ZEVA MEETING BRATISLAVA

- **25.- 27.September 2014**

Directive on Recognition of Professional Qualifications (2013/55/EU –2005/36/EC

Directive on Recognition of Professional Qualifications (2013/55/EU –2005/36/EC)

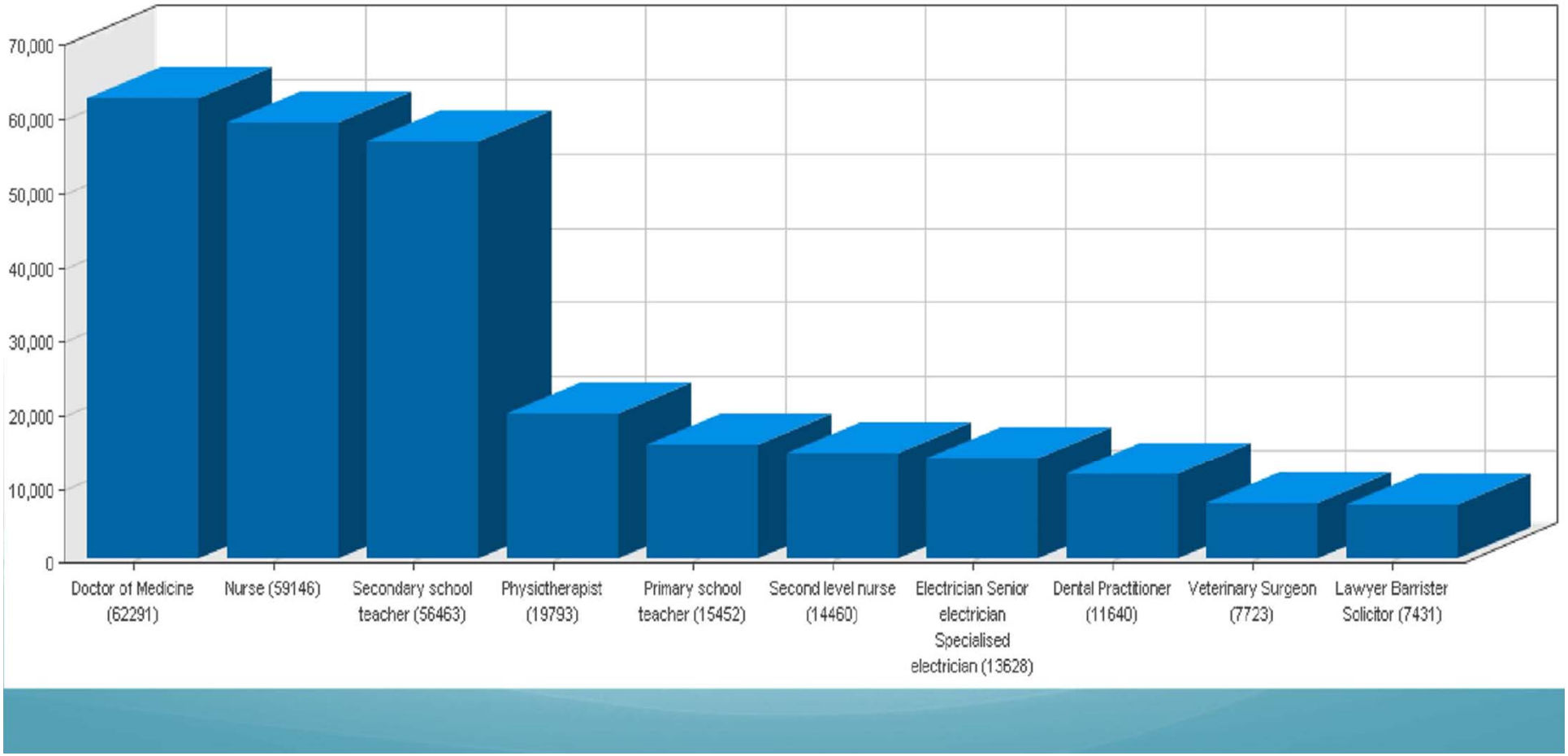
- 1. What we are talking about ?
- 2. Reasons for modernisation of Directive 2005/36/EC
- 3. Directive 2013/55/EU
- 3.1 New elements for all professions
- - 3.1.1.European Professional Card
- - 3.1.2.Temporal mobility & Declaration to be made in advance
- - 3.1.3.Partial access to a regulated profession
- - 3.1.4.Common training framework & tests
- - 3.1.5.Better access to information and e-government services
- 3.2. New elements for Health Professionals (reinforcing safeguards for citizens and patients)
- - 3.2.1. Alert mechanism for health professions – IMI
- - 3.2.2.Rules on language skills
- - 3.2.3. Continuing Professional Development (CPD) 4. Implementation and next steps.

Training requirements for obtaining such professional qualifications can differ from country to country and may, therefore, make the practice of a profession in another Member State quite difficult, even impossible.

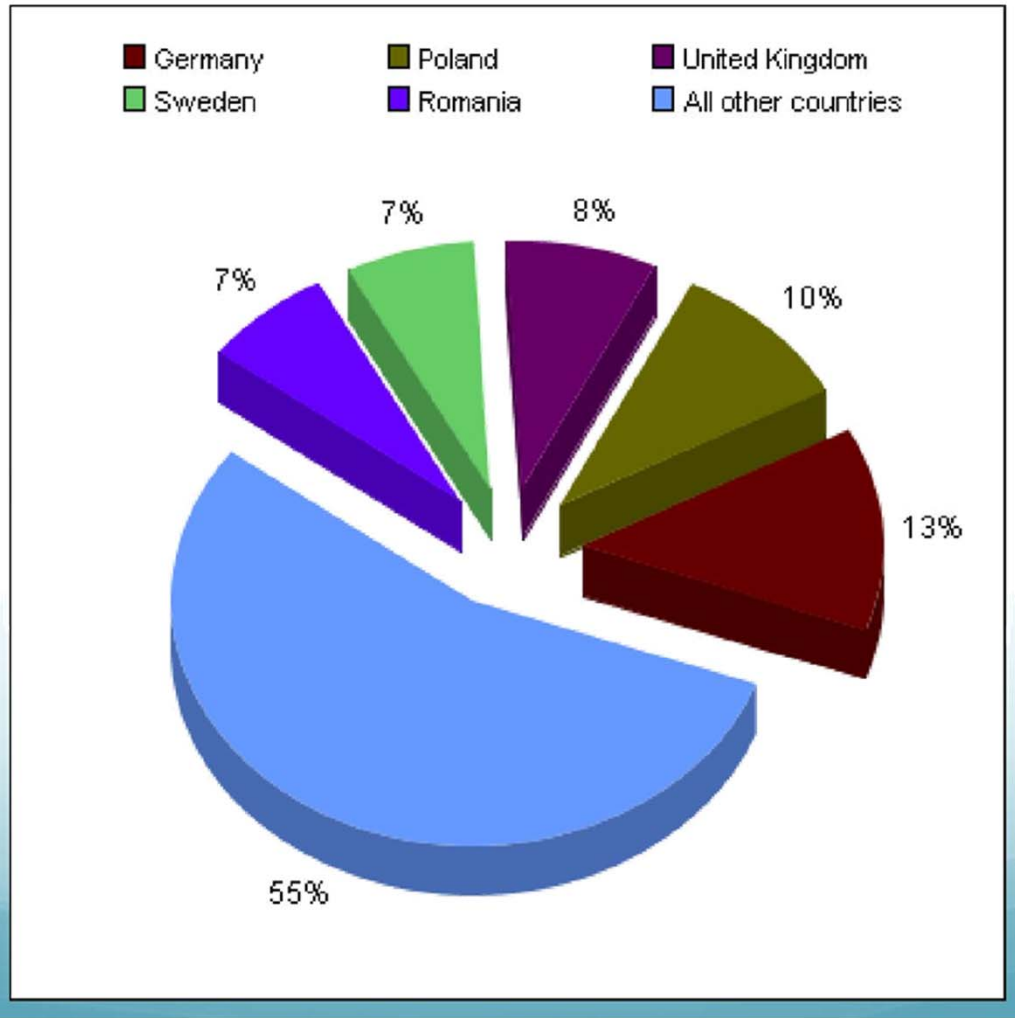
Regulated Professions:

A regulated profession implies that access to a profession is subject to a person holding a specific qualification according to national laws or regulations 800 categories of regulated professions across the EU 28 Member States. For further information consult: Regulated Profession Database

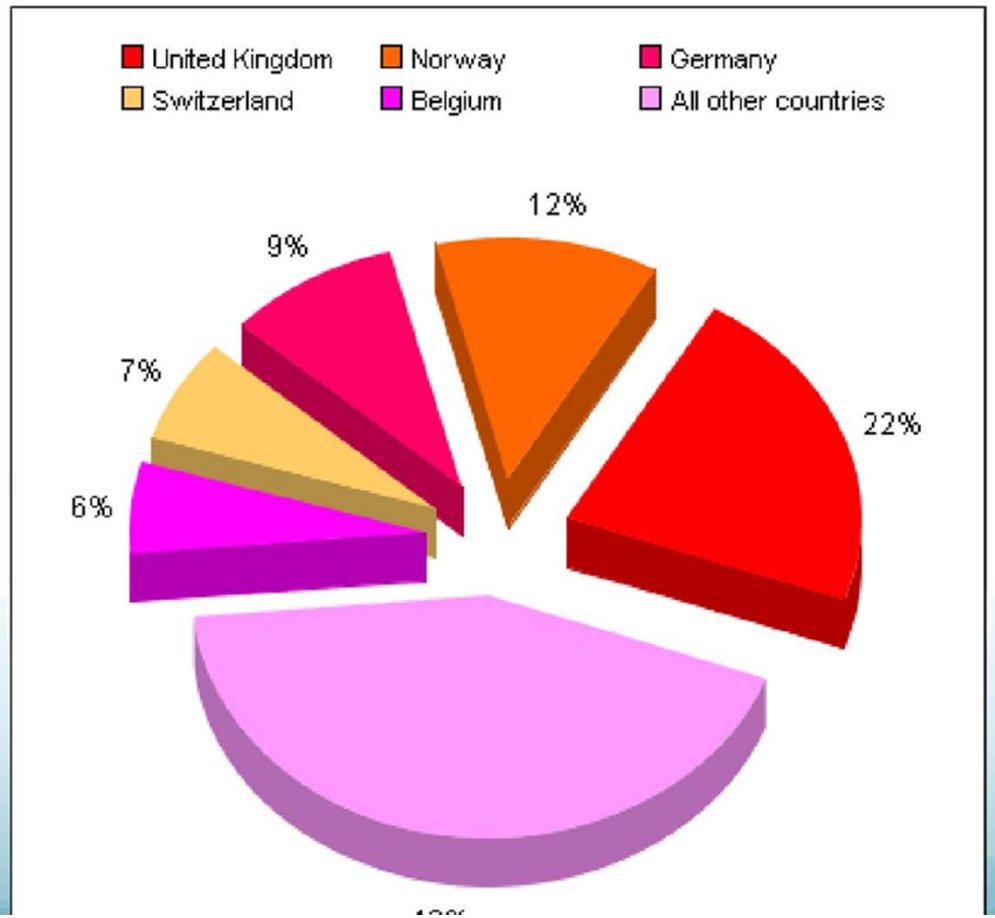
Free movement of professionals (1997 – 2013) EU Commission data



(1997 – 2013) Top five countries where migrating professionals obtained their professional qualifications



(1997 – 2013) Top five countries where migrating professionals had their qualifications recognized.



Health care and the EU

- **Health Care and the EU**
- Principle of Subsidiarity - the organisation and delivery of health care is the responsibility of each Member State
- Co-ordination of health issues is challenging at European level
- **This is about the EU solution if…**
- - If you want to practise your profession or provide services in another EU country
- If you need to declare your professional qualifications or have them recognised

2. Reasons for modernisation of the Professional Qualifications Directive (1)

- The current system has been evaluated periodically in order to verify whether full use has been made of all the opportunities offered by Directive 2005/36/EC.
- The system must also take account of the considerable changes
- that have occurred in the Member States' educational and training systems.
- The Commission conducted a major evaluation of the 2005 Directive and in December 2011 proposed a revision of the Directive.
- This modernisation is one of the twelve priorities for growth set out in the Single Market Act I and aims at further facilitating mobility of professionals across the EU. It will work both ways: for those offering or seeking a job.

2. Reasons for modernisation of the Professional Qualifications Directive (2)

Why do we need a modernisation of the Directive?

- **GENERAL**
- There is a need for simplification and adaptation to the XXI century and its technologies
- There are relevant economic gains from reducing the excessive regulation of professions.
- Mobility of professionals is still low in the EU, but 28% are considering working abroad
- Increased mobility would also respond to the challenge of filling highly-skilled jobs, as the active population declines
- **The General System**: difficulties with compensatory measures, problems with education levels European Qualifications Framework versus Bologna, differences in scope of activities…
- Modernising the system of automatic recognition
- Common Platforms: have been replaced by the Common Training Principles.

2. Reasons for modernisation of the Professional Qualifications Directive (3)

HEALTH (care) RELATED NEEDS

- The particular concern is of a projected **shortage of one million health professionals by 2020**
- Safeguards for patients who have concerns about language skills and malpractice
- Public health emerged as a particular issue during the evaluation
- **… A PROPOSAL AFFECTING ALL PROFESSIONS**

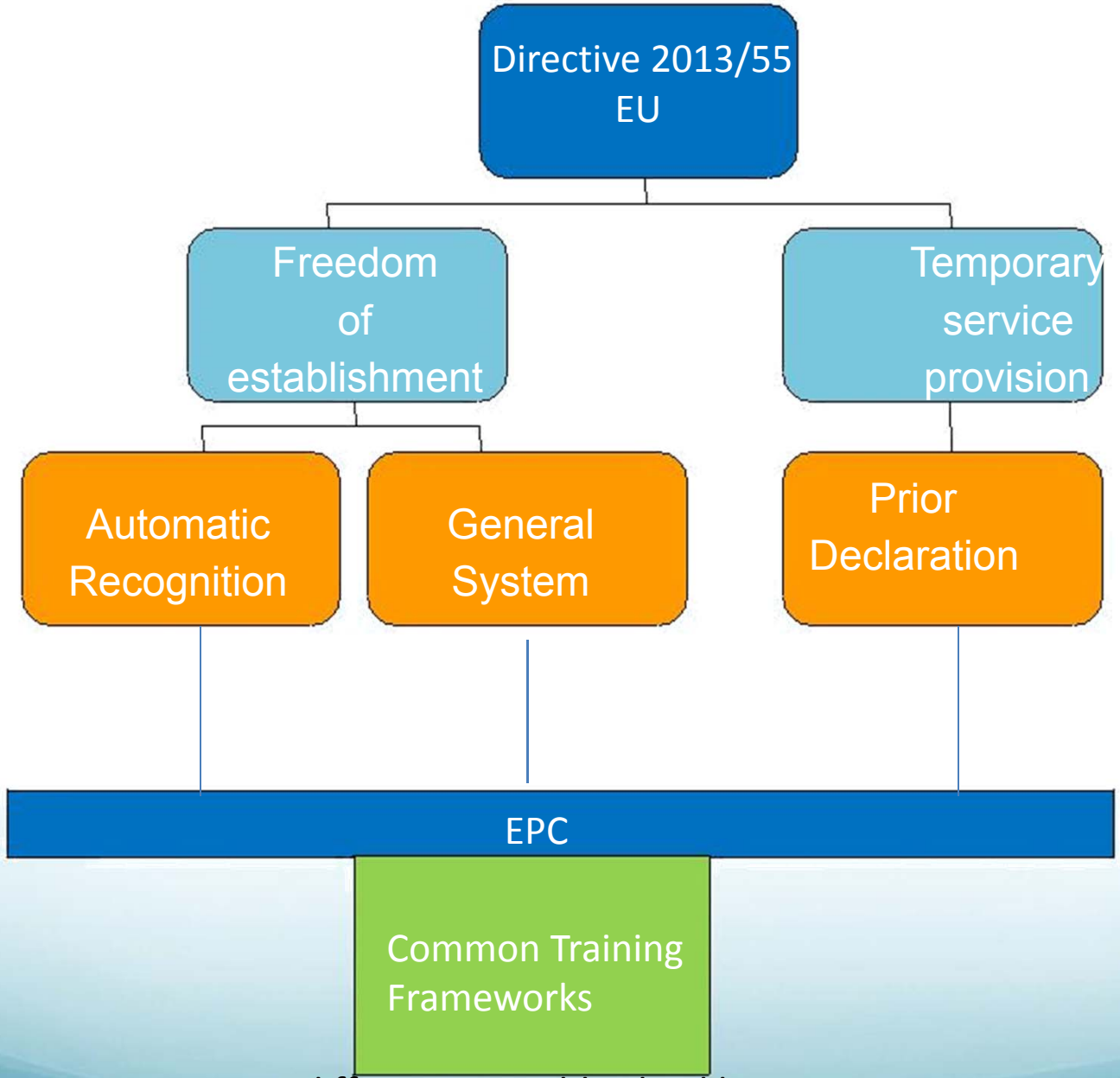
3. Directive 2013/55/EU

- This Directive **establishes rules** according to which a Member State which makes **access to or pursuit of a regulated profession** in its territory contingent upon possession of specific professional qualifications and which allow the holder of the said qualifications to pursue the same profession there, for access to and pursuit of that profession.
- This Directive shall **apply to all nationals of a Member State wishing to pursue a regulated profession in a Member State, other than that in which they obtained their professional qualifications.**
- This Directive also establishes **rules concerning partial access** to a regulated profession **and recognition of professional traineeships** pursued in another MS.

3. Directive 2013/55/EU

- The directive applies to professionals wishing to **establish** themselves in an EU country other than that in which they obtained their professional qualifications.There are three systems for the recognition of qualifications:
- automatic recognition for professions for which the minimum training conditions have been harmonized (Doctors, nurses and midwifes, architects, veterinaries and pharmacists)
- the general system for other regulated professions **(Physiotherapists)**
- recognition on the basis of professional experience for certain professional activities.
- The directive also provides a special scheme for **temporary mobility**.
- In such situations, professionals can in principle work on the basis of a declaration made in advance. **A prior check of qualifications, language text and disciplinary situation for professions with public health or safety implications can be made**.

Partial access to regulated professions



differences could solved by adaptation period or an

3.1. New elements for all….

- 1. European Professional Card
- 2. Temporary mobility – provision of services
- 3. Partial access to a regulated profession
- 4. Common training framework & tests
- 5. Better access to information and e-government services

3. 1. 1. European Professional Card (EPC)

- **What and how:** Electronic certificate delivered in the home Member State (MS) and transmitted via Internal Market
- Information System (IMI) to the host MS. To present the documents for the recognition process
- **The issuance of a European Professional Card shall not provide an automatic right to practice a particular profession if there are registration requirements or other control procedures already in place in the host Member State before a European Professional Card is introduced for that profession.**

- **Applies for Permanent and temporal mobility**

3. 1. 1. European Professional Card (EPC)

- **Value for professionals:**
- GENERAL INFORMATION ON REQUIREMENTS, PROCEDURES AND COSTS
- QUICK AND EASY WAY TO ACCOMPLISH ALL NECESSARY PROCEDURES, FROM ANYWHERE, ANY TIME
- TRANSPARENCY AND CLEAR CHANNEL OF COMMUNICATION WITH RESPONSIBLE AUTHORITIES IN THEIR LANGUAGE
- INFORMATION KEPT UP TO DATE
- VALID DOCUMENTS CAN BE RE-USED
- PROTECTION OF PERSONAL DATA

3. 1. 1. European Professional Card (EPC)

- STANDARD AND STRUCTURED PROCEDURES
- CLEAR OVERVIEW OF THE PROFESSIONAL'S FILE => EASIER TO MAKE DECISIONS
- FACILITATES COMMUNICATION WITH RELEVANT ACTORS (PROFESSIONAL & OTHER AUTHORITIES)

- PREVENTS FRAUD

- ENSURES DATA PROTECTION

- FOSTERS TRUST BETWEEN MEMBER STATES

3. 1. 1. European Professional Card (EPC)

- **How it will be created**

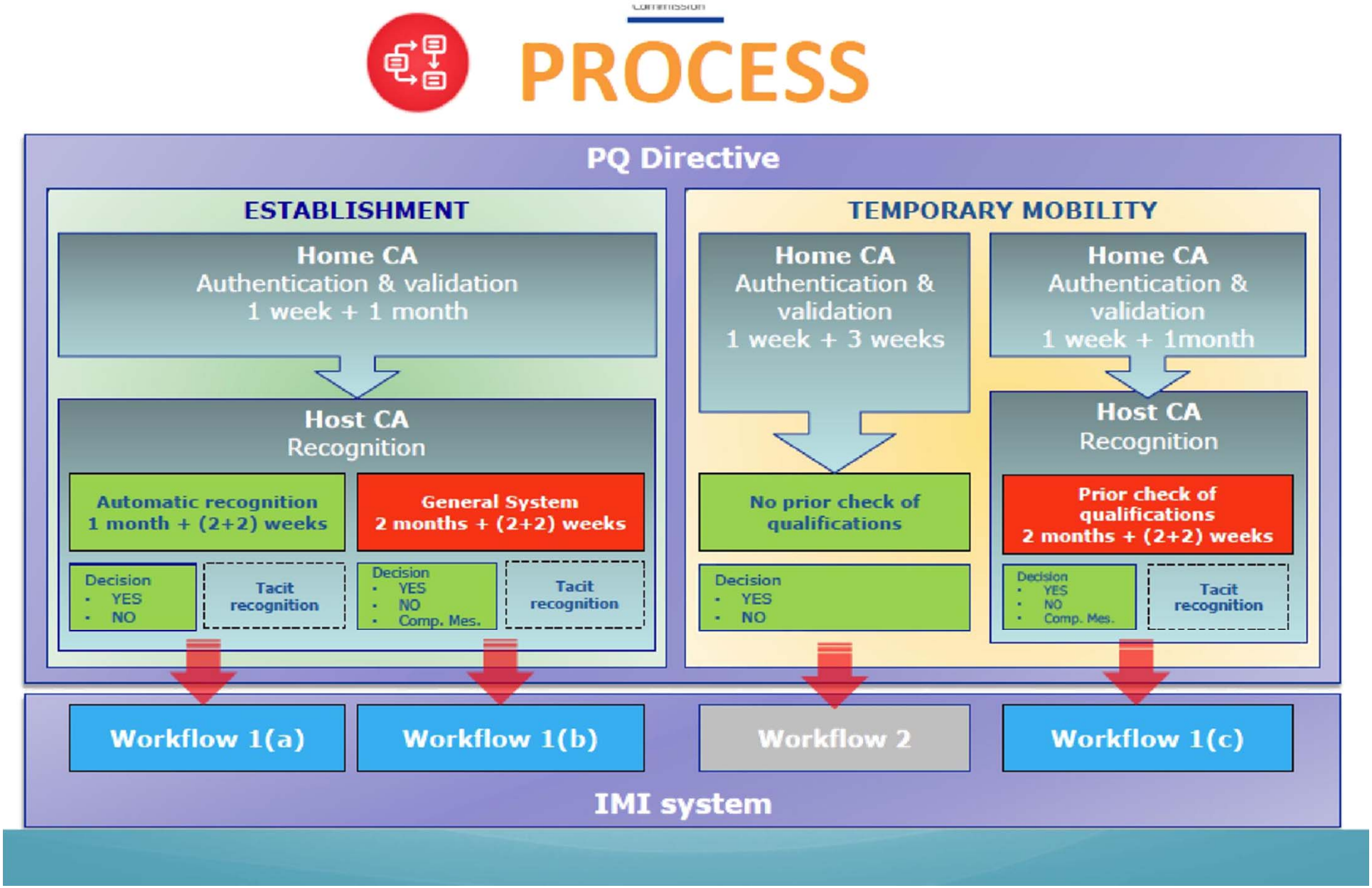
- The EU Commission shall, by means of implementing acts, adopt measures necessary to ensure the uniform application of the provisions on the European Professional Cards
- **EU Commission Steps to create the professional card:**

- Following a call for expression of interest in the introduction of the European Professional Card (EPC) published on 18 October 2013, the European Commission proposed the creation of a Focus Group on the European Professional Card and a more thorough examination of the EPC introduction criteria for **seven professions (doctors, nurses, pharmacists, physiotherapists, engineers, real estate agents and mountain guides**).

3. 1. 1. European Professional Card (EPC)

- **EU Commission Steps to create the professional card (2):**
- The first meeting of the Focus Group took place in Brussels on 31 January 2014 Proposed splitting the group according to professions or at least into two groups: health professions / other professions in order to be able to involve more competent authorities in the meetings.
- Second meeting 25 March 2014 – Health Professions EPC focus group

3. 1. 1. European Professional Card (EPC



3. 1. 1. European Professional Card (EPC)

WORKFLOWS

Workflow 1.A – Establishment – Automatic Recognition

- Completeness check (Home CA): 1 week +
- Authentication & Validation (Home CA): 1 month +
- Recognition(Host CA): 1 month + (2+2) weeks

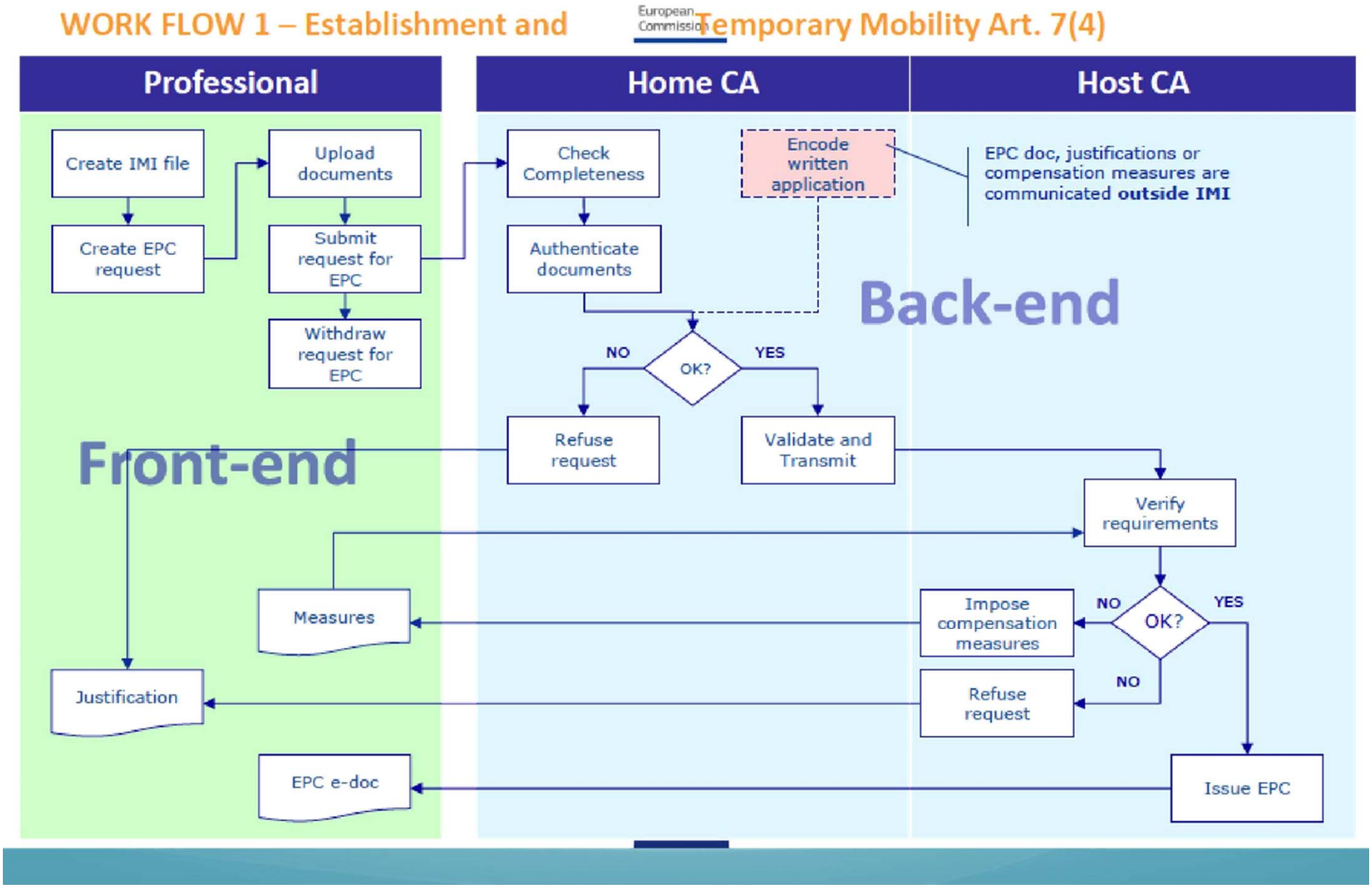
Workflow 1.B – Establishment – General System
Workflow 1.C – Temporary Mobility with Prior check

- Completeness check (Home CA): 1 week +
- Authentication & Validation (Home CA): 1 month +
- Recognition(Host CA): 2 months + (2+2) weeks

Workflow 2 Temporary Mobility without Prior check

- Completeness check (Home CA): 1 week +
- Authentication & Validation & Recognition (Home CA): 3 weeks

3. 1. 1. European Professional Card (EPC



3. 1. 1. European Professional Card (EPC)

- Professionals can in principle work on the basis of an **annual declaration made in advance**.
- A prior check of qualifications is allowed for professions with **public health or safety implications**. (for the first provision of services)
- For health professionals may be imposed also a **language test** and requested an attestation confirming the absence of **temporary or final suspensions from exercising the profession**

3. 1. 3. Partial access to a regulated profession

- The competent authority of the host Member State shall grant partial access, on a case-by-case basis, to a professional activity in its territory only **when all** the following conditions are fulfilled:
- 1. The professional is fully qualified to exercise in the home Member State the professional activity for which partial access is sought in the host Member State;
- 2. Differences are so large that the application of compensation measures would amount to requiring the applicant to complete the full programme of education and training required in the host Member State to have access to the full regulated profession in the host Member State;
- 3. The professional activity can objectively be separated from other activities falling under the regulated profession in the host Member State.

3. 1. 3. Partial access to a regulated profession

- Partial access may be rejected if such rejection is justified by overriding reasons of general interest, suitable for securing the attainment of the objective pursued, and does not go beyond what is necessary to attain that objective.
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3.1.4. Common training Framework (CTF)

- **Common training Framework**
- **Aim:** Replace the common platform from the previous directive
- **What and how:** Common set of minimum knowledge, skills and competences necessary for the pursuit of a specific profession. A common training framework shall not replace national training programmes unless a Member State decides, otherwise under national law.
- To initiate this project the profession should be regulated at least in 1/3 of MS. In previous directive it was 2/3.

3.1.4. Common training Framework (CTF) and Tests

- The common set of knowledge, skills and competences combines the knowledge, skills and competences required in the systems of education and training applicable in at least one third of the Member States; it shall be irrelevant whether the knowledge, skills and competences have been acquired as part of a general training course at a university or higher education institution or as part of a vocational training course; and must use EQF

3.1.4. Common training Framework (CTF) and Tests

- **Common training Framework**
- **Steps: (Initiative)** Representative professional organizations at Union level, as well as national professional organizations or competent authorities from at least one third of the Member States, may submit to the Commission suggestions for common training frameworks

3.1.4. Common training Framework (CTF) and Tests

- **Develop the idea of the C T F:** The Commission shall be empowered to adopt delegated acts to establish a common training framework for a given profession.
- **Exemptions from MS related to Health Professions:** A Member State shall be exempted from the obligation **of introducing** the common training framework if there are substantial differences between the common training framework and the training required in its territory, which entail serious risks for public health or for the safety of the service recipients

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3.1.4. Common training Framework (CTF) and Tests

- **Common training Tests**
- **What and how:** A standardized aptitude test available across participating Member States and reserved to holders of a particular professional qualification. Passing such a test in a Member State shall entitle the holder of a particular professional qualification to pursue the profession in any host Member State concerned under the same conditions as the holders of professional qualifications acquired in that Member State.

3.1.4. Common training Framework (CTF) and Tests

- **Common training tests**
- **Exemptions from MS related to Health Professions:** A Member State shall be exempted from the obligation **of organizing** the common training tests will not sufficiently mitigate serious risks for public health or the safety of the service recipients, which are relevant on its territory;

3.1.4. Common training Framework (CTF) and Tests

- To initiate this project the profession should be regulated at least in 1/3 of MS. Previous directive was 2/3.
- The common training test should been prepared following a transparent due process, including the relevant stakeholders from Member States *where the profession is not regulated;(?)*

3.1.4. Common training Framework (CTF) and Tests

- **Common training tests**
- **Steps: (Initiative)** Representative professional organizations at Union level, as well as national professional organizations or competent authorities from at least one third of the Member States, may submit to the Commission suggestions for common training tests
- **Develop the idea of the C T F:** The Commission shall be empowered to adopt delegated acts to establish a common training framework for a given profession.

3. 1. 5. Better access to information and e-government services

- **Central online access to information**
- MS should make available a central online access point with complete information on competent authorities and document requirements for the recognition of professional qualifications for all professionals **-> Point of Single Contact – Extended for health professions!!** It was in the Service Directive

3. 1. 5. Better access to information and e-government services

- Offer the possibility of completing all the procedures related to the recognition of qualifications online – This shall not prevent competent authorities of Member States from requesting certified copies at a later stage in the event of justified doubts and where strictly necessary.

3. 1. 5. Better access to information and e-government services

- **Assistance centres**
- Each Member State shall designate, no later than 18 January 2016, an assistance center whose remit shall be to provide citizens, as well as assistance centers of the other Member States, with assistance concerning the recognition of professional qualifications provided for in this Directive, including information on the national legislation governing the professions and the pursuit of those professions, social legislation, and, where appropriate, the rules of ethics.

3. 2. New elements for Health Professionals

- **1. Alert mechanism for health professions – IMI**
- **2. Rules on language skills**
- **3.Lack of Continuing Professional Development (CPD)**
- **Main principles of the Directive when health implications**
- The facilitation of service provision has to be ensured in the context of strict respect for public health and safety and consumer protection.
- This Directive is without prejudice to measures necessary to ensure a high level of health and consumer protection

3. 2. 1. Alert mechanism for health professions

- The competent authorities of the host MS may ask the competent authorities of the Member State of establishment, in the event of justified doubts**, to provide any information relevant to the legality of the service provider's establishment and good conduct, as well as the absence of any disciplinary or criminal sanctions of a professional nature.**

3. 2. 1. Alert mechanism for health professions

- In the event that the competent authorities of the host Member State decide to check the service provider's professional qualifications, they may ask the competent authorities of the Member State of establishment for information about the service provider's training courses to the extent necessary to assess **substantial differences likely to be harmful to public health or safety**

3. 2. 1. Alert mechanism for health professions

- The competent authorities of a Member State shall inform the competent authorities of all other Member States about a professionals exercising activities that have patient safety implications that has been restricted or prohibited, even temporarily, by national authorities or courts to practice

3. 2. 1. Alert mechanism for health professions

- Competent authorities shall send the information referred by way of alert via IMI (internal market information) – There are some pilot projects developed with the EU Commission of this tool from the previous directive.

3. 2. 2. Rules on language skills

- **Rule for all:** Professionals shall have a knowledge of languages necessary for practicing the profession in the host Member State.
- **How to do the language control:** A Member State shall ensure that any controls carried out by, or under the supervision of, the competent authority for controlling language shall be limited to the knowledge of one official language of the host Member State, or one administrative language of the host Member State provided that it is also an official language of the Union.

3. 2. 2. Rules on language skills

- **When for Health Professional**: Controls carried out may be imposed if the profession to be practiced which has patient safety implications. – **No limitations for the control**
- **For other professions**: Controls may be imposed in respect of other professions in cases where there is a serious and concrete doubt about the sufficiency of the professional's language knowledge in respect of the professional activities that that professional intends to pursue.

3. 3. 3. Lack of Continuing Professional Development (CPD)

- To exchange information and best practice for the purpose of optimizing continuous professional development in Member States

4. Implementation in next steps

- Directive entered into force on 18 January 2014

  Link: http://eur-lex.europa.eu/legal-content/ALL/;jsessionid=qnyHT9kYp8k9z1Gd2K7lFSd3z1sSfSVMsDjDSTChqhJKQYvFChZ4!757506724?uri=CELEX:02005L0036-20140117

- Transposition into national MS legislation – 2 years – 18 January 2016 – Deadline for all MS

Thank You !