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Training and Examination Regulations for the Nursing Professions¹

(Ausbildungs- und Prüfungsverordnung für die Pflegeberufe – PflAPrV)

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These Regulations serve to implement Directive 2005/36/EC of the European Parliament
and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ
L 255, 30.9.2005, p. 22; L 271, 16.10.2007, p. 18), as last amended by Directive 2013/55/EU
(OJ L 354, 28.12.2013, p. 132).

On the basis of section 56 (1) and (2) of the Nursing Professions Act of 17 July 2017
(Federal Law Gazette I, p. 2581), the Federal Ministry for Family Affairs, Senior Citizens,
Women and Youth and the Federal Ministry of Health jointly and as to section 56 (1)
sentence 1 nos. 1 and 2 in consultation with, as to section 56 (1) sentence 1 nos. 5 and 6
with the agreement of the Federal Ministry of Education and Research, as to section 56 (1)
sentence 1 no. 6 in consultation with the Federal Ministry of Finance, having regard to the
resolution of the Bundestag of 28 June 2018, issue the following Regulations:

Part 1

Vocational nursing training as general nurse

Division 1

Training and performance assessment

Section 1

Training content and structure

(1) Training as a general nurse (*Pflegefachfrau* or *Pflegefachmann*) qualifies trainees who
achieve the training objective pursuant to section 5 of the Nursing Professions Act
(*Pflegeberufegesetz*) to provide general and specialised nursing care to persons of all ages.
The skills required are set out in concrete terms in Annex 2. The acquisition of the skills
required to provide nursing care to persons of all ages also takes account of the special
demands of nursing care provision to children and adolescents as well as to older persons in
various care settings as well as of special professional developments in the areas of nursing
practice.

(2) Nursing training comprises, at a minimum,

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accuracy of the information contained in the translation, please refer to the German version
of the document which is the official version of the document. Any discrepancies or
differences created in the translation are not binding and have no legal effect for compliance
or enforcement purposes.

1. theoretical and practical instruction of a total of 2,100 hours in accordance with the distribution of hours provided for under Annex 6 and

2. practical training of a total of 2,500 hours in accordance with the distribution of hours provided for under Annex 7.

(3) Nursing training comprises phases of theoretical and practical instruction which alternate with phases of practical training. The phases of instruction and practical training are closely coordinated on the basis of cooperation agreements concluded under the terms of section 8.

(4) Absences may be credited in accordance with section 13 (1) no. 2 of the Nursing Professions Act insofar as they do not exceed 25 per cent of the total hours of a compulsory placement. Annual leave is to be granted in those periods in which no instruction is given. Achievement of the objective of a compulsory placement may not be jeopardised on account of the crediting of absences.

(5) Where nursing training is undertaken on a part-time basis pursuant to section 6 (1) sentence 1 half-sentence 2 of the Nursing Professions Act, it must be ensured that the minimum number of hours referred to in subsection (2) above is achieved. Subsection (4) applies accordingly.

(6) During the second half of the training period, no less than 80 and no more than 120 hours of the practical training are, as a general rule, to be undertaken on night duty under the direct supervision of a person who has authorisation pursuant to section 1 (1), section 58 (1), section 58 (2) or section 64 of the Nursing Professions Act.

(7) The competent authority informs trainees about the possibility of exercising their right of choice under section 59 (2) or (3) of the Nursing Professions Act. This information is provided in written or electronic form in such good time as to ensure that trainees are able to exercise their right within the period set out in section 59 (5) sentence 1 of the Nursing Professions Act.

Section 2

Theoretical and practical instruction

(1) The instruction referred to in section 1 (2) no. 1 serves to teach the skills required to achieve the training objective pursuant to section 5 of the Nursing Professions Act. Trainees are qualified to perform their professional activities purposefully, properly, systematically and independently and to assess the outcome on the basis of professional knowledge and skills as well as on the basis of the generally recognised state of knowledge in the nursing, medical and other related sciences. The theoretical and practical instruction serves to develop the personal skills, including soft skills and independence, required in the pursuit of the nursing profession.

(2) It must be ensured that appropriate account is taken of the various areas of nursing practice and age groups in the course of the theoretical and practical instruction.

(3) Each nursing training school draws up a school-related curriculum taking account of the recommendations set out in the framework syllabus as referred to in section 51.

Section 3

Practical training

(1) The practical training referred to in section 1 (2) no. 2 teaches the skills required to achieve the training objective pursuant to section 5 of the Nursing Professions Act. Trainees are qualified to relate the skills they acquired during the theoretical and practical instruction to those they acquired during their practical training, to combine those skills and develop them further.

(2) The practical training undertaken at the practical training provider is, as a general rule, to comprise no less than 1,300 hours. One of the compulsory placements in accordance with section 7 (1) of the Nursing Professions Act and the orientation placement are to be undertaken at the practical training provider. The specialist placement is, as a general rule, to be undertaken at the practical training provider. It is to be undertaken in the chosen area of nursing practice as agreed in the training contract.

(3) The practical training commences with an orientation placement undertaken at the practical training provider. Compulsory placements in general areas of nursing practice pursuant to section 7 (1) of the Nursing Professions Act and the compulsory placement in paediatric care pursuant to section 7 (2) of the Nursing Professions Act are to be undertaken during the first two thirds of the training period. The compulsory placement in general, gerontological, child or adolescent psychiatric care, the specialist placement and further placements are to be undertaken during the last third of the training period. The precise chronological order is set out in the training plan.

(4) If no nursing professionals are employed in a specific facility while a trainee is undertaking a placement there pursuant to section 7 (2) of the Nursing Professions Act, then, with a view to the requirements under section 7 (5) sentence 1 of the Nursing Professions Act, an appropriate ratio between trainees and other suitable professionals is to be guaranteed in order to ensure that the training content can be taught.

(5) The nursing training schools must design the written record of evidence of formal qualifications to be kept pursuant to section 17 sentence 2 no. 3 of the Nursing Professions Act so that it clearly indicates that the periods of practical training have been undertaken as provided for in the training plan and that the corresponding skills have been acquired. Nursing training schools draw on the model in section 60 (5) when designing the written record of evidence of formal qualifications.

Section 4

Guidance during placements

(1) The facilities delivering the practical training are responsible for ensuring that trainees receive practical guidance during their placements. This guidance serves to progressively prepare trainees to perform the professional activities of a general nurse, to prompt them to keep the written record of evidence of formal qualifications referred to in section 3 (5) and to maintain contact with the nursing training school. The guidance trainees receive during their placements comprises no less than 10 per cent of the practical training time during a placement, and is planned and structured on the basis of the agreed training plan.

(2) During the orientation placement, the compulsory placements at the facilities referred to in section 7 (1) of the Nursing Professions Act and the specialist placement, the guidance referred to in section (1) sentence 2 is provided by persons who have no less than one year of professional experience after having been granted authorisation pursuant to section 1 (1), section 58 (1) or (2), or section 64 of the Nursing Professions Act in the previous five years and are qualified to provide guidance as per subsection (3); the professional experience is, as a general rule, to have been acquired in that area of nursing practice in which the placement is undertaken. During the further placements undertaken as part of the practical training, the guidance referred to in subsection (1) sentence 2 is, as a general rule, to be provided by appropriately qualified professionals.

(3) Evidence of authorisation to provide guidance during placements is to be provided annually to the competent authority in the form of an additional vocational education qualification encompassing no less than 300 hours and continuous professional development, in particular in vocational education, of no less than 24 hours. Persons who can provide evidence on 31 December 2019 of being qualified to provide guidance during placements pursuant to section 2 (2) of the Geriatric Nursing Care Training and Examination Regulations (*Ausbildungs- und Prüfungsverordnung für den Beruf der Altenpflegerin und des Altenpflegers*) in the version applicable on 31 December 2019 or pursuant to section 2 (2) of the General Nursing Care Training and Examination Regulations (*Ausbildungs- und Prüfungsverordnung für die Berufe in der Krankenpflege*) in the version applicable on 31 December 2019 will have that qualification deemed equivalent to the additional vocational education qualification.

Section 5

Supervision during placements

Nursing training schools are responsible for ensuring that their teaching staff provide an appropriate level of supervision during the practical training in those facilities in which the practical training is being undertaken. More specifically, it is the task of the teaching staff to support and assess trainees as regards their professional skills and knowledge and to support those providing guidance during placements. To that end it must be guaranteed that teaching staff are regularly in attendance at the facilities. Supervision during placements is, as a general rule, therefore to comprise at least one visit to the respective facility by a member of teaching staff per trainee and per orientation placement, compulsory placement and specialist placement.

Section 6

Yearly reports and performance assessments

(1) For each training year, nursing training schools issue trainees with a report about their performance in the theoretical and practical instruction and in the practical training. A grade is awarded for each of the two areas. The *Länder* regulate further details concerning the awarding of grades. Reports list any absences, broken down by theoretical and practical instruction and practical training.

(2) Each facility involved in nursing training makes a qualified assessment of each trainee's performance during the placement undertaken at that facility, stating any absences as required under section 1 (4). Where a placement has not been completed by the end of a particular training year, it is included in the report covering the next training year. Performance assessments are to be communicated and explained to trainees at the end of each placement.

(3) The grade for the practical training is determined in consultation with the practical training provider, giving particular consideration to the qualified performance assessments pursuant to subsection (2) relating to the relevant training year.

Section 7

Interim examination

The interim examination under section 6 (5) of the Nursing Professions Act assesses the level of training achieved at the end of the second third of the training period. The interim examination covers the skills listed in Annex 1 which are taught in the first and second third of the training period. Trainees may continue with their nursing training regardless of the result of the interim examination. If the result of the interim examination indicates that achievement of the training objective is in jeopardy, the practical training provider and the nursing training school together with the trainee examine which measures are necessary to ensure that the training objective can be achieved at the end of the training period, and then implement those measures. The *Länder* regulate further details concerning the interim examination.

Section 8

Cooperation agreements

(1) To guarantee the required close cooperation between the nursing training school, the practical training provider and the other facilities involved in the nursing training, the parties concerned as per section 6 (4) of the Nursing Professions Act conclude written cooperation agreements in the cases under section 8 (2) to (4) of the Nursing Professions Act; regulations concerning co-determination remain unaffected. The *Länder* regulate further details concerning the cooperation agreements.

(2) The nursing training school, in particular the teaching staff responsible for providing the supervision during a placement, the practical training provider, the facilities involved in practical nursing training and those persons providing guidance during placements regularly coordinate with each other on the basis of these agreements.

Division 2

Provisions concerning state examination

Section 9

State examination

(1) The state nursing training examination comprises a written, an oral and a practical part. It covers the skills listed in Annex 2 on the basis of section 5 of the Nursing Professions Act.

(2) In the written and the oral part of the examination, candidates are required to demonstrate their professional skills and those personal skills, including soft skills and independence, required in the pursuit of the profession. In the practical part of the examination, candidates are required to demonstrate that they have acquired the skills needed to provide nursing care to persons in complex care situations and that they are competent to perform nursing activities in accordance with the training objective pursuant to the Nursing Professions Act.

(3) Examination candidates take the written and the oral part of the examination at the nursing training school at which they complete their training. The competent authority in whose area the examination or a part of the examination is to be taken may permit exceptions for good cause. In such cases, the chair of the relevant board of examiners is to be heard first.

(4) The practical part of the examination is generally taken at that facility at which the specialist placement was undertaken.

Section 10

Board of examiners

(1) A board of examiners which is responsible for the proper conduct of the examination is formed at each nursing training school. It comprises, at a minimum, the following members:

1. a representative of the competent authority or a suitable individual entrusted by the competent authority with this task,
2. the head of the nursing training school or a member of the school management team responsible for nursing training,
3. at least two specialist examiners who teach at the nursing training school and
4. one or more specialist examiners providing guidance in accordance with section 4 (1) at the time of the examination who meet the conditions of section 4 (2) sentence 1, at least one of whom is working at the facility at which the specialist placement was undertaken.

(2) The competent authority appoints the members of the board of examiners and their deputies at the suggestion of the nursing training school. At least one deputy is to be nominated for each member. The specialist examiners are, as a general rule, to be drawn from among those teaching staff who were predominantly involved in the examination candidate's training.

(3) The member referred to in subsection (1) sentence 2 no. 1 chairs the board of examiners. The chair is supported in the performance of his or her tasks by the competent authority. The chair appoints the specialist examiners and their deputies for the individual elements of the written part of the examination and for the oral and the practical part of the examination, at the suggestion of the head of the nursing training school.

(4) The chair of the board of examiners is required to participate in each of the parts of the examination to the extent necessary in the performance of the tasks laid down in these Regulations; the chair is not required to be present during the entire examination.

(5) The competent authority may delegate experts and observers to participate in all the elements of the examinations. They are allowed to be present during a real care situation only if the person needing nursing care has given his or her consent.

Section 11

Admission to examination

(1) The chair of the board of examiners decides, upon application by the examination candidate, whether the candidate is to be admitted to the examination, and then sets the dates for the examination in consultation with the head of the nursing training school. The state examination is, as a general rule, to start no earlier than three months before the end of the training.

(2) Admission to the examination is granted in written or electronic form where the following have been submitted:

1. an officially certified copy of proof of the examination candidate's identity,
2. the properly kept written record of evidence of formal qualifications pursuant to section 3 (5) and
3. the yearly reports pursuant to section 6 (1).

(3) A person may only be admitted to the state examination if the absences permissible in accordance with section 13 of the Nursing Professions Act in conjunction with section 1 (4) of these Regulations have not been exceeded and the average grade in the yearly reports is at least a 'sufficient'.

(4) The examination candidate is notified, in written or electronic form, no less than two weeks prior to the start of the examination that he or she has been admitted to the examination and of the relevant dates.

Section 12

Special examination arrangements

(1) To ensure equality of opportunities, account is to be taken when conducting examinations of the particular concerns of examination candidates who have a disability or impairment.

(2) An application for special examination arrangements is to be sent to the competent authority in written or electronic form at the latest when the application for admission to the examination is submitted.

(3) The competent authority decides whether a medical officer's report or other suitable documents are to be included with the written or electronic application to furnish the relevant evidence. The medical officer's report or the documents must indicate the impact which the disability or impairment has in terms of compromising or hindering the candidate's performance in the examination.

(4) The competent authority determines in which adapted form the candidate is to demonstrate an equivalent level of performance in the examination. When determining the adapted form of the examination, extra writing or preparation time may also be allowed.

(5) Special examination arrangements must not give rise to any changes to subject-related examination requirements.

(6) The competent authority's decision is communicated to the examination candidate in a suitable manner.

Section 13

Preliminary grades

(1) At the suggestion of the nursing training school, the chair of the board of examiners determines a preliminary grade (*Vornote*) for the written, the oral and the practical part of the examination. These preliminary grades are based on the reports referred to in section 6 (1).

(2) The preliminary grades account for 25 per cent of the grades awarded in the written, the oral and the practical part of the examination.

(3) The preliminary grade for the written part of the examination and the preliminary grade for the oral part of the examination are calculated by taking the arithmetic mean of the grades awarded in the yearly reports for performance during the theoretical and practical instruction pursuant to section 6 (1) sentence 2. The preliminary grade for the practical part of the examination is calculated by taking the arithmetic mean of the grades awarded in the yearly reports for the practical training pursuant to section 6 (1) sentence 2.

(4) The preliminary grades are communicated to trainees no later than three working days before the start of the first part of the examination.

Section 14 **Written part of examination**

(1) The written part of the examination covers the following areas in Skills Areas I to V as listed in Annex 2:

1. nursing care process design, including interaction and building relationships in acute and long-term care situations (Key Skills I.1 and II.1), taking into account real-life aspects and nursing care activities linked to a person's lifestyle and giving consideration to maintaining the autonomy and promoting the development of the person needing nursing care (Key Skills I.5 and I.6), whereby selected contextual conditions in Skills Area IV are also to be included in case processing,

2. nursing care process design relating to persons with health problems, giving particular consideration to health promotion and prevention in conjunction with various key skills and aspects relating to the giving of advice (Key Skills I.2 and II.2), whereby reasons are to be given for concrete decision-making during case processing based on explanatory nursing science knowledge (Key Skills V.1),

3. nursing care process control in critical and crisis care situations (Key Skills I.3 and I.4) in conjunction with independently carrying out doctors' orders (Key Skill III.2) and decision-making processes which are based on ethical principles (Key Skill II.3).

(2) Examination candidates are required to work on written case studies relating to each of the above three areas as part of an invigilated examination. The case situations to be dealt with in the three invigilated examinations are, as a general rule, to vary as regards

1. the age of the persons needing nursing care,
2. the social and cultural background of the persons needing nursing care,
3. the areas of nursing practice in which the case situations occur.

(3) The invigilated examinations last 120 minutes each. They are generally taken on three consecutive weekdays. The invigilators are appointed by the head of the nursing training school.

(4) The questions for the invigilated examinations are set by the competent authority at the suggestion of the nursing training school. The competent authority may set central examination questions drawn up with the nursing training schools' involvement. In such cases, the competent authority sets a single examination date for the whole of the *Land*.

(5) Each invigilated examination must be graded by at least two specialist examiners pursuant to section 10 (1) sentence 2 no. 3. The chair of the board of examiners, in consultation with the specialist examiners, calculates the grade to be awarded for the individual invigilated examinations based on the grades awarded by the specialist examiners.

(6) The written part of the examination is deemed to have been passed if the grade awarded for each of the three invigilated examinations is at least a 'sufficient'.

(7) The chair of the board of examiners calculates the overall grade for the written part of the examination based on the arithmetic mean of the grades awarded for the invigilated examinations and the preliminary grade for the written part of the examination pursuant to section 13 (1) and (2).

Section 15 **Oral part of examination**

(1) The oral part of the examination covers the following skills areas as listed in Annex 2:

1. taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts (Skills Area III),
2. reflecting on and explaining own actions based on legislation, regulations and ethical guidelines (Skills Area IV),
3. reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes (Skills Area V).

The main emphasis of the oral part of the examination is on analysing one's own professional role and professional self-image as well as team-related, facility-specific and social contextual conditions and their influence on the provision of nursing care.

(2) The three skills areas covered in the oral examination are tested by means of a complex examination question. It involves handling a case situation in a care context other than that which is tested in the practical part of the examination and which also relates to a different age group of persons needing nursing care.

(3) Examination candidates are tested individually or in pairs. The examination is, as a general rule, to last no less than 30 minutes and no more than 45 minutes for each examination candidate. An appropriate amount of invigilated preparation time is to be guaranteed.

(4) The examination is conducted and graded by at least two specialist examiners pursuant to section 10 (1) sentence 2 no. 3. The chair of the board of examiners is entitled to participate in the examination and to ask questions during the examination.

(5) The chair of the board of examiners, in consultation with the specialist examiners, calculates the examination grade based on the grades awarded by the specialist examiners.

(6) The oral part of the examination is deemed to have been passed if the grade awarded for the examination is at least a 'sufficient'.

(7) The chair of the board of examiners calculates the overall grade for the oral part of the examination based on the examination grade and the preliminary grade for the oral part of the examination pursuant to section 13 (1) and (2).

(8) The chair of the board of examiners may, with the consent of the examination candidate, allow persons to be present during the oral part of the examination in a listening capacity if they have a justified interest in doing so.

Section 16

Practical part of examination

(1) The practical part of the examination covers Skills Areas I to V as listed in Annex 2.

(2) The practical part of the examination comprises an examination question relating to the provision of independent, comprehensive and process-oriented nursing care. The examination candidate is required to demonstrate the skills acquired in regard to the comprehensive assessment of individual care needs, the planning of the nursing care, administration of that nursing care which is necessary and the evaluation of the nursing care process, as well as in regard to communication and quality assurance, and is required to take on all the tasks involved in the provision of process-oriented care in that context. The reserved activities pursuant to section 4 of the Nursing Professions Act form the key component of the examination.

(3) The examination question is, as a general rule, to take particular account of that area of nursing practice in which the examination candidate undertook his or her specialist placement pursuant to section 6 (3) sentence 2 of the Nursing Professions Act in the course of the practical training. It is set in accordance with subsection (6) at the suggestion of the nursing training school with the consent of the person needing nursing care and the qualified professional responsible for the person needing nursing care.

(4) The examination is conducted in real and complex care situations. It encompasses the provision of nursing care to at least two persons, one of whom must be in need of more intensive nursing care. Examination candidates are tested individually.

(5) The examination comprises the advance preparation of a care plan in written or electronic form (preparatory part), the case presentation lasting no more than 20 minutes, the administration of those planned care measures which are necessary in the given situation, and an interview lasting no more than 20 minutes in which the examination candidate reflects on the process. The examination, minus the preparatory part but including the interview, is, as a general rule, not to exceed 240 minutes and may be interrupted for a maximum of one working day on organisational grounds. An appropriate amount of invigilated preparation time is to be guaranteed for the preparatory part.

(6) The examination is conducted and graded by at least two specialist examiners, one of whom must be a specialist examiner pursuant to section 10 (1) sentence 2 no. 4. The chair of the board of examiners is entitled to participate in the examination and to ask questions.

(7) The chair of the board of examiners, in consultation with the specialist examiners, calculates the examination grade based on the grades awarded by the specialist examiners.

(8) The practical part of the examination is deemed to have been passed if the grade awarded for the examination is at least a 'sufficient'.

(9) The chair of the board of examiners calculates the overall grade for the practical part of the examination based on the examination grade and the preliminary grade for the practical part of the examination in accordance with section 13 (1) and (2).

Section 17 Grading

The following grades are used for the preliminary grades and for the state examination:

Points achieved	Grade	Definition
Up to less than 1.50	Very good (<i>sehr gut</i>) (1)	Performance exceeds requirements
Between 1.50 and less than 2.50	Good (<i>gut</i>) (2)	Performance fully meets requirements
Between 2.50 and less than 3.50	Satisfactory (<i>befriedigend</i>) (3)	Performance for the most part meets requirements
Between 3.50 and less than 4.50	Sufficient (<i>ausreichend</i>) (4)	Performance shows deficiencies, but as a whole meets requirements
Between 4.50 and less than 5.50	Insufficient (<i>mangelhaft</i>) (5)	Performance does not meet requirements, but it is apparent that the candidate has the required basic knowledge and any deficiencies can be rectified within a foreseeable period of time
More than 5.50	Inadequate (<i>ungenügend</i>) (6)	Performance does not meet requirements and there are such gaps in the candidate's basic knowledge that it will not be possible to make up for these deficiencies within a foreseeable period of time

Section 18

Transcript

A transcript is to be made of the examination which indicates the subject matter, conduct and results of the examination and any irregularities which may have occurred.

Section 19

Passing and retaking state examination, certificate

(1) The state examination is deemed to have been passed if the overall grade awarded for the written part of the examination pursuant to section 14 (7), the oral part of the examination pursuant to section 15 (7) and the practical part of the examination pursuant to section 16 (9) is at least a 'sufficient' in each case. The overall grade for the state examination is calculated by taking the arithmetic mean of the grades awarded for the three parts of the examination.

(2) Whoever passes the state examination receives a certificate based on the model in Annex 8. Whoever does not pass the state examination is notified by the chair of the board of examiners in written or electronic form of the grades awarded in the state examination.

(3) Each invigilated part of the written examination, the oral part of the examination and the practical part of the examination may be retaken once if the examination candidate was awarded an 'insufficient' or 'inadequate'.

(4) Examination candidates who need to retake all the invigilated parts of the written examination pursuant to section 14 (2) sentence 1, the practical part of the examination or all the parts of the examination may only be admitted to retake the examination after undergoing additional training. In an individual case, the chair of the board of examiners, in consultation with the specialist examiners, may deviate from the requirement under sentence 1 concerning the additional training. The chair of the board of examiners decides on the length and content of the additional training. The additional training, including the time required for the examination, may not exceed the period of one year as set out in section 21 (2) of the Nursing Professions Act; the competent authority may permit exceptions in justified cases. When applying for admission to retake the examination, candidates must include evidence of having undertaken the additional training.

Section 20

Withdrawal from examination

(1) Where an examination candidate withdraws after being admitted to the examination or to a part of the examination, he or she must promptly notify the chair of the board of examiners in written or electronic form of the reason for his or her withdrawal.

(2) Where the chair of the board of examiners authorises an examination candidate's withdrawal, the examination is deemed not to have been started. Such authorisation is only to be given for good cause. In case of sickness, submission of a medical officer's report is to be requested.

(3) Where the chair of the board of examiners does not authorise an examination candidate's withdrawal or an examination candidate does not promptly give notification of the reason for his or her withdrawal, the examination or the relevant part of the examination is deemed not to have been passed. Section 19 (3) and (4) applies accordingly.

Section 21

Consequences of non-attendance

(1) Where an examination candidate fails to attend an examination, does not hand in an invigilated examination question or does not do so in due time, or if he or she breaks off the examination or a part of the examination, the examination or the relevant part of the examination is deemed not to have been passed, unless the candidate has good cause for not attending; section 19 (3) and (4) applies accordingly. If there is good cause, the examination or the relevant part of the examination is deemed not to have been started.

(2) The chair of the board of examiners decides whether there is good cause. Section 20 (1) and (2) sentence 3 applies accordingly.

Section 22

Breaches of examination procedure and attempts to deceive

The chair of the board of examiners may declare that examination candidates who substantially disrupt the proper conduct of the examination or who attempt to deceive have not passed the relevant part of the examination; section 19 (3) and (4) applies accordingly. Such a decision is only permissible in the case of a disruption of the examination up until the end of the examination as a whole, in the case of an attempt to deceive only within three years following completion of the examination.

Section 23

Examination papers

Upon application, examination candidates are to be permitted to inspect their examination papers following completion of the examination. Written invigilated examination questions are to be retained for three years, applications for admission to the examination and examination transcripts for ten years.

Section 24

Examination in model projects pursuant to section 14 of Nursing Professions Act

(1) Section 10 (1) applies to nursing training in accordance with section 14 of the Nursing Professions Act, with the proviso that in addition to the persons referred to in section 10 (1) sentence 2 nos. 1 to 4 the board of examiners is to include those specialist medical examiners who taught the trainees the additional skills required to be able to administer the medical procedures being tested in the state examination.

(2) In the case of nursing training in accordance with section 14 of the Nursing Professions Act, the certificate referred to in section 19 (2) sentence 1 of these Regulations is to be accompanied by written confirmation by the place of training indicating the medical procedures which formed the subject of the extended training and were tested in the extended state examination.

(3) In the case of nursing training in accordance with section 14 of the Nursing Professions Act, the written part of the examination encompasses, in addition to the areas referred to in section 14 (1) of these Regulations, those extended skills required to administer the medical procedures which formed the subject matter of the extended training on the basis of the training content approved in accordance with section 14 (2) of the Nursing Professions Act. Examination candidates are required to answer written questions on that subject matter as part of the invigilated part of the examination. The invigilated part of the examination lasts 120 minutes and is to be taken on another working day. Section 14 (3) sentence 3 applies accordingly. The questions in the invigilated part of the examination are set by the chair of the board of examiners at the suggestion of that nursing training school at which the nursing training was undertaken. The competent authority may set central examination questions with the nursing training schools' involvement.

(4) In the case of nursing training in accordance with section 14 of the Nursing Professions Act, the oral part of the examination encompasses, in addition to the skills areas referred to in section 15 (1) of these Regulations, those extended skills required to administer the medical procedures which formed the subject matter of the extended training on the basis of the training content approved in accordance with section 14 (2) of the Nursing Professions Act. The examination covering the extended skills pursuant to sentence 1 is, as a general rule, to last no less than 15 minutes and no more than 30 minutes for each examination candidate. Medical specialist examiners are to be involved in the examination in accordance with subsection (1).

(5) In the case of nursing training in accordance with section 14 of the Nursing Professions Act, the practical part of the examination encompasses, in addition to section 16 (1) and (2) of these Regulations, a practical task involving the administration of medical procedures to patients which formed the subject matter of the extended training on the basis of the training content approved in accordance with section 14 (2) of the Nursing Professions Act. Examination candidates perform all the activities relating to the treatment, including its

documentation. Examination candidates discuss and justify their diagnostic and treatment measures during an interview and reflect on the examination situation. In doing so they are required to provide evidence that they are able to apply in practice the extended skills which they acquired during their training and that they are able independently to perform those tasks which formed the subject matter of their extended training. Patients are selected by one of the medical specialist examiners pursuant to subsection (1), with the patient's consent. The examination is, as a general rule, to last no more than 180 minutes for each examination candidate. The examination is conducted and graded by two specialist examiners pursuant to section 10 (1) sentence 2 no. 4.

(6) In all other respects, the provisions of this Division apply to the state examination following nursing training pursuant to section 14 of the Nursing Professions Act.

Part 2

Special provisions on vocational nursing training under Part 5 of Nursing Professions Act

Division 1

General provisions

Section 25

Applicability of provisions of Part 1

The provisions of Part 1 of these Regulations apply to vocational nursing training under Part 5 of the Nursing Professions Act, unless otherwise provided under the following provisions of this Part.

Division 2

Vocational training as healthcare and paediatric nurse

Section 26

Content and delivery of training, state examination

(1) Training as a healthcare and paediatric nurse under section 58 (1) of the Nursing Professions Act qualifies trainees who achieve the training objective pursuant to section 5 in conjunction with section 60 (1) of the Nursing Professions Act to provide nursing care to children and adolescents. The skills required are set out in concrete terms in Annex 3.

(2) Placements during the last third of the training period are to be undertaken in areas of child and adolescent nursing practice in accordance with the distribution of hours provided for under Annex 7. The compulsory placement in psychiatric care in accordance with section 7 (2) of the Nursing Professions Act is undertaken in a child and adolescent psychiatric care setting. Where necessary, the training plan agreed as part of the training contract is to be updated.

(3) The state examination covers the skills listed in Annex 3 based on section 5 in conjunction with section 60 (1) of the Nursing Professions Act. The specialist examiners pursuant to section 10 (1) sentence 2 no. 4 are, as a general rule, required to be active in the provision of nursing care to children and adolescents.

Section 27

Subject matters of written, oral and practical part of examination

(1) The written part of the examination covers the following areas in Skills Areas I to V as listed in Annex 3:

1. nursing care process design, including interaction and building relationships in acute and long-term care situations (Key Skills I.1 and II.1), taking into account real-life aspects and nursing care activities linked to a person's lifestyle and giving consideration to maintaining the autonomy and promoting the development of children and adolescents needing nursing care (Key Skills I.5 and I.6), whereby selected contextual conditions in Skills Area IV are also to be included in case processing,

2. nursing care process design in regard to children and adolescents with health problems, giving particular consideration to health promotion and prevention in conjunction with various key skills and aspects of the giving of advice to those requiring nursing care (Key Skills I.2 and II.2), whereby reasons are to be given for concrete decision-making during case processing based on explanatory nursing science knowledge (Key Skills V.1),
 3. nursing care process control in critical and crisis care situations (Key Skills I.3 and I.4) in conjunction with independently carrying out doctors' orders (Key Skill III.2) and decision-making processes which are based on ethical principles (Key Skill II.3).
- (2) The oral part of the examination covers the following skills areas as listed in Annex 3:
1. taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts (Skills Area III),
 2. reflecting on and explaining own actions based on legislation, regulations and ethical guidelines (Skills Area IV),
 3. reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes (Skills Area V).

The main emphasis of the oral part of the examination is on analysing one's own professional role and professional self-image as well as team-related, facility-specific and social contextual conditions and their influence on the provision of nursing care.

- (3) The practical part of the examination covers Skills Areas I to V as listed in Annex 3.
- (4) The case situations addressed in the various parts of the examination are to be drawn from child and adolescent nursing practice.

Division 3 Vocational training as geriatric nurse

Section 28 Content and delivery of training, state examination

- (1) Training as a geriatric nurse pursuant to section 58 (2) of the Nursing Professions Act qualifies trainees who achieve the training objective pursuant to section 5 in conjunction with section 61 (1) of the Nursing Professions Act to provide nursing care to older persons. The skills required are set out in concrete terms in Annex 4.
- (2) Placements during the last third of the training period are to be undertaken in areas of geriatric nursing practice in accordance with the distribution of hours provided for under Annex 7. The compulsory placement in psychiatric care in accordance with section 7 (2) of the Nursing Professions Act is undertaken in areas of geronto-psychiatric nursing practice. Where necessary, the training plan agreed as part of the training contract is to be updated.
- (3) The subject matter of the state examination covers the skills listed in Annex 4 based on section 5 in conjunction with section 61 (1) of the Nursing Professions Act. The specialist examiners referred to in section 10 (1) sentence 2 no. 4 are, as a general rule, required to be active in the provision of nursing care to older persons.

Section 29 Subject matters of written, oral and practical part of examination

- (1) The written part of the examination covers the following areas in Skills Areas I to V as listed in Annex 4:
 1. nursing care process design, including interaction and building relationships in acute and long-term care situations (Key Skills I.1 and II.1), taking into account real-life aspects and nursing care activities linked to a person's lifestyle and giving consideration to maintaining the autonomy and promoting the development of older persons needing

nursing care (Key Skills I.5 and I.6), whereby selected contextual conditions in Skills Area IV are also to be included in case processing,

2. nursing care process design in regard to older persons with health problems, giving particular consideration to health promotion and prevention in conjunction with various key skills and aspects relating to the giving of advice (Key Skills I.2 and II.2), whereby reasons are to be given for concrete decision-making during case processing based on explanatory nursing science knowledge (Key Skills V.1),

3. nursing care process control in critical and crisis care situations (Key Skills I.3 and I.4) in conjunction with independently carrying out doctors' orders (Key Skill III.2) and decision-making processes which are based on ethical principles (Key Skill II.3).

(2) The oral part of the examination covers the following skills areas as listed in Annex 4:

1. taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts (Skills Area III),

2. reflecting on and explaining own actions based on legislation, regulations and ethical guidelines (Skills Area IV),

3. reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes (Skills Area V).

The main emphasis of the oral part of the examination is on analysing one's own professional role and professional self-image as well as team-related, facility-specific and social contextual conditions and their influence on the provision of nursing care.

(3) The practical part of the examination covers Skills Areas I to V as listed in Annex 4.

(4) The case situations addressed in the various parts of the examination are to be drawn from geriatric nursing practice.

Part 3 University nursing training

Section 30 Content and structure of university nursing training

(1) University nursing training under Part 3 of the Nursing Professions Act qualifies those who achieve the training objectives pursuant to section 37 of the Nursing Professions Act to provide nursing care to persons of all ages in general and specialist areas of nursing practice. The skills required are set out in concrete terms in Annex 5. The acquisition of the skills required to provide nursing care to persons of all ages also takes account of the special demands of nursing care provision to children and adolescents as well as to older persons in various care settings.

(2) Taking account of the requirements laid down in Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22; L 271, 16.10.2007, p. 18), university nursing training encompasses a total of no less than 4,600 hours of work. Students spend no less than 2,100 hours of that total taking course units and no less than 2,300 hours undertaking placements at facilities in accordance with section 7 of the Nursing Professions Act. Students spend no less than 400 of those hours undertaking placements in general acute care at inpatient facilities, in general long-term care at inpatient facilities and general acute and long-term outpatient care pursuant to section 7 (1) of the Nursing Professions Act in each case.

(3) University nursing training comprises phases of course units which alternate with placements. The universities are responsible for coordinating these phases.

(4) The modular curriculum is drawn up on the basis of the training objectives laid down in section 37 of the Nursing Professions Act and the requirements set out in Annex 5.

(5) Where a university applies to the competent authority in accordance with section 38 (3) sentence 4 of the Nursing Professions Act, it presents a concept which makes it clear that the objective of the placements, in particular that of learning as a member of a nursing team in direct contact with persons needing nursing care, will not be jeopardised.

(6) Absences must not jeopardise achievement of the training objective laid down in section 37 of the Nursing Professions Act. The universities regulate further details.

Section 31

Delivery of university nursing training

(1) Universities enter into written cooperation agreements with the facilities to guarantee that they deliver the placements and thus to ensure that an adequate amount of guidance is provided as required in accordance with the modular curriculum. Guidance is provided during placements by suitable, for the most part university-qualified, members of nursing staff. The *Länder* may regulate additional matters. Up until 31 December 2029 they may approve deviating requirements in regard to the suitability of those providing the guidance.

(2) Universities ensure that an adequate amount of supervision is provided during placements. They enter into cooperation agreements with the facilities delivering the placements concerning delivery of the supervision in those facilities and cooperation with those providing the guidance.

(3) Students may only be assigned those activities during their placements which correspond to the purpose and level of their training; any activities assigned must be appropriate to students' physical and mental capabilities.

Section 32

Module examinations and state examination to gain access to profession

(1) The examination comprises a written, an oral and a practical part. The state examination to gain access to the profession covers the skills listed in section 39 (2) sentence 1 of the Nursing Professions Act. In the written and the oral part of the examination, candidates are required to demonstrate their expertise and the personal skills, including soft skills and independence, required in the pursuit of the profession. In the practical part of the examination, candidates are required to demonstrate that they have the skills required to provide nursing care even in highly complex care situations and that they are able to engage in nursing care activities in accordance with the training objective pursuant to the Nursing Professions Act.

(2) Examination candidates take the written and the oral part of the examination at that university at which they completed their university nursing training.

(3) The practical part of the examination is generally taken at that facility at which the student undertook the specialist placement in accordance with section 38 (3) sentence 1 of the Nursing Professions Act.

(4) Universities, with the consent of the competent authority, set the modules of the degree course in which skills are to be examined pursuant to section 39 (2) sentence 1 of the Nursing Professions Act as well as the nature of each module examination in accordance with the provisions of sections 35 to 37 of these Regulations.

Section 33

Board of examiners

(1) A board of examiners which is responsible for the proper conduct of the module examinations pursuant to section 39 (2) sentence 1 of the Nursing Professions Act is formed at each university delivering university nursing training. It comprises, at a minimum, the following members:

1. a representative of the competent authority or a suitable individual entrusted by the competent authority with this task,
2. a representative of the university,

3. at least one examiner appointed to teach the subject at the university and one examiner who is entitled to conduct university-level examinations and

4. at least one examiner who is suited to conducting the practical part of the examination.

The examiners referred to in sentence 2 nos. 3 and 4 must have authorisation to use the professional title pursuant to section 1 (1), section 58 (1) or (2), or section 64 of the Nursing Professions Act. The *Länder* may, up until the year 2029, authorise exceptions to the requirement laid down in sentence 3 in respect of the examiners referred to in sentence 2 no. 3.

(2) The competent authority appoints the member referred to in subsection (1) sentence 2 no. 1 and his or her deputy. The university nominates the member referred to in subsection (1) sentence 2 no. 2 and his or her deputy.

(3) The board of examiners is chaired jointly by the member referred to in subsection (1) sentence 2 no. 1 and the member referred to in subsection (1) sentence 2 no. 2. The member referred to in subsection (1) sentence 2 no. 1 is supported by the competent authority in the performance of his or her tasks.

(4) The chairs of the board of examiners, at the suggestion of the university, jointly appoint the examiners for the individual parts of the examination as well as their deputies.

(5) The chairs of the board of examiners are required to participate in the respective parts of the examination to the extent necessary to perform the tasks assigned under these Regulations; they are not required to be present during the entire examination.

(6) Where a university cooperates with a nursing training school in accordance with section 67 of the Nursing Professions Act, the chairs may also appoint representatives of the nursing training school to the board of examiners.

Section 34

Admission to examination, special examination arrangements

(1) The chairs of the board of examiners decide, upon application by the student and on the basis of the requirements laid down in the degree course concept, whether the student is to be admitted to the state examination.

(2) Section 12 applies accordingly.

Section 35

Written part of examination

(1) The written part of the examination comprises three invigilated examinations.

(2) Modules relating to the following areas in Skills Areas I to V as listed in Annex 5 are to be set for the three invigilated examinations:

1. taking on the planning, organisation, design, control and delivery of nursing care processes relating to complex and highly complex care needs, specific client groups in care situations with special health problems, and in highly stressful and critical life situations on the basis of scientific theories, models and research findings,

2. promoting development and autonomy throughout the lifespan and supporting persons of all ages in conducting their life on the basis of methods and research findings from the theory of nursing science and related sciences,

3. conceiving, designing, reflecting on and evaluating advisory and training concepts on the basis of verified research findings,

4. analysing, reflecting on and evaluating communication, interaction and advisory processes in nursing practice on the basis of methods from the theory of nursing science and related sciences and taking account of ethical aspects,

5. analysing and reflecting on nursing and health care structures, controlling nursing care processes and forms of intra- and inter-professional cooperation, and

participating in designing structures and nursing care processes on the basis of scientific findings,

6. explaining doctors' orders and diagnostic, therapeutic and rehabilitation measures taking account of advanced research-based knowledge,

7. evaluating research findings and using research-based solutions and new technologies to design nursing care processes.

(3) Where modules have been devised so as to cover several examination areas, the areas referred to must at least form a main emphasis in each set module. Examination candidates are required to work on a written case study relating to each of these three areas in an invigilated examination. The case situations in the three invigilated examinations are, as a general rule, to vary as regards

1. the age of the persons needing nursing care,

2. the social and cultural background of the persons needing nursing care,

3. the areas of nursing practice in which the case situations occur.

All three invigilated examinations test whether candidates can reflect on and explain their own actions on the basis of scientific findings. The invigilated examinations round off the module assigned in accordance with subsection (2).

(4) The invigilated examinations last no less than 120 minutes each. They are generally undertaken on three consecutive weekdays. The invigilators are nominated by the university.

(5) The questions in the invigilated examinations are set by the chairs of the board of examiners at the suggestion of the university.

(6) Each invigilated examination is to be graded by at least two examiners. The chairs of the board of examiners, in consultation with the respective examiners, calculate the grade for the individual invigilated examinations based on the grades awarded by the examiners.

(7) The written part of the examination is deemed to have been passed if the grade awarded for each of the three invigilated examinations is at least a 'sufficient'.

(8) The chairs of the board of examiners calculate the overall grade for the written part of the examination by taking the arithmetic mean of the grades awarded for the three invigilated examinations. If the modules are weighted differently in the curriculum in terms of their workload, account is to be taken thereof when determining the overall grade for the written part of the examination.

Section 36

Oral part of examination

(1) One module or several modules concerning the following areas covering Skills Areas III to V as listed in Annex 5 are to be set for the oral part of the examination:

1. taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts and in the ongoing development of the provision of healthcare and nursing care,

2. reflecting on and explaining own actions based on legislation, regulations and ethical guidelines, and participating in developing and implementing quality management concepts, guidelines and expert standards,

3. reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes, and participating in professional development.

(2) In the oral part of the examination, candidates are required to demonstrate their professional skills. The examination is taken at the end of the module or modules set in accordance with subsection (1).

(3) The three skills areas covered in the oral examination are tested by means of complex examination questions which take account of the latest scientific findings. The examination

question involves the handling of a case situation in a care context other than that which was tested in the practical examination and which also relates to a different age group of persons requiring nursing care.

(4) Examination candidates are tested individually or in pairs. The examination for each examination candidate is, as a general rule, to last no less than 30 minutes and no more than 45 minutes. An appropriate amount of invigilated preparation time is to be guaranteed.

(5) The examination is conducted and graded by at least two examiners. The chairs of the board of examiners are entitled to participate in the examination and to ask questions.

(6) The chairs of the board of examiners, in consultation with the examiners, calculate the grade to be awarded for performance in the examination based on the grades awarded by the examiners.

(7) The oral part of the examination is deemed to have been passed if the grade awarded for the candidate's performance is at least a 'sufficient'.

Section 37

Practical part of examination

(1) A separate module relating to Skills Areas I to V as listed in Annex 5 is to be set for the practical part of the examination.

(2) The practical part of the examination comprises an examination question relating to the provision of independent, comprehensive and process-oriented nursing care and in particular relates to the reserved activities pursuant to section 4 of the Nursing Professions Act.

Examination candidates are required to demonstrate the skills acquired in regard to the comprehensive assessment of individual care needs, the planning and design of the nursing care, administration of that nursing care which is necessary, the evaluation of the nursing care process, including communication and advice, as well as quality assurance and intra- and inter-professional cooperation, and they are required to take on all the activities relating to the provision of process-oriented care in that context. They are also required to demonstrate that they have acquired the skills needed to explain and reflect on their actions in a science-based or -oriented manner. The practical part of the examination is taken at the end of the module in accordance with subsection (1).

(3) The examination question is, as a general rule, to take particular account of that area of nursing practice in which the examination candidate undertook his or her specialist placement pursuant to section 6 (3) sentence 2 of the Nursing Professions Act during the practical training. It is set by the chairs of the board of examiners at the suggestion of at least one of the examiners referred to in section 33 (1) sentence 2 no. 4.

(4) The examination is conducted in real and highly complex care situations. It encompasses the care of at least two persons, one of whom must require more intensive nursing care and must be in a highly complex care situation. Examination candidates are tested individually.

(5) The examination comprises the advance preparation of a care plan in written or electronic form (preparatory part), the case presentation lasting no more than 20 minutes, the administration of the planned care measures which are necessary in the given situation and an interview which lasts no more than 20 minutes in which the examination candidate reflects on the process. By drawing up the care plan either in written or electronic form examination candidates are required to demonstrate that they are able to design and explain the nursing care provided in a case-, situation- and goal-oriented as well as in a science-based or -oriented manner. The examination, minus the preparatory part but including the interview, is, as a general rule, not to exceed 240 minutes and may be interrupted for a maximum of one working day on organisational grounds. An appropriate amount of invigilated preparation time is to be guaranteed for the preparatory part.

(6) The examination is conducted and graded by at least one examiner in accordance with section 33 (1) sentence 2 no. 3 and one examiner in accordance with section 33 (1) sentence 2 no. 4. The chairs of the board of examiners are entitled to participate in the examination and to ask questions.

(7) The chairs of the board of examiners, in consultation with the examiners, calculate the grade to be awarded for performance in the examination based on the grades awarded by the examiners.

(8) The practical part of the examination is deemed to have been passed if the grade awarded for the candidate's performance is at least a 'sufficient'.

Section 38

Transcript, withdrawal from examination, consequences of non-attendance, breaches of examination procedure and attempts to deceive, examination papers

Sections 18 and 20 to 23 apply accordingly.

Section 39

Passing and retaking state part of examination

(1) Examination performance is evaluated on the basis of grades. Grades are awarded on the basis of an assessment of whether performance in the examination fully meets examination requirements. The grading system set out in section 17 applies.

(2) The state examination to gain access to the profession is deemed to have been passed if each part of the examination as required under section 32 (1) has been passed. An overall grade is calculated by taking the arithmetic mean of the grades awarded for the three parts of the examination.

(3) Each module examination which forms part of the state examination may be retaken once if the examination candidate was awarded an 'insufficient' or 'inadequate'. Section 19

(4) applies accordingly.

Section 40

Successful completion of university nursing training, certificate

(1) University nursing training is deemed to have been successfully completed where a candidate passes both the university and the state part of the examination. Where a candidate does not successfully complete university nursing training as a whole, the granting of authorisation pursuant to section 1 (1) of the Nursing Professions Act is ruled out.

(2) The university issues a certificate relating to the university nursing training in agreement with the competent authority. The result of the state examination to gain access to the profession is indicated separately in the certificate and is signed by the competent authority.

Section 41

Examination in model projects pursuant to section 14 of Nursing Professions Act

The examination at the end of training undertaken pursuant to section 14 of the Nursing Professions Act which forms part of university nursing training is to be taken at a university. The provisions of this Part concerning the state examination apply to nursing training undertaken pursuant to section 14 of the Nursing Professions Act, whereby the additions under section 24 (1) to (5) of these Regulations apply accordingly.

Part 4

Other provisions

Division 1

Granting of authorisation

Section 42

Certificate

Where the conditions of section 2 of the Nursing Professions Act concerning the granting of authorisation to use the professional title pursuant to section 1 (1) sentence 1 of the Nursing Professions Act, pursuant to section 1 (1) sentence 2 of the Nursing Professions Act, pursuant to section 58 (1) of the Nursing Professions Act or pursuant to section 58 (2) of the Nursing Professions Act are met, the competent authority issues a certificate based on the model in Annex 13. In the case of nursing training under Part 2 of the Nursing Professions

Act, the certificate issued in accordance with section 1 (2) of the Nursing Professions Act contains a reference to the specialist placement undertaken on the basis of section 7 (4) sentence 1 of the Nursing Professions Act based on the model in Annex 14.

Division 2

Recognition of foreign professional qualifications, required adaptation measures and provision of services

Section 43

General procedure, notices, time limits

(1) Persons who completed their nursing training outside of the area of application of the Nursing Professions Act may apply to the competent authority for the granting of authorisation

1. to use the professional title of 'General Nurse' (*Pflegefachfrau* or *Pflegefachman*) in accordance with section 1 (1) of the Nursing Professions Act,
2. to use the professional title of 'Healthcare and Paediatric Nurse' (*Gesundheits- und Kinderkrankenpflegerin* or *Gesundheits- und Kinderkrankenpfleger*) in accordance with section 58 (1) of the Nursing Professions Act or
3. to use the professional title of 'Geriatric Nurse' (*Altenpflegerin* or *Altenpfleger*) in accordance with section 58 (2) of the Nursing Professions Act.

(2) Authorisation is granted where the conditions of section 2 of the Nursing Professions Act are met. After having been granted authorisation, the professional title of 'General Nurse', 'Healthcare and Paediatric Nurse' or 'Geriatric Nurse' may be used.

(3) The competent authority is required to decide on applications for the granting of authorisation pursuant to subsection (1) at short notice, no later than four months after applicants submit full documentation. In the cases under section 41 (1) of the Nursing Professions Act, the decision must be given, by way of derogation from sentence 1, no later than three months after applicants submit full documentation.

(4) If the competent authority identifies substantial differences as regards the equivalence of the applicant's professional qualification, it sends the applicant notice thereof, which is open to appeal. The notice contains the following information:

1. the level of qualification required in Germany and the level of the qualification submitted by the applicant pursuant to the classification in Article 11 of Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22; L 271, 16.10.2007, p. 18), as amended,
2. the subject areas or training components in which substantial differences were identified,
3. an explanation of the content of the substantial differences and the reasons why they mean that the applicant does not have the sufficient level of skills required to pursue the profession of general nurse, healthcare and paediatric nurse or geriatric nurse in Germany and
4. reasons why the applicant cannot compensate for the substantial differences by means of skills which he or she acquired within the meaning of section 40 (2) sentence 2 of the Nursing Professions Act as part of professional experience or lifelong learning.

Section 44

Content and delivery of adaptation course pursuant to section 40 (3) sentence 2 of Nursing Professions Act

(1) The goal of the adaptation course referred to in section 40 (3) sentence 2 of the Nursing Professions Act is to determine that participants have the skills required to pursue the profession of general nurse, healthcare and paediatric nurse or geriatric nurse. The competent authority determines the duration and content of the adaptation course so as to ensure that the objective of the adaptation course can be achieved.

(2) In accordance with the objective of the adaptation course, the course is delivered in the form of theoretical and practical instruction, practical training with theoretical teaching, or both, at facilities as referred to in section 6 (2) or (3) sentence 1 of the Nursing Professions Act or at facilities recognised as comparable by the competent authority. Those providing guidance to trainees during their placement who fulfil the conditions of section 4 (2) are to be involved in the theoretical teaching to an appropriate extent.

(3) The adaptation course pursuant to section 40 (3) sentence 2 of the Nursing Professions Act concludes with an examination of the skills taught on the course which takes the form of a final interview. Evidence that a course participant has passed the examination is to be provided in a certificate based on the model in Annex 9.

(4) The final interview at the end of an adaptation course pursuant to section 40 (3) sentence 2 of the Nursing Professions Act is conducted by a specialist examiner pursuant to section 10 (1) sentence 2 no. 3 together with a member of teaching staff or the person providing guidance pursuant to subsection (2) sentence 2 who supervised the course participant during the training course. If it transpires during the final interview that the course participant has not successfully completed the adaptation course, the specialist examiner pursuant to section 10 (1) sentence 2 no. 3, in consultation with the member of teaching staff participating in the interview or the person providing guidance, gives a decision on extending the adaptation course for an appropriate length of time. An extension may be granted once only. Another interview is held after the end of the extension. If the certificate referred to in subsection (3) sentence 2 cannot be issued after the second interview, the course participant may retake the adaptation course once.

Section 45

Content and conduct of assessment test pursuant to section 40 (3) sentence 2 of Nursing Professions Act

(1) In the assessment test, candidates are required to demonstrate that they have the skills required to pursue the profession of general nurse, healthcare and paediatric nurse or geriatric nurse. The assessment test comprises an oral and a practical part. It is deemed to have been successfully completed if the candidate passes both parts. The assessment test covers the following:

1. Skills Areas I to V as listed in Annex 2 in the case of persons applying for authorisation pursuant to section 1 (1) of the Nursing Professions Act,
2. Skills Areas I to V as listed in Annex 3 in the case of persons applying for authorisation pursuant to section 58 (1) of the Nursing Professions Act,
3. Skills Areas I to V as listed in Annex 4 in the case of persons applying for authorisation pursuant to section 58 (2) of the Nursing Professions Act.

(2) The oral part of the assessment test comprises a complex question which covers requirements set out in no less than three different skills areas. The question involves the handling of a case situation in a care context other than that which was addressed in the practical part and, in the case of persons applying for authorisation pursuant to section 1 (1) of the Nursing Professions Act, relating to a different age group of persons needing nursing care.

(3) The oral part of the assessment test is, as a general rule, to last no less than 45 minutes and no more than 60 minutes. It is conducted and assessed by two specialist examiners, one of whom must meet the conditions of section 10 (1) no. 3. The oral part of the assessment test is deemed to have been passed if the specialist examiners concur in their

overall assessment that the grade to be awarded for the skills required in Skills Areas I to V to complete the question is a 'pass'. In order to pass, the candidate's performance must meet requirements despite any deficiencies. If the specialist examiners reach different assessments, the chair of the board of examiners gives a decision after conferring with the specialist examiners on whether the candidate is to be awarded a 'pass'.

(4) In the practical part of the assessment test, candidates are required to demonstrate in no less than two and no more than four care situations that they are able to engage in the reserved activities and thus to take responsibility for planning, organising, designing, delivering, controlling and evaluating the necessary nursing care processes and care diagnostics. When providing the nursing care, candidates are required to clearly demonstrate that they are able to communicate with the persons needing nursing care, with the persons to whom they closely relate and persons actively involved in their care as appropriate in the given situation. The competent authority selects one area of nursing practice listed as a compulsory placement within the meaning of Annex 7 as well as the number of care situations.

(5) The practical part is, as a general rule, to last no more than 120 minutes per care situation and to take the form of an examination of a patient. It is conducted and assessed by a specialist examiner pursuant to section 10 (1) no. 3 and a specialist examiner pursuant to section 10 (1) no. 4. During the examination the specialist examiners are permitted to ask questions relating to the steps taken and, in particular, relating to the reserved activities which form part of the nursing care process.

(6) The practical part is deemed to have been passed if the specialist examiners concur in assessing each care situation as a 'pass'. In order to pass, the candidate's performance must still meet requirements despite any deficiencies. If the specialist examiners reach different assessments, the chair of the board of examiners gives a decision after conferring with the specialist examiners on whether the candidate is to be awarded a 'pass'.

(7) The assessment test is, as a general rule, to be offered twice a year, and the oral part as well as each care situation in the practical part for which the candidate was not awarded a 'pass' may be retaken once.

(8) The assessment test takes the form of a state examination before a state board of examiners. The *Länder* may choose to hold the assessment test on the dates set for the state examination in accordance with 9 (1); they must ensure that applicants are able to take the assessment test within six months after a decision is given in accordance with section 43 (4). Unless otherwise provided under this Division, sections 18 and 20 to 23 apply accordingly to the conduct of the assessment test.

(9) A certificate based on the model in Annex 10 is issued to those who pass the assessment test.

Section 46

Content and delivery of adaptation course pursuant to section 41 (2) sentence 4 or (3) sentence 2 of Nursing Professions Act

(1) The objective of the adaptation course pursuant to section 41 (2) sentence 4 or (3) sentence 2 of the Nursing Professions Act is to compensate for any substantial differences identified by the competent authority. The competent authority determines the duration and content of the adaptation course so as to ensure that the objective of the adaptation course can be achieved.

(2) In line with the goal of the adaptation course, the adaptation course is delivered in the form of theoretical and practical instruction, practical training with theoretical teaching, or both, at facilities as referred to in section 6 (2) or (3) sentence 1 of the Nursing Professions Act or at facilities recognised as comparable by the competent authority. Those providing guidance to trainees who fulfil the conditions of section 4 (2) are to be involved in the theoretical teaching to an appropriate extent.

(3) A certificate based on the model in Annex 11 is issued as evidence of having completed the adaptation course.

Section 47

Content and conduct of aptitude test pursuant to section 41 (2) sentence 4 or (3) sentence 2 of Nursing Professions Act

- (1) In the aptitude test, candidates are required to demonstrate that they have acquired the skills needed to compensate for the substantial differences identified by the competent authority.
- (2) The aptitude test comprises a practical examination in conjunction with an interview. Examination candidates are required to demonstrate in no less than two and no more than four care situations in the practical examination that they are able to perform the reserved activities and thus to take responsibility for planning, organising, designing, delivering, controlling and evaluating the necessary nursing care processes and care diagnostics. When providing the nursing care, examination candidates are required to clearly demonstrate that they are able to communicate with the persons needing nursing care, the persons to whom they closely relate and the persons actively involved in the professional provision of their care as appropriate in the given situation. The competent authority determines one area of nursing practice listed as a compulsory placement within the meaning of Annex 7 as well as the number of care situations. In accordance with the differences identified, examination candidates are required to demonstrate in the practical examination
1. that they have the skills as listed in Skills Areas I to V in Annex 2 if they are applying for authorisation pursuant to section 1 (1) of the Nursing Professions Act,
 2. that they have the skills as listed in Skills Areas I to V in Annex 3 if they are applying for authorisation pursuant to section 58 (1) of the Nursing Professions Act,
 3. that they have the skills as listed in Skills Areas I to V in Annex 4 if they are applying for authorisation pursuant to section 58 (2) of the Nursing Professions Act.
- (3) The examination is, as a general rule, to last no more than 120 minutes per care situation and to take the form of a patient examination. It is conducted and assessed by one specialist examiner pursuant to section 10 (1) no. 3 and one specialist examiner pursuant to section 10 (1) no. 4. The specialist examiners are permitted to ask questions during the examination relating to the steps taken and, in particular, to the reserved activities which form part of the nursing care process.
- (4) The aptitude test is deemed to have been passed if the specialist examiners concur in assessing each care situation as a 'pass'. In order to pass, the examination candidate's performance must still meet requirements despite any deficiencies. If the specialist examiners reach different assessments, the chair of the board of examiners gives a decision, after conferring with the specialist examiners, on whether the candidate is to be awarded a 'pass'.
- (5) The aptitude test is, as a general rule, to be offered twice a year, and each care situation for which the candidate was not awarded a 'pass' may be retaken once. A certificate based on the model in Annex 12 is issued to those who pass the aptitude test.
- (6) The aptitude test takes the form of a state examination before a state board of examiners. The *Länder* may choose to hold the aptitude test on the dates set for the state examination in accordance with section 9 (1); they must ensure that applicants are able to take the examination within six months after a decision is given in accordance with section 43 (4). Unless otherwise provided under this Division, sections 18 and 20 to 23 apply accordingly to the conduct of the aptitude test.

Section 48

Proof of good character or repute and physical fitness of those possessing evidence of formal qualifications from other Member States of European Union or other States Party to Agreement on European Economic Area

- (1) Those who possess evidence of formal qualifications issued in another Member State of the European Union or another State Party to the Agreement on the European Economic

Area and who apply for authorisation pursuant to section 1 (1) or section 58 (1) or (2) of the Nursing Professions Act, may, in order to furnish evidence that they meet the conditions required of them under section 2 no. 2 of the Nursing Professions Act, submit a certificate issued by the competent authority in their home Member State or a list of convictions issued by such an authority or, if that cannot be obtained, comparable evidence. If the authority competent to grant authorisation has justified concerns, it may ask the competent authority in a Member State to submit confirmation of the fact that the applicant has not been suspended or banned from pursuing a profession which is comparable to that of general nurse, healthcare and paediatric nurse or geriatric nurse as a result of serious professional misconduct or a conviction for criminal offences.

(2) Where the authority competent to grant authorisation is aware of facts which arose outside of the area of application of the Nursing Professions Act and which may be of relevance to the conditions of section 2 no. 2 of the Nursing Professions Act, it is required to notify the competent authority in the home Member State thereof and to request that it check those facts and notify it of the outcome and consequences to be drawn as regards the certificates and evidence it has issued.

(3) If the competent agency in the home Member State does not issue the certificates referred to in subsection (1) sentence 1 or has not given the notifications requested under subsection (1) sentence 2 or (2) within two months, the applicant may instead submit a certificate attesting to the making of a declaration in lieu of an oath vis-à-vis the competent authority in the home Member State.

(4) Applicants as referred to in subsection (1) may, in order to furnish evidence that they meet the conditions required of them under section 2 no. 3 of the Nursing Professions Act, submit corresponding evidence issued by their home Member State. If the home Member State does not require such evidence, then a certificate issued by a competent authority in that Member State is to be recognised if it indicates that the conditions set out in section 2 no. 3 of the Nursing Professions Act are met.

(5) The authority competent to grant authorisation treats the certificates and notifications referred to in subsections (1), (2) and (4) as confidential. The competent authority may only use the certificates and notifications to make their assessment if they were issued no more than three months previously.

(6) Subsections (1) to (5) apply accordingly to the holders of diplomas issued by third countries which are recognised as equivalent under the law of the European Union.

Section 49

Procedure regarding provision of service by those possessing evidence of formal qualifications from another Member State of European Union or another State Party to Agreement on European Economic Area

(1) The competent authority is required, in the case of persons who intend to provide a service within the meaning of section 44 (1) or (2) of the Nursing Professions Act and who are giving notification thereof for the first time, to give notice about the result of the check carried out in accordance with section 46 (3) of the Nursing Professions Act within one month following receipt of the notification and of the supporting documents. The notice issued by the authority informs these persons about whether they are permitted to provide the service or whether they are required to take an aptitude test pursuant to section 47.

(2) If the competent authority is unable, in specific exceptional cases, to conduct the check as required under section 46 (3) of the Nursing Professions Act within one month, then it notifies the applicant within this period of the reasons for the delay. The competent authority is required to eliminate the difficulties which caused the delay within one month following such notification. The competent authority notifies the applicant no later than two months after eliminating the difficulties of the result of the check carried out in accordance with section 46 (3) of the Nursing Professions Act.

(3) If the competent authority does not respond within the periods set in subsection (1) sentence 1 and (2) sentences 1 and 3, the service may be provided.

(4) Subsections (1) to (3) apply accordingly to the holders of diplomas issued by third countries which are recognised as equivalent under the law of the European Union.

Division 3

Expert Commission and Federal Institute for Vocational Education and Training

Section 50

Tasks of Expert Commission

The Expert Commission performs the tasks assigned to it under the Nursing Professions Act. It

1. draws up a framework syllabus for the theoretical and practical instruction and a framework training plan for the practical nursing training as elements of the integrated training plans for vocational nursing training under Part 2 of the Nursing Professions Act, taking account of the possibility of having separate professional qualifications as regulated under Part 5 of the Nursing Professions Act,
2. reviews the framework plans referred to in no. 1 on an ongoing basis as regards their currency and adapts them where necessary,
3. may develop standardised modules for the extended training referred to in section 14 of the Nursing Professions Act and section 37 (5) in conjunction with section 14 of the Nursing Professions Act.

Section 51

Drawing up and content of framework plans

- (1) The Expert Commission draws up the framework plans on the basis of the skills described in Annexes 1 to 4 to be taught as part of vocational nursing training. The Expert Commission uses the distribution of hours provided for under Annex 6 regarding the theoretical and practical instruction as a basis for drawing up the framework syllabus and the distribution of hours provided for under Annex 7 regarding the practical training as a basis for drawing up the framework training plan.
- (2) The framework syllabus and the framework training plan determine skills-oriented and subject-integrated curriculum units with recommended objectives and content for the theoretical and practical instruction as well as for the practical training. The Expert Commission may take account of different additional teaching in regard to specific case situations and target groups in everyday care situations under the framework syllabus.
- (3) The framework plans are recommendatory in nature.

Section 52

Review and adaptation of framework plans

- (1) The Expert Commission reviews the framework plans at least every five years. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health may jointly request a review at any time. In such cases, the Expert Commission concludes the process of reviewing and, where necessary, adapting the framework plans within a nine-month period.
- (2) The Expert Commission submits the framework plans or the results of any subsequent review to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and to the Federal Ministry of Health for a review of compatibility with the Nursing Professions Act. The federal ministries conclude this review within a three-month period.
- (3) If the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health jointly find that the framework plans are not compatible with the Nursing Professions Act, the Expert Commission revises its recommendations within a three-month period, taking the findings of both federal ministries into consideration.

Section 53

Membership of Expert Commission

- (1) The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health, in consultation with the *Länder*, jointly appoint 11 experts as members of the Expert Commission. When making the appointments, care is to be taken that appropriate account is taken of the different areas of nursing practice.
- (2) Members of the Expert Commission perform their tasks in an honorary capacity. Members are obliged to secrecy. Sections 83 and 84 of the Administrative Procedures Act (*Verwaltungsverfahrensgesetz*) apply accordingly to the performance of the honorary tasks and the obligation to secrecy.
- (3) Membership of the Expert Commission is tied to a specific individual. It commences, insofar as an individual consents to his or her appointment, on the date stated in the letter of appointment or, if no such date is indicated, upon the letter of appointment being made known to the addressee.
- (4) Membership ends upon the expiry of the respective period of instalment of the Expert Commission. Members may declare their resignation from the Expert Commission to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth or the Federal Ministry of Health in written or electronic form with a notice period of three months. Reappointment is permissible.
- (5) If a member grossly breaches his or her duties under the Nursing Professions Act, under these Regulations or under the rules of procedure, or if he or she does not at all times discharge the tasks assigned to him or her, then that member may be removed from office jointly by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health.
- (6) Where a member resigns from the Expert Commission prematurely, a new member is appointed until the expiry of the respective period of instalment of the Expert Commission. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health hear the Expert Commission before appointing a new member.

Section 54

Chair, deputies

- (1) The members of the Expert Commission elect one member from among their members to take on the position of chair and one member to take on the position of deputy chair. Section 92 (1) and (2) of the Administrative Procedures Act applies accordingly.
- (2) The chair's term of office ends at the latest upon the member holding that office's membership ending. The same applies in respect of the chair's deputy. The chair and the deputy chair may resign their office. In such cases, subsection (1) applies.

Section 55

Experts, expert opinions

- (1) Within the limits of the resources available, the Expert Commission may agree, in writing, to draw on experts in respect of individual topics or to obtain expert opinions, expert reports or studies insofar as this is necessary in an individual case.
- (2) The decision must include reasons indicating the considerations on which it was based and the specialist need for the measure in question. Written notice thereof is to be given to the administrative office as well as to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and to the Federal Ministry of Health.
- (3) The administrative office is responsible for implementing the decision. It examines whether any legal grounds pose an obstacle thereto.
- (4) The obligations in regard to maintaining secrecy in accordance with section 53 (2) sentence 2 apply accordingly to the experts. To avoid conflicts of interest and an apprehension of bias, sections 20 and 21 of the Administrative Procedures Act apply accordingly. Experts' attention is to be drawn to that fact in a suitable manner before they commence their activities for the Expert Commission.

Section 56

Rules of procedure

(1) The Expert Commission forwards draft rules of procedure to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and to the Federal Ministry of Health for approval within four weeks after the appointment of all the members of the Expert Commission pursuant to section 53 (1).

(2) More specifically, the rules of procedure regulate further details concerning the convocation, preparation and conduct of the meetings of the Expert Commission as well as concerning the tasks of the administrative office located on the premises of the Federal Institute for Vocational Education and Training as referred to in section 53 (5) of the Nursing Professions Act.

(3) The Expert Commission may give itself new rules of procedure in accordance with subsection (1) for each further period of instalment. The previous rules of procedure remain in force until such time as the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health jointly approve new rules of procedure.

Section 57

Tasks of administrative office

The administrative office located on the premises of the Federal Institute for Vocational Education and Training supports the work of the Expert Commission. It undertakes administrative tasks on the Expert Commission's behalf.

Section 58

Meetings of Expert Commission

(1) The meetings of the Expert Commission are not open to the public.

(2) The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health, the Federal Government Commissioner for Nursing and one representative each of the Conference of Ministers of Labour and Social Affairs of the *Länder*, of the Conference of Ministers of Health of the *Länder* and of the Conference of Ministers of Education and Culture of the *Länder* may participate in the meetings of the Expert Commission in an advisory capacity.

Section 59

Travel costs and compensation

Travel costs are reimbursed and other compensation is paid to members of the Expert Commission in accordance with the Guidelines on Compensation Granted to Members of Advisory Councils, Committees, Commissions and Similar Bodies at Federal Level (Joint Ministerial Gazette 2002, p. 92), as amended.

Section 60

Tasks of Federal Institute for Vocational Education and Training

(1) The Federal Institute for Vocational Education and Training in particular provides advice and information about vocational and university nursing training to nursing training schools, practical training providers as well as to other facilities involved in nursing training and universities.

(2) The Federal Institute for Vocational Education and Training establishes support services and structures in relation to the organisation of vocational and university nursing training. More specifically, it is responsible for

1. devising concepts for implementing nursing training and providing support during that implementation,
2. establishing and supporting networks, cooperations between places of learning and training associations involving nursing training schools, practical training providers as well as other facilities involved in nursing training and universities and
3. providing advice on cooperation agreements in accordance with section 8 and section 31 (2).

(3) Where the Federal Office of Family Affairs and Civil Society Functions is tasked with guaranteeing the provision of direct in situ advisory, information and support services as referred to in subsections (1) and (2), the Federal Office of Family Affairs and Civil Society Functions and the Federal Institute for Vocational Education and Training coordinate the tasks they are each required to perform.

(4) To support the work of the Expert Commission, the Federal Institute for Vocational Education and Training conducts research into vocational and university nursing training and the nursing profession. It reports once a year to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and to the Federal Ministry of Health on these matters. Research is conducted on the basis of a research programme typically of one year's duration. The research programme requires the approval of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and of the Federal Ministry of Health.

(5) The Federal Institute for Vocational Education and Training, with the participation of the Expert Commission, draws up the draft model for the evidence of professional qualifications to be issued at the end of the practical nursing training pursuant to section 3 (5) sentence 1.

(6) The Federal Institute for Vocational Education and Training monitors implementation of vocational and university nursing training. It reports annually to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and to the Federal Ministry of Health in that regard.

(7) The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Health may, in agreement with the Federal Ministry of Education and Research, commission the Federal Institute for Vocational Education and Training with compiling special reports and statements.

(8) The Federal Institute for Vocational Education and Training is bound by the instructions of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and of the Federal Ministry of Health in the fulfilment of the tasks assigned under these Regulations.

Division 4

Transitional and concluding provisions

Section 61

Transitional provisions

(1) The General Nursing Care Training and Examination Regulations in the version applicable on 31 December 2019 continue to apply up until 31 December 2024 to training which was commenced under the Act on Nursing Care before the expiry of 31 December 2019.

(2) The Geriatric Nursing Care Training and Examination Regulations in the version applicable on 31 December 2019 continue to apply up until 31 December 2024 to training which was commenced under the Act on Geriatric Care before the expiry of 31 December 2019.

Section 62

Entry into force, expiry

(1) Sections 50 to 60 enter into force on the day after promulgation. In all other respects, these Regulations enter into force on 1 January 2020.

(2) The Geriatric Nursing Care Training and Examination Regulations of 26 November 2002 (Federal Law Gazette I, p. 4418, 4429), as last amended by Article 35 of the Act of 18 April 2016 (Federal Law Gazette I, p. 886), and the General Nursing Care Training and Examination Regulations of 10 November 2003 (Federal Law Gazette I, p. 2263), as last amended by Article 33 of the Act of 18 April 2016 (Federal Law Gazette I, p. 886), cease to be in force on 31 December 2019.

Closing formula

The Bundesrat has given its approval.

Annex 1

(to section 7 sentence 2)

Skills required for interim examination pursuant to section 7

I. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics in acute and long-term care situations

1. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care for persons of all ages

Trainees

- a) have a basic understanding of key theories and models relating to the nursing care process and apply these when planning nursing care processes for persons of all ages,
- b) are involved in organising and delivering the nursing care process,
- c) implement select assessment procedures and use terms applied in nursing care diagnosis to describe care needs,
- d) assess the reasons and need for care which frequently occur in various life and developmental phases in acute and long-term care situations,
- e) suggest care objectives, apply verified care measures and jointly evaluate the effectiveness of the nursing care provided,
- f) record nursing measures delivered and observations made in nursing documentation, including using digital documentation systems, and are involved in evaluating the nursing care process on that basis,
- g) incorporate into their caregiving real-world measures for addressing and coping with the need for nursing care and its consequences,
- h) reflect on the impact of various outpatient and inpatient care contexts on the care design process.

2. Planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics for persons of all ages with health problems, with a special focus on health promotion and prevention

Trainees

- a) gather care-related data relating to persons of all ages with health problems, and identify relevant resources and resistance factors,
- b) interpret and explain the available data relating to persons with manageable care needs and health-related restrictions based on basic findings from the nursing and related sciences,
- c) administer planned curative and preventive nursing care interventions as well as health-promoting interventions,

- d) incorporate relatives when providing nursing care to persons of all ages,
- e) recognise the signs of the possible use of force and pass on any such observations,
- f) have a basic understanding of physical, psychological and psychosomatic interrelations which establish the need for nursing care provision,
- g) familiarise themselves with new information in fields of knowledge relating to nursing care, health promotion and medicine.

3. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics for persons of all ages in highly stressful and critical life situations

Trainees

- a) provide nursing care, support and assistance to persons of all ages during the phases of progressive dementia or to those with serious chronic disease patterns,
- b) have a basic knowledge of the ways in which families cope with developmental and health-related life crises and of the available support services,
- c) are involved in the delivery of individualised nursing care processes in relation to the seriously ill and dying in various areas of activity,
- d) support the seriously ill and dying, respect their specific needs, including those of a religious nature, and participate in supporting relatives in dealing with and processing their loss and grief,
- e) have a basic knowledge of the particular emphases of available palliative care services.

4. Taking purposeful action in life-threatening, crisis and disaster situations

Trainees

- a) take the necessary decisions in regard to interventions in life-threatening situations and initiate life-sustaining immediate measures until a doctor arrives,
- b) coordinate the deployment of first responders until a doctor arrives,
- c) identify emergency situations in nursing and healthcare facilities and take action in line with an emergency plan or emergency evacuation plan.

5. Providing support, assistance and advice to persons of all ages in regard to shaping their lives

Trainees

- a) gather social and biographical information about the person needing nursing care and his or her family environment and identify available resources when it comes to shaping his or her life and development,

- b) investigate ways in which persons in various age groups can engage in meaningful activities, participate in cultural life, learn and play, and thus promote their quality of life and development to the full throughout the lifespan,
- c) take account, when planning and organising everyday activities, of the person needing nursing care's needs and expectations, cultural and religious contexts, as well as phase of life and development,
- d) identify the potentials of volunteering in various care contexts.

6. Promoting development and autonomy throughout the lifespan

Trainees

- a) respect the person needing nursing care's right of self-determination, especially when that person's ability to exercise the right of self-determination is restricted,
- b) take responsibility for supporting persons with a congenital or acquired disability in compensating for their restricted capabilities,
- c) use their basic knowledge of long-term restrictions in everyday life, contribute, through rehabilitation measures, to maintaining and regaining the skills required for everyday living and also incorporate technical aids into their caregiving to that end,
- d) have a basic knowledge of family systems and social networks and appreciate their importance for successful cooperation with the professional care system,
- e) ensure that interaction and the design of the nursing care process is tailored to the person needing nursing care's physical, emotional and cognitive level of development.

II. Shaping person-centred and situational communication and advice

1. Shaping person-centred and situational communication and interaction with persons of all ages and the persons to whom they closely relate and ensuring appropriate information is available

Trainees

- a) identify their own emotions as well as patterns of interpretation and action when interacting with others,
- b) build short- and long-term relationships with persons in various phases of life and the persons to whom they closely relate, and are aware of the basic principles of empathy, respect, attentiveness and congruence,
- c) use verbal, non-verbal, paralinguistic and physical forms of interaction when communicating with others and take the issue of closeness/distance into account when building relationships,
- d) apply the principles of conversation techniques oriented to fostering understanding and participation,

- e) recognise fundamental barriers to communication, especially those based on health, age and culture, and use supporting measures to overcome them,
- f) recognise where conflicts are emerging or have arisen with persons needing nursing care, apply basic conflict-resolution principles and draw on the advice of colleagues,
- g) recognise asymmetries and institutional limitations when communicating in care situations.

2. Taking responsibility for organising, designing, controlling and evaluating information, guidance and advice given to persons of all ages

Trainees

- a) provide persons of all ages with information about health- and care-related questions and provide guidance to the persons to whom they closely relate, in particular regarding self-care, and volunteers in caring for others,
- b) apply didactic principles when giving information and instruction,
- c) develop a basic understanding of the principles and goals of giving open-ended, participatory advice to provide additional information, instruction and guidance.

3. Basing actions on a reflection of ethical principles

Trainees

- a) respect human rights, codes of ethics as well as religious, cultural, ethnic and other customs of persons needing nursing care in various phases of life,
- b) recognise the principle of the autonomy of persons needing nursing care as one of a number of conflicting ethical principles and support persons needing nursing care when it comes to shaping a self-determined life,
- c) recognise situations in which there are ethical conflicts and dilemmas, seek alternatives as well as arguments which will help in decision-making.

III. Taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts

1. Taking responsibility for organising nursing teams which are heterogeneous in terms of qualifications

Trainees

- a) are aware of the importance of coordinating processes within teams which are heterogeneous in terms of qualifications and clearly define team members' various ranges and areas of responsibility,
- b) ask for and accept colleagues' advice,

- c) have a basic knowledge of inducting and instructing trainees, interns and volunteers and promote them in their own professionalisation process in the team,
- d) are involved in organising care work,
- e) are involved in team-building processes and treat others in the team with respect.

2. Independently carrying out doctors' orders in the care context

Trainees

- a) comply with hygiene standards and apply the basic principles of infection prevention in the various areas of nursing practice,
- b) participate in the administration of medical diagnostic and therapeutic measures prescribed by a doctor in accordance with the relevant legal provisions and their level of knowledge,
- c) observe and interpret care phenomena and complications which are linked to medical procedures administered to those who are in a stable condition,
- d) participate, in accordance with their level of knowledge, in supporting and assisting diagnostic and therapeutic measures and administer them to those who are in a stable condition,
- e) assess chronic wounds as an accompanying measure and apply basic principles in their management.

3. Participating in interdisciplinary teams in caring for and treating persons of all ages and ensuring continuity at interfaces

Trainees

- a) are involved in effective interdisciplinary cooperation in the provision of care and treatment, and identify problems at institutional interfaces,
- b) reflect on the various viewpoints of the professional groups involved in inter-professional communication,
- c) recognise inter-professional conflicts and violence in their care facility and have a basic knowledge of the causes of and how to interpret and handle such conflicts and violence,
- d) participate in coordinating nursing care in various care contexts and in arranging appointments and inter-professional services,
- e) have a basic knowledge of the provision of primary nursing care to the chronically ill,
- f) are involved, based on instructions given, in evaluating inter-professional nursing care processes with a view to patient orientation and participation.

IV. Reflecting on and explaining own actions based on legislation, regulations and ethical guidelines

1. Ensuring the quality of nursing care services and care provided in various facilities

Trainees

- a) integrate basic internal and external quality assurance standards directly into their caregiving,
- b) base their actions on quality assurance tools, in particular evidence-based guidelines and standards.

2. Taking account of care contexts and systemic relationships in caregiving, thereby observing economic and ecological principles

Trainees

- a) engage in their professional activities under the supervision and direction of nursing professionals, thereby reflecting on statutory requirements as well as the rights and obligations linked to their training and profession,
- b) have selected knowledge about societal changes and economic, technological, epidemiological and demographic developments within the health and social system,
- c) have a basic knowledge of legislation relevant to the health and social sector,
- d) have a basic knowledge of legal competences and different accounting systems in the inpatient, day-care and outpatient care sectors,
- e) are mindful of the principle of ecology in healthcare facilities, have a basic knowledge of concepts and guidelines as regards organising facilities based on economic and ecological principles, and make economically and ecologically sustainable use of material and human resources.

V. Reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes

1. Delivering caregiving in line with the latest scientific findings, in particular research findings and theories and models in the nursing sciences

Trainees

- a) understand and value the importance of knowledge-based nursing care and the need to review and, where necessary, adapt one's own actions on an ongoing basis,
- b) familiarise themselves with science-based knowledge of selected topics and apply some of the criteria when assessing information,
- c) reflect on and explain the nursing care provided on an ongoing basis based on select, key theories, concepts, models and evidence-based studies in the nursing and related sciences.

2. Taking on responsibility for developing (as part of lifelong learning) own personality and professional self-image

Trainees

- a) regard lifelong learning as an element of their ongoing personal and professional development, are proactive and take responsibility for their own learning, and also use modern information and communication technologies to that end,
- b) recognise, at an early stage, where they are at risk of being over- or under-challenged, identify what changes need to be made in the workplace and/or to their own skills profile, and then take the initiative to act,
- c) engage in self-care and take steps to stay healthy, use available support services and call for these to be made available in their respective place of learning,
- d) reflect on their personal development as a nursing professional,
- e) have an understanding of the historical links within the nursing profession and its function within the context of the healthcare professions,
- f) understand the links between social, socio-demographic and economic changes and professional development,
- g) keep up to date on national and international developments in the nursing profession.

Annex 2

(to section 9 (1) sentence 2)

Skills required for state examination for general nurses pursuant to section 9

I. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics in acute and long-term care situations

1. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care for persons of all ages

Graduates

- a) have a broad understanding of specific theories and models relating to nursing care process planning and apply these when controlling and designing nursing care processes for persons of all ages,
- b) take responsibility for organising, controlling and designing the nursing care process for persons of all ages,
- c) implement general and specific assessment procedures in regard to persons of all ages and use terms applied in nursing care diagnosis to describe care needs,

- d) assess diverse reasons and needs for care in regard to persons of all ages who are not in a stable condition and those in vulnerable life situations,
- e) negotiate nursing care process design with persons of all ages needing nursing care and, where necessary, with the persons to whom they closely relate, apply verified care measures and jointly evaluate the effectiveness of the care provided,
- f) use analogue and digital nursing documentation systems to evaluate their nursing care process decision-making in respect of persons of all ages, both independently and in the nursing team,
- g) develop, together with persons of all ages, the persons to whom they closely relate and their social network, age-appropriate, real-world measures for addressing and coping with the need for care and its consequences,
- h) tailor the process of nursing care design to the various outpatient and inpatient care contexts.

2. Planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics for persons of all ages with health problems, with a special focus on health promotion and prevention

Graduates

- a) gather, explain and interpret care-related data relating to persons of all ages, including those with complex health problems, based on findings from the nursing and related sciences,
- b) support persons of all ages by participating in developing professional health promotion, prevention and curation interventions,
- c) strengthen relatives' skills in dealing with persons of all ages needing nursing care, and support and promote family health,
- d) recognise the signs of the possible use of force in the provision of nursing care to persons of all ages and reflect on their observations in the therapy team,
- e) have an integrated understanding of physical, psychological and psychosomatic interrelations in the provision of nursing care to persons of all ages,
- f) recognise gaps in their own knowledge and familiarise themselves, where necessary of their own accord, with new information in fields of knowledge relating to nursing care, health promotion and medicine concerning selected aspects of caregiving to persons of all ages.

3. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics for persons of all ages in highly stressful and critical life situations

Graduates

- a) provide nursing care, support, assistance and advice to persons of all ages and to the persons to whom they closely relate during the phases of progressive dementia or serious chronic disease patterns and at the end of life,
- b) support families who are experiencing a life crisis, especially as a result of a premature birth, a serious chronic or life-limiting disease, and participate in stabilising the family system,
- c) control, are responsible for and design the nursing care process for persons of all ages living with acute and chronic pain,
- d) design an individualised nursing care process for the seriously ill and dying of all ages in various areas of activity and incorporate those person's social networks into their actions,
- e) support and assist the seriously ill of all ages, and the persons to whom they closely relate, at the end of life, recognise and accept their specific needs, and offer support in dealing with and processing their loss and grief,
- f) inform the seriously ill and dying of all ages and their relatives about the particular emphases of available palliative care services.

4. Taking purposeful action in life-threatening, crisis and disaster situations

Graduates

- a) take the necessary decisions in regard to interventions in life-threatening situations and initiate life-sustaining immediate measures until a doctor arrives,
- b) coordinate the deployment of first responders until a doctor arrives,
- c) identify emergency situations in nursing and healthcare facilities and take action in line with an emergency plan or emergency evacuation plan.

5. Providing support, assistance and advice to persons of all ages in regard to shaping their lives

Graduates

- a) gather social, family and biographical information and ascertain what support is available from the persons to whom persons needing nursing care closely relate and the social networks of persons of all ages, and identify resources and challenges as regards shaping their life and development,
- b) work with persons of all ages and the persons to whom they closely relate to jointly investigate ways in which they can engage in meaningful activities, participate in cultural life, learn and play, and thus promote their quality of life and social integration,
- c) take account, when planning and organising everyday activities, of the diverse needs and expectations, cultural and religious contexts, social situation, development stage and development tasks of persons of all

ages,

- d) incorporate volunteers in supporting and enriching the lives of persons of all ages during the nursing care process.

6. Promoting development and autonomy throughout the lifespan

Graduates

- a) respect the right of self-determination of persons needing nursing care of all ages, especially when their ability to exercise the right of self-determination is restricted,
- b) support persons of all ages with a congenital or acquired disability in restoring, compensating for and adapting their restricted capabilities in order to enable them to develop, live and participate in society as independently as possible,
- c) contribute, through rehabilitation measures and by incorporating technical assistance systems, to maintaining and regaining the skills which persons of all ages require for everyday living, and reflect on the potentials and limits of the technical support available,
- d) promote and design coordination and cooperation between family systems and social networks and the professional care system in the provision of nursing care to persons of all ages,
- e) ensure that interaction and the design of the nursing care process is tailored to the individual level of development of persons needing nursing care of all ages and support their means of coping with illness based on their level of development.

II. Shaping person-centred and situational communication and advice

1. Shaping person-centred and situational communication and interaction with persons of all ages and the persons to whom they closely relate and ensuring appropriate information is available

Graduates

- a) are aware of their own patterns of interpretation and action in care situations with persons of all ages and the persons to whom they closely relate, and of their different cultural and social backgrounds in particular, and reflect on these,
- b) build short- and long-term professional relationships with persons of all ages and the persons to whom they closely relate which are characterised by empathy, respect, attentiveness and congruence, even where points of view or objectives differ and when others act in ways which are difficult to understand,
- c) shape communication with persons of all ages and the persons to whom they closely relate in various care situations using different forms of interaction and strike a balance between closeness and distance,
- d) shape professional communication with persons needing nursing care of

all ages and the persons to whom they closely relate in such a manner that they are oriented to creating understanding, even when objectives or points of view differ, and promote decision-making processes oriented to participation,

- e) recognise barriers to communication in persons needing nursing care of all ages, in particular in the case of specific health problems or types of disability, and use various supporting and compensatory measures to overcome them,
- f) reflect on conflicts which are emerging or have arisen in the provision of nursing care to persons of all ages and develop means of mediating in and resolving conflicts, including by drawing on available means of reflecting on professional communication,
- g) reflect on the phenomena of power and the abuse of power in areas of nursing care provision to persons of all ages.

2. Taking responsibility for organising, designing, controlling and evaluating information, guidance and advice given to persons of all ages

Graduates

- a) provide persons of all ages with information about complex health- and care-related questions and more in-depth questions relating to nursing care,
- b) provide guidance to persons needing nursing care of all ages, either individually or in smaller groups,
- c) advise persons needing nursing care of all ages and the persons to whom they closely relate when it comes to dealing with the additional demands due to sickness, therapy and nursing care, and enable them to achieve their health-related goals as independently and with as much self-determination as possible,
- d) reflect on their possibilities and limitations when giving information, instruction, guidance and advice to persons of all ages.

3. Basing actions on a reflection of ethical principles

Graduates

- a) support the realisation of human rights and codes of ethics and the promotion of the specific needs and habits of persons needing nursing care of all ages and of the persons to whom they closely relate,
- b) promote and support persons of all ages in their self-fulfilment and self-determination, including after weighing up conflicting ethical principles,
- c) contribute to joint decision-making in inter-professional discussions in situations involving an ethical dilemma relating to persons of all ages or to the persons to whom they closely relate.

III. Taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts

1. Taking responsibility for organising nursing teams which are heterogeneous in terms of qualifications

Graduates

- a) discuss and agree their caregiving with their nursing team, which is heterogeneous in terms of qualifications, to ensure the delivery of client-oriented complex care processes and coordinate the care of persons of all ages, taking account of the team members' various ranges and areas of responsibility, in the various areas of nursing practice,
- b) delegate select measures, taking account of other legal provisions, to persons with other levels of qualification and monitor the quality of implementation,
- c) advise team members in a collegial manner in regard to professional nursing care issues and support them in taking on and organising their respective range and area of responsibility,
- d) work in their team to induct new colleagues and instruct trainees, interns and volunteers in various care settings,
- e) are co-responsible for organising and designing joint work processes,
- f) are sensitive to tension and conflicts in their team, reflect on their own role and personality in that regard and play an active part in overcoming tension and conflicts in the nursing team.

2. Independently carrying out doctors' orders in the care context

Trainees

- a) fully comply with hygiene standards and take co-responsibility for infection prevention in the various areas of nursing practice,
- b) independently administer medical diagnostic and therapeutic measures prescribed by a doctor to persons of all ages in accordance with the relevant legal provisions,
- c) observe and interpret care phenomena and complications which are linked to medical procedures administered to persons of all ages, including to those who are not in a stable condition or who are in a critical condition,
- d) provide wide-ranging support and assistance to persons needing nursing care of all ages, including in regard to invasive diagnostic and therapeutic measures,
- e) assess chronic wounds in persons of all ages as an accompanying measure, administer the prescribed nursing care and coordinate further treatment with the doctor,
- f) support assessments of nursing diagnoses made in the course of the nursing care process and the necessary consequences in regard to treatment for persons of all ages in the context of inter-professional cooperation.

3. Participating in interdisciplinary teams in caring for and treating persons of all ages and ensuring continuity at interfaces

Graduates

- a) take on co-responsibility in the provision of interdisciplinary nursing care and treatment to persons of all ages and support continuity at interdisciplinary and institutional interfaces,
- b) contribute the professional nursing perspective in the context of inter-professional communication,
- c) deal with inter-professional conflicts on equal terms in a joint negotiation process and are involved in developing and implementing facility-related concepts aimed at providing protection against violence,
- d) coordinate the nursing care provided to persons of all ages in various care contexts, and arrange appointments and inter-professional services,
- e) tailor the provision of integrated primary nursing care to the chronically ill of all ages,
- f) evaluate the overall nursing care process together with the therapy team with a view to patient orientation and participation.

IV. Reflecting on and explaining own actions based on legislation, regulations and ethical guidelines

1. Ensuring the quality of nursing care services and care provided in various facilities

Graduates

- a) integrate expanded internal and external quality assurance standards into their caregiving and regard quality development and assurance as a legally enshrined and inter-disciplinary matter in healthcare institutions,
- b) participate in quality assurance and quality improvement measures, support the implementation of evidence-based and/or inter-professional guidelines and standards, and thus contribute to the ongoing development of facility-specific concepts,
- c) evaluate the contribution their own professional group makes to quality development and assurance and fulfil the necessary documentation requirements, including in the context of internal and external monitoring and oversight,
- d) regularly review their own caregiving practice through critical reflection and evaluation with a view to whether it is results- and patient-oriented, and draw conclusions as regards the ongoing development of the quality of nursing practice.

2. Taking account of care contexts and systemic relationships in caregiving, thereby observing economic and ecological principles

Graduates

- a) independently perform their professional activities in accordance with statutory requirements and taking account of the rights and obligations linked to their training and profession,
- b) recognise the influence of general social developments, economic demands and technological, epidemiological and demographic trends on supply contracts and structures within the health and social welfare system,
- c) recognise the role of legislation in the health and social sector in ensuring that public service obligations in the inpatient, day-care and outpatient sectors are fulfilled,
- d) reflect, based on their broad knowledge, on their scope for action and decision-making in the context of different accounting systems,
- e) participate in implementing concepts and guidelines for organising the facility based on economic and ecological principles.

V. Reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes

1. Delivering caregiving in line with the latest scientific findings, in particular research findings and theories and models in the nursing sciences

Graduates

- a) endorse the need to review and, where necessary, adapt their own actions on an ongoing basis,
- b) familiarise themselves with research findings in the nursing and related sciences in relation to the provision of nursing care to persons of all ages and analyse them as regards their reach, benefits, relevance and potential for implementation,
- c) explain and reflect on nursing care provision on an ongoing basis based on diverse or specific evidence-based study outcomes, theories, concepts and models in the nursing and related sciences,
- d) based on their own professional experience when it comes to providing nursing care and support to persons of all ages and their relatives, extrapolate possible issues to be addressed in nursing science and research.

2. Taking on responsibility for developing (as part of lifelong learning) own personality and professional self-image

Graduates

- a) regard lifelong learning as an element of their ongoing personal and professional development, are proactive and take responsibility for their own learning, and also use modern information and communication technologies to that end,
- b) recognise, at an early stage, when they are at risk of being over- or under-challenged, identify what changes need to be made in the

- workplace and/or to their own skills profile, and then take the initiative to act,
- c) implement targeted strategies for compensating and dealing with unavoidable work stress and make use of available support services in good time, or actively call for these to be made available,
 - d) reflect on their own personal development as a nursing professional and develop their own personal understanding of nursing care as well as their professional self-image, taking account of professional ethical and their own ethical convictions,
 - e) have an understanding of the historical links within the nursing profession and position themselves and their professional nursing training within the context of the healthcare professions, taking account of recognised reserved activities,
 - f) understand the links between social, socio-demographic and economic changes and professional development,
 - g) actively participate in the ongoing development of the nursing profession in line with social trends and developments in professional policy.

Annex 3

(to section 26 (3) sentence 1)

Skills required for state examination for healthcare and paediatric nurses pursuant to section 26

I. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics in acute and long-term care situations

1. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating child and adolescent nursing care

Graduates

- a) have a broad understanding of specific theories and models relating to nursing care process planning and apply these when controlling and designing nursing care processes for children and adolescents,
- b) take responsibility for organising, controlling and designing the nursing care process for children and adolescents,
- c) implement specific assessment procedures in relation to children and adolescents and use terms applied in nursing care diagnosis to describe care needs,
- d) assess diverse reasons and needs for care in regard to children and adolescents, including those who are not in a stable condition and those in vulnerable life situations,
- e) negotiate nursing care process design with the child or adolescent

needing nursing care and, where necessary, with the persons to whom he or she closely relates, apply verified care measures and jointly evaluate the effectiveness of the care provided,

- f) use analogue and digital nursing documentation systems to evaluate, both independently and in the nursing team, their nursing care process decision-making in respect of the delivery of nursing care to children and adolescents,
- g) develop, together with children and adolescents, the persons to whom they closely relate and their social network, age-appropriate, real-world measures for addressing and coping with the need for care and its consequences,
- h) tailor the process of nursing care design to specific outpatient and inpatient care contexts for children and adolescents.

2. Planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics for children and adolescents with health problems, with a special focus on health promotion and prevention

Graduates

- a) gather, explain and interpret care-related data relating to children and adolescents, including those with complex health problems, based on findings from the nursing and related sciences,
- b) support children and adolescents by participating in developing professional health promotion, prevention and curation interventions,
- c) strengthen relatives' skills in dealing with the child or adolescent needing nursing care, and support and promote family health,
- d) recognise the signs of the possible use of force in the provision of nursing care to children and adolescents, and reflect on their observations in the therapy team,
- e) have an integrated understanding of physical, psychological and psychosomatic interrelations in the provision of nursing care to children and adolescents,
- f) recognise gaps in their own knowledge and familiarise themselves, where necessary of their own accord, with new information in fields of knowledge relating to nursing care, health promotion and medicine, in particular concerning paediatric issues.

3. Taking responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and diagnostics for children and adolescents in highly stressful and critical life situations

Graduates

- a) provide nursing care, support, assistance and advice to children and adolescents and to the persons to whom they closely relate in various target groups during the phases of serious chronic disease patterns and at the end of life,

- b) support families who are experiencing a life crisis, especially as a result of a premature birth, their child's or adolescent's serious chronic or life-limiting disease, and participate in stabilising the family system,
- c) control, are responsible for and design the nursing care process for children and adolescents living with acute and chronic pain,
- d) design an individualised nursing care process for seriously ill and dying children and adolescents in various fields of activity and incorporate the children's and adolescents' social networks into their actions,
- e) support and assist seriously ill children and adolescents, and the persons to whom they closely relate, at the end of life, recognise and accept their specific needs, and offer support in dealing with and processing their loss and grief,
- f) provide seriously ill and dying children and adolescents and their relatives with information about the particular emphases of available palliative care services.

4. Taking purposeful action in life-threatening, crisis and disaster situations

Graduates

- a) take the necessary decisions in regard to interventions in life-threatening situations and initiate life-sustaining immediate measures until a doctor arrives,
- b) coordinate the deployment of first responders until a doctor arrives,
- c) identify emergency situations in nursing and healthcare facilities and take action in line with an emergency plan or emergency evacuation plan.

5. Providing support, assistance and advice to children and adolescents in regard to shaping their lives

Graduates

- a) gather social, family and biographical information and ascertain what support is available from the persons to whom children and adolescents needing nursing care closely relate and their social networks, and identify resources and challenges as regards shaping their life and development,
- b) work with children and adolescents and the persons to whom they closely relate to jointly investigate ways in which they can engage in meaningful activities, participate in cultural life, learn and play, and thus promote their quality of life and social integration,
- c) take account, when planning and organising everyday activities, of the diverse needs and expectations, cultural and religious contexts, social situation, development stage and development tasks of children and adolescents,
- d) incorporate volunteers in supporting and enriching the lives of children and adolescents during nursing care processes.

6. Promoting development and autonomy throughout the lifespan

Graduates

- a) respect the right of self-determination of children and adolescents needing nursing care, especially when their ability to exercise the right of self-determination is restricted,
- b) support children and adolescents with a congenital or acquired disability in restoring, compensating for and adapting their restricted capabilities in order to enable them to develop, live and participate in society as independently as possible,
- c) contribute, through rehabilitation measures and incorporating technical assistance systems, to maintaining and regaining the skills children and adolescents require for everyday living, and reflect on the potentials and limitations of the technical support available,
- d) promote and design coordination and cooperation between family systems and social networks and the professional care system in the provision of nursing care to children and adolescents,
- e) ensure that interaction and the design of the nursing care process is tailored to the individual level of development of children and adolescents needing nursing care and support their means of coping with illness based on their level of development.

II. Shaping person-centred and situational communication and advice

1. Shaping person-centred and situational communication and interaction with children and adolescents and the persons to whom they closely relate and ensuring appropriate information is available

Graduates

- a) are aware of their own patterns of interpretation and action when interacting, in a care situation, with children, adolescents and the persons to whom they closely relate, and of their different cultural and social backgrounds in particular, and reflect on these,
- b) build short- and long-term professional relationships with children, adolescents and the persons to whom they closely relate which are characterised by empathy, respect, attentiveness and congruence, even where points of view or objectives differ and when others act in ways which are difficult to understand,
- c) shape communication with children, adolescents and the persons to whom they closely relate in various care situations using various forms of interaction and strike a balance between closeness and distance,
- d) shape professional communication situations with children and adolescents needing nursing care and the persons to whom they closely relate in such a manner that they are oriented to creating understanding, even when objectives or points of view differ, and promote decision-making processes oriented to participation,

- e) recognise barriers to communication in children and adolescents needing nursing care, in particular in the case of specific health issues or developmental disorders and types of disability, and use various supporting and compensatory measures to overcome them,
- f) reflect on conflicts which are emerging or have arisen in the provision of nursing care to children and adolescents and develop means of mediating in and resolving conflicts, including by drawing on available means of reflecting on professional communication,
- g) reflect on the phenomena of power and the abuse of power in areas of nursing care provision to children and adolescents.

2. Taking responsibility for organising, designing, controlling and evaluating information, guidance and advice given to children and adolescents

Graduates

- a) provide children and adolescents as well as the persons to whom they closely relate with information about complex health- and care-related questions and more in-depth questions relating to nursing care in language which is appropriate to their level of development and situation,
- b) provide guidance to children and adolescents and/or the persons to whom they closely relate, either individually or in smaller groups,
- c) advise children and adolescents needing nursing care and the persons to whom they closely relate when it comes to dealing with the additional demands due to sickness, therapy and nursing care, and help them to achieve their health-related goals as independently and with as much self-determination as possible,
- d) reflect on their possibilities and limitations when giving information, instruction, guidance and advice to children and adolescents.

3. Basing actions on a reflection of ethical principles

Graduates

- a) support the realisation of human rights and codes of ethics and the promotion of the specific needs and habits of children and adolescents needing nursing care and the persons to whom they closely relate,
- b) promote and support children and adolescents in their self-fulfilment and self-determination as regards their own life as well as their families in supporting this development, including after weighing up conflicting ethical principles,
- c) contribute to joint decision-making in inter-professional discussions in situations involving an ethical dilemma relating to children, adolescents or the persons to whom they closely relate.

III. Taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts

1. Taking responsibility for organising nursing teams which are

heterogeneous in terms of qualifications

Graduates

- a) discuss and agree their caregiving with their nursing team, which is heterogeneous in terms of qualifications, to ensure delivery of client-oriented complex care process and coordinate the care provided, taking account of the team members' various ranges and areas of responsibility, in particular in paediatrics and neonatology,
- b) delegate select measures, taking account of other legal provisions, to persons with other levels of qualification and monitor the quality of implementation,
- c) advise team members in a collegial manner on professional nursing care issues and support them in taking on and organising their specific range and area of responsibility,
- d) work in their team to induct new colleagues and instruct trainees, interns and volunteers in various care settings,
- e) are co-responsible for organising and designing joint work processes,
- f) are sensitive to tension and conflicts in their team, reflect on their own role and personality in that regard, and play a constructive role in overcoming tension and conflicts in the nursing team.

2. Independently carrying out doctors' orders in the care context

Trainees

- a) fully comply with hygiene standards and take co-responsibility for infection prevention in the various areas of nursing practice,
- b) independently administer medical diagnostic and therapeutic measures prescribed by a doctor to children and adolescents in accordance with the relevant legal provisions,
- c) observe and interpret care phenomena and complications which are linked to medical procedures administered to children and adolescents, including to those who are not in a stable condition or who are in a critical condition,
- d) provide wide-ranging support and assistance to children and adolescents needing nursing care, including in regard to invasive diagnostic and therapeutic measures,
- e) assess chronic wounds in children and adolescents as an accompanying measure, administer the prescribed nursing care and coordinate further treatment with the doctor,
- f) support assessments of nursing diagnoses made in the course of the nursing care process and the necessary consequences for the treatment of children and adolescents in the context of inter-professional cooperation.

3. Participating in interdisciplinary teams in caring for and treating children and adolescents and ensuring continuity at interfaces

Graduates

- a) take on co-responsibility in the provision of interdisciplinary nursing care and treatment to children and adolescents, and support continuity at interdisciplinary and institutional interfaces,
- b) contribute the professional nursing perspective in inter-professional communication,
- c) deal with inter-professional conflicts on equal terms in a joint negotiation process and are involved in developing and implementing facility-related concepts aimed at providing protection against violence,
- d) coordinate the nursing care provided to children and adolescents in various care contexts, and arrange appointments and inter-professional services,
- e) tailor the provision of integrated primary nursing care to chronically ill children and adolescents,
- f) evaluate the overall nursing care process together with the therapy team with a view to patient orientation and participation.

IV. Reflecting on and explaining own actions based on legislation, regulations and ethical guidelines

1. Ensuring the quality of nursing care services and care provided in various facilities

Graduates

- a) integrate expanded internal and external quality assurance standards into their caregiving and regard quality development and assurance as a legally enshrined and inter-disciplinary matter in healthcare institutions,
- b) participate in quality assurance and quality improvement measures, endorse the implementation of evidence-based and/or inter-professional guidelines and standards, and thus contribute to the ongoing development of facility-specific concepts,
- c) evaluate the contribution their own professional group makes to quality development and assurance, and fulfil the necessary documentation requirements, including in the context of internal and external monitoring and oversight,
- d) regularly review their own caregiving practice through critical reflection and evaluation with a view to whether it is results- and patient-oriented, and draw conclusions as regards the ongoing development of the quality of nursing care.

2. Taking account of care contexts and systemic relationships in caregiving, thereby observing economic and ecological principles

Graduates

- a) independently perform their professional activities in accordance with statutory requirements and taking account of the rights and obligations linked to their training and profession,
- b) recognise the influence of general social developments, economic demands and technological, epidemiological and demographic trends on supply contracts and structures within the health and social welfare system,
- c) recognise the role of legislation in the health and social sector in ensuring that public service obligations in the inpatient, day-care and outpatient sectors are fulfilled,
- d) reflect, based on their broad knowledge, on their scope for action and decision-making in various accounting systems,
- e) participate in implementing concepts and guidelines aimed at organising their facility based on economic and ecological principles.

V. Reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes

1. Delivering caregiving in line with the latest scientific findings, in particular research findings and theories and models in the nursing sciences

Graduates

- a) endorse the need to review and, where necessary, adapt their own actions on an ongoing basis,
- b) familiarise themselves with research findings in the nursing and related sciences in relation to the provision of nursing care to children and adolescents, and analyse them as regards their reach, benefits, relevance and potential for implementation,
- c) explain and reflect on nursing care provision on an ongoing basis based on diverse or specific evidence-based study outcomes, theories, concepts and models in the nursing and related sciences,
- d) based on their own professional experience of providing nursing care and support to children, adolescents and their families, extrapolate possible issues to be addressed in nursing science and research.

2. Taking on responsibility for developing (as part of lifelong learning) own personality and professional self-image

Graduates

- a) regard lifelong learning as an element of their ongoing personal and professional development, are proactive and take responsibility for their own learning, and also use modern information and communication technologies to that end,
- b) recognise, at an early stage, when they are at risk of being over- or

- under-challenged, identify what changes need to be made in the workplace and/or to their own skills profile, and then take the initiative to act,
- c) implement targeted strategies for compensating and dealing with unavoidable work stress and make use of available support services in good time, or actively call for these to be made available,
 - d) reflect on their own personal development as a nursing professional and develop their own personal understanding of nursing care and a professional self-image, taking account of professional ethical and their own ethical convictions,
 - e) have an understanding of the historical links within the nursing profession and position themselves and their professional nursing training within the context of the healthcare professions, taking account of recognised reserved activities,
 - f) understand the links between social, socio-demographic and economic changes and professional development,
 - g) actively participate in the ongoing development of the nursing profession in line with social trends and developments in professional policy.

Annex 4

(to section 28 (3) sentence 1)

Skills required for state examination for geriatric nurses pursuant to section 28

I. Identifying the care needs of older persons and taking responsibility for planning, organising, designing, delivering, controlling and assessing nursing care processes and diagnostics in acute and long-term care situations

1. Taking responsibility for planning, organising, designing, delivering, controlling and assessing nursing care provided to older persons

Graduates

- a) have a sufficient understanding of specific theories and models relating to nursing care process planning and documentation, and take account of these when controlling and designing nursing care processes in regard to older persons,
- b) take responsibility for organising, controlling and designing the nursing care process in regard to older persons,
- c) implement appropriate assessment procedures in relation to older persons and use terms applied in nursing diagnoses to describe care needs,
- d) assess diverse reasons and needs for care in regard to older persons, including those who are not in a stable condition and those in vulnerable life situations,

- e) negotiate nursing objectives with the older person needing nursing care and, where necessary, with the persons to whom he or she closely relates, apply verified care measures and jointly assess the effectiveness of the care provided,
- f) use nursing documentation systems to assess their nursing care process decision-making in caring for older persons, both independently and in the nursing team,
- g) develop, together with older persons, the persons to whom they closely relate and their social network, age-appropriate, real-world measures for addressing and coping with the need for care and its consequences,
- h) tailor the nursing care process design to specific outpatient and inpatient care contexts for older persons.

2. Planning, organising, designing, delivering, controlling and assessing the nursing care of older persons with health problems, with a special focus on health promotion and prevention

Graduates

- a) provide support, nursing care, assistance and advice to older persons, based on examinations carried out, in regard to healthcare and preventive measures, including to those with complex health problems, based on findings from the nursing and related sciences,
- b) support older persons by participating in developing professional health promotion, prevention and curation interventions,
- c) recognise stress due to nursing care and advise and strengthen relatives' skills in dealing with older persons needing nursing care,
- d) recognise the signs of the possible use of force in the provision of nursing care to older persons and reflect on their observations in the therapy team,
- e) have an integrated understanding of physical, psychological and psychosomatic interrelations in the provision of nursing care to older persons,
- f) recognise gaps in their own knowledge and familiarise themselves, where necessary of their own accord, with new information in fields of knowledge relating to nursing care, health promotion and medicine, in particular relating to geriatric issues.

3. Identifying the care needs of older persons and taking responsibility for planning, organising, designing, delivering, controlling and assessing nursing care provided to older persons in highly stressful and critical life situations

Graduates

- a) provide nursing care, support, assistance and advice to older persons and to the persons to whom they closely relate in the case of dementia, mental crises and geronto-psychiatric illnesses,

- b) control and design the nursing care process for older persons as well as the seriously ill and dying in old age who are living with acute and chronic pain,
- c) provide nursing care, support, assistance and advice to older persons and the persons to whom they closely relate in the case of chronic disease, acute and chronic pain, and at the end of life, and incorporate the older person's social networks into their actions,
- d) support and acknowledge the resources available in families experiencing a life crisis, especially as a result of a serious chronic or life-limiting disease in older age, and participate in stabilising the family system,
- e) are aware of what help and channels of intervention are available and take responsibility,
- f) reflect on the phenomena of power and the abuse of power in areas of nursing care provision to older persons,
- g) support and assist seriously ill older persons at the end of life and the persons to whom they closely relate, recognise and accept their specific needs, and offer support in dealing with and processing their loss and grief,
- f) provide seriously ill and dying older persons and their relatives with information about the particular emphases of available palliative care services.

4. Taking purposeful action in life-threatening, crisis and disaster situations

Graduates

- a) are aware of and comply with the relevant legal bases in an emergency as well as with powers of attorney and care directives,
- b) take the necessary decisions in regard to interventions in life-threatening situations and initiate life-sustaining immediate measures until a doctor arrives,
- c) coordinate the deployment of first responders until a doctor arrives,
- d) identify emergency situations in nursing care and healthcare facilities and take action in line with an emergency plan or emergency evacuation plan.

5. Providing support, assistance and advice to older persons in regard to shaping their lives

Graduates

- a) gather social, family and biographical information and ascertain what support is available from the persons to whom older persons needing nursing care closely relate and the social networks of older persons, and identify resources and challenges when it comes to shaping their life and development,
- b) work with older persons to create opportunities for social and cultural

participation and support these,

- c) take account, when planning and organising everyday activities, of the needs and expectations, cultural contexts, social situation and stage of development of older persons,
- d) incorporate volunteers in supporting and enriching the lives of older persons during nursing care processes.

6. Promoting development and autonomy throughout the lifespan

Graduates

- a) respect the right of self-determination of older persons needing nursing care, especially when their ability to exercise the right of self-determination is restricted,
- b) support older persons with a congenital or acquired disability in restoring, compensating for and adapting their restricted capabilities in order to enable them to develop, live and participate in society as independently as possible,
- c) contribute, through rehabilitation measures for older persons, to their maintaining and regaining the skills required for everyday living,
- d) promote and shape cooperation between family systems and social networks and the professional care system in the provision of nursing care to older persons,
- e) adapt cooperation between all those involved and the nursing care design process to the individual level of development of the older person needing nursing care and support their coping skills based on their level of development.

II. Shaping person-centred and situational communication and advice

1. Shaping person-centred and situational communication and interaction with older persons and the persons to whom they closely relate and ensuring appropriate information is available

Graduates

- a) are aware of their own patterns of interpretation and action when interacting, in a care situation, with older persons and the persons to whom they closely relate, and of their different cultural and social backgrounds in particular, and reflect on these,
- b) reflect on their possibilities and limitations when communicating and giving advice,
- c) use empathy, respect, acceptance and congruence when building professional relationships and communicating with older persons,
- d) appropriately apply conversation techniques,
- e) recognise barriers to communication in the case of specific health

problems or types of disability in old age, and use various supporting and compensatory measures to overcome them,

- f) are in a position to notice and respond appropriately to conflicts and hold meetings to resolve conflicts, drawing on means of reflecting on their own professional communication.

2. Taking responsibility for organising, designing, controlling and assessing information, guidance and advice given to older persons

Graduates

- a) give older persons information about complex health- and care-related questions and about more in-depth questions relating to nursing care,
- b) provide guidance to older persons needing nursing care, either individually or in smaller groups,
- c) advise older persons and the persons to whom they closely relate when it comes to dealing with the additional demands due to sickness, therapy and nursing care, and help them to achieve their health-related goals as independently and with as much self-determination as possible,
- d) reflect on their possibilities and limitations when giving professional information, instruction, guidance and advice to older persons.

3. Basing actions on a reflection of ethical principles

Graduates

- a) support the realisation of human rights and codes of ethics and the promotion of the specific needs and habits of older persons needing nursing care and in relation to the persons to whom they closely relate,
- b) promote and support older persons in their self-fulfilment and self-determination over their own life, including after weighing up conflicting ethical principles,
- c) contribute to joint decision-making in inter-professional discussions in situations involving an ethical dilemma relating to older persons or to the persons to whom they closely relate.

III. Taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts

1. Taking responsibility for organising nursing teams which are heterogeneous in terms of qualifications

Graduates

- a) discuss and agree their caregiving with their nursing team, which is heterogeneous in terms of qualifications, to ensure the delivery of client-oriented complex care processes and coordinate the care of older persons, taking account of the team members' various ranges and areas of responsibility, especially in long-term inpatient and outpatient care settings,

- b) delegate select measures, taking account of other legal provisions, to persons with other levels of qualification and monitor the quality of implementation,
- c) advise team members in a collegial manner on professional nursing care issues and support them in taking on and organising their respective range and area of responsibility,
- d) are involved, in their team, in inducting new colleagues and instruct trainees, interns and volunteers in various care settings,
- e) are co-responsible for organising and designing joint work processes,
- f) reflect on their own role when cooperating with others and apply their knowledge of what constitutes successful teamwork.

2. Independently carrying out doctors' orders in the care context

Trainees

- a) fully comply with hygiene standards and take co-responsibility for infection prevention in the various areas of nursing practice,
- b) independently administer medical diagnostic and therapeutic measures prescribed by a doctor to older persons in accordance with the relevant legal provisions,
- c) observe and interpret care phenomena and complications which are linked to medical procedures and examinations regularly administered to older persons, including to those who are not in a stable condition or who are in a critical condition,
- d) provide wide-ranging support and assistance to older persons needing nursing care, including in regard to invasive diagnostic and therapeutic measures,
- e) assess chronic wounds in older persons as an accompanying measure, administer the prescribed nursing care and coordinate further treatment with the doctor,
- f) support assessments of care needs made during the nursing care process and the necessary consequences as regards the treatment of older persons in the context of inter-professional cooperation.

3. Participating in interdisciplinary teams in caring for and treating older persons and ensuring continuity at interfaces

Graduates

- a) take on co-responsibility in the provision of interdisciplinary nursing care and treatment of older persons and support continuity at interdisciplinary and institutional interfaces,
- b) contribute both the person concerned's and the professional nursing perspective in the context of inter-professional communication,

- c) deal with inter-professional conflicts on equal terms in a joint negotiation process,
- d) coordinate the nursing care provided to older persons in various care contexts, and arrange appointments and inter-professional services,
- e) tailor the provision of integrated primary nursing care to chronically ill older persons,
- f) assess the overall nursing care process together with the therapy team in regard to whether it is oriented to residents, clients and patients and to their participation.

IV. Reflecting on and explaining own actions based on legislation, regulations and ethical guidelines

1. Ensuring the quality of nursing care services and care provided in various facilities

Graduates

- a) integrate expanded internal and external quality assurance standards into their caregiving and regard quality development and assurance as a legally enshrined and inter-disciplinary matter in healthcare institutions,
- b) participate in quality assurance and quality improvement measures and the ongoing development of scientifically validated facility-specific concepts,
- c) are aware of the contribution their own professional group makes to quality development and assurance, and comply with the necessary documentation requirements, including in the context of internal and external monitoring and oversight,
- d) regularly review their own caregiving practice through critical reflection with a view to whether it is results- and patient-oriented, and draw conclusions as regards the ongoing development of the quality of nursing practice.

2. Taking account of care contexts and systemic relationships in caregiving, thereby observing economic and ecological principles

Graduates

- a) independently perform their professional activities in accordance with statutory requirements and taking account of the rights and obligations linked to their training and profession,
- b) are aware of the influence of general social developments, economic demands, as well as epidemiological and demographic trends on structures within the care system,
- c) recognise the role of legislation in the health and social sector in ensuring that public service obligations in the inpatient, day-care and outpatient sectors are fulfilled,

- d) have an overview, based on sufficient knowledge of the matter, of their scope for action and decision-making in the context of different accounting systems,
- e) participate in implementing concepts and guidelines for organising their facility based on economic and ecological principles.

V. Reviewing and explaining own actions based on scientific findings and professional ethical values and attitudes

1. Acting on the basis of findings from the nursing and related sciences, ethical principles and professional tasks

Graduates

- a) endorse the need to review their own actions and, where necessary, to adapt them on an ongoing basis, and take the initiative and responsibility for their own learning,
- b) reflect on the importance of their profession in the context of social, socio-demographic and economic changes,
- c) act on the basis of findings from the nursing and related sciences in relation to the provision of nursing care to older persons, and analyse their own caregiving to see where they can possibly make improvements.

2. Taking on responsibility for developing (as part of lifelong learning) own personality and professional self-image

Graduates

- a) regard lifelong learning as an element of their ongoing personal and professional development, are proactive and take responsibility for their own learning,
- b) recognise, at an early stage, when they are at risk of being over- or under-challenged, identify what changes need to be made in the workplace and/or to their own skills profile, and then take the initiative to act,
- c) implement targeted strategies for compensating and dealing with unavoidable work stress and make use of available support services in good time, or actively call for these to be made available,
- d) reflect on their own personal development as a nursing professional and develop their own personal understanding of nursing care and a professional self-image, taking account of professional ethical and their own ethical convictions,
- e) have an understanding of the historical links within the nursing profession and position themselves and their professional nursing training within the context of the healthcare professions, taking account of recognised reserved activities,
- f) understand the links between social, socio-demographic and economic changes and professional development,

- g) are qualified to actively contribute to social trends and developments in regard to professional policy as well as the ongoing development of the nursing profession.

Annex 5

(to sections 35 (2), 36 (1) and 37 (1))

Skills required for university nursing training examination pursuant to section 32

(Publication reference: Federal Law Gazette I 2018, p. 1611–1612)

I. Science-based planning, organisation, design, delivery, control and evaluation of highly complex nursing care processes for persons of all ages

Graduates

1. assess and evaluate individual nursing care needs, potential risks and health risks in complex and highly complex acute and long-term nursing care situations and implement specific science-based assessment procedures,
2. take responsibility for the planning, organisation, design, delivery, control and evaluation of nursing care processes for persons with special health problems, taking account of science-based health promotion, prevention and treatment approaches,
3. take responsibility for the planning, organisation, design, delivery, control and evaluation of nursing care processes for persons in highly stressful and critical life and care situations, including those with highly complex nursing care needs, specific client groups and especially aggressive disease courses on a science- and case-oriented basis,
4. take on the task of organising and administering interventions in life-threatening crisis and disaster situations until a doctor arrives,
5. promote the development and autonomy of persons needing nursing care, thereby incorporating their family contexts, life situations and life worlds on the basis of a broad knowledge of the nursing and related sciences,
6. support persons needing nursing care in developing the skills required for everyday living and in shaping their life, drawing on an in-depth knowledge of the nursing and related sciences,
7. analyse, evaluate and reflect on nursing care processes on the basis of nursing and related science methods, theories and research findings.

II. Person-centred and situational communication with and advice to persons of all ages needing nursing care and persons to whom they closely relate

Graduates

1. apply their in-depth and critical nursing and related science knowledge in highly complex communication, interaction and advisory situations,
2. critically analyse, reflect on and evaluate communication, interaction and

advisory processes in nursing practice on the basis of nursing and related science methods and taking account of ethical aspects,

3. devise, design and evaluate advisory and training concepts on the basis of verified research findings,
4. take reasoned ethical decisions, taking account of human rights and ethical approaches to nursing in situations involving moral conflicts and dilemmas, and promote action and nursing practice based on professional ethical principles.

III. Taking responsibility for shaping intra- and inter-professional action in various systemic contexts and the ongoing development of healthcare and nursing care provided to persons of all ages

Graduates

1. devise and design work organisation relating to nursing care in nursing teams which are heterogeneous in terms of qualifications and in various care settings based on verified research findings,
2. independently carry out doctors' orders and diagnostic, therapeutic or rehabilitation measures in accordance with the relevant statutory provisions and taking account of in-depth research-based knowledge,
3. analyse, on a sound scientific basis, current nursing care/healthcare structures, control care processes and forms of intra- and inter-professional cooperation, and reflect critically on them,
4. participate in the ongoing development and implementation of science-based, innovative solutions in regard to cooperation with other professional groups and controlling care processes in various areas of nursing practice and beyond them.

IV. Reflecting on and explaining own actions against the backdrop of legislation, regulations, ethical guidelines and participating in developing and implementing quality management concepts, guidelines and expert standards

Graduates

1. analyse, on a sound scientific basis, legal, economic and social conditions as well as quality management and development procedures, and reflect critically on them,
2. participate in developing, implementing and evaluating innovative science-based or -oriented approaches to quality management and development,
3. participate in social negotiation processes in regard to the quality of nursing care and care.

V. Reflecting on and explaining own actions against the backdrop of scientific findings and professional ethical values and attitudes, as well as involvement in professional development

Graduates

1. familiarise themselves with and evaluate verified research findings and select them for use in their own area of activity,

2. use research-based solutions and new technologies in nursing care process design,
3. take responsibility for shaping reserved activities and contribute insights from nursing science to intra- and inter-disciplinary teams,
4. identify their own and cross-team professional training and further training needs,
5. analyse and reflect on science-based professional ethical values and attitudes,
6. develop a sound understanding of nursing care and a professional self-image as a university-qualified nursing professional,
7. participate in the ongoing development of the nursing profession.

Annex 6

(to sections 1 (2) no. 1 and 25)

Theoretical and practical instruction during vocational nursing training: distribution of hours

Skills area		First and second third of training period	Last third of training period	Total
I.	Responsibility for planning, organising, designing, delivering, controlling and evaluating nursing care processes and care diagnostics	680 hrs	320 hrs	1,000 hrs
II.	Shaping person-centred and situational communication and advice	200 hrs	80 hrs	280 hrs
III.	Taking responsibility and co-responsibility for shaping intra- and inter-professional action in various systemic contexts	200 hrs	100 hrs	300 hrs
IV.	Reflecting on and explaining own actions based on legislation, regulations and ethical guidelines	80 hrs	80 hrs	160 hrs

Skills area		First and second third of training period	Last third of training period	Total
V.	Reflecting on and explaining own actions based on scientific findings and professional ethical values and attitudes	100 hrs	60 hrs	160 hrs
Freely disposable hours		140 hrs	60 hrs	200 hrs
Total		1,400 hrs	700 hrs	2,100 hrs

Over the course of training as a general nurse, no less than 500 hours and no more than 700 hours of instruction in the provision of nursing care to persons of all ages are to be allocated to teaching the skills required in special care situations relating to children and adolescents as well as to older persons.

Annex 7

(to sections 1 (2) no. 2, 26 (2) sentence 1 and 28 (2) sentence 1)

Practical training during vocational nursing training: distribution of hours

First and second third of training period		
I. Orientation placement		
	Flexible placement at start of training undertaken at the practical training provider	400 hrs*
II. Compulsory placements in three areas of general nursing practice		
1.	Acute inpatient care	400 hrs
2.	Long-term inpatient care	400 hrs
3.	Acute/long-term outpatient care	400 hrs
III. Compulsory placement in paediatric care		
	Paediatric care	120 hrs*
Total for first and second third of training period		1,720 hrs

Last third of training period		
IV. Compulsory placement in psychiatric care		
1.	General, gerontological, child or adolescent psychiatric care	120 hrs
2.	In case of exercise of right of choice pursuant to section 59 (2) of the Nursing Professions Act: only child or adolescent psychiatric care	
3.	In case of exercise of right of choice pursuant to section 59 (3) of the Nursing Professions Act: only geronto-psychiatric care	
V. Specialist placement in one of the areas in which compulsory placement was undertaken		
1.	In same area as compulsory placement under II. to IV.1. In same area as compulsory placement under II.3., also specialising in long-term outpatient care	500 hrs
2.	In case of exercise of right of choice pursuant to section 59 (2) of the Nursing Professions Act: in same area as one of the compulsory placements under III.	
3.	In case of exercise of right of choice pursuant to section 59 (3) of the Nursing Professions Act: in same area as one of the compulsory placements under II.2. or II.3., specialising in long-term outpatient care	
VI. Other placements/freely disposable hours		
1.	Further placement (e.g. nursing care counselling, rehabilitation, palliative care) – in case of exercise of right of choice pursuant to section 59 (2) of the Nursing Professions Act: only in areas of child and adolescent nursing practice – in case of exercise of right of choice pursuant to section 59 (3) of the Nursing Professions Act: only in areas of geriatric nursing practice	80 hrs
2.	Freely disposable hours in area of nursing practice in which specialist placement was undertaken	80 hrs
Total for last third of training period		780 hrs

Overall total	2,500 hrs
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* Up until 31 December 2024, no less than 60 hours and no more than 120 hours are allocated to 'III. Compulsory placement in paediatric care'. Any hours freed up as a result are added to the hours allocated to 'I. Orientation placement'.

Annex 8

(to section 19 (2) sentence 1)

The Chair of the
Board of Examiners

Certificate of State Vocational Nursing Training Examination

for

‘ _____ ’

Family name, given name

Date of birth

Place of birth

passed the state examination pursuant to section 2 no. 1 of the Nursing Professions Act
before the State Board of Examiners at

in _____ on _____.

He/She was awarded the following grades (overall grades of individual parts of the examination):

1. in the written part of the examination ‘ _____ ’

2. in the oral part of the examination ‘ _____ ’

3. in the practical part of the examination ‘ _____ ’

Overall grade of state examination: ‘ _____ ’

(based on examination grades under nos. 1 to 3)

Place, date

_____ (seal)

(Signature of the Chair of the
Board of Examiners)

Annex 9

(to section 44 (3) sentence 2)

Name of facility

Certificate of Participation in Adaptation Course

Family name, given name

Date of birth Place of birth

regularly attended the adaptation course as prescribed by the competent authority pursuant
to section 44 of the Training and Examination Regulations for the Nursing Professions

between _____ and _____.

He/She passed/failed* the final interview.

Place, date

_____ (stamp)

(Signature(s) of those
responsible in facility)

* Delete as applicable

Annex 10

(to section 45 (9))

The Chair of the
Board of Examiners

Certificate of State Assessment Test

for

‘ _____ ’

Family name, given name

Date of birth

Place of birth

passed/failed* the state assessment test pursuant to section 45 of the Training and
Examination Regulations for the Nursing Professions on _____.

Place, date

_____ (seal)

(Signature of the Chair of the
Board of Examiners)

* Delete as applicable

Annex 11

(to section 46 (3))

Name of facility

Certificate of Participation in Adaption Course

Family name, given name

Date of birth

Place of birth

regularly attended and successfully completed the adaptation course prescribed by the competent authority pursuant to section 46 of the Training and Examination Regulations for the Nursing Professions between _____ and _____.

Place, date

_____ (stamp)

(Signature(s) of those
responsible in facility)

Annex 12

(to section 47 (5) sentence 2)

The Chair of the
Board of Examiners

Certificate of State Aptitude Test

for

Family name, given name

Date of birth

Place of birth

passed/failed* the state aptitude test pursuant to section 47 of the Training and Examination
Regulations for the Nursing Professions on _____.

Place, date

_____ (seal)

(Signature of the Chair of the
Board of Examiners)

* Delete as applicable

Annex 13

(to section 42 sentence 1)

Certificate of Authorisation to Use Professional Title

Family name, given name

Date of birth

Place of birth

is hereby granted authorisation under the provisions of the Nursing Professions Act to use
the professional title of

‘ _____ ’

with effect from today.

Place, date

_____ (seal)

(Signature)

Annex 14

(to section 42 sentence 2)

Annex to Certificate of Authorisation to Use Professional Title
(pursuant to section 1 (2) of the Nursing Professions Act)

Family name, given name

Date of birth

Place of birth

undertook a specialist placement pursuant to section 7 (4) sentence 1 of the Nursing
Professions Act

at

in the following area of nursing practice:

Place, date

_____ (seal)

(Signature)