the different phases of the family life; - Evaluating and promoting the interventions that are most appropriate to facilitate changes in family functioning, in accordance with the decisions coordination of the multi professional team.	Link: https://www.utad.pt/estudar/en/cursos/family-health-nursing/ - CURRICULUM 3 Title: Master's Degree in Nursing in the Area of Specialization in Community Nursing Institution (full details): Escola superior de enfermagem de Lisboa (ESEL) Link: https://www.esel.pt/ESEL/PT/Formacao/Mestrados/PlanoEstudos/PE_Comunitaria.htm - CURRICULUM 4 Title: Pós-Licenciatura De Especialização Em Enfermagem Comunitária Institution (full details): Escola superior de enfermagen do Porto Link: http://www.esenf.pt/pt/estudar-na-esep/pos-licenciatura/comunitaria/ - CURRICULUM 5			

		Title: Postgraduate Diploma in Family Health Nursing Institution (full details): Escola Superior de Enfermagem S. Francisco das Misericórdias Link: http://www.enfermagem.edu.pt/Informacoes/pos-graduacao-em-enfermagem-de-saude-familiar.html				
R O M A N I A	Not applicable: There aren't currently any programs or studies in universities or institutions in Family and Community Nurse neither in Romania					
S L O V E N I A	- Commission Directive 2013/55/EU (that amended the Directive 2005/36/EC), the EFN guidelines for implementation of the Article 31 on the mutual recognition of professionalqualifications (EFN, 2015), the Nursing and	The general competencies that a nurse acquires or deepens in the predicted postgraduate education are summarized from the ICN (International Council of Nurses - ICN) guidelines for community and family nurse (2002): - Coordinating a territorial project - Researching: identifying practice problems and seeking answers and solutions through scientific investigation alone or in collaboration,				

midwifery Council Standards of Competence for registered nurses, acquires the competencies to perform of nursing care in Europe.	early detection and management of frailty in older people, - Identifying the needs and nursing problems of the older adults, their families and the communities in which they live ; early detection and management of frailty in older people, evaluation of the status of seniors living at home, - Health promotion and education of the elderly and their families (formally or informally) about health and illness; acting as the main provider of health information, - Care providing and supervising: providing direct care and supervising care given by others, including family members, nursing assistants and other professionals according to the needs of the older adults, - Older adults and family advocating: working to support older adults and families and discussing issues such as safety and access to services, - Case finding and epidemiology: tracking disease and playing a key role in disease surveillance and control. - Management and coordination: managing, collaborating and liaising with family members, health and social services and others to improve access to care. - Counselling: playing a therapeutic role in helping to cope with problems and to				

		identify resources, creating therapeutic relationship, - Consulting: serving as consultant to older adults and families and agencies to identify and facilitate access to resources. Environmental modification: working to modify, for example, the home environment so that the older adults can improve their mobility and engage in self-care.					
S P A I N	- Spanish VET system for nurses envisages a specialization called "Family and Community Nursing". To attend this specialization curriculum a first degree in "general nursing" is needed as prerequisite. - At the end of their nursing studies, all nurses are considered "general nurses". To become a specialist in one of the six specialties currently developed, a nurse must pass an entrance exam or EIR (Resident	- The curriculum of the Specialization in Family and Community Nursing is regulated by a national (SAS/1729/2010, de 17 de junio, Boletín Oficial del Estado, 29 de junio de 2010, núm. 157, p. 57217-57250 https://www.boe.es/boe/dias/2010/06/29/pdfs/BOE-A-2010-10364.pdf). - Values of the Family and Community nurse: a)Commitment and guidance to individuals, families and community. b)Commitment to society, fairness and efficient management of resources. c)Commitment to continuous quality improvement. d)Commitment to ethics. e)Commitment to user and patient safety .	- CURRICULUM 1 Title: Especialidad de Enfermería Familiar y Comunitaria Institution: CÁTEDRA DE ENFERMERÍA FAMILIAR Y COMUNITARIA DE LA UNIVERSIDAD DE ALICANTE, RIBERA SALUD Y LA ASOCIACIÓN DE ENFERMERÍA COMUNITARIA (AEC) Link: http://catedraefyc.ua.es/index.php - CURRICULUM 2 Title: Especialidad de Enfermería Familiar y Comunitaria Institution: UDACEBA Multi Teaching Unit	- Nurses can apply for the titles of specialist nurse established in Royal Decree 450/2005 (including Family and Community Care) without attending the training program. - Graduates in Nursing	- Some universities or VET providers set up Master's degrees or other courses targeting resident nurses, which certify competencies in this area. - CURRICULUM 1 Title: Máster en Cuidados Enfermeros en la Atención Primaria (CADI) Institution (full details): Universitat de Barcelona Link: https://www.il3.ub.edu/es/master/master-cuidados-enfermeros-atencion-primaria-cadi1.html_2092775340.html		See Template for specific details

Internal Nurse) exam. - To obtain the specialization degree in Family and Community Nursing, Resident Nurses have to complete the training program in "Unidades Docentes Multiprofesionales" (Multiprofessional Teaching Units) of Family and Community Care, accredited for the International Federation of Teachers' Associations	f)Commitment to professional development. Advanced skills: These skills form the professional profile of the specialist-in-training and develop in the family and community field. Additionally they form part of a principle of interdisciplinary and multidisciplinary teams of health care professionals. - In the context of the health system, advanced skills of specialists in Family and Community Nursing can be grouped into the following sections: a)Skills related to the provision of advanced care in direct clinical care in the field of family and community care for people throughout their life cycle and families at all stages, b)Duties related to public health. c)Skills related to teaching. d)Competencies related to the management of care and services at the household and community level. e)Competencies related to research. - The primary objective of the program is the acquisition of professional skills detailed above, performing, at least the minimum activities established in different centers, services and places of learning.	Link: http://www.udaceba.cat/en/nursing/speciality-in-family-and-community-nursing/speciality-in-family-and-community-nursing.htm - CURRICULUM 3 Title: Institution: Unidad Docente Multiprofesional de Atención Familiar y Comunitaria de Talavera de la Reina Link: http://www.areasaludtalavera.es/sites/default/files/gift_e.i.r.pdf	have to pass an objective test and previously certify a professional practice in the specific field of the specialty requested.	- CURRICULUM 2 Title: Experto en Enfermería de Atención Familiar y Comunitaria Institution (full details): Universidad Nacional de Educación a Distancia Link: http://www.universia.es/estudios/uned/experto-enfermeria-atencion-familiar-comunitaria/st/207745	

		- The basic objective is to learn by doing.					
S W E D E N	-A registered nurse in Sweden is required to complete a three-year Bachelor of Science in Nursing degree. - A clinical nurse specialist must complete additional 60-75 postgraduate credits and pass the professional examination. - To follow a specialization course, a nursing licence issued by the Swedish National Board of Health and Welfare is a prerequisite as well as professional experience in nursing, corresponding to at least 24 months fulltime. - Sweden introduced the concept of advanced nursing roles as a strategy to improve access to	- To receive a Graduate Diploma in Primary Health Care Specialist Nursing, the student must demonstrate: -Knowledge in the specific field; -In-depth knowledge of planning, leadership and coordination of healthcare; -Knowledge of relevant laws and ordinances and the knowledge required to be authorised to prescribe drugs; -Ability to plan, initiate, implement and evaluate health-promoting and preventive work and to develop activities and contribute to an efficient use of resources; -Extensive ability to observe and assess complex needs of care, habilitation, rehabilitation and terminal care; -Consultation with the individual and family, to draw up a nursing plan, find integrated solutions from different subject areas and evaluate nursing measures; -Extensive communication ability and nursing education skills; -Self-knowledge and empathy, the ability to identify needs for further knowledge and continuously develop one"s competence and the ability to take professional and ethical standpoints; -The capacity for teamwork and cooperation with other professions.	- CURRICULUM 1 Title: Nursing specialization: Public Health Care Institution (full details): Karlstad University Link: https://www.kau.se/en/education/programmes-and-courses/programmes/VASDI - CURRICULUM 2 Title: Public Health – Master's Program Institution (full details): Lund University Link: https://www.lunduniversity.lu.se/lubas/i-uoh-lu-VAPHE - CURRICULUM 3 Title: Master's Programme in Public Health (one year) Institution (full details): Umea University Link: https://www.umu.se/en/education				

	Public Health Care, especially care of the elderly in the community. - An Advanced Nurse Practitioner in Primary Health Care is a registered nurse with special education as a district nurse. - A specialist nurse has extensive nursing and medical knowledge in a specific health care area.	The profession includes promotion of physical, psychological and social health, and the prevention of illnesses and their complications including crisis readiness.	/master/masters-programme-in-public-health-one-year/ - CURRICULUM 4 Title: Postgraduate Programme in specialist Nursing Institution (full details): University of Gothenburg Link: https://sahlgrenska.gu.se/english/education/degree/specialistnursing/?r=ss - CURRICULUM 5 Title: Postgraduate Diploma in Primary Health Care Specialist Nursing Institution (full details): Kristianstad University Sweden Link: https://www.hkr.se/en/program/VADS1/programme-syllabus				
U K	You need to already be a NMC registered adult, child, mental health or learning disability nurse to	The District Nurse role is highly complex and requires skills in negotiating, coaching, teaching and supporting people and their carers, whilst effectively collaborating with other agencies and services involved in enabling people to remain safely in the community.	1) CURRICULUM 1 Title: Specialist Community Public Health Nursing (Health Visiting/School Nursing) BSc Institution: King's College London		1) COURSE 1Title: Promoting Public Health: Skills, Perspectives and Practice, Short Course		

apply for a qualifications. - District nurse training programmes are known as specialist practitioner programmes and are at degree level (level 6 -senior level), post graduate certificate and masters level. No less than one academic year (32 weeks) full time or part-time equivalent. By 2020, all NMC Specialist Community Practitioner Qualification – District Nurse will move towards a postgraduate level (level 7 – advanced level)[5]. According to the Report on District Nurse Education in the UK 2015-16, there are 44 universities in the United Kingdom	- Learning outcomes: providing a wide range of nursing care in home and community based settings, coordinating care, with individuals and their families (acute illness, long term and multiple health challenges and at the end of life), working collaboratively and creatively with colleagues, management of people with multiple pathology and long term conditions whose mobility is impaired, leading and managing a team to deliver care in the home and community	Link: https://icieducation.ie/courses/health-and-fitness/nursing-assistant/ 2) CURRICULUM 2 Title: Public Health (Specialist Community Public Health Nursing) Institution: UWE Bristol; University of the west of England Link: https://courses.uwe.ac.uk/B71213/public-health-specialist-community-public-health-nursing 3) CURRICULUM 3 Title: Specialist Community Public Health Nursing (School Nursing) - MSc Institution: University of Bedfordshire Link: https://www.beds.ac.uk/howtoapply/courses/postgraduate/next-year/specialist-community-public-health-nursing-school-nursing?=coursesearch-pg 4)CURRICULUM 4	Institution: The Open University UK Link: https://www.shortcoursesportal.com/studies/54000/promoting-public-health-skills-perspectives-and-practice.html? 2) COURSE 2 Title: Population and Public Health, Short Course Institution: University College London (UCL) Link: https://www.shortcoursesportal.com/studies/96351/population-and-public-health.html?	

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| (UK) approved by the Nursing and Midwifery Council (NMC) to offer the District Nurse Specialist Practice Qualification (DNSPQ). | | Title: Public Health Practice (SCPHN) (School Nursing) MSc

Institution: University of Surrey

Link: https://www.surrey.ac.uk/postgraduate/public-health-practice-scphn-school-nursing-msc-2018
5)CURRICULUM 5

Title: MSc Advanced Clinical Practice (District Nursing/Children's Community Nursing)

Institution (full details): University of Southampton

Link:https://www.southampton.ac.uk/healthsciences/postgraduate/taught_courses/msc_adv_clin_practice_specialist.page

6) CURRICULUM 6

Title: BSc (Hons) District Nursing (with NMC Specialist Practitioner Qualification) and Community Practitioner Nurse Prescriber (NMC V100)

Institution: De Montfort University Leicester

Link: http://www.dmu.ac.uk/study/courses/undergraduate-courses/district-nursing-bsc- | | | | |

			hons/district-nursing-bsc-hons.aspx				
			7) CURRICULUM 7				
			Title: District Nursing BSc (Hons)				
			Institution: London South Bank University				
			Link: http://www.lsbu.ac.uk/courses/course-finder/primary-care-district-nursing-bsc-hons#course_tab_modules				
			8) CURRICULUM 8				
			Title: Community Specialist Practitioner (District Nursing) PG Dip				
			Institution: Anglia Ruskin University Link: https://www.anglia.ac.uk/study/postgraduate/community-specialist-practitioner-district-nursing				
			9) CURRICULUM 9				
			Title: BSc (Hons)Specialist Community Nursing (District Nursing)				
			Institution (full details): University of Wolverhampton				

| | | | Link: http://courses.wlv.ac.uk/course.asp?code=NH041M31UVD 10) CURRICULUM 10 Title: Primary and Community Care (District Nursing) MSc Institution (full details): University of Surrey Link: https://www.surrey.ac.uk/postgraduate/primary-and-community-care-district-nursing-msc-2018 11) CURRICULUM 11 Title: BSC (HONOURS) Specialist Practice District Nursing Institution: Sheffield Hallam University Link: https://www.shu.ac.uk/courses/nursing-and-midwifery/bsc-honours-specialist-practice-district-nursing/full-time | | | | |