

TAIEX-SEMINAR INT MARKT 33044 ORGANIZED IN ASSOCIATION WITH THE CROATIAN CHAMBER OF MIDWIFERY

COMPREHENSIVE MISSION REPORT

ZAGREB, 9-10 JULY 2009

Report by seminar chair:

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As Chair of the seminar TAIEX 33044, Zagreb, on midwifery accession to the EU, it is my honour and privilege to present, in the following pages, a full report on the seminar. The report is not mandatory after a TAIEX-mission, but it has become the custom of a team of experts to develop such a joint report, enabling wider use of the key messages of the mission.

The first section is devoted to the key outcomes of the seminar, as described by the joint recommendations achieved. The second section consists of the expert notes as delivered both to TAIEX and to me in the immediate aftermath of the seminar. The third section is devoted to a description of the key messages of the presentations as delivered during the plenary sessions. As a consequence of this reporting procedure, there is no separate description of the outcomes of the workshops. These – draft – recommendations have been discussed during the final plenary parts of the workshops and have been adjusted and reshaped into the final recommendations as described in the first section of this report.

Other professions / other country representations

Several representatives from other professions (especially Croatian physiotherapists) and neighbouring countries (Bosnia-Herzegovina, Macedonia), were present. In relation to their presence, two remarks must be made:

1. **Input by Croatian stakeholders in midwifery only.** During his introductions, the Chair of the seminar welcomed them wholeheartedly but stressed the relevance of the key discussions to be held by Croatian midwives and the stakeholders present relating to Croatian midwifery. The seminar was for their advancement into the EU, so it was they who needed to develop recommendations. This was said to avoid potential misunderstandings of the outcomes. Thus, the recommendations are based on the joint efforts of the experts and those involved in Croatian midwifery, present during those stages of the seminar.
2. **Interest in having their own TAIEX-supported seminar(s).** The three groups mentioned above were very interested in developing similar seminars with TAIEX-support and, if possible and relevant, with the same experts, as the process seemed very helpful to Croatian midwifery. The seminar-chair pointed them to the TAIEX-website, to the Chamber of Midwifery of Croatia (who already had experience dealing with TAIEX and thus could assist them) and promised to support these groups and their desires as much as possible. This remark should be seen as such.

The agenda, as distributed by TAIEX, was adjusted at the start of the meeting (see Annex 1).

SECTION ONE: RECOMMENDATIONS

With at least 45 people invited to attend, Ministry of Health representatives were present only during the early part of the morning of the first day, when they delivered presentations to the plenary. The ministry of Science (Education) was represented during the full first day. Thus, they were not involved in the development of the recommendations. This is to be considered as a missed opportunity. Because entering the EU and its consequences for Croatian midwifery is not only a new curriculum, which requires joint efforts by both Ministries as representants of Croatian government. It also relates to wider EU-issues such as free movement and patient safety for women and children within the EU, and, in the end, in Croatia.

INTRODUCTORY REMARKS

The recommendations below follow the formal agenda, aiming to **“establish the strategy necessary to bring Croatian midwifery education and practice into conformity with the EU Acquis through:**

- 1 Providing the general framework;**
- 2 development of new curricula;**
- 3 development of new practice;**
- 4 learning to deal with inevitable change;**
- 5 and training of the trainers.”**

Thus, the order of the recommendations does not necessarily follow the discussions in the workshops. On the other hand, some recommendations can be made in line with more than one of the five goals mentioned. Of course, they are mentioned only once.

The recommendations were proposed by the three workshops guided by the experts, and, after discussions, accepted by the plenary. It should be noted, however, that not all people present during the start of the seminar, also attended the final hours. For instance, the representatives from the Ministry of Health and Social Affairs, and from the Ministry of Education, had already left and thus did not participate in the phrasing of these recommendations.

A key discussion during the final plenary session focused on the principle of 10 years general education prior to entering the professional education, as mentioned in Directive 2005/36/EC. It was recognized that the current Croatian educational system does not

comply with this requirement. It was also recognized that the scope of this adjustment has further-reaching consequences than midwifery, and thus, that it was an issue that required broad Croatian discussions, including discussions in Brussels.

A final remark: as time was tight during the proceedings, not all recommendations accepted by the plenary were clear as to their addressees or in their phrasing. In this report the text of some recommendations has been edited to provide full clarity to the reader and to avoid misunderstandings. The responsibility for these adjustments lies with the author.

1. PROVIDING THE GENERAL FRAMEWORK

- A. It is recommended to the Ministry of Health to take the initiative to set up two committees, including all relevant stakeholders:
 - a. The Ministry of Health is urged to take the initiative to – together with the Ministry of Science and Education - set up a Steering Committee on midwifery including ALL stakeholders. This steering committee is to guide the overall process of bringing midwifery in Croatia – at least – up to EU standards.
 - b. Similarly, the Ministry of Health is urged to take the initiative for a Curriculum development committee as current proposals for a new curriculum fail to meet EU-standards.
- B. It is recommended that all midwifery registration programmes and professional programmes require regulation and approval by the Chamber of midwives as of 1 Jan 2010.

1.1 GENERAL: THE ACT ON MIDWIFERY

- 1.1.1 It is urgently recommended to Croatian government, in order to be in conformity with the EU Acquis, to adjust the Midwifery Act so that it clearly:
 - Describes the midwife' s competencies by means of a job description;
 - Stipulates the autonomy and independence of the profession;
 - Defines the profession, following internationally agreed definitions (ICM);
 - Refers to one type of midwife only;
 - Does not hinder private practice of midwifery in any way.

- clearly stipulates the activities of the midwife
- enables midwives to work in all settings independently including the home for the provision of home birth services, and thus:
- does not hinder in any way private practice of midwifery that is (at least) in line with EU-requirements.

1.1.2 It is also recommended that the current law should be analyzed in depth (transposition table) in line with the requirements of Directive 2005/36/EC as it is perceived to be deficient in relation to the requirements of the said Directive. A first glance analysis led to the conclusion that:

- article 18 of the law contains several phrases that are not in line with EU-requirements. Subsequently, the Regulations of disciplinary procedure contains similar errors.

The recommendations following this analysis, in relation to both EU- and other requirements, should be followed as soon as possible.

1.1.3 Government Ministers should also ensure that there is no other national legislation which conflicts with this act or inhibits the midwife from fulfilling these activities.

1.1.4 The experts are unanimous in their recommendation, that the Croatian authorities are not only bound to bring their legislation into line with the *Acquis*, but should also be seen to be serious in doing so. Several clear opportunities present themselves:

- One of the means is actively participating in discussions and seminars such as TAIEX 33044, including the development of joint recommendations;
- In this context, the Croatian Ministry of Health is also reminded of its obligation (the Act, Considerations, sub III) to provide the Chamber with its required resources for its first year of operation (HRK 140,000);
- Similarly, the Croatian government should provide continuous funding to the Croatian Chamber of Midwifery so that the Chamber is enabled to perform its legal tasks;
- For this reason the apparent initiative of the Croatian authorities to appeal for a Twinning Light project concerning nursing and midwifery is welcomed.

1.2 FRAMEWORK – CODE OF CONDUCT/ ETHICS

1.2.a For the development of a code of conduct / code of ethics for midwives, it is recommended that the Chamber of Midwifery and the Croatian Midwifery Association take the following steps:

- Translate the Code of Conduct/Code of Ethics as formulated by the ICM;
- Specify the Code of Conduct/Code of Ethics for use in Croatia;
- Cooperate with stakeholders (most importantly: client groups);
- Set up a committee responsible for text and process (3 midwives- now) + 1 parent association;
- Work bottom up: develop regional meetings for midwives + (prospective) parents, for discussions of the Code of Conduct/Code of Ethics;
- As a final step: have the official documents formally approved by the professional board.

1.2.b While drafting the Code of Conduct/ Code of Ethics it is recommended to define specific areas with rules. Chapters should include:

- Clients
- Colleagues
- Other health providers
- Community
- Research
- Publicity
- Commerce

1.3 REGISTRATION AND THE RIGHT TO PRACTICE

1.3.1 Given the fact that apparently many different professions seem to perform midwifery tasks in Croatia, it is urgently recommended to the Croatian government to develop and implement policies guaranteeing that only the profession of midwives performs the tasks and duties of a midwife in line with Directive 2005/36/EC.

- 1.3.2 It is recommended to the Croatian Chamber of Midwifery – as it is to all other ‘specific’ health professions¹ - that all parts of disciplinary acts should be in compliance with the legal principles of the EU (EEA, plus Switzerland) and more specifically with the EU Charter of fundamental human rights and the provisions of the ECHR.
- 1.3.3 Legislation should be developed -in line with Directive 2005/36/EC- that regulates fitness to practice for *all* health care providers (also doctors) that does not discriminate foreign subjects (EU, EEA and Switzerland).
- 1.3.4 The recently adopted Law on the Recognition of Foreign Qualifications should be scanned for its compatibility with the said Directive.

2 DEVELOPMENT OF NEW CURRICULA

Preamble:

The meaningful integration of the theory and practice of midwifery is essential to the development of a midwifery education curriculum. Any changes to the ‘academic’ programme and learning outcomes must occur alongside the implementation of the necessary changes to the practice environment.

- 2.1 It is urgently recommended to the Croatian Government to restructure the Croatian educational system:
 - a. from primary to university level
 - b. in order to ensure that prospective midwifery students have the prerequisite education and training (min. 10 years general school education, art. 40, 2.a , of Directive 2005/36/EC, in practice meaning: primary school, gymnasium) prior to accessing university.
- 2.2 It is urgently recommended to the Croatian Midwifery Chamber, the Croatian Association of Midwives and all other relevant stakeholders to communicate these requirements as widely and as soon as possible.

¹ These are the other (health) professions for which the regime of ‘mutual recognition’ in the perspective of Directive 2005/36/EC specifically applies: medical doctors, dentists, nurses and pharmacists.

2.3 It is urgently recommended to all relevant stakeholders to start a full review of content and delivery of the midwife registration education programme, including:

- a. Delivery of educational programme at university level;
- b. Education/preparation/training of midwife-lecturers/teachers;
- c. Identification and preparation or practice environment.

2.4 It is urgently recommended to the Croatian Government that, in order to achieve the above, Croatian midwifery education programmes should gain access to up-to-date appropriate (scientific) texts, journals and facilities in the Croatian language.

2.5 It is suggested that the above recommendations can and should be achieved with:

- a. Support – in terms of both human and financial resources - from the Ministry of Health and Social Affairs, the Ministry of Science and Education and
- b. Access to EU Structural funds;
- c. Other EU-programmes such as the Erasmus programme (including University twinnings);
- d. Possible bi-national support programmes.

3 DEVELOPMENT OF NEW PRACTICE

3.1 In order to be able to implement the recommendations mentioned above it is urgently recommended to the Croatian government and relevant stakeholders amongst which first and foremost the Croatian Chamber of Midwifery and the Croatian Midwifery Association, to seek means and options to work two ways:

- a. Send midwives and key stakeholders (MoH; Min. of Education, Min. of EU integration, Professions etc) abroad for academic training and practice experiences:
- b. Import foreign expertise (TAIEX, EU Twinning, other (bi-)national, European or global (World bank) programmes and opportunities).

3.2 The development of bridging programmes is only feasible when the curriculum of (and law on) Midwifery are at least at EU-compatible level and are (being) implemented in theory and practice of midwifery. Thus it is strongly recommended to all relevant stakeholders to focus on the development of an EU-compatible curriculum first, before devoting efforts to bridging programmes, that can only be based on such a curriculum.

4.1 RECOMMENDATIONS TO CROATIAN GOVERNMENT

- 4.1.1 The Croatian government should run a public health campaign to explain the benefits of midwifery in line with Directive 2005/36/EC.
- 4.1.2 The Government should implement the required reforms of primary and secondary education to enable implementation of Directive 2005/36/EC. This has particular significance for the Ministries of Education and of Health.
- 4.1.3 The Government should set in place mechanisms for resolving the status of midwives currently in practice.
- 4.1.4 The Government should examine ways of making the changes required for implementation of Directive 2005/36/EC, including adjustment of the midwifery law to enable midwives to work in all settings (including primary care settings such as birth centers and at home), and determine a timetable for implementation.

4.2 RECOMMENDATIONS TO MIDWIFERY CHAMBER A/O ASSOCIATION

Both the midwifery Chamber and midwifery Association should:

- 4.2.1 continue to develop and expand their work on the development of networks and coalitions to support the development of midwifery in society.
- 4.2.2 develop resources to ensure the informing of all midwives about the content and implications of Directive 2005/36/EC;
- 4.2.3 take the initiative to commission research into the available national and international data on peri-natal mortality and morbidity, and maternal mortality and other relevant indicators, as it applies to Croatia;
- 4.2.4 develop a working relationship between the Institute of Public Health and the Chamber and Association in the promotion of studies on Women's Health.

See previous recommendations.

SECTION TWO: SOME KEY SIGNALS FROM THE EXPERTS

Below we provide some key signals as given by the experts in their feedback after the event, to TAIEX.

COMMENTS BY MR. TOM KEIGHLEY

Croatia is in the process of acceding to the European Union and its Midwifery Education is lagging far behind the Directive 2005/36/EC. The Midwives are very much aware of that but the government seems not to take it that seriously. There is a need to develop, continue and expand international contacts on this matter as it not is an issue only for the midwives and midwifery education in Croatia, but also an issue of free movement within the EU and, most importantly, an issue of patient safety for women within EU. Therefore I would like to recommend a workshop where all relevant stakeholders are present and take part in such an event. During the present workshop (INT MARKT 33044) there was a short welcome from a representative from the Ministry of Health but no further participation. It would also assist the development of the midwifery education in Croatian if responsible representatives from midwifery education, the profession, managers and leaders from the clinical area and other relevant stakeholders had the opportunity to undertake study visits to education institutes/universities, and to visit different centres of midwifery practice in other European countries.

COMMENTS BY MRS. DEIRDRE DAILY

My role involved working with the midwives on (i) the development of the pre registration midwifery education curriculum (ii) discussions on a possible bridging programme

My assessment of the workshop is as follows:

Since my visit to Croatia on the peer review mission (July 2008), my assessment is that minimal progress has been made on the development of the profession of midwifery in Croatia at a Ministerial/policy level. I regret to say that I did not see any evidence or policy documents that would lead me to believe that there is a genuine political commitment to

the reformation of the profession of midwifery in Croatia. (This includes pre registration education, education of the future midwife teachers/lecturers and midwifery practice).

Prior to the workshop I had been in communication with members of the Chamber of Midwives and received a translated copy of their proposed pre registration curriculum. Barbara Finderle and other midwives in the Chamber of Midwives have established a relationship with the University of Zagreb, Department of Medicine in order to progress the curriculum within the university.

Despite their efforts to devise and produce this curriculum, they were concerned and uncertain about the sources of help and support (financial, human and structural) needed in order to implement this curriculum.

I understand that Lecturers at the University of Zagreb are required to have a PhD. In order for midwives to be the future educators of midwives and midwifery student, then they must be educated to PhD level. This will take time and requires a firm strategic plan. If the Croatian Ministries are committed to the reformation of the profession of midwifery, then a concrete and detailed professional development plan is required for those midwives who are willing to pursue this professional pathway. This plan must address the ways and means of acquiring the necessary knowledge and skills for the development of the midwifery profession in both the academic and practice settings. Consideration should be given to multidisciplinary study visits (midwives cannot make decisions about theory or practice in isolation from the Ministries and other health care professionals) to appropriate European sites as well as Croatia engaging the resources of outside experts to guide the development of theory and practice.

The profession of midwifery in Croatia is in the very early stage of development in terms of the activities of Directive 2005/36/EC, education and practice. Whilst it is possible to establish relationships within the university sector (and the relationship established to date is admirable), I remain deeply concerned about the development of midwifery practice. I found no evidence of any change in midwifery practice since the peer review mission in 2008. Midwifery education, both pre registration and on going education, embraces both theory and practice. The development of the profession of midwifery cannot be seen in terms of the delivery of an academic programme at graduate level. Midwifery practice must be developed alongside the academic component of the programme otherwise the profession will not progress.

Bridging programmes were identified as an agenda item. It is impossible to identify an appropriate approach to the possible development of such a programme without knowing the Ministerial intentions for the profession of midwifery. The development of bridging programmes must, as with pre registration education programmes, address the organisation and delivery of midwifery practice.

Such reforms require the involvement of all key stakeholders from the multidisciplinary health care team, the education team and from the responsible Ministries ie those with the authority and power to make policy changes a reality.

If progress is to be achieved, there needs to be active and authoritative participation from these responsible Ministries.

The absence of such representation at this workshop was a serious limitation of the event and represents, I believe, a serious limitation to the future development of the profession of midwifery in Croatia. Without Ministerial participation and genuine commitment, progress is impossible.

COMMENTS BY MRS. MARIAN VAN HUIS

MRS. VAN HUIS' ASSESSMENT AFTER THE SEMINAR

In Croatia it seems midwives are very well aware of the impact of joining EU (2005/36/EC).

They work very hard to achieve the directives and other issues. I am afraid there is a lack of sense of urgency and support by the other stakeholders and most important the Ministries of Health Care and Education. Both of them were only partly present during this meeting.

Due to the system where midwives are so dependent on legislation and support and clear chooses by both of these Ministries. Up to now, no actions are shown.

One thing that is implemented is the Chamber of Midwives. It is remarkable what midwives involved in this institute are producing. Despite the promise of the Government to support these Chamber in resources and finances: up till now nothing appeared.

Also the Act on Midwifery is not adopted and not ready according to EU law.

A clear definition of midwifery education, competencies with requirement for proper job descriptions are not there (following internationally agreed definitions (ICM, WHO)).

Even proper wordings are not chosen: for example the word "Bolesnik", which means sick male patient. While pregnant women are meant. It seems even a gender issue should be on the agenda, to be able to work in equal way.

The Act does not stipulate the autonomy and independence of the profession; also it hinders to develop the possibility to work in primary care and private practice.

It seems the Government only wants to put primary care and private practice on the agenda after becoming EU member!

High lines (first steps) of a code of Conduct were discussed, the same on the criteria for a register and for retention. More work should be performed to make more progress. More workshops should help them enormously. But the colleagues are well on their way.

But without support of the Government changes can't be implemented. That's a great pity.

KEY MESSAGES IN MRS. VAN HUIS' PRESENTATION

Requirements for use of code of Ethics?

- Commitment to critical thinking (time and moral reasoning)
- Ability (capacity and willingness) of decision-making
- Moral agent: do the right things for right reason
- Accept responsibility for own actions and decisions
- Understanding of ethics and values.

What is a CoE about?

- Quality of care
- Competencies
- Accountability
- Confidentiality
- Professional integrity
- Patients safety and – rights
- Health promotion and policies

A Code contains standards of

- Conducts
- Performance
- Integrity
- Ethics

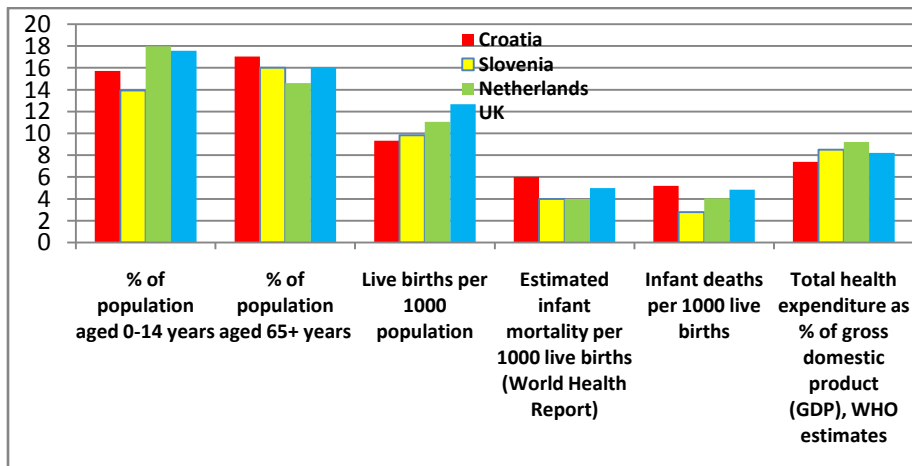
WHO-data seem to indicate that Croatia is ageing fast, with a low number of live births, of which mortality during infancy is relatively high.

This implies a potential threat to Croatia but implicates that midwifery issues go beyond the establishment of midwifery as a profession in line with EU-*Acquis*, but may also have impact in broader population policies in which infant deaths and perinatal patient safety are better guaranteed. This could decrease the rate of ageing of the society by increased live births and perinatal survival. Furthermore, several clear options seem to exist for stating a 'business case' for midwifery:

- There is a clear willingness to discuss problems, education, issues and solutions on a more or less pan-Balkan basis (Slovenia, Bosnia-Herzegovina, Macedonia)
The economic crisis may be an opportunity in disguise as it offers an opportunity to discuss efficient allocating of scarce health care resources, amongst which perinatal care.
- The postponement of the accession may provide the midwives with more lobby-opportunities before accession.²
- As an afterthought: the new Prime Minister of Croatia is a woman. That could be used to the advantage of midwifery in Croatia.

A key issue, further, is not the 'what', as many stakeholders are aware of the requirements. More often than not, focus should now be laid on the issue of 'how' to get the 'what' done and/or accomplished. This implies the development of a long-term strategy:

- Developing and taking small steps at a time;
- Taking into account ALL stakeholders;
- Including
 - all relevant ministries and other stakeholders;
 - different levels of awareness amongst Croatian midwives;
 - expectant mothers.



(source: WHO)

SELECTED KEY MESSAGES OF MRS. ANITA PRELEC, SLOVENIAN MIDWIFERY ASSOCIATION

(note: these key messages are taken from her presentation, by the chair).

- Recommendations of a TAIEX review in 2002 were:
 - Midwifery is an independent discipline
 - Health legislation must be such as to enable an independent midwife practices prescribed by the directive (4.Article of Directive 80/155/EEC) without medical supervision
 - Terminology of the existing program of study is necessary to adjust (midwifery)
 - Inclusion of internships in the academic program so that students with a diploma get a license for work
 - The students – must finish all obligatory interventions during the study
 - Midwifery Department - employing more midwives
 - Translation of International Code of Ethics for Midwives is necessary
 - Midwifery and nursing are separate profession
 - Establish own midwifery association OR include title midwives in Nurses Association in Slovenia
 - Midwifery should be an independent discipline within Health System. The differences between the midwives and nurses must be clear. Midwife must act on all fronts, which are listed in 4.Article of Directive 80/155/EEC.

- Midwifery should be an independent discipline within Health system. The differences between the midwives and nurses must be clear. Midwife must act on all fronts, as listed in 4. Article of Directive 80/155/EEC;
- (NB: UNTIL TODAY - WE DIDN'T REALISE ALL!!);
- Every pregnant woman should be allowed to access to midwifery care during pregnancy.

The accession into the EU of Slovenia already led to changes in:

- The legal system
- Education
- Midwifery practice

Nevertheless, much more work remains to be accomplished

SELECTED KEY MESSAGES BY MR. ADRIAAN KORVER, M.D.

In his presentation, Mr. Korver clarified the internal Croatian debate about midwifery and used some statistical data to clarify some of the issues (see also presentation Mr. Tjadens). Furthermore, he focused on some key questions that require answering in the context of the EU-accession process:

- What is a midwife and what is the role (why in Belgium 4 times more midwives per 100.000 population than in The Netherlands)?
- Why “gynecology”? Is pregnancy a disease?
- How will midwifery be organised in Croatia (hospital? maternity clinic? Primary health care? home deliveries?)?
- How will education of midwives be organised (hospital-based? midwife college? same way as transition GP to Family doctor?)
- “Basic” training of Croatian midwives in Croatia / post-graduate training at (Balkan?) regional level?
- Training staff competent? (to be trained as trainer in foreign country or “import” training staff?)

ANNEX 1 AGENDA TAIEX WORKSHOP FOR CROATIAN MIDWIVES INTMARKT 33044

Venue: Hotel International; Zagreb, 9-10 July 2009ⁱ

Croatian midwifery and EU-Accession: education & Legislation

DAY 1 OF SEMINAR	
09.00	Registration of participants
09.30	Welcome address by <i>Mr. Dr. Delic</i> , Ministry of Health and social care
09.40	Welcome address by the Chair: the quest for quality
	<i>Mr. Frits Tjadens, NL</i>
PART 1: THE GENERAL FRAMEWORK	
09.50	The Act on Midwifery
	<i>Mrs. Jasminka Katić-Bubaš</i> , Ministry of Health and social care
10.10	Midwifery: Current education and practice in Croatia
	<i>Mrs. Barbara Finderle</i> , President of the Croatian Midwifery Chamber
10.30	Midwifery education: Curricula in line with Directive 2005/36/EC.
	<i>Mrs. Kerstin Belfrage</i> , Swedish Association of Health Professionals
10:50	<i>Coffee break</i>
11.15	Joining the EU: The Slovenian experience
	<i>Ms Anita Prelec</i> , Nurse and Midwives Association of Slovenia - Section of Midwives
11:35	Planning in Public Health: assessing educational needs
	<i>Mr. Adriaan Korver</i> , Yanos International
11.55	Midwifery and nursing: related disciplines – challenges in regulation and legislation.
	<i>Mr. Tom Keighley</i> , University of Sheffield
12.15	Questions and answers

12:30	<i>Lunch</i>		
	PART 2: CROATIAN MIDWIFERY REQUIREMENTS		
13.45	Midwifery education <i>Deirdre Daly, Chair EMA</i>		
14.05	Code of conduct, regulation and law <i>Marian van Huis, ICM</i>		
	Setting the agenda & introduction and appointing of the 3 workshops: "The quest for quality". <i>Mr. Frits Tjadens, HASCA</i>		
14.35	Workshops		
	I	II	III
	Midwifery education: Development of curricula in line with Directive 2005/36/EC; bridging courses. Midwifery practice: Decision making and appropriate referral skills, in line with Directive 2005/36/EC.	Development of a Code of Conduct and practice for midwives and Guidelines on a Register: what constitutes retention on the register of midwives and fitness to practice midwifery and disciplinary issues.	Midwifery and nursing: related disciplines.
	Kerstin Belfrage Deirdre Daly	Marian van Huis	Tom Keighley Adriaan Korver Anita Prelec
15.30	<i>Coffee break</i>		
15.45	Reports to plenary, conclusions and closing of the session. <i>Mr. Frits Tjadens, NL</i> WORKSHOPS: SETTING UP THE PRIORITIES FOR TOMORROW		
16.00	<i>End of day 1</i>		
16.30			

TAIEX midwifery seminar, 9 - 10 July 2009, Zagreb

Croatian Midwifery and EU-Accession: Education & Legislation.

DAY 2 OF SEMINAR		
09.00	Welcome address by the Chair	
	<i>Mr. Frits Tjadens, NL</i>	
09.15	Workshops (Continued)	
	I:	II
10.00	Preparing recommendations on strategy.	
10.30	Coffee break	
11.00	Reports to plenary, discussion, adoption of <u>recommendations on strategy</u> . <i>Mr. Frits Tjadens, NL</i>	
12.00 12.30	Lunch & CONCLUSION	
13.30	Discussion of other issues and closing of the Seminar. <i>Mr. Frits Tjadens, NL</i>	
14.00	End of Seminar	

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ⁱ The programme was adjusted in order to better meet the requirements, including:

- Change in speakers from the Ministry of Health;
- Previously non-scheduled plenary presentations by Deirdre Daly, Chair of the European Midwifery Association and by Marian van Huis, Treasurer of the International Confederation of Midwives;
- A decreased role of the Chair in favour of more intense mutual exchange during the workshops and the building of recommendations in these three workshops.