



NVAO • FLANDERS

Overview Report
**QUALITY THROUGH
RESILIENCE & INNOVATION**

THESE ARE THE FLEMISH BACHELOR
PROGRAMMES IN NURSING

SEPTEMBER 2023
BEYLS L.

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1. Foreword

NVAO has confidence in the quality of the Bachelor's degree programmes in Nursing. This is evident from the overview report published in Dutch by NVAO in February 2023 on the assessments of these programmes. However, this was not the case in 2015, when NVAO issued negative accreditation decisions for all these nursing programmes. What followed was a thorough reform of the curriculum and an extension of the curriculum from 180 to 240 ECTS credits. In this English version of its overview report NVAO sketches a general picture of the substantive findings of the assessment panels. The report concludes with NVAO's insights and policy recommendations.

In 2015, all fourteen bachelor's degree programmes in nursing received a negative accreditation decision. NVAO took these decisions because the programmes did not comply with Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. This European Union directive determines, among other things, the minimum training requirements for a graduate to be recognized as a general nurse anywhere in Europe. That is why nursing programmes should be widely applicable and should include at least 2,300 hours of clinical education (internship). As a result of NVAO's negative accreditation decisions, the government decided to extend the Bachelor's programmes in Nursing from 180 credits (nominal three academic years) to 240 credits (nominal four academic years). This would give these programmes the necessary generic character and 2,300 hours of clinical education. In September 2016, the new Bachelor's programmes in Nursing started. The external assessments of these programmes took place in the academic year 2021-2022. By the end of the year 2022 all fourteen bachelor's degree programmes in nursing received a positive accreditation decision.

2. Reporting of findings and considerations

The assessment of the achieved quality of the nursing programmes and the application of the EU directive by the programmes led to the identification of strengths and points for attention by the panels. In this section we provide a (non-exhaustive) overview of some global findings and considerations of these panels.

2.1 Education profiles

In general, the panels' view is that the programme profiles and programmes are thoroughly substantiated. When formulating the programme-specific learning outcomes, the study programmes were inspired by or completely aligned with the *CanMeds model*. Other models for supporting the programmes include the model of *skilled & critical companionship* (a care ethics model), the *ICOM model* (a model for international and intercultural competences) and the *Bachelor of Nursing 2020 profile*. The panels note that the programme-specific learning outcomes, or in the case that the domain-specific learning outcomes framework was adopted, the behavioural indicators and/or learning objectives, are formulated at level 6 of the European Qualifications Framework (EQF) and are in line with the eight EU competences. In translating the domain-specific learning outcomes framework into programme-specific learning outcomes, the current requirements of the international discipline and the professional field were taken into account, according to the panels.

2.2 Curriculum & curriculum innovation

The reports clearly show the use of renewed didactic concepts in nursing courses. They use a diversity of teaching methods and resources. The programmes appear to be a breeding ground for innovations with the use of high-tech skills labs including immersive rooms, high fidelity patient simulators, and so on. Clinical reasoning is taught through scenario training in all areas of nursing care. There is a focus on integrative and authentic learning from simple to complex contexts within healthcare. This is also reflected in the application of an apprenticeship (dedicated units) as an internship concept. The panels explicitly emphasise these strengths in their reports.

The implementation of blended learning or hybrid learning has different speeds. The panels advise the study programmes to pursue an active policy in this respect and encourage linking a vision on blended learning to the educational vision of the study programme.

In the programmes, it is clear that they work on research skills, a critical attitude, entrepreneurship and creativity at level 6 of the Flemish qualification structure. Some panels further encourage this and indicate that some programmes can go one step further with the valorisation of research results for the benefit of the professional field.

Some reports show that interprofessional collaboration is well embedded in the curriculum. For some other courses, the panels recommend further elaboration of this and also recommend strengthening ties with other courses, both within and outside the healthcare sector, in order to strengthen the authenticity of the programmes.

A few panels emphasise that permanent attention must be paid to the feasibility of shortened trajectories and urge the investigation of the possibilities of tackling this and the implementation of changes.

2.3 Learning climate & students

In general, the panels note that there is a strong feedback culture in the programmes. Personal and professional development is followed up by training courses in (digital) portfolios. These portfolios are also being used in the field for monitoring competence growth in clinical education.

The programmes offer scope for individual profiling through a range of broadening and in-depth elective courses, through the 'contract internship'¹ and through the Bachelor's thesis. Some panels encourage continued attention to be given to students being able to define their own preferences. In addition, panels indicate that it is important to properly monitor and where necessary adjust the workload and feasibility of the programme, particularly in its fourth phase.

2.4 Evaluation

The panels appreciate the high quality of the assessment in the Bachelor's programmes. They generally refer to substantiated, transparent, valid and reliable assessment at level 6 of the Flemish Qualification Structure. The reports show that different evaluation forms are used for coherent assessment as a whole. Even more focus on integrative assessment in line with authentic learning is being encouraged in some programmes. Bachelor's theses and the concluding 'contract internship' or a concluding course in clinical reasoning are usually the components in the programmes where the final level is assessed.

2.5 Training teams & field of work

In their reports, the panels refer to expert training teams who are committed to educating their students with great passion and enthusiasm. Some panels note that the workload for lecturers is high, and therefore recommend remediating the workload and leaving sufficient room for innovation and professionalisation.

There is great cooperation with (and involvement of) the professional field. The cooperation is situated both in shaping and keeping the curriculum up to date and in intensive cooperation in the realisation of clinical education. The programmes can also count on the professional field for the Bachelor's thesis and practice-oriented research. A single panel encourages continued coordination with the professional field, particularly with regard to electives and further training.

The panels note that there is great satisfaction in the field with the final level achieved and the generic employability of the recent graduates. The professional field refers to the students as strong in clinical reasoning and appreciates their investigative attitude. The recent graduates are immediately employable in various healthcare contexts. The professional field involved sees the extension of the curriculum to 240 credits as an added value. However, direct employability in specialised domains appears to be less likely.

The panels recommend that the study programmes work together with professional field partners to focus even more on creating a positive image of nursing practice and to offer sufficient internships in various healthcare contexts. The idea that complex nursing practice mainly takes place in the hospital setting should be broadened to include care for the elderly, mental health care and primary care, where complex care also takes place. According to the panels, working on this idea is situated at the level of

¹ As defined by the Flemish Government in draft memorandum dated 19 April 2016.

intake profiling, but also during the programme at the level of facilitating choices for, among other things, the 'contract internships' and a greater orientation to more diverse domains of care after graduation.

2.6 EU Directive 2005/36/EC

All courses have been converted into generic courses of 240 credits with 2,300 hours of clinical education in the seven domains of nursing and the eight EU competences. The study programmes have seized the opportunity to extend the curriculum of their programmes to 240 credits in order to implement all the changes necessary for the EU directive. The panels note that the programmes are making a great deal of effort to realise the mother-child domain, as described in the EU directive, through clinical education. The panels appreciate these efforts and recommend a continuous search for innovative working methods to achieve in-depth competence acquisition in the mother-child domain.

The reports, whether or not supplemented with additional information requested by NVAO, showed that the bridging programmes², all things considered, sufficiently comply with the EU directive. There are various methods in the bridging programmes to acquire competences in the seven care domains at level 6 of the Flemish Qualification Structure within theoretical education. Within the clinical education trajectory, initiatives are taken for the working students in the bridging programmes to achieve depth in the seven care domains. We see good practices described in a number of study programmes in which attention is paid to remediation through clinical education, and to working students going through the seven care domains in the bridging programme. For example, in certain programmes a balance is drawn up at the start, whereby shortcomings in the field of clinical education are compensated for by a tailor-made internship programme. A number of Bachelor's degree programmes start from the assumption that the higher vocational education (HVE) in nursing degree programmes are EU compliant and draw up the bridging programme on this premise. This translates, among other things, into the fact that working students only follow internships at their own workplace and that shortages are mainly remedied through transfer skills and theoretical education. However, it is still strongly recommended to rotate working students across the domains through clinical education, in order to acquire sufficient depth in the various care domains, as cited by various panels. Following NVAO's additional investigation, which included discussions with the panel members, NVAO formulated an explicit recommendation³ for the bridging programmes in line with this. In one particular study programme, the committee goes a step further and recommends that the study programme build in a buffer by optionally offering a theoretical refresher course for students who enrol via the bridging programme.

² Bridging route: shortened Bachelor of Nursing programme of 150 credits for students who have already completed a nursing programme at the higher vocational education level and who hold a higher vocational qualification.

³ NVAO recommends that the bridging programmes concerned (7) develop a consistent model for clinical education for work-study students in the bridging route that, in line with EU Directive 2005/36/EC and in accordance with the 240-credit programme, works towards in-depth competency acquisition at level 6 in all domains of care in nursing practice, and that also allows for the identification and remediation of shortfalls at the clinical entry level.

3. Insights from NVAO

3.1 Resilience of programmes

NVAO appreciates the resilience that the nursing bachelor's programmes have shown. The programmes have visibly taken advantage of the extension of the curriculum to 240 ECTS credits to develop a high-quality and innovative curriculum. The efforts made are particularly commendable. Programmes were developed in co-creation with the stakeholders and are very well substantiated in terms of professional content and education. The good practices and recommendations formulated by the panels will facilitate the programmes in further developing and adjusting the programmes.

On 11 September 2015, the Flemish government approved the Green Paper 'Professional Bachelor of Nursing'. The draft memorandum stipulated that a generic Bachelor's degree programme of 240 credits, with the introduction of a contract internship and the phasing out of further education, was a solution for the non-EU compliant Bachelor's degree programmes in Nursing. The assessment of these programmes in 2022 now demonstrates that the extension of curriculum to 240 credits with the creation of a generic Bachelor's programme has been successfully completed. Despite the great time pressure, the programmes succeeded in their assignment. The seven care domains declined in both theoretical and clinical education. Programmes realising the predetermined eight EU competences and 2,300 hours of clinical education were implemented. In the fourth year of the programme, 800 hours of clinical education, the so-called contract internship, has been realised. However, the reports do not reflect the status of the realisation of paid contract internships. Until the government makes a structural arrangement for the paid contract internship, this will remain a point of attention for the viability of the bachelor's degree programmes in nursing. Removing the uncertainty and taking a clear position on the paid contract internship and its financing by the governments involved, is desirable and should be further discussed and followed up with institutions, students and the professional field.

The advanced bachelor's programmes will be phased out completely in the 2022-2023 academic year. In the new generic Bachelor's programme there are limited opportunities to broaden and deepen in a particular domain, which partly meets the needs of the current field. The panels note that there is a flow from the generic Bachelor's degree programmes to further education and further training. The universities of applied sciences have phased out advanced bachelor's degree programmes and, where possible, merged them into the generic nursing programme. Flexible training initiatives were developed, adapted to the needs of the professional field and, where necessary, to the regulations for the regulated pathways in the context of obtaining special professional titles. After the basic training, nurses can specialise further, which remains important for the career opportunities of the nurses and the attractiveness of the profession.

The draft memorandum 'Professional Bachelor of Nursing' shows that the Flemish government would consult with the federal minister of health about a possible adjustment of the regulations regarding special professional titles. Currently, the royal decree of 27 September 2006 containing the list of special professional titles and special professional skills for nursing practitioners is still in force. For example, the recognition criteria for six special professional titles require educational paths of 60 credits. In addition, the Coordinated Law on Hospitals and Other Care Facilities requires for certain specialized services and care programmes that a number of nurses on staff have a special professional title or qualification.

There is an evolution towards integrated profiles of specialised nurses and a move away from the many special professional titles and special professional skills. In 2017, the Federal Council for Nursing (FCN) developed a professional and competence profile for the specialised nurse. In 2019, the FCN issued an

advice on the training of specialised nurses. The advice of the FCN describes, among other things, the conditions for applying for the title of specialised nurse. An applicant must have completed a course of 20 credits and have two years of relevant work experience. Once at work, there is an additional 60 hours of training every four years. The modularly organised further training initiatives of the universities of applied sciences, in the form of postgraduates (since the introduction of bachelor after bachelor programmes), have been geared to this.

However, if a student currently wants to acquire a special professional title in paediatrics & neonatology, for example, current federal regulations still require a study programme of at least 60 credits. This means that in that case a student must include additional modules and 30 credits of clinical education in postgraduate studies.

The disappearance of advanced bachelor's degree programmes and the continued existence of federal regulations for the recognition of professional titles and standards in the field of work are creating (financial) pressure on students, graduates and the field of work. A nursing student currently has to follow a particularly expensive and therefore financially inaccessible trajectory in order to be able to specialise. The non-structural financing of the contract internship, announced by the Flemish government at the time of the conversion, also plays an important role.

In order to attract sufficient specialised profiles to healthcare, removing this additional financial barrier for students and the professional field is a necessary task for the Federal and Flemish governments. Transparency and further consultation between the various authorities, institutions, students, and the professional field are essential in this respect.

3.2 Assessment reports

Since the assessment was organised according to the old quality assurance system⁴, NVAO based its decision-making on the published external assessment carried out by a panel organised by VLUHR-KZ. These reports should therefore provide insight into the assessment of the quality based on the generic quality assurances and the assessment of the compliance of the programme with the EU directive. NVAO established that this was done in an integrated way and based on different approaches. The insights acquired by the panel about compliance with the EU directive were fragmented and included in the generic findings and substantiations.

The traceability of the judgment with regard to the generic quality was clear. However, this was not the case for the traceability of the judgment with regard to the conformity with the EU directive in all its parts. This led to NVAO requesting additional information from VLUHR-KZ, the panels and the institutions, and to additional research by NVAO. These assessments were the last assessments in which NVAO depended on these types of assessments for its independent decision-making. Experience has taught us that close cooperation is always necessary for good assessments and decision-making.

⁴ Due to the extension of the validity of the accreditation period of the programmes involved, the assessment framework for programme accreditation 2015-2021 (dated 20 March 2015) remained applicable.

3.3 Update domain-specific learning outcomes framework

The domain-specific learning outcomes framework for the Bachelor of Nursing was validated on 10 July 2017. Programmes started working with it and formulated programme-specific learning outcomes or adopted the domain-specific learning outcomes framework and specified their profiling in learning objectives and behavioural indicators. The current programme-specific learning results and objectives imply a profiling of the programme, as well as alignment with the eight EU competences. In a rapidly evolving healthcare environment, with the nursing profession also evolving, it is important to continuously cast a critical eye on the domain-specific learning outcomes framework. NVAO advises the programmes to take the necessary actions to jointly keep the domain-specific learning outcomes framework up-to-date and at the same time to include all EU competences at all times.

3.4 Bridging programmes

The Codex Higher Education refers to 'tracks' as part of a programme and not to 'variants' as a separate programme. The current regulations no longer recognize the concept of 'variants'. In other words, the bridging programme is an integral part of the Bachelor's programme in Nursing. It is not a separate programme. An accreditation decision therefore applies to all pathways within the assessed degree programme. This means that the quality of the education in all its trajectories must be up to standard and that nursing education in all its pathways must be in accordance with the EU directive in order to receive a positive accreditation decision. The bridging programme also leads, as a shortened pathway following an HVE nursing course, to a bachelor's degree in nursing with the European professional title Nurse Responsible for General Care.

The Flemish Government has provided, through the Decree of 27 February 2015 as last amended by the Decree of the Flemish Government of 1 September 2019 (BS08/04/2015), that the HVE nursing course is regarded as EU compliant. To date, however, there has been no recent external quality assurance which has taken account of its compliance with European regulations on higher vocational education nursing programmes, at least not in the entirety of the EU directive. In other words, no conclusive judgment can be made regarding compliance with all parts of the EU directive by HVE nursing programmes. In addition, the macro report of the Education Inspectorate shows that one in two HVE nursing programmes have shortcomings in terms of achieving level 5 (EQF), that in more than half of the programmes the final assessment is not or only partly at level 5 (EQF), that a number of programmes do not comply with the already limited application of the EU directive and that many programmes still have challenges in terms of internal quality assurance. Also, there is currently no validated domain-specific learning outcomes framework for the HVE nursing course. This is, however, a statutory obligation. There is, therefore, currently no validated framework of reference for designing a high-quality HVE programme. NVAO subsequently found that the bachelor's degree programmes in nursing assume EU compliance of the HVE nursing programmes when designing a bridging pathway, which raised questions. As long as there is no clear professional profile for higher vocational qualification (EQF 5) nursing with a clear positioning, and as long as there is no corresponding validated domain-specific learning outcomes framework, the bachelor's degree programmes in nursing should exercise caution with regard to the assumed competences and knowledge acquired through the intake from the HVE nursing courses. They must be able to detect and remedy deficiencies in the clinical entry level, as the person ultimately responsible for the competence acquisition at level 6, in all care domains in nursing practice, and in accordance with the EU directive.

However, it is up to the governments involved to create sufficient clarity about the positioning of the HVE programmes, both within the framework of a clear professional profile and within higher education. NVAO therefore agrees with the preparatory work of the federal government to arrive at a clear professional profile for HVE nursing⁵. The evolutions in Europe also indicate that only programmes at level 6 are considered compatible with the EU directive. Following a clear professional profile, NVAO asks the Flemish government to give the HVE nursing programmes a distinct higher education profile. For international recognition it is important that these graduates also have completed a higher education programme in accordance with all European quality assurance expectations. For the HVE nursing course, this means: holding a professional qualification, domain-specific learning outcomes, programme-specific learning outcomes, ECTS and so on. This also means that the programmes must comply with the European Standards and Guidelines for Quality Assurance in the European Higher Education Area⁶, to guarantee the quality of the programme in an internationally acceptable manner. In addition to international recognition, a higher education profile also allows for a better focus on the quality of flexible pathways, including bridging pathways and other pathways in the context of lifelong learning, for example in acquiring micro-credentials.

3.5 Innovations and EU directive

The European Commission has no (higher) education competence, but it does have competence with regard to the labour market and the free movement of services. The EU Directive 2005/36/EC came about as a result of the then renewed rules on the freedom to provide services within the European Union. It modifies only to a very limited extent the previous, strict rules on the organisation of training for seven professional titles recognised by Europe and does not take bachelor's/master's degrees into account. The seven recognised professional titles are Doctor (basic, general practitioner and specialist), Nurse Responsible for General Care, Dentist, Veterinarian, Obstetrician, Pharmacist and Architect. Provided that their programmes comply with the directive, these seven professions are automatically recognised at European level and graduates of these programmes can therefore establish themselves freely within the European Union.

The EU directive sets requirements regarding the form and content of the training courses leading to the professional title of Nurse Responsible for General Care. It implies the definition of a bar that all these nursing courses of the member states of the European Union must pass. The EU directive defines minimum requirements with regard to knowledge, skills and content for training as a nurse responsible for general care. However, if the EU Directive prevents the delivery of the best possible EU-approved nurse in certain member states, by not taking scientific and technological progress into account, then a revision or a national buffer is needed.

The EU directive should stimulate and facilitate innovations in a curriculum rather than inhibiting them. For example, we see that the Flemish bachelor's programmes use high fidelity patient simulators, and augmented and virtual reality to support clinical education and to simulate real care situations. Innovative teaching methods are increasingly being used to train clinical reasoning in authentic, integrated learning environments. Based on the assessments, NVAO concludes that assessment panels consider the highly developed high-tech and 'high fidelity' simulation labs as a possible solution for the high-quality realisation of the mother-child domain in clinical education. However, the EU directive does

⁵ When this overview report was published in February, the Federal Government was still engaged in this preparatory work; on 22 June 2023, the Federal Government agreed on the new legislation (Bill to amend the Act on Practising Health Care Professions, coordinated on 10 May 2015, in order to clarify the current title of Nurse in Directive 2005/36/EC and to include the professions of Basic Nurse and Clinical Nursing Researcher).

⁶ ENQA ESG, <https://www.enqa.eu/esg-standards-and-guidelines-for-quality-assurance-in-the-european-higher-education-area/>

not allow this at the moment. However, the implementation of the mother-child domain in clinical practice leads to numerous challenges. For example, there are only a limited number of internships available and the nursing courses will also compete with the field of midwifery. This puts pressure on the organisation of clinical education and the quality of the internships. The valorisation of innovative education and technological evolutions for clinical education is therefore urgent. The EU directive should make room for innovation in nursing programmes, although there seems to be no urgency for this. A 2020 study⁷ commissioned by the European Commission examined developments in nursing education. Innovative education appears to be included in nursing courses in a significant part of the European Union. However, it also appears that this does not concern the majority of countries. Therefore, the study did not propose to include this in a revision of the guideline. However, the study does highlight the importance of this evolution and recommends continued monitoring. Nevertheless, we see that this form of innovation is gaining momentum. In this way, the EU directive threatens to become a serious obstacle to the necessary educational development of nursing programmes in Flanders and Europe.

Federal regulations could already take a first step here. An EU directive must be transposed into national law, after which the European Union will be informed. As described earlier, the EU directive sets a target that all EU countries must achieve. However, EU countries are free to legislate to achieve that goal in their own way. In other words, the federal government can adapt the definition of clinical education to include current, evidence-based innovations in higher education. The Flemish government also encourages such innovations. However, federal legislation is currently a literal copy of the EU directive. NVAO therefore recommends that the federal government makes room in federal legislation for existing educational innovation in nursing programmes.

At the same time, NVAO wants to encourage the universities of applied sciences to continue to conduct practice-oriented (educational) research into the effects of simulation education and its transferability to clinical education, as well as to reinforce each other in this.

3.6 Follow-up in own conduct

In the Flemish quality assurance system⁸, the universities and universities of applied sciences are responsible for confirming the quality of these programmes after NVAO has initially accredited and then re-accredited a programme. To this end, they have developed their own conduct for monitoring and confirming a programme's quality. Through the institutional review, NVAO assesses whether the institution fulfils this responsibility.

Until now, nursing programmes were still covered by the previous quality assurance system (2015-2021). With NVAO's positive accreditation decisions, these programmes not only join the current quality assurance system (2019-2025), but the universities of applied sciences involved also become responsible for confirming the quality of these programmes. This means that the board of the institution has to demonstrate the quality of its programme and involve internal and external stakeholders and external peers and experts at the programme level. In addition, the university of applied sciences must demonstrate through its own conduct that the programme complies with the relevant regulations for access to certain positions or professions. For these programmes, this means complying with the EU directive on the recognition of professional qualifications. The results and outcomes of its own conduct

⁷ Spark Legal Network (2020). *Mapping and assessment of developments for one of the sectoral professions under directive 2005/36/EC – nurse responsible for general care* (No 711/PP/GRO/IMA/ 18/1131/11026).

⁸ The Quality Assurance System – Flanders 2019-2025

should enable the board of the institution to make a statement for each programme about the quality of this programme as well as about the application of the EU directive. Information on the quality of the programmes and compliance with the EU directive should be publicly available. Only in this way will the universities of applied sciences continue to be publicly accountable for their nursing programme.

Finally, the Board of NVAO wishes to express its appreciation for the professional Bachelor's degree programmes in Nursing. The programmes have visibly taken advantage of the extension of the curriculum to 240 credits to develop a high-quality and innovative curriculum. The efforts of everyone involved in higher education are an expression of their resilience. All fourteen programmes received a positive accreditation decision with regard to the quality of the programme and the application of the EU directive. Seven programmes received an additional NVAO's recommendation concerning the bridging programmes.



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