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**SERVICES**  
**Free movement of professionals**

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**PUBLIC CONSULTATION ON THE MODERNISATION OF THE  
PROFESSIONAL QUALIFICATIONS DIRECTIVE**

**(Directive 2005/36/EC)**

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## EXECUTIVE SUMMARY

On the 7<sup>th</sup> January 2011, the DG Internal Market and Services published a Consultation document on the modernisation of the Professional Qualifications Directive. Stakeholders and interested parties were invited to submit comments on a number of policy issues by 15<sup>th</sup> March 2011.

Overall, 371 responses to the public consultation were received from citizens, professional organisations covering a wide range of different sectors, employers, trade union representatives, educational bodies, competent authorities and governments from all 27 Member States and a few non-EU countries.

The main conclusions stemming from the consultation are the following:

- The majority of respondents are in favour of improving citizens' access to information and further simplifying procedures.
- Most respondents consider it unnecessary to make the Code of Conduct mandatory. Flexibility and the need for regular updates would justify keeping its current status – perhaps under a different name (such as "guidelines").
- The principle of partial access to a profession – as developed by the Court of Justice – is not widely known and appears to be controversial.
- All citizens and educational bodies and many governments and professional organisations consider that it is necessary to support mobility of young graduates seeking to pursue a remunerated supervised practice in other Member States. Competent authorities seem more divided. It appears that the underlying jurisprudence of the Court of Justice is not well known.
- The development of a European professional card is supported by a large majority of stakeholders within all groups. Many respondents see in the card a means to increase transparency, enhance confidence and forge closer cooperation between Member States. Some respondents consider that the card could also reduce bureaucracy and help to speed up the recognition process. Most respondents consider that the card should be linked to the IMI and that the IMI should be strengthened. Others consider that it would be of benefit to link the card to a central database containing all relevant information. A small minority rejects the idea of the card altogether and suggests focussing only on improving the IMI.
- Opinions vary a lot on the idea to replace the concept of common platforms by European curricula. Some respondents, notably certain competent authorities and professional organizations, foresee difficulties in moving away from common platforms towards a kind of 28<sup>th</sup> regime under a European curriculum. Many governments, but also educational bodies, are in favour of developing new mechanisms to extend automatic recognition to professions beyond those which currently enjoy it under the Directive.
- Views on the risk of an excessive number of regulated professions differ and suggest that this topic is quite controversial. Many respondents consider that no particular action is necessary, while some strongly argue that there is a serious issue.
- Stakeholders have mixed views on the idea of a lighter regime for professionals accompanying consumers from another Member State,; citizens

and professional organisations are mainly in favour whilst competent authorities largely oppose the idea.

- A large majority of respondents consider that there is no need to simplify the rules on temporary mobility, including on pro-forma registration, under the Directive. Clarification of what "temporary and occasional" provision of services means is often requested.
- Respondents are overwhelmingly satisfied with the system of automatic recognition based on minimum training requirements (health professions and architects). At the same time, many respondents point to the need to modernise the system, notably by clarifying certain provisions, updating training subjects and taking into account recent reforms of the educational systems of the Member States.
- There is also widespread satisfaction with the system of automatic recognition for craft, trade and industry activities, which is largely based on a minimum duration of professional experience. However, most respondents deem it necessary to simplify and update the list of activities in Annex IV of the Directive.
- The majority of respondents would like a future Directive to put more emphasis on continuous professional development (CPD). The main idea is that professionals who did not follow domestic requirements on CPD in their home Member State should not benefit from automatic recognition in the host Member State.
- The majority of respondents support making the Internal Market Information System (IMI) mandatory. In the same vein, an overwhelming majority would favour introducing an alert mechanism for professions for which such a mechanism does not already exist under the Services Directive.
- Sufficient language knowledge by professionals is seen by almost all respondents as necessary for their integration into another country. Concerns over the current rules are expressed with respect to health professionals.

The results of the consultation fed into the Green paper on the modernisation of the Professional Qualifications Directive which the Commission published on 22<sup>nd</sup> June 2011.

## INTRODUCTION

On 7<sup>th</sup> January 2011, the DG Internal Market and Services launched a public consultation on the Professional Qualifications Directive (Directive 2005/36/EC). Stakeholders and interested parties were invited to submit comments by 15<sup>th</sup> March 2011. The consultation document is available in five languages (EN, FR, DE, ES, IT).

This summary attempts only to give account of the responses as they were presented to DG Internal Market and Services, including those where respondents requested to treat their submission as confidential. It does not take position on the comments received. The summary does not express the views of the Commission services (nor do the Commission services necessarily agree with all the views expressed therein).

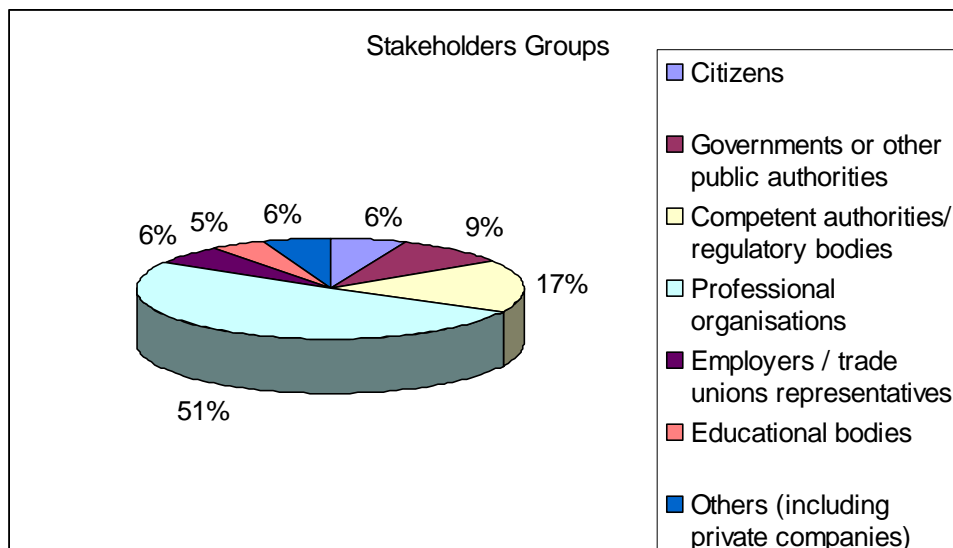
## PART I: OVERVIEW OF RESPONDENTS

Overall, 371 responses to the public consultation were received.

Given the wide range of questions that the public consultation raised, it is impossible to present all replies in detail. Those interested in reading more are invited to consult the individual responses to the consultation which will be published on the DG Internal Market and Services website<sup>1</sup>.

Respondents can be classified into the following categories: citizens, professional organisations, employers/trade union representatives, educational bodies, competent authorities/regulatory bodies, governments/other public authorities, others (including private companies). Approximately 50% of the replies stem from professional organisations, but public authorities also provided a significant number of contributions. The chart below shows the percentage of responses received from each category of respondent.

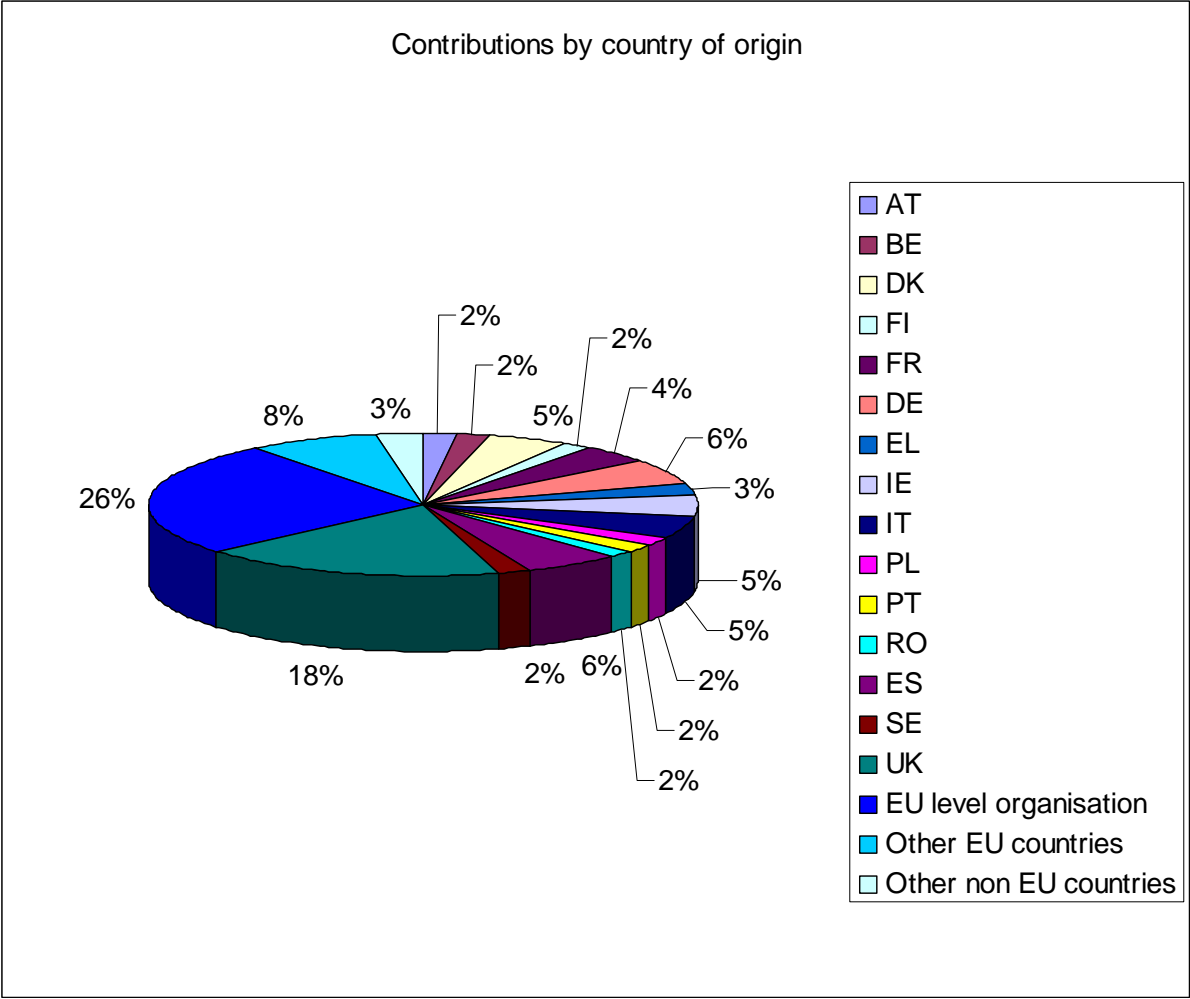
**Chart 1 – Contributions by Stakeholders Groups**



<sup>1</sup> See: [http://ec.europa.eu/internal\\_market/consultations/2011/professional\\_qualifications\\_directive\\_en.htm](http://ec.europa.eu/internal_market/consultations/2011/professional_qualifications_directive_en.htm)

Contributions were received from stakeholders in all Member States<sup>2</sup>, one EFTA country (Norway), two third countries and one international organisation. Approximately a quarter of the replies come from EU-wide professional organisations. Some Member States sent official government responses based on due internal consultation, while others responded at the level of individual departments. Regulatory bodies (competent authorities) as well as regional and local authorities participated in the consultation.

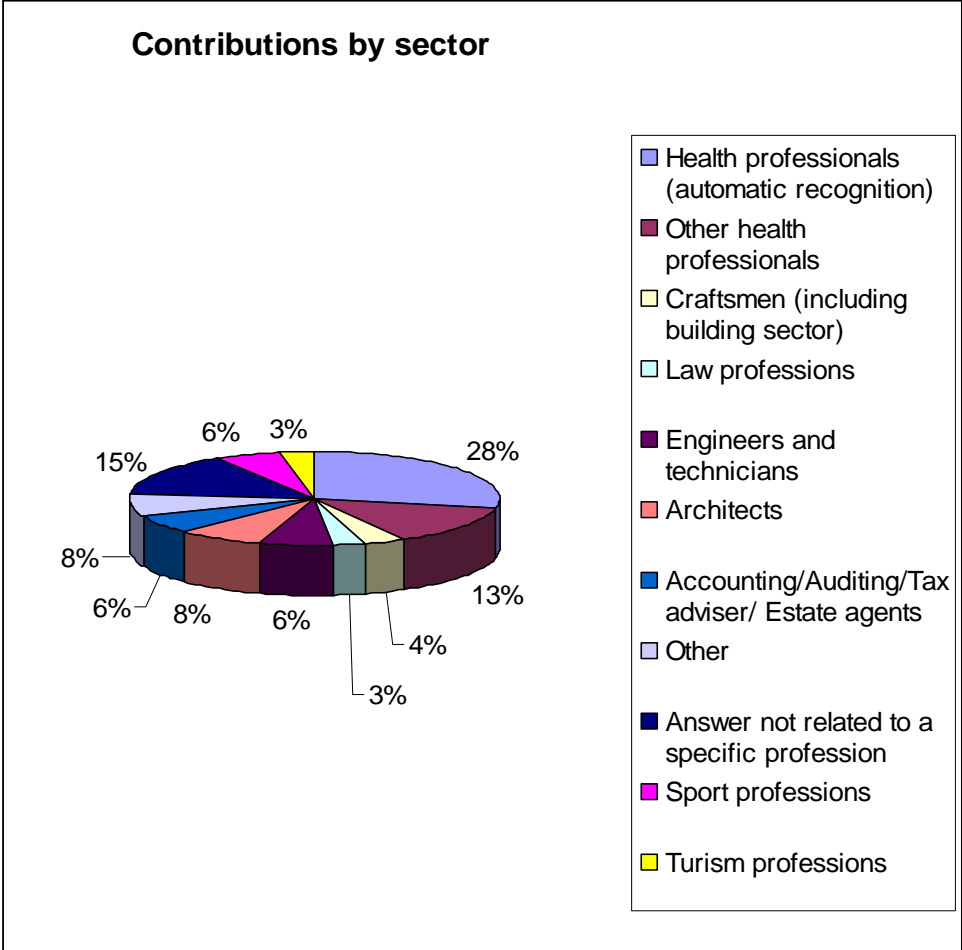
**Chart 2 - Contributions by country of origin**



<sup>2</sup> The high number of replies from UK and Ireland may be explained by the particular interest of these two countries in the subject but also by the fact that the consultation document was available only in English for the first two weeks after its publication.

Replies came from a variety of sectors, in particular the health sector (approximately 40% of the replies). Technical professions (engineers, architects, technicians) and services to business professions (accounting, auditing, tax advisers, real estate agents etc.) are also widely represented. Approximately 15% of the replies were not related to a specific profession.

**Chart 3 - Contributions by sector**



## **PART II: OVERVIEW OF THE MAIN RESULTS**

The consultation document consulted stakeholders on 30 questions, ten each in relation to three major challenges for the modernisation of the Professional Qualifications Directive:

- simplifying the existing rules to the benefit of individual citizens;
- integrating professions into the Single Market;
- injecting more confidence into the system.

For each of these challenges, the consultation document sometimes presented possible ways forward and called for comments and suggestions. The responses are presented following the order of the questions in the consultation document.

### ***II.1 Simplification for individual citizens***

#### **II.1.1 Why simplification?**

##### ***Better access to information***

*(Question 1: Do you have any suggestions for improving access to information for citizens?)*

A great majority of respondents are in favour of improving citizen's access to information on the competent authorities and the applicable rules and procedures.

Governments, competent authorities and professional organisations suggest using good databases, providing information on public websites (if possible in different languages) and enhancing cooperation. Citizens also insist on the need to have websites with all relevant information in several languages.

Some respondents make further suggestions, such as an increased use of the Internal Market Information system (IMI), the development of standard templates, the sharing of best practices and the institutionalisation of regular reports on these issues. Certain professional organisations consider that they could themselves play an increased role in this context.

The views on the role of the National Contact Points (NCP)<sup>3</sup> are mixed. Some respondents would like to strengthen the role of NCPs and increase their visibility via improved advertising and links from other websites. Others are more sceptical and note the need to clarify the role of NCPs as it is.

The views on the role of the Points of Single Contact<sup>4</sup> set up under the Services Directive which can also assist those professionals to which the Services Directive applies with the recognition procedure are also mixed. Certain respondents think that

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<sup>3</sup> National Contact Points are set up by all Member States under Directive 2005/36 to provide professionals with information on the recognition procedures and the rules in force at national level (documents required, whether or not the profession is regulated, level of regulation, etc.). A list of contact points can be found at the following address: [http://ec.europa.eu/internal\\_market/qualifications/contact/national\\_contact\\_points\\_en.htm](http://ec.europa.eu/internal_market/qualifications/contact/national_contact_points_en.htm)

<sup>4</sup> The Points of Single Contact are set up by all Member States under Directive 2006/132/EC. They give information and allow service providers to complete their administrative formalities electronically when they want to do business across Europe. A list of Points of Single Contact can be found at the following address: [http://ec.europa.eu/internal\\_market/eu-go/index\\_en.htm#no](http://ec.europa.eu/internal_market/eu-go/index_en.htm#no)



they could play an increased role, while others consider that they do not have the necessary precise information and knowledge to guide professionals on matters relating to recognition of professional qualifications, as they deal with a large variety of issues.

### ***Simpler procedures***

*(Question 2: Do you have any suggestions for the simplification of the current acquis on professional qualifications? If so, please provide suggestions with supporting evidence.)*

The large majority of respondents support simplification of the procedures, while noting that the quality of the services should be safeguarded. Some professional organisations consider that they could play a role in this context. Some governments and competent authorities consider that further simplification is not feasible, because the current procedures are already limited to checking the minimum conditions and because all the documents which are requested are indispensable for this purpose.

The requirements related to translation of documents are seen as an important source of difficulties and it is suggested that all possible ways to address these difficulties should be explored.

Many respondents propose increased use of modern communication systems. There is also some support for the ideas of developing standard templates, sharing best practices and better training staff who deal with recognition of professional qualifications.

### **II.1.2 Making best practice enforceable**

*(Question 3: Should the status of the Code of Conduct be strengthened? Is there a need to amend the contents of the Code of Conduct? Please specify and provide the reasons for your suggestions.)*

The views on making the Code of Conduct enforceable are mixed within all categories of respondents, but a majority seems to be in favour of not making the Code of Conduct enforceable. Some suggest making parts of the Code mandatory while leaving other parts optional. Flexibility and the need to update the Code regularly are amongst the reasons put forward to justify keeping the Code non-mandatory.

Some respondents consider that the name "Code of Conduct" is confusing, and that it can be (wrongly) understood as referring to deontological rules for professions. They thus suggest renaming it to "Guidelines for competent authorities".

Some respondents suggest making the Code more specific and adding examples of best practices.

### **II.1.3 Mitigating unintended consequences of compensation measures**

#### ***Deterrent effect of compensation measures?***

*(Question 4: Do you have any experience of compensation measures? Do you consider that they could have a deterrent effect, for example as regards the three years duration of an adaptation period?)*

Many governments and competent authorities consider that compensation measures are useful and necessary, in particular for activities with public health and safety implications. Most professional organisations agree with this view. On the contrary, the majority of citizens consider that compensation measures have a deterrent effect on mobility.

Certain professional organisations consider that compensation measures should cover language skills.

Many respondents note that flexibility is necessary in this context. Three years of compensatory measures can be justified for a health professional while they might be disproportionate for another professional.

### ***Europe-wide Codes of Conduct on aptitude tests or adaptation periods***

*(Question 5: Do you support the idea of competent authorities for a given profession developing codes of conduct on aptitude tests or adaptation periods?)*

Citizens in general support the idea of developing Europe-wide codes of conduct on aptitude tests or adaptation periods, but this is not the case for the majority of competent authorities, professional organisations and governments. The latter often express the concern that such codes could affect the flexibility of competent authorities and would be difficult to implement. Some propose the development of codes at national, rather than European, level.

### ***Partial access***

*(Question 6: Do you see a need to codify the case-law on "partial access"? Under what conditions could a professional who received "partial access" acquire full access?)*

Almost no competent authorities, professional organisations and governments see the need for including the principle of partial access in the Directive. On the contrary, citizens are more divided on this idea.

Some governments stress that it is necessary to define the precise criteria for the application of this principle. They consider that this principle should apply only where a profession can be easily divided into separate tasks. Some competent authorities consider that this principle would be difficult to apply for health professions and that it would risk jeopardising the integrity of these professions. Concerns are also expressed as to whether partial access can be controlled in practice and about the risk of confusion on the part of consumers or patients.

## **II.1.4 Facilitating movement of new graduates**

*(Question 7: Do you consider it important to facilitate mobility for graduates who are not yet fully qualified professionals and who seek access to a remunerated traineeship or supervised practice in another Member State? Please be specific in your proposed solutions and your reasons.)*

All citizens and educational bodies and the majority of governments and professional organisations consider that it is necessary to support mobility of young graduates. On the contrary, competent authorities seem rather divided on this issue.

Some respondents would like to facilitate the mobility of young graduates on the basis of existing EU programmes (LLL, EUROPASS) and argue that all the relevant issues should be dealt with under the Copenhagen process, ECVET or BOLOGNA<sup>5</sup>. Others support the development of European programmes or trainings, EU rules for recognition of periods of trainings abroad, framework agreements for the organization of supervised practices/traineeships at EU level or agreements among universities, responsible authorities and Member States.

*(Question 8: Is there a need to clarify how a home Member State of such a professional should proceed in case the latter wishes to return? Please explain the reasons for your position.)*

As to the recognition of the supervised practice carried out in other Member States, some are categorically in favour, while others stress that a lot of information would be needed to assess whether recognition is justified, that there could be cases of partial recognition and that it might be necessary to develop a system for acquiring any missing qualifications.

### **II.1.5 Facilitating movement between non-regulating and regulating Member States**

*(Question 9: Has the requirement of two years of professional experience become a barrier to accessing a profession in a non regulating Member State? Please specify.)*

Almost all governments and competent authorities consider that the requirement of two years of professional experience, which applies in cases where a professional comes from a country where the profession is not regulated, is not a barrier to mobility. They consider this condition necessary for safeguarding the quality of services and protecting consumers. Professional organisations and citizens are rather divided on this issue. Some consider that the two years of professional experience requirement could impede mobility while others support it.

*(Question 10: Could a broader interpretation of the concept of "regulated education" facilitate mobility of well qualified professionals? Should the home Member State have a stronger say?)*

As to the concept of regulated education, the majority of professional organisations consider it to be unsatisfactory. Some note that the concept should be defined more broadly. Others note that it should be constantly reviewed. A few competent authorities and some professional organisations consider the concept to be satisfactory.

In this context, a large majority of respondents consider that it could be useful to provide a minimum list of competences for reference. Some respondents note that they favour a minimum list of competences based on learning outcomes instead of

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<sup>5</sup> See information on these educational reforms in the Commission's Education & Training website. On the Bologna process, see the following website: [http://ec.europa.eu/education/higher-education/doc1290\\_en.htm](http://ec.europa.eu/education/higher-education/doc1290_en.htm). On ECVET, see the following website: [http://ec.europa.eu/education/lifelong-learning-policy/doc50\\_en.htm](http://ec.europa.eu/education/lifelong-learning-policy/doc50_en.htm). On the Copenhagen process, see the following website: [http://ec.europa.eu/education/vocational-education/doc1143\\_en.htm](http://ec.europa.eu/education/vocational-education/doc1143_en.htm).

hours of training. Others note that it would be difficult to implement such a list and keep it up-to-date at all times.

## ***II.2 Integrating professionals into the Single Market***

### **II.2.1 A European Professional Card**

*(Question 11: What are your views about the objectives of a professional card?)*

A large majority of stakeholders within all the categories are in favour of a professional card. Many respondents see in the card a means to increase transparency, enhance confidence and forge closer cooperation between Member States. Some respondents consider that the card could also reduce bureaucracy and help to speed up the recognition process; others disagree.

At the same time, respondents express concerns as to the costs that the card could entail. They stress that costs should be limited and that, in any event, the advantages of the card must outweigh the costs. Some respondents raise the issue of professionals coming from non-regulating countries or from third countries and note that the card should not impede their mobility. Questions are also raised as to the quality and safety features of the card, as well as language issues.

Many respondents note that it is important to define clear and precise conditions for the issuance of the card. According to some respondents, the card should be issued at EU level, while others consider that this should be up to the national competent authorities. As to the effects of the card, some respondents state that it could be useful for temporary mobility and that it could replace the declaration system. On the other hand, some respondents consider that it could not replace the evidence of formal qualifications and other checks performed by competent authorities in the context of formal recognition procedures for establishment.

Many respondents consider that the card should be linked to the IMI and that the IMI should be strengthened. Strengthening the IMI is seen by some respondents as even more important than developing the card. According to many respondents, the most important thing is to link the card to a central database which should be updated as frequently as possible.

A few stakeholders challenge the added value of a European Professional card and consider that further development of the IMI could sufficiently speed up and simplify the recognition procedures for professionals.

*(Question 12: Do you agree with the proposed features of the card?)*

*Question 13: What information should be provided by means of the card? How can a balance be struck between the limitations of providing information on a card and the need for updating such information?)*

As to the information that should be on the card, some of the most frequently mentioned features include: photograph, nationality, name, professional and academic qualifications, contact details, diploma, CV, professional experience, trainings.

*(Question 14: Do you think that the title professional card is appropriate? Would the title professional passport, with its connotation of mobility, be more appropriate?)*

A large majority of respondents prefers to call the instrument "European professional card" instead of other names, such as professional passport. A few stakeholders made further suggestions.

## **II.2.2 Common platforms & European curricula**

*(Question 15: What are your views about introducing the concept of a European curriculum – a kind of 28th regime applicable in addition to national requirements? What conditions could be foreseen for its development? Would a minimum quorum of 9 participating Member States be sufficient?)*

Reactions vary significantly when it comes to the development of European curricula that could replace the current common platforms under Article 15 of the Directive .

Many governments favour the idea of introducing the concept of a European Curriculum as a kind of 28th regime which would exist alongside national requirements. They consider this a possible way to extend automatic recognition to more professions which is, in their opinion, very much needed. They suggest that this system could gradually replace the general system. Educational bodies also favour this idea.

On the contrary, competent authorities and citizens express reservations. Some consider the idea interesting but unlikely to prove feasible.

Professional organisations are divided. Some favour this idea. They note that the 28<sup>th</sup> regime should be a complementary training programme giving rise to automatic recognition. It should be based on a European examination. Some suggest organising a pilot common platform.

## **II.2.3 Reviewing the scope of regulated professions**

*(Question 16: Is there a risk of fragmenting markets through excessive numbers of regulated professions? Please give illustrative examples.)*

Many governments and competent authorities see no risk of fragmentation of the internal market through excessive numbers of regulated professions. However, some of them note that the best way to facilitate mobility is to limit the number of regulated professions to cases where such regulation is really necessary.

The majority of professional organisations also see no risk of fragmentation. Some note that if a profession is regulated only in a few Member States, there is a limited impact on mobility. However, others consider that it is only necessary to regulate professions in the health and safety area or professions with direct contact to people. Some respondents also suggest that the application of the principle of partial access risks fragmenting the market.

*(Question 17: Should lighter regimes be developed for professionals who accompany consumers to another Member State and speak the same language as these consumers?)*

As to the development of a lighter regime for professionals accompanying consumers, most competent authorities are against this idea, while citizens and professional organisations are rather in favour. Governments are divided.

Respondents that support the idea of a lighter regime for professionals accompanying consumers often note the need to set clear and precise conditions for the application of such a regime. In their view, it should not apply in certain cases, for example in professions with health and safety implications.

Respondents that oppose this idea either consider that it would be more appropriate to simplify the regime for everyone or they consider that the regime currently applicable to temporary mobility is already light enough. Fears are also expressed as to the confusion that such a regime could cause amongst consumers.

## **II.2.4 Easier temporary mobility**

*(Question 18: How could the current declaration regime be simplified? Is it necessary to require a declaration where the essential part of the services is provided online?)*

A large majority of respondents within all categories consider that there is no need to further simplify temporary mobility. Amongst those who favour simplification, many suggest the use of the internet for the declaration (e.g. possibility to download the declaration and send it via email to the competent authority or the use of the IMI). Some also consider that the declaration should be done nationwide, regional declarations being viewed as a source of complications. Many respondents point to the need to protect consumers and ensure patient safety and for this reason oppose a weakening of the current temporary registration system, especially for health professions. Some respondents note that the reference to "services an essential part of which is provided on line" is difficult to interpret and makes the system more complex.

At the same time, a large majority of respondents within all categories considers that it is necessary to clarify what "temporary and occasional" provision of services means, since this determines the applicable legal regimes. Some point to the risk of abuse of the lighter temporary mobility regime. One government would be in favour of deleting the reference to "occasional" services in this context, while others consider that the notion of "temporary services" should be defined more widely.

*(Question 19: Is there a need for retaining a pro-forma registration system?)*

A large majority of respondents within all categories also want to retain the system of pro-forma registration. This is justified by the need to control professionals and to have the possibility to apply disciplinary measures, particularly for health professions. Those who oppose this system consider that the development of a professional card could make it redundant.

*(Question 20: Should Member States retain the current scope for prior checks of qualifications?)*

Most respondents consider that there is not much scope for further reducing the prior checks of qualifications and the derogations to the prior declaration regime. The

majority of respondents are in favour of maintaining the current system, considering that it would be difficult to further simplify procedures without (negative) consequences for consumers. Many respondents note that checks are already limited to serious reasons of public interest. Amongst the few respondents who see the need for a further simplification of the system, many stress the need to maintain an exception for health and safety professions. Some respondents note that a peer review process could be put in place in this context.

## ***II.3 Injecting more confidence into the system***

### **II.3.1 Retaining automatic recognition in the 21st century**

Respondents are overwhelmingly satisfied with the system of automatic recognition based on minimum training requirements. At the same time, many respondents point to the need to modernise the system.

#### **II.3.1.1 Modernisation of the minimum training requirements**

*(Question 21: Has the degree of harmonisation reached an appropriate balance, in particular for nurses, midwives and pharmacists?)*

*Question 22: Do you see a need to modernise the minimum training requirements? Should competences been more taken into account? If so how?*

*Question 23: Should a notifying Member State be obliged to be more transparent and to provide more information to the other Member States about future qualifications which benefit from automatic recognition?*

*Question 24: Should the current scheme for notifying new diplomas be overhauled? Should such notifications be made at a much earlier stage and if so which stage?)*

### **Doctors**

As to the duration of the basic medical training, several Member States and competent authorities consider it necessary to *clarify* the current wording of the Directive which refers to a training of "at least six years of study or 5500 hours". A majority of respondents favour a cumulative application of these requirements. As to the way the hours would be *calculated*, one Member State considers that only teaching hours should be taken into consideration while a few countries call for the training duration to be expressed in ECTS. Two Member States consider that, under specific conditions, the minimum duration of basic medical training could be decreased to 5 years. On the other hand, some competent authorities would like to see the minimum training duration for specialist doctors increased (from 3 to 4 or even to 5 years).

As far as the content of the basic medical training is concerned, several competent authorities consider it necessary to include in the Directive (Annex V) a list of training subjects. Some competent authorities are in favour of an output-(competences) based definition of training requirements. Therefore, instead of specifying the training subjects, they suggest that the Directive should *list the competences/outcomes* that graduates must acquire upon completion of their training. For medical specialist

training, several governments and competent authorities note that many medical specialist training programmes have parts in common with each other and that this should be taken into account to a greater extent by the Directive. However, most of them do not seem to be in favour of regrouping specialist training programmes which have part of their training in common.

In relation to medical specialities, the extension of automatic recognition to new specialties currently requires that the specialty exists in 2/5 of the Member States. A few stakeholders (two Member States and one professional organisation) consider that the threshold of 2/5 of the Member States is too high and thus difficult to achieve and should be reduced to 1/5.

### **Dentists**

In relation to dentists, there is a broad consensus that the duration of training currently foreseen (at least five years of full-time theoretical and practical study) is *sufficient* except for one Member State which advocates reduction of the number of years. Certain governments, competent authorities and professional organisations suggest adding a specification of teaching *hours* to the current requirement of five years of dental training to avoid the proliferation of "weekend diplomas" by private universities. Some respondents suggest using ECTS credits instead of years or hours to define the minimum dental training duration.

A number of stakeholders argue in favour of a review and *update* of the list of dental training subjects contained in Annex V.3/5.3.1 of Directive 2005/36/EC as well as an adaptation of it to the recent *educational reforms* in Member States. This view is strongly supported by the dental professional organisations but also by the competent authorities of several Member States. Three types of changes are suggested: first, changes concerning the names of the training subjects (terminology); second, deletion of certain outdated subjects; and third, addition of new subjects. Moreover, several stakeholders favour the inclusion of a list of compulsory competencies in the Directive (output-based training).

### **Pharmacists**

In relation to pharmacists, the majority of the respondents seem satisfied with the Directive's current wording on the duration of the training. Only a few Member States call for a clarification of the duration, suggesting adding a specification of a minimum number of training hours or ECTS points.

On the other hand, several governments suggest amending Article 44(2) (b) of the Directive to stipulate that the minimum 6 month traineeship should take place directly at the end of the academic training. They argue that this would help to ensure that the graduate is capable of practicing the profession in a safe way once he obtains the academic qualification.

As to the content of the minimum training requirements, some Member States consider the knowledge and skills listed to be still adequate, while others suggest that it should be amended to reflect the recent developments in the profession. More than half of the Member States suggest amending the list of compulsory training subjects (in Annex V. point 5.6.1 of the Directive). Some make concrete proposals. The most frequently requested subject is "pharmaceutical care". Other suggestions



include clinical pharmacy, quality assurance, biochemistry, pharmacology, pharmacovigilance, anatomy, toxicology, pharmaceutical technology and gerontology. A few Member States suggest adding a list of competences to the training requirements. However, only some of them make concrete proposals and these differ significantly from each other.

In the same vein, some respondents recommend amending the list of professional activities in Article 45(2) of the Directive to better reflect the current role of pharmacists. Concrete proposals on the implementation of this update vary.

Finally, a few Member States and professional organisations are in favour of automatic recognition of certain pharmacists' specialist qualifications (hospital pharmacy and clinical biology) based on a harmonized training.

### **Midwives**

In relation to midwives, most respondents seem satisfied with the current wording of the Directive on the minimum duration of training, although a few stakeholders call for an extension of the duration.

Many stakeholders believe that the list of training subjects in Annex V of the Directive *needs updating* and that the current set of conditions does not reflect contemporary practice, new roles and scientific progress. Moreover, many stakeholders are in favour of adding to the current training requirements a list of *competences* a midwife should acquire during formal training. Such output-based criteria would, according to them, facilitate the comparison of training. Amongst the new activities, competencies and skills put forward, the following can be mentioned: communication and social skills, research, evidence based practice, midwifery-led care, normal birth and labour, breastfeeding, medicines management, informed consent and patient choice.

### **Nurses**

The admission requirement for nurse training is currently minimum ten years of general education (Article 31(1) of the Directive). Many of the competent authorities concerned suggest raising the admission requirement to 12 years; some of them would even support raising it to university entrance level. The supporters of the increase note that the nursing profession has significantly evolved over the last few decades. Community-based healthcare, the use of complex therapies and constantly developing technology presuppose the capacity for more independent work by nurses. In several Member States, as a result of the shortage of doctors, nurses are expected to perform tasks which were previously only undertaken by doctors. There is also a concern that students who enter nursing schools after only ten years of general school education do not have the necessary basic skills and knowledge to start a training which should prepare them to meet complex healthcare needs.

Two organizations representing the academia and many professional associations also support the changes to the admission requirements.

However, three Member States call for the current minimum admission requirement to be maintained.

Many respondents call for a *clarification of the* minimum duration of nursing training. At present, the minimum duration of training is expressed in terms of years "or"

training hours. Here again, according to many Member States, the Directive should clarify that the two criteria apply cumulatively.

### ***Veterinary surgeons***

The opinions on training requirements for veterinary surgeons seem quite mixed: many competent authorities consider that the training requirements are still up to date and meet the professionals' needs, whilst others consider that an update is needed and make detailed suggestions in this regard.

Some stakeholders propose to add to the current training requirements a list of competences that a veterinary surgeon should acquire during formal training.

### ***Architects***

In relation to architects, many stakeholders are in favour of *increasing* the minimum duration of training from the current four years to five years. Several professional organisations representing architects, some governments and competent authorities support this idea. The main arguments are that many Member States only issue five year diplomas and the current four year requirement might not be in line with international standards for the profession. Some respondents also suggest using ECTS credits, instead of years, to define the minimum training duration.

On the contrary, there appears to be general consensus that the definition of the minimum knowledge and skills that architects should have is adequate and should not be changed. This view is expressed by the professional organisations, as well as several Member States. Only one government proposes updates focussing on sustainable design and cost management.

The 1985 Architects' Directive, although primarily concerned with the recognition of diplomas held by fully qualified architects, nevertheless allowed Member States to impose an additional period of supervised practical experience on architects qualified in other Member States (though also requiring the host Member States to recognise any experience already acquired in the home Member State). Under Directive 2005/36/EC, the focus is shifted to the mobility of fully qualified professionals who have the right to exercise the profession in their home Member State having fulfilled all conditions at national level, including the practical experience requirement, where applicable. This has led to certain difficulties in the implementation of the Directive in some Member States, where there has been concern over unequal treatment of graduates depending on their country of origin. The responses received to the public consultation suggest that there would be considerable support for supplementing the minimum duration of training provisions with a requirement of a period of professional experience.

Certain Member States indicate that the requirement of practical experience (of a duration ranging from 6 months to 3 years) already exists at national level, but only one Member State has explicitly called for a harmonisation at EU level.

Certain professional organisations also call for professional experience of two years to supplement the academic training.

### ***Increased transparency about future qualifications***

In order to increase the transparency of the training programmes, several competent authorities (notably those for doctors) would welcome a new obligation in the Directive for Member States to disclose the content of the training to the competent authorities of other Member States on a regular basis. Others oppose the idea, as they consider it too burdensome.

### ***Notification of new diplomas***

Annex V of the Directive lists the diplomas that enable their holders to benefit from automatic recognition. New diplomas that meet the conditions to be listed in Annex V must be notified to the Commission, as well as all the other Member States. There is a special procedure for such updates. However, there is no legal provision compelling Member States to notify new diplomas with sufficient advance to ensure the first graduates to whom they are awarded can benefit from automatic recognition and in practice there are often delays.

Although some Member States note improvements in the process of notifying new diplomas, there appears to be widespread discontent with the procedure, in particular with respect to architectural diplomas. The procedure is described as overly burdensome, with the efforts not necessarily paying off in satisfactory results. Moreover, there is concern that new diplomas are notified too late, which can lead to graduates not being able to benefit from automatic recognition. The responses to the public consultation suggest that the process should be further improved by:

- simplification,
- earlier notification (though not before approval at Member State level), and
- more transparency, e.g. through publishing educational contents in English on universities' websites.

Some professional organizations are in favour of introducing an obligation for Member States to notify new diplomas immediately after the introduction of a new training programme and professional title in order to avoid that young graduates who hold the titles do not face the uncertainty whether the Commission and Member States can accept such new diplomas as being in compliance with the requirements under the Directive.

Some Member States suggest linking the process of notification of architectural diplomas to quality assurance, with reference to the European Quality Assurance Register for Higher Education.

As concerns veterinary surgeons, stakeholders favour establishing a quality assurance system. The veterinary profession has a pan-European evaluation system which is run by the European Association of Establishments of Veterinary Education (EAEVE). Results of its evaluations are published on the EAEVE website. Some Stakeholders suggest granting the EAEVE evaluation system a formal status, either within individual Member States, or at EU level. The Directive should, according to some stakeholders, give competent authorities the power to impose compensation measures on applicants who hold degrees that have not been accredited by a recognised national or European accrediting agency.

In relation to midwives, some stakeholders consider that competent authorities should be able to check in advance if the training programmes meet the Directive requirements via a peer assessment

### **II.3.1.2 Automatic recognition in the area of craft, trade and industry based on professional experience**

*(Question 25: Do you see a need for modernising this regime on automatic recognition, notably the list of activities listed in Annex IV?)*

A large majority of respondents within all the categories consider that the list of professions in Annex IV is complicated, difficult to grasp and out of date. As a consequence, these respondents support a modernisation of the Annex. Some governments suggest that the classification could follow the Common Procurement Vocabulary. Professional organisations make further suggestions (e.g. that the list should be based on Standard Occupational Classifications and not industrial Classifications etc.). Some competent authorities and professional organisations suggest complementing the existing list with further professions.

*(Question 26: Do you see a need for shortening the number of years of professional experience necessary to qualify for automatic recognition?)*

As to the duration of the professional experience which is the basis for automatic recognition, most respondents support the current system and do not see any reason for change. The few respondents who support a reduction of the required length of the professional experience justify this by the willingness to extend as much as possible the benefits of automatic recognition.

### **II.3.2 Continuing professional development (CPD)**

*(Question 27: Do you see a need for taking more account of continuing professional development at EU level? If yes, how could this need be reflected in the Directive? Do you consider there is a need for a specific course of action in respect of professions which benefit from automatic recognition?)*

A majority of respondents support the idea of placing more emphasis on continuous professional development (CPD); in particular to ensure that only professionals who fulfilled the CPD obligations in their home Member State benefit from automatic recognition. Some go even further and suggest making CPD mandatory in all Member States.

Many respondents also note that a common definition of what CPD means would be useful. A few of them consider that CPD requirements should be harmonised at European level. Others strongly oppose this idea. A few competent authorities suggest an exchange of best practices. Others propose the inclusion of information concerning the CPD to on the professional card.

A minority of respondents express the concern that putting more emphasis on the CPD in the Directive would carry the risk of undermining automatic recognition, impede mobility and trigger important costs for employers.

### II.3.3 More efficient cooperation between competent authorities

*(Question 28: Would the extension of IMI to the professions outside the scope of the Services Directive create more confidence between Member States? Should the mandatory use of IMI include a proactive alert mechanism for cases where such mechanism currently does not apply, notably health professions?)*

Almost all respondents support making the IMI mandatory. The IMI is seen as a system with great potential to facilitate cooperation between competent authorities, even if this potential is not yet fully exploited.

Some respondents propose to impose strict deadlines on competent authorities for responses within the IMI. Others propose to extend the current list of standardized questions, for which predefined translations exist, in order to further enhance administrative cooperation.

Some respondents express concern about the possible extension of the IMI, because of a concern that this could lead to the establishment of a common European authority with a register over all Member States (e.g. for all medical health care personal in all MS), an idea they oppose. This would, in their opinion, increase bureaucracy and hinder free movement within EU.

*(Question 29: In which cases should an alert obligation be triggered? Should the alert mechanism also allow for direct exchange of information between competent authorities, such as regulators of health professionals?)*

Almost all respondents within all the categories support the introduction of an alert mechanism to the professions for which such a mechanism does not already exist under the Services Directive.

Many agree with the application of the alert in scenarios outlined in the consultation paper<sup>6</sup>. Others state that there should be an obligation to trigger an alert also in cases where a Member State suspends or deregisters, even temporarily, a professional for reasons related to their fitness to practice or if there is a risk for consumers.

Many stakeholders note that data protection rules must be duly taken into account.

### II.3.4 Language skills

*(Question 30: Have you encountered any major problems with the current language regime as foreseen in the Directive?)*

Most respondents agree on the importance of sufficient language knowledge for the professionals' integration in another country. Some note that good language knowledge is not necessary for all professions.

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<sup>6</sup> The following scenarios are mentioned in the consultation document:

- A professional presents a fake diploma to a competent authority or gives false declarations/evidence;
- A professional is subject to sanctions and is no longer allowed to practice in his country of origin; or
- A professional is subject to investigations possibly leading to a withdrawal of his licence.

In general, citizens see no problem with the current regime under the Directive. Many governments, competent authorities and professional organisations share this view, although some report problems in relation to health professionals.

The following suggestions are made in this regard:

- A small majority of competent authorities considers that current provisions of the Directive are not sufficient and would welcome the possibility to carry out systematic language tests.
- Some would favour a requirement for professionals to provide evidence of language knowledge before getting registered or during a recognition procedure.
- Respondents who consider the current rules on language knowledge to be appropriate frequently stress the role that employers should play in ensuring that their employees have the necessary language skills to perform their professional activities.