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## **Midwifery and the enlarged European Union**

### Abstract

The freedom of movement of midwives within the European Union has been guaranteed by the application of midwives' sectoral directives signed in 1980 and applied in 1983. Since then the size of the European Union has grown from 9 to 15 members and is due for a next wave of enlargement of another ten member states in 2004. The rules and regulations that govern the European Union are being revisited to accommodate this change. Midwifery will be affected and some changes are potentially worrying, in particular the proposed loss of the Advisory Committee on the Training of Midwives. Six other professions who are regulated in a very similar way are also to lose their own advisory committees. The European Commission has proposed the adoption of a single directive for all professions, together with the setting up of an expert group whose function would be to deal principally with health professions. However neither its remit nor its membership has been determined. Whereas previous movement of midwives between Europe has been minimal, it is anticipated that this may well change with the next enlargement stage. Without clear directives and some form of controlling power at European level, public health may be threatened. This paper details the developments to date and the concerns that have emerged from the recent proposals.

The European Union<sup>1</sup> (EU) is primarily a political and economic institution whose main aim is to achieve peace in Europe. The concept of “the United States of Europe” was first conceived of by Winston Churchill after the Second World War. The Treaty of Rome sealed the common future of the six initial member states. A number of other treaties followed enabling major changes, including the gradual expansion of the then Common Market. This paper will not address general political and economic aspects, but will deal with the situation as it might more directly affect midwives, now the Nice treaty which prepared the EU for enlargement has been adopted by all Member States, and will be implemented in 2004.

Midwives who are citizens of the EU and have trained in the EU have benefited from special sectoral directives since 1983. The EU was originally made up of only six members, but through the years, has been increased so that there are presently 15 member states. The present procedure of enlargement means that a further 12 member states will join the EU in 2004, and further applicant countries are in pre-negotiation with the European Commission.

This paper aims to provide an up to date information on the changes that are likely to affect midwifery and midwives in the coming years, either because of the enlargement of the EU or because of changes which will affect higher education throughout Europe.

Before examining the proposed changes at European level, it is useful to identify the tools that midwives can rely on to support their practice. The most important document is the definition of the midwife adopted by the International Confederation of Midwives (ICM), and ratified by the World Health Organization and the International Federation of Obstetricians and Gynaecologists (FIGO) - see <http://www.internationalmidwives.org/Statements/Definition%20of%20the%20Midwife.htm>.

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<sup>1</sup> The term EU will be used whatever the correct historical terminology to identify the Common Market, the European Economic Community or the European Union.

### EU Midwives Directives

The main purpose of the EU is the free movement of people, goods and services. Freedom of movement for regulated professions must also be associated with the ability to register in other EU members states and practise. However host members will wish to ensure that the level of education and practice of migrants at least reaches their standard. This was well understood by the European Midwives Liaison Committee, now the Association of European Midwives. This Committee worked for several years to propose texts which were eventually adopted as the European Directives on the training and the practice of midwives. The text of these Directives (EEC/80/154 and EEC/80/155), adopted in 1980 and effective in 1983, can be found at

[http://europa.eu.int/smartapi/cgi/sga\\_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31980L0154&model=guichett](http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31980L0154&model=guichett) and

[http://europa.eu.int/smartapi/cgi/sga\\_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31980L0155&model=guichett](http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31980L0155&model=guichett). The main aspects of these documents are included in the Midwives' Rules and Code of Practice.

Article 7 of the Directive EEC/80/155 envisages cases where midwives might be prevented from undertaking the activities identified in the Directive "Where a Member State encounters major difficulties in certain fields when applying this Directive, the Commission shall examine these difficulties in conjunction with that State and shall request the opinion of the Committee of Senior Officials on Public Health." This Article can of course also be used by midwives from any EU member state who are prevented from practising because of national or local policies on maternity services. Indeed the Commission has set up a system of problem solving. The relevant information is available on

[http://europa.eu.int/comm/internal\\_market/solvit/index\\_en.htm](http://europa.eu.int/comm/internal_market/solvit/index_en.htm).

### Sectoral directives and the EU enlargement

A third directive (EEC/80/156) set up the Advisory Committee on the Training of Midwives (ACTM) whose responsibility it was to ensure a uniform high standard of training for midwives (see

[http://europa.eu.int/smartapi/cgi/sga\\_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31980D0156&model=guichett](http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31980D0156&model=guichett)). The ACTM, made up of one member and a suppleant

representing the statutory authorities, education and practice, was meant to meet at the European Commission twice a year. Simultaneous translation was to be available in each of the official EU languages and all documents were also to be translated.

At the time of the application of the Directives, there were nine EU member states, with six official languages. There are now 15 member states, with 12 languages. In March 1998, negotiations began with Hungary, Poland, Estonia, the Czech Republic, Slovenia and Cyprus; and in October 1999, with Rumania, Slovakia, Latvia, Lithuania, Bulgaria and Malta. Turkey has also expressed its desire to become member of the EU, but discussions are only at the stage of pre-negotiation at present. The timing of the discussions with the ten of the applicant countries (Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia) anticipate full membership in 2004.

Decision making has usually meant unanimous rather than qualified majority vote. This becomes a near impossibility when the membership increases considerably. The maintenance of the principle of unanimous voting would potentially also lead to an absence of decision since the veto of a single member state would suffice for no decision to be taken, thereby leading to the paralysis of the decision making process and any development or increased standard of either education or practice. Furthermore, the European Commission finds the administrative cost of the advisory committees to be prohibitive (Internal Market DG 2001). Important changes are therefore required in the EU legislation.

The sectoral directives do not only target midwives, but also the six professions already mentioned. There is another General System of recognition of professional qualifications which was introduced in 1991. The main difference between the sectoral directives and the General System is that recognition of professional qualifications is not automatic but decided on a case by case scenario. A large number of professions is interested by the practice of automatic recognition et the European Commission has therefore examined the possibility of an alternative half-way system which would favour automatic recognition, but without the undue weight of the advisory committees. This has led to the project of Simplification of the Legislation on the Internal Market, otherwise known as the SLIM project and report.

The original text can be found at

[http://europa.eu.int/comm/internal\\_market/en/update/slim/sec575\\_en.pdf](http://europa.eu.int/comm/internal_market/en/update/slim/sec575_en.pdf). Further information is available at [http://europa.eu.int/comm/internal\\_market/en/update/slim/1](http://europa.eu.int/comm/internal_market/en/update/slim/1).

The SLIM negotiations have led to the proposition of a General Directive on the recognition of professional qualifications (see <http://europa.eu.int/comm/education/socrates/naric/prof2.htm>). The General Directive includes some of the main aspects of the sectoral directives on the training and the activities of the midwife in its Appendix 5, but this of course excludes any mention of an advisory committee.

A number of suggestions are made in the proposition for the new General Directive. One of the most controversial one for the professions regulated by the sectoral directives is the suggestion that citizens of the EU might be able to practise without registration for a maximum of 16 weeks per year. The responses of the various professions to this proposal have been similar; an example, that of the General Medical Council, can be found on <http://www.gmc-uk.org/council/2002-09/7-%20EC%20draft%20directive.doc>.

The absence of Advisory Committees meetings is of concern because there is no potential official voice for the seven professions at European Commission level. However all the professions, except midwifery, have offices in Brussels and are able to lobby quite effectively. Midwives are the smallest group and funding for such a post and office is problematic.

#### EU, education and training

One of the conditions necessary for the free movement of people, goods and services has been the adoption of common criteria for training and education. That has been the case for the seven professions regulated by their own sectoral directives. However the academic level - certificate, diploma or degree - has not been prescribed. The situation of midwives is similar to many others, and criteria for training and education vary between member states.

Harmonisation of qualifications is therefore desirable. In May 1998, ministers of education from France, Germany, Italy and the United Kingdom met at the Sorbonne university in Paris and signed a joint declaration on the harmonisation of the architecture of the European higher education system

(<http://www.murst.it/progprop/autonomi/sorbona/sorbgb.htm>). This declaration was ratified by many other European countries since 1998. The process started at the Sorbonne was very important and has been followed by the Bologna Declaration

(<http://www.sup.adc.education.fr/europedu/gb/index.html>) signed by the representatives of 29 European countries, committed to:

"Adoption of a system of easily readable and comparable degrees, also through the implementation of the Diploma Supplement, in order to European citizens' employability and the international competitiveness of the European higher education system.

Adoption of a system essentially based on two main cycles, undergraduate and postgraduate. Access to the second cycle shall require successful completion of first cycle studies, lasting a minimum of three years. The degree awarded after the first cycle shall also be relevant to the European labour market as an appropriate level of qualification. The second cycle should lead to the master and/or doctorat degree as in many European countries.

Establishment of a system of credits - such as the ECTS system - as a proper means of promoting the most widespread student mobility. Credits could also be acquired in non-higher education contexts, including lifelong learning, provided they are recognised by receiving Universities concerned.

Promotion of mobility by overcoming obstacles to the effective exercise of free movement with particular attention to:

- for students, access to study and training opportunities and to related services.
- for teachers, researchers and administrative staff, recognition and valorisation of periods spent in a European context researching, teaching and training, without prejudicing their statutory rights.

Promotion of European co-operation in quality assurance with a view to develop comparable criteria and methodologies.

Promotion of necessary European dimensions in higher education, particularly with regards to curricular development, inter-institutional co-operation, mobility schemes and integrated programmes of study, training and research."

The principles defined by the Bologna Declaration will affect all educational programmes offered by institutions of higher education and universities, including midwifery.

The Tuning project on the harmonisation of the European educational structures has been undertaken by the University of Groningen (The Netherlands) and the University of Deusto (Spain). Seventy universities, about fifteen each for five non regulated occupations, have worked to identify points of similarity and divergence. Information

can be found on <http://www.relint.deusto.es/TUNINGProject/index.htm>, but their initial conclusions and recommendations are:

#### INITIAL CONCLUSIONS

- Universities have taken their full responsibility in the Bologna process by initiating the Tuning project.
- Tuning shows that groups of academic experts working in a European context can establish reference points for the two cycles in their subject areas.
- Common reference points can be identified using an approach based on subject related and generic competences.
- The application of Tuning techniques can be vital for the creation of the European higher education area.
- A process of adjusting to Bologna indications is under way: Tuning gives a co-ordinated context for collaboration.

#### INITIAL RECOMMENDATIONS

- European higher education institutions should agree on a common terminology and develop a set of methodologies for convergence at the disciplinary and interdisciplinary level.
- Competences (both subject-related and generic) should be central when designing educational programmes.
- A framework based on a common understanding of the European credit system should be adopted.
- A common approach to the length of studies within the Bologna two-cycle system is essential.
- The results of Tuning should be discussed broadly and if possible elaborated and extended by all stakeholders

There is no doubt at present, even if the message is not yet loud, that the face of university education will change in the next few years. It will be “europeanised”, for lack of a better term.

#### The Association of European Midwives (EMA)

Previously known as the European Midwives Liaison, EMA is made up of professional organisations of midwives from each EU member state, from member states of the European Free Trade Association (EFTA) and from EU applicant countries. Midwives representing the EFTA and the applicant countries have the status of observers, with only midwives from the EU member states have a voting right, with one vote per member state, irrespective of the number of associations representing the individual member states.

EMA has adopted the following principles:

- We recognise the importance of smooth and transparent legislation and mechanisms the mutual recognition of health profession diplomas within the EU. We will therefore work to influence these legal mechanisms at both national and international levels to ensure and keep the minimum standard of training and practice stated in the former Midwives Directives.

- The Commission plans to create a new Health Forum to represent the interests of health professionals, stakeholders, consumers organisations, and other interested parties. From this group a smaller Health Policy Forum has been formed. This Forum can put matters forward to the Commission and the Commission will consult the Forum on matters related to health professionals. The EMA will seek to be a member of this Forum.
- In a few years new countries will join the EU and it is essential that midwives from these countries have the same educational opportunities as their present EU colleagues, and are to adopt similar standards of practice as those already in application within the EU.
- There is evidence of differences in the development of midwifery skills within the EU and applying countries and it is essential that work continues to remove these differences and to guarantee the optimum midwifery care for women throughout the EU and EFTA states.

EMA has a privileged position. It is an important organisation of European midwives, able to influence the health policy linked to maternity services and to undertake research on the role of the midwife so as to establish a scientific basis for the development of evidence based midwifery practice in Europe. Although EMA does not have an office in Brussels, it does participate in the work of EU Health Forum and the Health Professions Forum. This means that the voice of midwives is represented at EU level and that midwives can exercise an influence on the decision making process of policies which may affect maternal and child health as well as midwifery practice.

It is vital that EMA should be representative of all midwives. This is not presently the case for all EU member states. Limited representation cannot be beneficial to midwives whose voice is not heard, nor does it offer credibility to the European institutions. It is therefore important that midwifery organisations or associations which are keen to take part in the work of EMA should consider the possibility of membership. For further information, these associations can contact EMA Secretary, Postbus 18, NL 3720 AA Bilthoven, Tel (31) 30-2294299, Fax (31) 30-2294162, e-mail [info@knov.nl](mailto:info@knov.nl).

The trans-border migration of midwives has not yet been an important issue; the greatest amount of movement over the years taking place between the UK and Ireland. However with the EU enlargement, it is likely that there will be greater migration of midwives from Eastern European member states, either because of more attractive economic alternatives or because of the large number of vacancies to be filled in Western Europe, making migration to the West an attractive proposition for

all parties. The twelve countries presently negotiating their membership will benefit from freedom of movement, and therefore immediate registration for midwives, without a period of adaptation as had been the case at the previous EU enlargement stages. This presents both advantages and potential difficulties. The applicants member states are addressing a very large series of issue to ensure that the present standards of the economic life available in the EU are maintained following enlargement. However the actual, if not legal, demise of the ACTM makes the systematic audit of education and practice in the applicant countries virtually impossible. The European Commission has asked a number of midwives it has selected to investigate, report and make recommendations on the education of midwives in the applicant countries. However it is difficult to identify the criteria used for the selection of these midwives or the level of preparation they will have had for this role. This must therefore raise some questions and some concerns regarding the preparation and the practice of midwives in the applicant countries.

EMA will have to play an important role in identifying, investigating and proposing solutions to problems which might threaten public health, but also the interests of migrating midwives.

### Conclusions

Midwifery in the EU has a multi-national dimension. This dimension provides a guarantee of quality for the pregnant woman and her family, and for midwives whose role is threatened by some local policies and practices.

The enlargement of the EU will lead to changes in the legislation on the education and the practice of midwives, even if the principles of the present sectoral directives remain. It is impossible to predict the degree of movement that will occur following enlargement, but it is likely to be more important than previously. Automatic registration without a period of adaptation may present problems that the statutory bodies and the profession will have to address.

On the educational front, midwives will have to address the Bologna declaration principles. Italy has already adapted their educational programmes to fit in with the Bologna principles. The educational challenge will be met if mutual understanding

and a common will to confront potential problems are readily available. There is no doubt that the Bologna declaration will have to be translated into practice in all the countries who have adopted it, and this includes all EU members states. The Tuning project has already demonstrated the benefits of mutual collaboration and understanding.

### Reference

Internal Market DG (2001). European Commission Staff Working Paper on The Future Regime for Professional Recognition. Brussels.