

A case study between Hungarian and British institutions which highlights quality issues related to Recognition of Qualifications

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Abstract

This paper considers a co-operation between a UK University and a Hungarian national public institution. The partnership developed a study programme for nurses to study for a first cycle qualification and receive a UK degree. For many Hungarian qualified nurses it was not possible to study in this way in Hungary, or when possible it was for a greater length of time at higher cost than it would be in the UK. The paper considers European tools, directives and frameworks for mutual recognition of qualifications. It concludes that the separation of professional and academic qualifications create political divisions at national and

EU level which undermine attempts to drive up quality in Higher Education and have other adverse effects on students and other EU citizens.

Introduction

This paper is a case study which addresses the conference objective “To analyse whether these new forms of accountability have the desired impact on quality levels and to examine their unintended consequences”

It presents the concept of recognition of qualifications; shares good practice in this area, highlights some areas for concern and seeks feedback and discussion. The format will be a twenty minute presentation followed by discussion and questions.

This paper arises from discussions which took place whilst creating a collaborative partnership between Napier University Edinburgh and the Institute of Basic and Continuing Education for Health Care Workers, Budapest Hungary. One aim of the partnership was to create an effective and efficient means of providing continuing professional development for Hungarian nurses which attracted academic credit for both their prior and continuing education. Whilst this is possible for nurses in Scotland, an overview of the development of national systems of nurse education in Hungary highlighted some of the barriers to achieving the aim within the Hungarian context.

The quality assurance approach and/or strategy of the institution

Napier University Edinburgh has a range of internal and external quality processes. Externally it works with the QAA (Quality Assurance Agency) with an Enhancement led institutional review, a code of practice, a number of external reference points. Scotland has a National Qualifications Framework called SCQF (Scottish Credit and Qualifications Framework) and has lit all of the green lights on the Bologna Scorecard.

The Institute for Basic and Continuing Education of Health Workers, Budapest (In Hungarian - Egészségügyi Szakképző és Továbbképző Intézet, hence referred to as ETI in this paper) is an agency of the Health Ministry responsible for a full range of educational activity related to the education of health care workers including registration, examinations and design and delivery of Continuing Professional Development Programmes. ETI has developed its own internal quality processes, has obtained ISO 9001:2000 Quality Certificate and wishes to use quality assurance system as a tool for improvement. (ETI, 2008)

Legal/national/cultural context and/or constraints

Hungary's higher education is being fundamentally transformed for the second time after the regime change in 1989-90 (Alesi, Rosznyi and Szanto, 2007). The most sweeping change was the introduction of the two cycle programme structure focusing on competences, rather than national qualifications for each study programme, this has led to a growth in nursing degrees.

There is now a dual system in operation whereby nurses may study for registration and achieve an academic award of either a diploma or a degree. Typically degree studies are within a university and attract academic credit, whilst diploma studies are in vocational secondary schools or equivalent and do not attract any academic credit or award. In employment there are nurses educated in three different ways: secondary school post 1993 (Hok, 1994), a three year diploma in a vocational school (Brykczynska, 1995) or with a degree obtained in a university (Rozsos, 2003). This creates difficulties in creating a meaningful life long learning structure (Olah, 2006).

This compartmentalisation of qualifications is reflected within the Hungarian system. The Department of Health Policy, situated in the Ministry of Health, is the government authority in charge of nursing education, whilst the Ministry of Education is responsible for education within Higher Education. This duopoly creates barriers to the creation of a coherent post registration lifelong learning framework for nurses and difficulties in developing a strategic approach to improving quality within the healthcare system and the education of health care workers.

Stating the specific case and core issues

The experience of Scottish nursing students initially educated to sub degree level was compared to those in Hungary. Both groups study for 4600 hours in specific topics and clinical practice. Both will become registered nurses. Differences

occur following completion of sub degree level initial studies. The academic credit system has only been introduced in colleges and universities in Hungary, and not in vocational education, where 90% of practicing nurses have achieved their RN qualification (ETI, 2006). There is no articulation between the two systems.

Consequently a nurse who achieves registration via a vocational pathway may never be eligible to enter university studies. The vocational RN qualification does not attract academic credit and is therefore insufficient to enter the Hungarian HE system. RN's who either already have the necessary secondary school qualifications, or who have undertaken further academic study since leaving school are eligible to enter Hungarian HE and undertake nursing degree studies. However, there is no recognition of prior study therefore RNs must study for four years full time, often replicating learning from the vocational programme

In effect it was quicker, more economical and less effort for a Hungarian Registered Nurse to study for a first cycle award in the UK than in Hungary. Not only is this unequal within a common European system, it also represents much additional time, effort and money from individual students. There are also costs involved for the national education and health systems both in the delivery of educational programmes and the absence from the health care system of a registered nurse who wishes to increase their qualification to first cycle level. It may be concluded that both at individual and organisational levels the relative costs of enhancing the workforce skill level in Hungary are greater than those in Scotland.

European Policies, Tools, Frameworks, Directives, Guidelines and the Recognition of Qualifications

Within the European Union the recognition of qualifications falls within the competence of each country. In most cases, this means that higher education institutions are responsible for the recognition of qualifications for the purpose of further study whereas professional bodies or employers are responsible for recognition for the purposes of the labour market. As Rauhvargers (2004) points out is that recognition of qualifications is divided into two types; academic and professional.

Three key drivers have arisen at European level focussing on the process of recognition of qualifications;

- a) Sectoral Directives
- b) Bologna Process tools
- c) European Qualifications Framework

As will be shown, these key drivers are neither complementary nor compatible.

The purpose of the EU

The main purpose of the EU is the free movement of people, goods and services. Consequently freedom of movement for professions such as nursing and midwifery must also be associated with the ability to register and practice in other EU member states. However, host members will wish to ensure that the level of education and practice of migrants at least reaches their standard. For nursing, Sectoral Directives attempt to achieve this balance and these are the

responsibility not of educationalists nor the DG Education and Culture, but of DG Markt. That this is the case is demonstrated by reviewing the relationship between EQF and the Sectoral directives established in November 2007.

Relationship between the Sectoral Directives and the EQF

It may be reasonable to anticipate that the recognition of qualifications amongst the European Union members would be moving from 27 disparate systems, to a single more coherent and transparent system.

In October 2007 two EU actions, both concerned with EU wide recognition of qualifications and both impacting on nursing and nursing education, were announced or enacted. Firstly, The European Parliament voted to adopt the recommendation on the establishment of the European Qualifications Framework for lifelong learning (EQF). This framework is intended to link countries' qualifications systems, acting as a translation device to make it easier for employers and individuals to compare qualifications and enable individual citizens to move to another country to work or study. Two days earlier Directive 2005/36/EC of the European Parliament and of the Council (2005) was transposed into national legislation. The Directive has been reformulated to strengthen the free-movement opportunities for nurses to provide automatic recognition of training qualifications. These two European actions are neither compatible nor complementary

The EQF has two stated aims, the first of which “to promote citizens mobility” coincides with the aim of the Sectoral Directives “to facilitate the free movement of labour”. Under EU law all member states must comply with Directives and directives cover a number of activities. The Sectoral Directive was adopted by the European Commission in June 2005. Member states have two years from the date that the EU adopts the directive to transpose it into their own laws and practices. A Directive is enforceable by law whereas a recommendation is voluntary. Interestingly this period between adoption and transposition coincides almost exactly with the period of consultation, revision and adoption of the EQF as a recommendation by the EU.

The press release related to the launch of the EQF referred to the Sectoral Directives

“ But the Directive does not cover the skills and knowledge people learn from the moment they start school; nor does it cover many of the non-professional qualifications which people earn at work, in leisure activities or at educational institutions after they leave school. So it is difficult for individuals, employers and others in one country to know how such qualifications equate to qualifications earned in other countries. This can impede the free movement of people within the EU to the detriment of individuals and the economy.”

DG Markt issued a clarification explaining that although it is stated that the EQF “applies to all types of qualifications. This recommendation does not apply to situations covered by directive 2005/36/EC”

http://ec.europa.eu/internal_market/qualifications/docs/eqf_en.pdf

The European Network of Education Councils, whose members advise the Government of their countries on education matters quickly issued a clarification;

“In terms of rights of access to the labour market, the directive on the recognition of professional qualifications is decisive. Building coherence between the EQF and the directive is an important work for the years to come”

An EQF would be developed and implemented on a voluntary basis, not entailing any legal obligations. It is envisaged as a meta-framework increasing transparency and supporting mutual trust. It would thereby enable qualifications frameworks and systems at national and sectoral level to be related to each other – thus facilitating the transfer and recognition of the qualifications of individual citizens. However, the Directive on professional qualifications adopted on 6 June 2005 is the legal instrument at EU level that is binding on Member States whenever it comes to the recognition of professional qualifications in the field of regulated professions.”

Thus Sectoral Directives asserted their supremacy over EQF and the Bologna Process

Barriers and problems encountered when implementing new practice

This relationship between EQF, Bologna Process and Sectoral Directives led to six key barriers in developing co-operative practice. These are;

- a) Economic needs take priority over Education and Health
- b) Undermining National Health Priorities
- c) Too many rules/frameworks
- d) Recognition of prior learning
- e) Hours vs. ECTS
- f) The continuance of disadvantage

a) Economic needs take priority over Education and Health

The Directive makes no reference to competences or learning outcomes; for the most part, it itemises required areas of knowledge, with occasional references to practical and/or clinical skills. Yet many Europe wide educational initiatives such as the Bologna Process, the European Standards and Guidelines and the European Qualifications Framework, all set high priority on student-centered learning, to which competences and learning outcomes are key. Clearly therefore the concern of the Directive is not patient safety or the quality of care but reflects the overriding concern of the EU as an economic community rather than a framework for social welfare (Keighley 2006).

b) Undermining National Health Priorities

Many nations use the funding of pre registration nurse education to address health priorities and concerns. At last years forum Thomson (2008) gave a paper on Introduction of a UK wide, risk-based quality assurance framework for professional education. The directives mean that it's possible for nurses from other EU countries to register and practice without ever being subject to whatever instruments UK institutions have introduced to address the risk based quality assurance. The lack of common quality assurance procedures in this sector undermines national health priorities of member states and transparency in the EHEA.

c) Too many rules/frameworks

EUA (2007) claim that the aim of creating transparency and recognition is endangered by separate initiatives that only a limited number of specialists may understand. It seems to be the case that professional and academic processes are rolled into one hybrid. The consequences of this have severe impact as illustrated in the later section "lessons learned"

d) Recognition of prior learning

Sectoral Directives measure student workload and effort on hours, which conflicts with the request by Ministers responsible for Higher Education (2003) that ECTS be applied consistently as it develops within the emerging European Higher Education Area. These two systems (hours and ECTS) are incompatible

within university systems, in practice nursing students study for more hours over a longer period of time, for a lower qualification than other university students.

f) The continuance of disadvantage

Floud (2006) claims that higher education benefits women, however in nursing migration is seen to perpetuate disadvantage.

Policies and tools applied to overcome them

The Scottish Credit and Accumulation Framework is a tool which identifies levels of award, their credit value and the types of behaviour and academic ability associated with each award. The relevance of this is that the framework can act as a translation tool, either by mapping non credit bearing programmes at the appropriate level, or by mapping programmes from different national systems. Once this is done it is possible to identify the differences between a students existing and desired qualifications. The types and duration of learning experiences to bridge between existing and desired qualifications may then be identified.

The Hungarian Nursing Curriculum will be rated on the Scottish Credit and accumulation framework and allocated academic credit. The ECTS difference between the Hungarian Nursing Curriculum and Bachelors level will be identified. Relevant modules, which meet academic criteria and also address the skills that the Hungarian health care system wishes to enhance, will be offered to nurses in

Hungary. On completion of the required number of modules, students will be awarded a Bachelors degree by Napier University.

For example it may be anticipated that Hungarian studies will attract at least 150 ECTS. To achieve a Bachelors degree 180 credits are required. The student therefore has to achieve a further 30 ECTS, which currently represents 3 modules at Napier University. These modules would be offered by Napier University, and according to academic regulations, must be in English.

Successes achieved/status to date

The co-operation has led to a successful bilateral agreement which delivers a “top up” to first level programme which is cheaper and quicker for students, however they must study in English rather than their native language. The external input builds capacity in the Hungarian system, meets Hungarian Health priorities and the needs of employers.

Lessons learned (what would you do differently in retrospect)

Nursing is both a regulated profession and academic discipline and consequently falls within the governance of two agencies at national level, health and education. This is amplified at European level where the situation is replicated between agencies focused on either labour (DG Markt) or education (DG Education and Culture). Effectively, professional and academic bodies operating at European level are confronted by a complex qualifications landscape, in which

there are as many different legal perspectives as there are countries and sectoral professions (Davies, 2006). There is a clear need for national bodies concerned with health and education to come to a common understanding and interpretation of the relationship of the sectoral directives and the Bologna Process.

Key issues still to be mastered

Does this account raise questions about the position of education in EU policy?

Is it “healthy competition” for students to be able to study more easily for a first level award in a country other than their own?

What are the ongoing resource (human and financial) and quality implications for the Hungarian HE sector?

This co-operation took place between UK and Hungary and highlighted confusion about EU requirements. The situation is replicated elsewhere. Here are some quotes from the Czech Republic

“According to new European regulations, nurses in the Czech Republic need to study for another three years at the university after finishing the secondary health school, which was sufficient for their job until 2004.....this regulation led to an immense shortage of nurses in the past three years”

Head of the Employee Department at Teaching Hospital Bulovka, Prague (Czech Business Weekly 3/3/08)

And

“Czech hospitals may start hiring nurses from Vietnam to make up for a drastic shortage of Czech nurses. The staffing crisis is made worse by an EU requirement that unsupervised nurses have a university degree” (Prague Post 11/8/08)

Is there any incentive for universities to dispel a public perception that the EU demands more and longer HE education?

The nurses from the universities have no practical experience; they don't even know how to give an injection. And even though they do the same job as nurses from the secondary schools, they want to be paid like graduates,”

If employers see no benefit from their employees having a university education, are they resigned to the fact that they have no choice as it is an EU requirement regardless of quality?

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